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Enhancing Foster Carers′ Training and Professionalism

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in the School of Social Work and Community Welfare

at James Cook University

"Common sense and education are highly compatible; in fact, neither is worth much without the other."

(Donald G. Smith)

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DECLARATION ON ETHICS

The research presented and reported in this thesis was conducted within the guidelines for research ethics outlined in the *National Statement on Ethics Conduct in Research Involving Humans (*1999*)*, the *Joint NHMRC/AVCC Statement and Guidelines on Research Practice* (1997), the *James Cook University Policy on Experimentation Ethics, Standard Practices and Guidelines (2001),* and the *James Cook University Statement and Guidelines on Research Practice* (2001). The proposed research methodology received clearance from the James Cook University Experimentation Ethics Review Committee (approval number H1340).

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ABSTRACT

This thesis reports on a study of the adequacy and appropriateness of current education and training for foster carers. The study utilised a multi-method research design to collect, collate and analyse data from foster carers, social science experts and 'other key informants'.

The research first identified the existing educational attainment levels of foster carers in the Mackay Whitsunday region of North Queensland and the extent of foster carer training undertaken by them. The study then explored the barriers and incentives to foster carers' attendance at training, and foster carers' own perceptions of their learning needs and preferred modes of foster carer training delivery. Areas in which foster carers seek to be better supported while fulfilling their fostering role were also identified.

Having examined the adequacy of current education and training, the views of all participants were then sought regarding ideal foster carer training qualification levels and content areas that would best assist carers to provide high standards of good quality care to children placed in foster care.

Several major findings emerged during the course of data analysis relating to foster carers' recognition of their need for accredited training, trends towards the professionalisation of foster care with commensurate payment for undertaking this work.

Indigenous and Australian South Sea Islander foster carers' views were also taken into consideration and their unique cultural perspectives, in regard to the topic of this research, are reported in this thesis. One of the main findings in relation to Indigenous foster carers is their desire for improved working relationships with Department of Child Safety officers.

In conclusion, recommendations are made to the Department of Child Safety based on the findings of this research, for areas in which improvements should be made to Departmental policy and practice concerning foster carer training, accreditation, professionalism, payment and support.

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PROLOGUE

As with the undertaking of any large project which tends to take on a life of its own (or take over one's life) this doctoral research has not been different in this regard. The writing of this thesis has presented some unique challenges given the current rapid rate of change within the child protection system in Queensland, particularly over the past twelve months. At times it has seemed as though the thesis' socio-political context had a foundation built on 'shifting sands'.

From the commencement of this research and over the past four years in Queensland the Department with responsibility for the care and protection of children has been renamed four times and by the time this thesis is complete there will be yet another with the previous Queensland Department of Families (QDoF) effectively being split into two separate Government Departments with one, the Department of Child Safety, taking carriage of child protection matters and the other, the Department of Communities, taking responsibility for community funding and resourcing of prevention and early intervention services relating to child, families, youth justice and the broader community. Additionally, at the commencement of this study, front line child protection workers in Queensland were known as Family Service Officers (FSO) however, towards the finalisation of this thesis their positions have been renamed Child Safety Officers (CSO).

To ensure that this thesis is as current and accurate as possible the correct Departmental names and staff position titles have been used as accurately as possible within the respective timeframes of their existence.

Another deliberate and notable feature of this thesis is wherever Indigenous people are referred to the word 'Indigenous' begins with a capital letter, in doing so this is the accepted way of indicating a mark of respect for Indigenous Australian people and should not be confused as a grammatical error.

In conclusion, my hope is that this research will form another stepping stone in the development of social welfare knowledge in striving to improve the quality of care and the lives of children in foster care.

Chapter 1. CONTEMPORARY CONTEXT OF FOSTER CARE

> *"I think fostering, historically, was a bit like adoption - you get the kids, the Department forgets about it, nobody comes to see you, you do what you like and hopefully the kids reach eighteen and it's ok. It's gone a long way beyond that now and I think the kids are far more damaged and there's always accountability coming in."*
> *(General Foster Carer, Valda)*

Foster care as a form of alternative care for children who cannot live safely with their own parents has changed significantly over recent years in Australia and indeed, in the western world (Colton & Williams, 1997). Foster care as defined by Colton & Williams is "… care provided in the carers' home, on a temporary or permanent basis, through the mediation of a recognised authority, by specific carers, who may be relatives or not, to a child who may or may not be officially resident with the foster carers" (1997:48). It has developed from being simply a role in which a family provides substitute care for a child from another family, to one which has become increasingly more demanding and complex, particularly over the last 15 – 20 years (NFCA, 1997). During this period several factors have contributed to placing greater strains on entire child protection systems throughout most Western civilizations and, in turn, on foster care systems more so than ever before (Sellick, 1999b; George & van Oudenhoven, 2002). Significant influencing factors include: socio-economic pressures on struggling families through unemployment and poverty (Thomson, 2003); fragmentation of traditional extended family supports through higher mobility rates within the population and a breaking down of community cohesiveness and 'looking out for each other' (Cox, 1995); increasing levels of drug and alcohol abuse (CAFWAA, 2002; Ainsworth & Summers, 2001); domestic violence (Tomison, 2000); mental health problems (Tomison, 1996) and successive governments' socio-economic and deinstitutionalisation policies (Bath, 2000). It is also important to note that in Australia Indigenous people are disproportionately represented across most of

these categories within the population (ABS & AIHW, 2003). These factors and the increasingly challenging and complex needs of children now coming into foster carer have all, in varying combinations, placed significantly increased demands on child protection agencies creating systems in crisis around the world (Curtis, Dale & Kendall, 1999). Together, all of these factors have placed greater demands on foster carers than have ever been experienced in the past. Despite all of this, foster care remains the preferred placement option of many governments for children requiring out of home care.

The cumulative effects of increasing pressures on foster carers without a concomitant increase in training and support (PeakCare, 2003) has sadly, but not surprisingly, seen increasing rates of placement breakdown and abuse of children in foster care being reported (AIHW, 2003). Many foster carers who, often for altruistic reasons, take on the voluntary role of providing care to children in need are not fully prepared for or aware of the challenges, demands and pressures which lie ahead for themselves or their own children. When they realize the enormity, impact and consequences of the task before them many choose to opt out within the first twelve months from commencement (AFCA, 2001; FPAQ, 2001). The Foster Parents Association of Queensland (FPAQ - now Foster Care Queensland, FCQ) identified, in a small survey of 45 foster carers who ceased to foster between 1997 – 1999, that 28.9% left fostering within their first year (FPAQ, 2001) and 33% left because of the impact of fostering on their own family (FPAQ; 2001). Others do, however, choose to stay on although they often continue to struggle to deal with the bureaucratic demands and legislative responsibilities placed upon them whilst trying to care for very challenging children and adolescents, and also often having parental responsibilities of their own to meet.

It is important to acknowledge, however, that foster care does not suit all children and, in particular, some adolescents do not wish, or are not predisposed, to be placed in foster care (Bath, 2001; CAFWAA, 2002;). Therefore, there is a need for alternatives within a continuum of placement and service options to meet the individual needs of children and adolescents and this has been acknowledged within several recent reports and papers (Bath,

2001; CAFWAA, 2002; PeakCare, 2003; O'Regan & Barnes, 2003; CMC, 2004). That stated, however, the current context in most Western countries is one of almost complete reliance on voluntary foster carers for children who need of out of home care. In Queensland, due to the closure of most of the state's residential facilities, foster care has all but become the government's only placement option for children with 99% of those needing out of home care being placed in foster care (AIHW, 2004).

In light of the pressures and strains currently experienced by the out of home care system, questions arise about how it can be maintained. Questions also arise about how foster carers themselves can be better prepared, trained and supported in order to sustain their dedication and commitment whilst providing the best quality care to children who have suffered abuse and neglect, often with dire consequences to their physical, emotional and psychological health and well being.

Research into the enhancement of fostering skills and abilities consistently recommends training as a strategy to improve the quality of care provided to children by carers (Borthwick-Duffy, Widaman, Little & Eyman, 1992; Szymanski & Seppala, 1995; The Lawton and Rhea Chiles Center for Healthy Mothers and Babies, 2000; AFCA, 2001; Carter, 2002; Department of Human Services, 2003; CMC, 2004). Moreover, better outcomes for foster children have been identified when carers have undertaken advanced or specialist foster carer training (Chamberlain, Moreland & Reid, 1992; Hudson, Nutter & Galaway, 1992; Chamberlain, 2000; Barbell & Wright, 2001). The desire to enhance the fostering abilities of foster carers so that better outcomes are attained by children in care provided an impetus to undertake this research within the Queensland context and, more specifically, within the former Department of Families (now Department of Child Safety) region of Mackay Whitsunday (See Map Appendix A).

1.1   **Aims of this Study**

For anyone who was, or is, working in the field of child protection almost anywhere it is always concerning and very perplexing when children who have been removed from their families of origin for their own safety, are placed into foster care and are further harmed, abused or neglected there. It induces a sense of complicity in inflicting this harm and in turn a strong sense of responsibility upon many child protection workers to do something about this untenable situation. As one practitioner who struggled with such dilemmas whilst working in this field in the former Queensland Department of Families (now Child Safety) I found myself beginning to seek answers to questions such as:

- Why would seemingly dedicated and caring people who take on the role of fostering for generally altruistic motives, make hurtful and damaging remarks or act in ways that would cause further harm or abuse to a child in their care?

- Do foster carers understand that sometimes what they do and say can be very hurtful and damaging for a child or children, given what they have already experienced in life?

- Do foster carers understand that children in care can often act in socially inappropriate ways as a result of the abuses they have experienced?

- Why do some foster carers either inappropriately care for children or actually abuse children while others provide exemplary care? What makes the difference?   Is it that some are more informed about caring for children in foster care? Is it personal qualities that make the difference? Or are there other factors altogether?

- What training have foster carers had to prepare them for their job and what training do they need to have to do this job well?

- What training do foster carers, and other key stakeholders in this field, think they need to have to provide good quality foster care?

- What support do foster carers want? What support do they already get? And what support would make their job easier?

These were the questions that lead me to formulate the following aims of the research which is reported in this thesis. The aims are:

(1)   To identify the educational and training backgrounds of foster carers who were utilised by the (former) Queensland Department of Families in the Mackay Whitsunday region.

(2)   To identify what are considered by all relevant stakeholders to be ideal minimum levels of education and/or training for foster carers utilised by the (now) Queensland Department of Child Safety.

(3)   To identify barriers to ongoing learning, and incentives which will maximise participation rates of foster carers in education and/or training initiatives.

(4)   To make research informed recommendations relating to:
    (i)   ideal minimum educational and/or training levels, and
    (ii)   modes of training delivery appropriate for persons who are interested in becoming, or who already are, foster carers.

> (5) To contribute to the (now) Queensland Department of Child Safety's policy and practice in relation to the ongoing quality assurance of foster care and in areas where support of foster carers can be enhanced.

Improving the 'quality of care' for all children in foster care is the ultimate aim of this research. Additionally, a belief that in undertaking this research I can contribute to the ongoing development of social change in the field of child protection in Queensland provides a strong determination to do so to the best of my ability. However, my passion for this field of practice did not always exist but has evolved over time. The following section highlights my evolving interest in foster carer training and support and my motivations for choosing to study this topic.

1.2   Impetus for this Research - including self reflections

As a new social work graduate I was certain of only two areas in which I *'knew'* I did not wish to practise. One was with Indigenous communities and was based on my belief that Indigenous (rather than non-Indigenous) practitioners were best placed to work directly with Indigenous people in their own communities. I felt that historically, well intentioned white colonialists had already done too much damage to Indigenous populations and culture and I did not wish to risk, even unconsciously, further inflicting white values upon Indigenous people.

The second was that I did not want to work in the area of child protection as it seemed to me that social workers in this field had the 'hardest of hard' jobs, in that they were castigated by the broader community if they didn't act in certain situations, but equally they were criticized by the same community when they did act in other situations. It seemed like a 'no-win' situation to me, a view shared by others about working in this field (McMahon, 1998). I was certain therefore, that I would not work in either of these areas

Ironically, however, time would see my strongly held beliefs come undone on both counts. As events would have it, in 1996 I began working for the then Queensland Department of Family Services and Aboriginal and Islander Affairs in Mackay (now Department of Child Safety), initially in an area related to the funding and resourcing of community based organisations. However, within a few short months I moved into the child protection section of the Department where I worked as a team leader for the youth justice team, the intake and assessment team, and for a much longer period with the long term case management child and family team. I also worked in several other positions including senior resource officer for child protection and manager for a short time.

Working in these areas brought me into direct contact with parents, children and foster carers (Indigenous and non-Indigenous) who were in 'the system' and I gained valuable insights into the personal crises and dilemmas confronted by all who encounter this system, including those who work with it and within it, that is Departmental staff. Additionally, I saw instances where children in foster care experienced multiple placement breakdowns and further abuse which troubled me greatly, causing me to seek answers and solutions to these unacceptable problems.

Coincidentally, at the same time a new Regional Director of the then Queensland Department of Families arrived in Mackay. He came to the Department of Families from Queensland Health and did not have a background in child protection work. He soon realised, with horror, that some children in foster care were subjected to further harm and abuse and he quickly set about developing a research culture amongst staff, including myself, to study this area further and seek answers, to why this was happening, and solutions to prevent it from occurring in the future. The topic of this research (foster care) therefore was set, in a formal sense, by the regional director but each Departmental staff member who chose to undertake research in this area selected a specific and different aspect to explore, an area that for one reason or another was of a more personal interest. I chose to study the education, training and support needs of foster carers.

In conjunction with these events, and to support respective projects, a research partnership was formed between the Department and James Cook University and several of my Departmental colleagues and I enrolled in higher research degrees. At this time a research and development culture was also being fostered more broadly within the Department in Queensland and for the first time ever a doctoral research scholarship scheme was introduced to stimulate research in areas of interest to the Department which could then be used to advance Departmental policies and practices. I applied for and was successful in gaining one such scholarship thus affording me the luxury of being able to focus my full attention on my chosen topic for a three year and a half year period. I commenced this research in May 2001.

1.3   Disclosure of Significant Influences

Reflexivity leads me to state clearly that in the early stages of this research I held a rather ambivalent opinion of foster carers. This was largely because the most memorable and disturbing experiences I had encountered concerning them related to several notifications and breaches of standards of care (a less serious form of notification) received, concerning allegations of abuse and/or neglect of children in their care which had been reported to the Department and to which I was required to respond. These experiences undoubtedly skewed my thinking about foster carers as there was never enough time in the Department to do routine home visits at non crisis times, to see the wonderful, hard and committed work that the vast majority of foster carers do, day in and day out, which would have enabled me to gain a more balanced appreciation of their role. Undertaking this research has significantly rectified this distorted perception to the point where I now stand in sheer admiration of the enormity and complexity of the task foster carers willingly and selflessly take on for themselves and their families. Unfortunately, from my practice experience, I suspect that many of my Departmental colleagues hold similar views to those I had held due to similar negative experiences with foster carers. If many of my Departmental colleagues are to gain a similar appreciation for the work of foster carers they must also be afforded the time, with less pressing workloads, to develop mutually respectful working relationships with foster carers. If this

does not occur it may prove quite difficult to develop supportive, collegial working relationships now or in the foreseeable future.

It must also be acknowledged from the outset that the vast majority of foster carers are undoubtedly caring and dedicated people who provide a high standard of care to the children placed in their homes. Similarly, it has been my experience that the majority of Departmental staff are also hardworking, dedicated and committed to doing the best they can for children in foster care, given the constraints of working within an under resourced and overwhelmed child protection system.

Another point that must be made about the topic of this research is that whilst foster carer education, training and support, is a valid, necessary and very important area of inquiry in the current milieu of crises within out of home care in Queensland, it is acknowledged that so are numerous other areas, including no less than reform of the entire child protection system, as has been identified in recent reports (PeakCare, 2003; CMC, 2004). However, I believe it important to locate this research as valid, necessary and complementary to the many other reformist strategies currently being undertaken within the broader child protection and alternative care contexts in Queensland. The most significant of these are the recommendations made by the independent Queensland Crime and Misconduct Commission's (CMC) Inquiry into the abuse of children in foster care to create a new Department of Child Safety in an attempt to ensure that statutory and structural changes prevent systemic child abuse in the future. It was timely that findings from this research were available to present to the CMC inquiry and they appear to have influenced recommendations in the CMC (2004) report relating to training and support of foster carers.

1.4 **Thesis Overview**

In chapter two of this thesis I will provide a comprehensive review of current literature relating to the origins and history of foster care, the changing nature of this role and the changing nature of children who require such care. It will

explore the role of relative or kinship care whilst taking into account the unique perspectives of Indigenous and Australian South Sea Islanders. Literature relevant to training, support, payment and professionalism will be presented as well as that concerned with current trends in alternative forms of out of home care, such as private fostering, and comparisons with other state legislated forms of child care will be presented.

The methods and underpinning theoretical bases utilised to undertake this study will be presented, discussed and justified in chapter three, while in chapters four, five and six I will present research findings relevant to contemporary foster care and the education, training and support needs of foster carers in this study. Findings related to what social science experts in the child protection field believe makes for 'good quality' foster care will also be presented. The role and status of foster carers will be discussed, as will future implications of foster care in light of these research findings. Perspectives presented include those of foster carers in the Mackay Whitsunday region, peak agencies, foster children and other key government and non-government agencies and individuals who each have a significant stake in this field of caring for children. In this study I have categorised all of these individuals as 'other key informants'.

In chapter seven I will discuss the findings of this research and will present recommendations regarding advances and improvements to Department of Child Safety policies and practices which could be made in light of these research findings.

Finally, in chapter eight, I will identify implications of this research for social work education and practice and related areas for future research. I will conclude with a summary of the most significant insights I have gained from this research, especially as they relate to foster care and foster carers and the difficult and complex task to which they willingly commit themselves and their families.

Having set the scene for this thesis, it is appropriate now in chapter two to provide an overview of historical literature and research concerning foster care in general and the education and training of foster carers in particular.

Chapter 2.   REVIEW OF LITERATURE AND RESEARCH

> *"As a form of social policy for deprived children, boarding out has it origins in the legislation of the sixteenth century which authorized the apprenticeship of poor law children, and in the policy of Christ's Hospital, London during the same period in placing children below apprenticeship age with nurses in the suburbs of London ..... this type of boarding out which lasted in one form or another until the Poor Law Amendment Act, 1834, was fundamentally different from the new type of foster care which emerged in the second half of the nineteenth century."*
>
> *(George, 1970:6).*

Although it is the form of foster care which has emerged since the end of World War II in Australia that is the focus of this study, foster care as we know it today is predicated upon and has its origins within the British Poor Law of 1601 and the British Poor Law Amendment Act of 1834 (Innes Reid, 1940; Thorpe, 1974; Ruegger & Rayfield, 1999). Perhaps what seems to have endured over time, particularly since 1834, is a broadly held belief, "not only that family life (is) essential to the social and emotional development of the child but it also involve(s) divine overtones. Family was (seen as) an institution created by God and it was (considered) the divine right of all to be brought up in families" (George, 1970:19). As such a general belief which persists among policy and law makers in Australia is that the best place in which children should be raised is within a family (Australian Parliament Senate Standing Committee on Social Welfare, 1985). This is the generally held view of most western societies in the world today although this thinking is now more underpinned by child psychology than by religion (Bowlby, 1951).

Since the mid 19th century much has changed in relation to the role of fostering, perhaps the most dramatic being that of the last twenty years in particular. For example, in Australia, Governments have enthusiastically embraced deinstitutionalisation which has forced a much heavier reliance on

foster carers for the provision of substitute care for children (Bath, 2000), while in the United States private foundations have funded significant service reform consistent with new legislative frameworks introduced in the 1980's and 1990's (Sultmann & Testro, 2001). In the United Kingdom during the last decade the British Government's Department of Health has invested heavily in research under the banner of the '*Supporting Parents Initiative'* in an effort to "look at ways in which parents might be helped or supported that would enable them to look after their children well" (Quinton, Rushton, Dance & Mayes, 2000:9), thus enhancing outcomes for children and families.

In Australia much has occurred contributing to the shaping and re-shaping of foster care over the past decade. These changes are constituted in major inquiries, the establishment of independent monitoring bodies, and new legislation. For example:

- The National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, and the Bringing Them Home Report (Human Right and Equal Opportunities Commission, 1997), which outlined the impact of forced child removal policies and practices on Aboriginal people.
- The Commission of Inquiry into the Abuse of Children in Queensland Institutions (Forde, 1999).
- The establishment of Commissions for Children and Young People in both Queensland and New South Wales in 1999 and 2000 respectively.
- New Child Protection Legislation has been introduced in Queensland and New South Wales and in other states and territories in Australia.
- The Murray Audit Report (2003) to the Queensland Government of Foster Carers subject to child protection notifications in Queensland.

- The Queensland Crime and Misconduct Commissions Inquiry into the Abuse of Children in Foster Care in 2003 with a report provided to the Queensland Government in 2004.
- The Australian Senate Inquiry into Children in Institutional Care 2004
- Child protection and out of home care system Inquiries and reform agendas being established in Queensland, New South Wales, Victoria and South Australia within the past couple of years.

Whilst it is integral to this study to have an understanding of the changing contemporary context of foster care, it is equally important to have an understanding of the historical foundations upon which the present Queensland system is based. PeakCare Queensland, as the peak body representing non-Government child and family welfare agencies, has been well positioned to provide information about the contemporary context of foster care in Queensland. Accordingly, a series of discussion papers developed by PeakCare Queensland, together with the Peak Care submission to the Crime and Misconduct Commission's Inquiry into the abuse of children in foster care, provide a good overview of the current Queensland context of foster care at this time (PeakCare, 2003a, 2003b, 2003c).

In this chapter the historical and contemporary context of foster care in Queensland will be outlined in order to then examine some of the current challenges and complexities of the fostering role, with particular focus on those which relate to education, training and support and the changing role of foster carers from that of volunteer to professional. A comprehensive review of the literature, highlighting the most prominent research in each of these areas, is presented in this chapter.

2.1 HISTORICAL OVERVIEW OF FOSTER CARE IN QUEENSLAND

In Queensland the first orphan school was established in Brisbane in 1865 to meet the needs of orphaned and abandoned children since "(t)he poor economic conditions of the time saw increasing requests for the admission of children from all over the colony" (Department of Children's Services, 1979:5). Three more similar institutions had opened by 1878 and the increasing numbers of children in orphanages led to concerns about the best way to care for them (Department of Children's Services, 1979; Schofield, 1971). The boarding out of children in Queensland foster homes started in a small way during the 1870's but became more frequent from 1884 as it was favoured by the then Inspector of Orphanages, Mr Charles Horrock. He considered it "a good means of caring for children as it provided them with a family" (Department of Children's Services, 1979:20). In the early 1880's Ladies District Visiting Committee members selected children from orphanages and placed them with suitable foster mothers who "had to be of 'good health and moral character', not over 55 years of age and generally 'married women in a humble sphere of life, living harmoniously with their husband and children' or 'widows with children of their own'" (Department of Children Services, 1979:20, 21).

The introduction of financial assistance in the form of a foster allowance began in Queensland in 1879, the same year as the enactment of the Orphanages Act, when foster carers "were paid 10d a day" (Department of Children's Services, 1979:22). The rate barely met the actual costs of maintaining the child and in 1885 Inspector Horrocks recommended an increase "in view of the working class nature of the foster families" (Schofield, 1971:60). It was because of this working class status that "the ladies committees were cautioned against their charitable instincts in recommending fostering to families who would use the money to augment a low income and after 1886 no more than four children were allowed to be fostered with any one family, to ensure reasonable standards of care" (Schofield, 1971:60).

In 1887 the Department advertised for foster homes in Brisbane and about 30 applicants responded, of which two thirds were rejected because of general unsuitability or insufficient accommodation (Schofield, 1971). Foster parents of the time were tasked with training the child into habits of "truthfulness, obedience, personal cleanliness and industry as well as suitable domestic and outdoor work" and "the child was to bear the foster parents name" (Schofield, 1971:61). Some adoptions did occur during the late 1800's although they were not legal adoptions as we know them to be today (Department of Children's Services, 1979). At this time the numbers of children adopted were relatively low, Schofield identifies two reasons for this, the first is that "the status and income of families applying to the visiting (ladies) committees did not allow them to care for children without some financial assistance" and "secondly, adopted children were usually "real orphans" under five years of age of whom there was only a small percentage" (1971:62). It has since been identified that many such adoptions before 1921 were merely private arrangements (Department of Children's Services, 1979). It was not until 1935 that The Adoption of Children Act became legislated in Queensland and it was this Act which made adoption an administrative procedure of the Director of the State Children Department (Department of Children's Services, 1979) In an effort to have uniform adoption legislation throughout Australia the 1935 legislation was repealed and replaced by The Adoption of Children Act in 1964, which brought Queensland in line with all other Australian States regarding the adoption of children.

During the late 1800's many children in State care were 'hired out' and exploited by unscrupulous employers as cheap labour before new legislation (*The Industrial and reformatory Schools Act (1865)*) was enacted to prevent this from occurring and organisations such as the Salvation Army developed industrial schools for dealing with both neglected children and child offenders (Schofield, 1971).

In the early decades of the 20th century the numbers of children coming into State care steadily increased from 1730 in 1901 to 8090 by 1933 (Schofield, 1971). Some of these children were young offenders while others were

orphans or abandoned, or their parents were unable to adequately care for them. During these years the numbers of residential institutions had increased from eight in 1900 to twenty in 1930, many established by various Christian religious organisations with the greatest number of institutionalised children being in Catholic orphanages (Schofield, 1971). A policy of deinstitutionalisation became apparent from 1930 onwards when it was more generally assumed "that the community would provide foster mothers of sufficient quantity to care for all the dependant children admitted to the department" (Schofield, 1971:110). It was also assumed that the Department had the capacity to continue to recruit and supervise this form of care (Schofield, 1979).

In 1911 the 1879 *State Orphanages Act* was repealed and the State Parliament approved the *State Children Act*. This Act paved the way for the establishment of the State Children Department which provided for the care of children up to the age of 13 years (Department of Children Services, 1979). After the depression of the 1930's new Commonwealth allowances were made available to assist widowed mothers and families financially. However, during these decades many children were coming into State care, particularly during the 1950's and 1960's (Department of Children Services, 1979). By the late 1950's community concerns about child welfare and youth problems escalated culminating in the establishment of a parliamentary committee on youth problems (Department of Children Services, 1979). There were also moves afoot for new child welfare legislation and, in 1961, the Queensland Government established a committee to review all Queensland laws relating to children. This committee tabled a report to State Parliament in 1963 and, in turn, it formed the basis for new legislation, the *Children Services Act (1965)* (Department of Children Services, 1979:18). This new legislation centred on the rights of children and, in particular, that children "be reared, educated and protected by their parents or guardians, and for the State to ensure that children's well-being was safe-guarded," whether at home or in care (Department of Children Services, 1979:18). The *Children Services Act (1965)* remained in force in Queensland until 1999 when it was replaced by the current legislation, the *Child Protection Act (1999).* This legislation also has, as

it central focus, the rights of the child but includes additional provisions, most notably, the Aboriginal and Torres Strait Islander Child Placement Principle which legislates culturally appropriate consultations and placements for Indigenous children taken into State care *(Child Protection Act, 1999).*

Historically, literature relating to 20th century State care of children, makes no mention of training for 'foster mothers' and it seems that training of foster parents generally, in any formal sense, to undertake their caring role is scarcely mentioned in the general foster care literature. Yet it is acknowledged that children entering foster care "might have been more likely to be emotionally disturbed by the circumstances of his (sic) family life, his (sic) separation, and his (sic) admission (which) in turn placed a greater degree of responsibility upon the foster mothers in dealing with such problems" (Schofield, 1971:12). Therefore, it would not have been unreasonable to expect that some form of education or additional supports might have been available to these 'mothers'. However, this does not appear to have been the case.

What is identified in the historical foster care literature is that "experienced foster parents are always the best means of recruiting new foster parents, and are increasingly involved in recruitment and in the education of new foster parents and the community" (Department of Children's Services, 1979:22).

It has only been in the last ten to fifteen years that a more formal approach has been undertaken in relation to the training of foster carers in Queensland. While there is no recorded information about the timelines of the introduction of foster carer training and personal accounts vary it would seem that the British 'Parenting Plus' foster carer training package was introduced in Queensland around 1988 not long after it was renamed 'The Challenge of Foster Care.' This training was trialled in the south east of Queensland and, in 1996, was superseded by the nationally accredited 'Sharing the Care Preservice Careprovider Training.' At the time of writing, yet another newly developed foster carer training package, 'Quality Care: Foster Carer Training,' has

recently been launched by the Department and this now supersedes 'Sharing the Care'.

All training programs used in Queensland, previously and presently, have been pre-service or induction training offered either prior to, or during, the first year of fostering. Consequently, there has not been a planned or consistent approach to the provision of follow up training for foster carers in subsequent years of service. Pockets of training have been provided intermittently and solely at the instigation of motivated individuals in various locations across the State, both in the Government and non-Government sectors. However, such an *ad hoc,* sporadic and unplanned approach to the ongoing training of foster carers in Queensland has created inconsistencies in knowledge gained by those carers who do access training compared to those who cannot or, for whatever reason, do not access training. Furthermore, such a haphazard approach to the ongoing training of foster carers leads to inconsistencies in the provision of training across the State as many people in various locations, devise and deliver foster carer training as they see fit. Such divergence of approaches and lack of consistency regarding the levels and provision of training to foster carers has provided the impetus to undertaking this research.

2.2   EDUCATION AND TRAINING OF FOSTER CARERS

Whilst initially there appears to be a dearth of literature relating to the education and training of foster carers *per se* the mention of a need for training of foster carers is a consistent theme which since the late 1970's runs throughout most literature related to the topic of foster care and in particular about quality care and/or specialised foster care (Child Welfare League of America, 1979; Shaw & Hipgrave,1983; Thorburn, Murdoch and O'Brien, 1986; Berridge, 1997; Corrick, 1999; Ruegger & Rayfield, 1999; Warren, 1999; Sinclair, Gibbs & Wilson, 2000; Brown & Calder, 2000; Nixon, 2000; AFCA, 2001; Sinclair, Gibbs & Wilson, 2004). However, upon delving further in this area, it becomes apparent that growing attention has been developing in this field over the past 15 – 20 years particularly in Britain, the USA, Canada and,

more recently, in Australia (Palmer, 1995; Wheal, 1999; Chamberlain, 2000; Triseliotis, Borland & Hill, 2000; AFCA, 2001; Thorpe, 2002; Layton, 2003; Carter, 2004; CMC, 2004; McHugh, 2004; McHugh, McNab, Smyth, Chalmers, Siminski & Saunders, 2004; Thorpe, 2004). Relevant literature in the area of foster carer education, training and support appears generally to fall into three categories, (i) general foster carer literature which touches upon or makes recommendations in relation to the education and training of foster carers, (ii) literature which is focused on education and training of foster carers generally, and (iii) literature dedicated specifically to the 'specialised training' of foster carers in response to the needs of children placed with them who have disabilities and/or very challenging behaviours. An overview of the most relevant literature within each of these categories is presented in the following sections.

2.3 GENERAL FOSTER CARER LITERATURE WITH TRAINING NOTED AS ONE AMONG MANY RECOMMENDATIONS

Most literature reviewed in this category focused on foster care generally. Several report on ways in which foster carers could either be supported in their fostering role while others searched for reasons why foster carers cease fostering and what would have prevented this from occurring.

2.3.1 Australian literature

The largest survey of foster carers in Australia was undertaken by the Australian Foster Care Association (AFCA) in 2001 in which 812 foster carers took part. The subsequent Report "Preventing Child Abuse and Providing Support for Parents in the Australian Foster Care Sector" provides data on a broad range of issues relating to foster carers. In relation to foster carer training, as only one of the many areas covered, the Report calls for "nationally agreed competency standards, that training should be of a nationally accredited standard and that foster carers should get proper recognition for their training" (AFCA, 2001:16). Furthermore, the Report acknowledges that

the skills which foster carers are required to have are becoming increasingly specialised (AFCA, 2001). In terms of support to foster carers the AFCA (2001) Report makes several recommendations relating to recruiting more carers; improvements in respite for carers; increased financial assistance; and increased support for carers at times when allegations are made against them. This is a comprehensive Report which provides a sound overview of the main issues relating to foster carers in contemporary Australia.

In recent years many Australian States have commissioned reviews of problematic child protection and out-of-home care systems. For example, the New South Wales Community Services Commission held an Inquiry into the Practice and Provision of Substitute Care in that State and presented their report to the New South Wales Government in November 2000 (Community Services Commission, 2000); a review of the alternative care system in South Australia was undertaken by Des Semple and Associates (Semple & Associates, 2002) and another review was undertaken by Robyn Layton (Layton, 2003) culminating in the development of a State Plan entitled "Our Best Investment," designed to protect and advance the interests of children in South Australia; the Victorian State Government Department of Human Services undertook a review of home based care and presented their "Public Parenting" Report in June 2003 (Department of Human Services, 2003) and, in Queensland, the State Government commissioned a full Inquiry into the abuse of children in foster care in 2003 (CMC, 2004).

The Queensland inquiry was instigated in response to a public outcry concerning allegations of abuse of children in foster care and the Crime and Misconduct Commission (CMC) were charged with the task of undertaking this inquiry which culminated in a comprehensive and significant Report presented to the Queensland Government in January 2004 (CMC, 2004). The Report is entitled "Protecting Children, An Inquiry into abuse of Children in Foster Care" (CMC, 2004).

The Commission held extensive public consultations late in 2003, to which two submissions informed by this research were presented regarding emergent

findings and made recommendations for improvement in both policy and practice in areas such as foster carer training, accreditation, payment, volunteerism, professionalisation and support (Butcher, 2003; 2003a). Research findings relating to each of these areas is presented more fully in chapters four, five, and six while chapter seven presents a discussion of the research findings and makes recommendations for change to the Queensland Department of Child Safety.

The CMC Inquiry Report presents 110 recommendations, several of which relate to foster carer training, payment and support which also reflect the findings of this research.

The most significant of the 110 recommendations made by the Crime and Misconduct commission called for the abolishment of the Queensland Department of Families and the creation of a new Department of Child Safety to replace it. The Queensland Government subsequently agreed to this recommendation and also to implement all of the 110 recommendations, and at the time of writing, these are being gradually implemented.

2.3.2 **Indigenous Foster Carers**

Literature relating specifically to Indigenous foster carers in Australia is almost non-existent and only one paper could be located, during the course of this study, which related, exclusively, to training for Indigenous foster carers, in Australia. The Secretariat of National Aboriginal and Islander Child Care (SNAICC) prepared a report for the Centre for Community Child Health in February, 2003, focusing on childhood health and development. This report also presented several recommendations about training for Indigenous foster carers and child and welfare agency workers, including accreditation of training and course content information (SNAICC, 2003). Other literature which also makes reference to Indigenous carers in Australia include: Dodson (1999); Barber, Delfabbro & Cooper (2000); AFCA (2001); McHugh (2003); McMahon, Reck & Walker (2003); SNAICC (2003); Community and Disability Services Ministers' Conference (2004 – 2006); and SNAICC (undated). Cashmore and

Ainsworth (2004) in their audit of Australian out of-home-care research identify gaps in research in areas relating to Indigenous children and carers.

2.3.3 International Literature

Overseas, a recent study is that of Sinclair, Gibbs and Wilson (2000). In their 2000 study 944 foster carers were surveyed in England to identify first how foster carers could best be supported in their role and secondly, the relationship between support and outcomes for foster children. In this study information was sought regarding what training foster carers had received prior to commencing fostering and after their first foster child placement. When asked how many hours of training they had received prior to commencing "their answers ranged from 'nothing' to 'two hundred hours' with an average of 26. When asked about what training they had received after commencing fostering "a quarter volunteered that they had had no training since starting" (Sinclair, Gibbs & Wilson, 2000:113).

As for training as a support for foster carers in their role and as an incentive to continue in it, Sinclair, Gibbs and Wilson (2000:178) report that "training was appreciated. Carers wanted more of it. The more they got, the more likely they were to stay". In summary they state, "(i)n our view, training is essential. More attention should be paid to carer views in providing it. Potentially effective courses should be evaluated for their effects on outcomes" (Sinclair, Gibbs & Wilson, 2000:179).

With regard to the correlation between foster carer training and outcomes for children in foster care they report that "years of experience and amount of training received were not linked to outcomes" (Sinclair, Gibbs & Wilson, 2000:226). However, they go on to point out that while effective foster care does depend on the quality of carers "the natural commitment of carers is enhanced by high quality training" but this also needs to be "supplemented by supervision/support which uses the same theoretical framework" (Sinclair, Gibbs, Wilson 2000:226).   These authors have recently released a book based on this research which explores, in some depth, why foster carers

remain fostering while others do not (Sinclair, Gibbs & Wilson, 2004). They conclude with a range of areas in which foster carers could be better supported in their role. For example, Sinclair Gibbs and Wilson (2004) identified the following areas where Local Authorities should give consideration to making improvements. These are:

- improved financial arrangements,
- more effective out of hours support for foster carers,
- respite from caring,
- support through carers groups,
- more training relevant to the task of fostering,
- improved social worker support and relationships,
- careful consideration to placement endings and the ways in which critical events are handled by local authority social workers
- monitoring carer turnover, and
- learning lessons from special schemes offered.

In a Canadian study Sally Palmer (1995) interviewed 36 child social workers in two child protection agencies in Ontario. Her focus was on inclusive foster care practice regarding the importance of maintaining birth family ties with children in foster care. An aspect of her study looked at how training and support of foster carers may enhance and encourage this practice. Overall she asserts that "agencies must provide leadership to their workers and foster carers if inclusive practice is to be a reality" (Palmer, 1995:236).

Interestingly, she cites a "lack of training and support from agencies, as well as the increasing severity of problems presented by the children placed with them" as reasons given for ceasing to care by foster carers who have dropped out of the system (Palmer, 1995:85). These are problem areas which are consistently identified within the literature (see Berridge & Cleaver, 1987; Aldgate, Maluccio & Reeves, 1989; Chamberlain, Moreland & Reid, 1992; Pasztor & Wynne,1995; Triseliotis, Sellick & Short, 1995; NFCA, 1996; Gilligan, 1996; O'Neill, 1999; Bath, 1997; Calder, 1999; Cusack & Orr, 1999;

Denby, Rindfleisch & Bean, 1999; Sellick, 1999; Ruegger & Rayfield, 1999; Community Services Commission, 2000; Triseliotis, Borland & Hill, 2000; Nixon, 2000; AFCA; 2001; Sinclair, Gibbs & Wilson, 2001; Sultmann & Testro, 2001; Carter, 2002; Marino, 2003; Odgers, 2004; Sinclair, Gibbs & Wilson, 2004).   However, when foster carers do receive the support they require, better outcomes are reported for the children in their care (Berridge & Cleaver, 1987; Triseliotis, Sellick & Short, 1995; Sinclair, Gibbs & Wilson, 2000; Thorpe, 2002; Sinclair, Gibbs & Wilson, 2004).

In seeking a solution to multiple placements for some children in care and the detrimental impact which this has upon them, Palmer (1995) suggests that 'treatment foster care' is a likely possibility. She states "treatment foster carers are given more training, support, recognition, and pay than regular foster carers and have shown themselves able to handle very damaged children and adolescents in their own homes" (Palmer, 1995:226). Literature regarding this aspect of specialised foster care will be presented more fully later in a separate section of this chapter.

2.3.4 Training as Foster Carer Support

Cas O'Neill (1999) is an Australian researcher who has comprehensively studied the areas of support and permanent placements for children in care. The primary focus of her doctoral research looked at various aspects of support for all key players in the field of foster care from birth parents and grandparents of the children to the foster carers, the agency workers and other specialist personnel who come into and out of the lives of children in care. She identifies possibilities for the future of foster care and in doing so she recommends "the creation of a single pathway for potential caregivers into a placement system which offers a wide range of care for children, from emergency foster care to permanent care and adoption. Such a system would need to have very clear expectations and structures - particularly those relating to parent selection, training and support. Community education would also need to be a key component of it" (O'Neill, 1999:209).

Literature relating to the support of foster carers in their role consistently identifies the need for education and training as an integral part of such support. Aldgate and Bradley (1999) looked at supporting families through short-term placements and concluded, in relation to training, that "the preparation and support which carers receive is vital to the way in which they are able to carry out their complex and demanding task, and to their capacity to continue in their work over time" (1999:169).

Another study, undertaken in Florida, which emphasises the relationship between foster carer training and support was undertaken in two phases by The Lawton and Rhea Chiles Center for Healthy Mothers and Babies (2000, 2001). In this research 175 foster carers participated through the use of focus groups, interviews and surveys. This study found "many foster parents thought that more training was needed for foster parents" (The Lawton and Rhea Chiles Center for Healthy Mothers and Babies, 2000:18). In the second phase of this research, where a focus included foster parent training issues, it was found that "63% of all foster parents reported the need for additional skills to manage their foster children" (The Lawton and Rhea Chiles Center for Healthy Mothers and Babies, 2001:83). Foster carers, when questioned about their support needs clearly saw education and training as a means of support to them in fulfilling their fostering role. It was reported that carers believe, through undertaking additional training, they would be better supported and better able to deal with the myriad of difficulties which caring for foster children presents (The Lawton and Rhea Chiles Center for Healthy Mothers and Babies (2000).

Anecdotal practice wisdom also suggests that informal education and training occurs within foster carer support groups. However, it would appear that to date there has been no published research on, or evaluation of, this quite common form of practice in foster care services.

A correlation between foster carers receiving training, as a support strategy, is referred to by foster carers and is reported more widely within the literature. This is evident in literature focusing on the retention of foster carers (Denby, Rindfleisch & Bean, 1999; The Lawton and Rhea Chiles Center for Healthy

Mothers and Babies, 2000; Triseliotis, Borland & Hill, 2000; Sinclair, Gibbs, Wilson, 2004), and also regarding improved outcomes for children and adolescents in foster care (Chamberlain, Moreland & Reid, 1992; Hudson, Nutter & Galaway, 1992; Szymanski & Seppala, 1995; Chamberlain, 2000; Barbell & Wright, 2001).

2.3.5 Trained to Care for Adolescents

Working with adolescents is often cited as being amongst the most difficult work foster carers can undertake (Aldgate, Maluccio & Reeves, 1989; Pine & Jacobs, 1989; Hawkins, 1999; Walker, Hill & Triseliotis, 2002). Pine & Jacobs (1989) present a case for the training of foster carers who foster adolescents and identify curriculum and content areas while arguing that training, as a key support area, is but one of many interrelated factors and many other supports are also needed. They contend that training of foster carers is essential if the ideal of adolescents "exiting from the care system as adult citizens with at least the same life chances as their non-care peers" is to be achieved (Pine & Jacobs, 1989:165).

Much literature suggests that specialist foster care appears to best meet the needs of many adolescents and this is presented and discussed in more detail in a later section.   What, however, is noticeably lacking within the general literature is information regarding the training of relative or kin foster carers.

2.3.6 Relative or Kin Carers

Historically relative carers have had little attention paid to their needs in any regard including those pertaining to training and support. However, in the past few years in Australia and overseas attention is beginning to be been paid to the needs of kin or relative carers and to the needs of their own children and families because they are now being used in greater numbers than ever before (Moslehuddin, 1999; Triseliotis, Borland & Hill, 2000; Spears & Cross, 2003; Nuske, 2004).

The Department of Human Services (2003) in their review of home based care in Victoria identified relative carers as being provided with less support than general foster carers because of their family connectedness while possibly more is expected of them. Similarly the Crime and Misconduct Commission in Queensland (2004) found that relative carers were disadvantaged in terms of the levels of training and support they receive and furthermore, that this situation for relative carers should, as a matter of priority, be rectified so they receive adequate training and support to assist them in their caring role (CMC, 2004).

Elsewhere, in recent times, calls have come for relative carers to receive foster carer training and to receive adequate financial assistance and support to enable them to provide the standards of care expected of them (McFadden, 1998; Laws & Broad, 2000; AFCA, 2001; Sykes, Sinclair, Gibbs & Wilson, 2002; Hilpurn, 2004; Nixon 2004; Vimpani, 2004; Spence, 2004).

There is no consistent approach to training for relative carers in Australia or overseas that could be located in the course of this study. Relative or kin carer training programs in Australia appear to be devised on an 'as-needs' basis by various organizations around the country and therefore, course content, structure and delivery varies from location to location across the States and Territories.

There are however, international organizations, identified during the course of this study, which have devised relative or kin carer training programs. Three such programs developed by internationally recognised family welfare and fostering organisations are:

1. The Fostering Network (2004) in the UK, which has a 'Friends and Family' training program for relative carers.
2. The Child Welfare League of America which devised a program for 'Kinship Families' (CWLA, 2003).

3.   The New Zealand Qualifications Authority has developed an accredited training program relevant to both 'kin and non-kin foster carers' (NZQA, 2004; Lawrence, 2004).

Various other organisations, both nationally and internationally, develop and run programs for relative carers but none are particularly well known or acclaimed except perhaps, for an Indigenous organization in Western Australia known as 'Yorganop' which was identified by the Secretariat of National Aboriginal and Islander Child Care (SNAICC, 2003) as a centre of excellence regarding the provision of training for Indigenous foster carers, the majority of whom are relative or kinship carers.

Most literature reviewed in this section has focused on training of foster carers and relative carers as presented within the broader body of foster carer literature relating to supporting and/or retaining carers in their roles.

In the next section literature which has a more specific focus on education and training of foster carers is presented and discussed.

2.4   **LITERATURE FOCUSING ON GENERIC EDUCATION AND TRAINING OF FOSTER CARERS**

After reviewing the literature in this category it seems that, overall, approaches to foster carer training have historically been quite *ad hoc* (Triseliotis, Borland, Hill, 2000; Lowe, 1999) although, in recent years, a trend towards a more formal and structured approach seems to be emerging (Barbell & Wright, 2001; Curtis, Dale, Kendall, 1999; Colton & Williams, 1997; Sellick, 1999; Warren, 1999).

One of the earliest British reports commissioned in the mid 1970's by the National Foster Care Association (NFCA) was titled "Education and Training in Foster Care". This report identified the education and training needs of foster carers, social workers and social work students and made recommendations

for training provision for each group. The recommendations relating to foster carers included four areas which were (1) supportive role induction information, (2) basic education, (3) education for practising foster parents and (4) advanced training for experienced foster carers who may be caring for particularly difficult children (NFCA, 1977). More recently this organisation has devised training materials for foster carers, "The Family and Friends carers' handbook" and, for social workers providing training to foster carers, "Family and friends carers: social workers' training guide (2000)" (NFCA, 2001). Both of these relatively new training materials "reflects the recommendations of the UK National Standards and the Code of Practice on foster care" (NFCA, 2001:11).

David Berridge provides an invaluable resource in his Foster Care Research Review (1997) in which he reports on many UK research projects. One of these focuses particularly on training and support and was undertaken by Triseliotis, Borland, Hill and Lambert in Britain in 1995. Findings from this study, in relation to foster carers, identified that "(t)hose who were untrained often found the work difficult" and that "*half* of the carers in the sample had experienced no training whatsoever. This was said to be a serious shortcoming" (Berridge, 1997:63). However, Triseliotis, Borland & Hill (2000) report that "most carers greatly valued both pre-placement training and the continued forms of training offered by their authorities" and that "only a small minority put total faith in their own experience" (2000:72). They suggest that, besides the learning received from the training itself, the carers commented that "there were also opportunities to meet staff and other carers with whom more lasting relationships were developed" and "these proved invaluable in times of crisis" (Triseliotis, Borland & Hill, 2000:75).

Another British study focusing on education and training of foster carers is that of Minnin, Devine and Pelosi (1999). Here they report on the effects of implementing a new pilot training program for foster carers in Scotland. They examined the impact upon the emotions and behavioural functioning of "looked after children" (currently the term used in British literature for children in foster care) when their carers had undertaken this training. Reporting on the

outcomes of this training program Minnin, Devine and Pelosi (1999) note that carers commented they were better able to understand and manage the children's behaviour but, due to the existence of other factors, they did not feel optimistic about the impact of the training on the child/ren. In fact, it became apparent that, in some cases, "the birth family is clearly seen by some carers as an impediment to their own beneficial effects" (Minnin, Devine and Pelosi, 1999:45). Minnin, Devine and Pelosi report that the reason for the view is that "carers appear to feel that their work is being undone during access visits and that they are, therefore, unable to effect change in the children they look after" (1999:45). This report also noted other innovative research undertaken in 1996 by Gilchrist and Hoggan which involved birth parents in ongoing training for approved foster carers. "The objective of this was to enhance the existing carers' sensitivity to birth parents' feelings and difficulties, and their ability to empathise with them" (Gilchrist & Hoggan, 1999:99). The outcomes were that both the parents' and the workers' experience of this event was favourable. "Parents commented on how positive they had found the experience of taking part in the training" and "the workers' *(foster carers)* also expressed the view that the session had been positive and enjoyable for them" (Gilchrist & Hoggan, 1999:104).

Other research undertaken by Berridge and Cleaver (1987) in the UK confirms that access to adequate training for foster carers can assist them to better cope with the demands of their role. And that "many of the problems (they) have identified can best begin to be tackled by ensuring that foster parents receive thorough, rather than limited or even no child care training" (Berridge & Cleaver, 1987:183).

In addition fewer placement breakdowns occurred where foster carers had access to adequate training and preparation for their role and also where there was a 'good match' of personality and attributes between the child and carer (Berridge & Cleaver, 1987; Caesar, Parchment and Berridge, 1994; Triseliotis, Borland, Hill, & Lambert, 1995). Other authors provide evidence that preparation and support of foster carers is vital to their ability to carry out the complex and demanding tasks of this role and of their capacity to sustain such

work over time (Sellick, 1994; Aldgate & Bradley, 1999; O'Neill, 1999; Sinclair, Gibbs & Wilson, 2000; Triseliotis, Borland & Hill, 2000; AFCA, 2001; Sinclair Gibbs & Wilson, 2004).

When writing on the topic of training for foster carers, Kevin Lowe, the former head of Services at the British National Foster Care Association, states that until the end of the 1990's "training provision across the UK (was) extremely uneven" and "few agencies have (had) a comprehensive training and development strategy for foster carers" (Lowe, 1999:156). However, he is optimistic for the future and states that "Foster care training …. may be on the brink of a new phase in its history" (1999:156) as several factors appear to have combined in Britain to move foster care training closer to centre stage at the end of the 1990's. These factors, he suggests, include:

(i)   an increased reliance on and demand for foster care for children requiring out of home care,

(ii)   concerns regarding the quality of child care services for these children, and

(iii)   important initiatives undertaken in the UK to improve the quality of care such as:

-       the Looking After Children Project

-       the national vocational awards for foster carers, and

-       the *Quality Protects* document, 1998, which sets out the UK government's requirements of local authorities in order to raise the quality of care for the children and young people in foster care and which, critically, is linked to government funding availability on the proviso of compliance to stated standards and outcomes located within this document.

(Lowe, 1999)

The Looking After Children (LAC) project was established after a twenty year research and development period which was prompted as a result of an inquiry into the death of a child, Maria Colwell, in statutory care in Britain in 1973 (Clare, 1997). Such was the outcry in Britain to this child's death that new legislative, policy, administrative and practice changes were made to prevent

any such occurrence from ever happening again (Clare, 1997). After the inquiry into this child's death several research studies were undertaken, commencing in 1975. The LAC project was instigated as a result of several research projects into institutionalised neglect of children in state care. As a result "practice materials, particularly the *Assessment and Action Record*, consolidate(d) research knowledge in child development, child placement and social work practice with disadvantaged children and families" (Clare, 1997:29). These records "set out explicitly what good parental care mean(s) in practice" (Clare, 1997:33). These materials are essentially case assessment and planning tools designed to meet community expectations in relation to appropriate and acceptable standards of parenting and caring for children in out of home care. The LAC materials were launched in May 1995 with an expectation that they would be in use for all children in care throughout Britain by the end of 1997 (Clare, 1997).

The development of national vocational awards ((S)NVQs), (initially developed in Scotland) for foster carers "began in 1986 as part of a government led drive to improve qualification levels" for foster carers (Lowe:1999:158). The (S) NVQ Level 3 award 'Group and Foster Care', first accredited in 1996, was reviewed in 1997 and was subsequently replaced in 1998 by "Caring for children and young people', still a Level 3 award (Lowe, 1999; NEC, 1999). Lowe asserts the revised award sets a "more comprehensive framework of standards for use as a benchmark for practice" (1999:160). This training, based on national foster carer practice standards as it is, is considered by the Fostering Network and the Australian Foster Care Association as representing high quality foster carer training with regard to the structure and content of the materials (NFCA, 1999a; NFCA, 1999b; AFCA, 2001; The Fostering Network, 2001; AFCA, 2003; Talbot, 2004).

In the USA the Child Welfare League of America (CWLA) sets standards for the major child welfare services, including foster family services, in that country. In relation to education and training the CWLA expects that foster care agencies "should ensure availability of training programs that provide opportunities for the foster mothers and fathers to learn what they need to know and are expected to be able to do for the children in their care" (CWLA,

1979:53).   They stipulate that a program of training for foster carers should include:

- orientation and training for new foster carers (preferably before placement of any child) regarding agency purpose, objectives, resources, policies and services, as well as basic knowledge about separation and emotional issues behind troublesome behaviour
- ongoing training opportunities for all foster parents providing specialised care
- periodic time-limited courses available for selective use by foster parents, including subjects affecting the daily living experience such as the continuing effects of separation and deprivation, child care at various developmental levels, discipline and problem behaviours, variations in child-rearing patterns, and family relationships
- provision for attendance at courses, institutes and conferences
- library resources about child care and child development

(Child Welfare League of America, 1979:53)

In Canada, Titterington (1990) undertook research on the topic of foster care training in an effort to address the issue of support and empowerment, skill development, and effective evaluation.   This project utilised a networking model methodology to illustrate how such a model could increase support and training for participating foster carers.   The program was implemented over a three year period at the end of which an evaluation was undertaken which identified that the support networks of foster carers had increased which in turn lead to greater retention of foster carers in the role.   Furthermore, it was suggested that if foster carers were prepared to further develop their cognitive abilities through education and training, and if social service agencies were prepared to acknowledge the skills of foster carers, then a true team partnership was possible (Titterington, 1990).

Also in Canada, Runyan and Fullerton (1981) suggest that both children in foster care and foster carers themselves are vulnerable populations and they report on a foster carer training program that was developed as a preventive measure in recognition that "(f)oster parents are also at risk in that if their parenting skills are not adequate for the great demands of foster care, their self-esteem and confidence as parents may suffer" (1981:127). In order to reduce these risks they developed an educational program as a preventive measure and implemented it with 127 foster carers in Oregon. They used a competence model rather than a deficit model of prevention and, once evaluated, indications were that "parental attitudes improved among the participants, problem behaviour of the foster children decreased, and the parent-agency relationships improved. (A) high level of satisfaction with the program was expressed by the participants" (Runyan & Fullerton, 1981:127). They argue that training such as this is very important as the long-term implications of deficient foster care may see children "develop maladaptive coping skills and behaviours when in inadequate foster care situations" (Runyan & Fullerton, 1981:140).

To effectively care for children in foster care, especially those who have very challenging behaviours or disabilities, a more structured, specialised, paraprofessional and/or professional approach has been developing in recent years as have specialised training programs to better prepare foster carers to work in this area. In the next section literature relating to this area is presented.

2.5 LITERATURE FOCUSING ON THE SPECIALISED TRAINING OF FOSTER CARERS

It is increasingly the case that children who are coming into foster care are displaying very challenging and difficult behaviours, no doubt primarily due to the abusive and or neglectful experiences which they have encountered in their relatively short lives.   Often children and young people exhibit many behaviours exacerbated by underlying psychological and emotional disturbances, disabilities, drug related problems, or adolescence, which is often a very difficult time of life for many young people generally. As a result increasingly often foster parents are being recruited and specially trained to provide a high quality of care for these children who previously, would likely have been cared for in specialist residential care facilities which are no longer available in Australia (Bath,1997; Ainsworth & Hansen, 2005). In the literature such specialisation is variously referred to as 'specialist foster care', 'treatment foster care', 'para-professional care' or even 'professional care' (Shaw & Hipgrave, 1983; Thorburn, Murdoch & O'Brien, 1986; Bath, 1998; Chamberlain, Moreland & Reid, 1992; Hudson, Nutter, Galaway, 1992; Colton & Hellinckx, 1994; Palmer, 1995; Bath, 1997; Berridge, 1997; Colton & Williams, 1997; Pitman, 1997; Bates, English & kouidou-Giles, 1997; Clark, 1998; Corrick, 1999; Crumbley, 1999; Curtis, Dale & Kendall, 1999; Hill, Nutter, Giltinan, Hudson & Galaway, 1999; Lowe, 1999; Morton, Clark & Pead, 1999; Ruegger & Rayfield, 1999; Sellick, 1999; Testra & Rolock, 1999; Chamberlain, 2000; Triseliotis *et. al*., 2000; Jackson & Thomas, 2000; Barbell & Wright, 2001; Kirton, 2001a; Foster Family-Based Treatment Association, 2001; Sultmann & Testro, 2001; Walker, Hill & Triseliotis, 2002). This shift away from 'general' foster care, which was initially seen as an extension of a parenting role, to a more highly specialised version of care brings with it implications for a more skilled and credentialed level of service provision which inevitably stimulates debate about what constitutes appropriate levels of pay, the public/private nature of the role and associated perceptions regarding status.

Bath asserts data from Australian research he has undertaken lends "support to anecdotal evidence that there has been a marked increase in the number of

children in care with seriously challenging behaviours" (1997:7). Moreover, he confirms that "foster care itself is becoming increasingly sophisticated and specialised with most States now offering specialist programs that cater for adolescents and for children with serious behavioural, educational and psychiatric problems" (Bath, 1997:7).

The increasing complexity of problems which children bring with them into care creates additional strains on the overall foster care system, as placements continue to breakdown having ever more detrimental effects on young people and with subsequent placements becoming more urgently required (Whittington & Holland, 1985; Taber & Proch, 1987; Inglehart, 1993; NFCA, 1996; Delbabbro, Barber & Cooper, 2000). This scenario is occurring all too frequently while, simultaneously, the pool of available foster carers continues to dwindle, creating a situation where placements are immediately required leaving little, if any, time for thorough assessments of individual cases and/or for appropriate matching to occur (McHugh *et. al.,* 2004; Caesar, Parchment and Berridge, 1994; Triseliotis, Borland, Hill, & Lambert, 1995).

Kirton (2001a), when commenting on the current crisis of foster care in the UK**,** identified significant problems relating to the recruitment and retention of foster carers, the high levels of placement breakdown and poor performance in relation to the goals of foster children such as education, health, and even protection from abuse. He agrees with the National Foster Care Association in proposing that the "resolution to the crisis requires a thorough-going professionalization of foster care, with adequate remuneration being vital to recruitment and retention" (Kirton, 2001a, NFCA, 1998). This view raises questions about whether foster care is seen as a vocation or a job and therefore whether it is a voluntary activity performed with no expectation of

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* *A crisis also experienced internationally see Colton & Williams, 1997; Curtis, Dale & Kendall, 1999 (USA); Bath, 1997; Sultmann & Testro 2001 (Aust).*

payment in the form of a wage, or as a waged, professional career (Kirton, 2001a; Solomon, 2001; Palmer, 1995; Colton & Williams, 1997; Testa &

Rollock, 1999; Sultmann & Testro, 2001; Holland, Faulkner & Perez-del-Aguila, 2005). Kirton (2001a) reports that in his study carers did express concerns over a more fully professionalized model of foster care which, he believed, demonstrated the value they placed on the parental and familial aspects of foster care. However, "the idea that foster carers' payments should reflect their skills forms a key plank in the professionalizers' platform" (Kirton, 2001a:204) and "training was often cited as a crucial element within any graded payment structure" (Kirton, 2001a:204).

Hill, Nutter, Giltinan, Hudson and Galaway (1999) undertook a comparative survey of specialist fostering in the UK and North America in 1992. In relation to the training of foster carers they note that the "North American schemes had more stringent requirements" with regard to the formalisation of planning, training and support of specialist foster care than was evident in the UK where "the mean annual requirement for *ongoing* training (11 hours) was half the North American equivalent" (Hill *et. al.*, 1999:40). The researchers of this study report that "one of the most striking contrasts was the greater proportion of North American schemes that teach foster carers specific intervention: nearly two-thirds (62 per cent) as compared to very few (14 per cent) in the UK" (Hill *et. al.*, 1999:40). "This suggests that in the UK the tendency is that foster carers seek to achieve goals in their own ways with general guidance, whereas in the US and Canada they are more often expected to follow a standard model (see also Hill, 1992)" (Hill *et. al.*, 1999:40). In conclusion Hill *et al*. question the comparatively low resourcing levels of specialist fostering in the UK and they suggest that "more attention should be paid to assessing competencies of foster carers, providing more specific instruction and having a structured approach to the evaluation of placements" (Hill *et. al.*, 1999:44, 45).

Corrick (1999) also from the UK presents detailed information highlighting the changes in the fostering role to that of a more professionalised career. She notes that many foster carers are required to undertake skilled therapeutic work with the children in their caring role (Corrick, 1999). This is a view supported by Palmer (1995) who refers to this type of work as 'treatment' foster care. She comments that "(t)reatment foster carers are given more training,

support, recognition, and pay than regular foster carers and have shown themselves able to handle very damaged children and adolescents in their own homes" (Palmer, 1995:226).   Moreover, Palmer suggests that such foster carers should be regarded and treated as para-professionals and "agencies should compensate them adequately, provide them with ongoing training and support, share information with them, and expect them to work with children's families" (Palmer, 1995:227).   This is a view also shared by several other practitioners and researchers in the US (Pecora, Whittaker, Maluccio, Barth & Plotnick, 1992; Borthwick-Duffy *et al*, 1992; Szymanski & Seppala, 1995; The Lawton and Rhea Chiles Center for Healthy Mothers and Babies (2000).

2.6   PROFESSIONALISM

Increasingly calls are coming for foster care to be recognised as a profession and for foster carers to be trained and remunerated as professionals in their own right. (Borthwick-Duffy *et al*, 1992; Chamberlain, Moreland & Reid, 1992; NFCA, 1996; Corrick, 1999; Testa & Rolock, 2001; Kirton, 2001a; George & van Oudenhoven, 2002; Hutchinson, Asquity & Simmonds,2003; Reichwein, 2003; Waldock, 2003; Hilpern, 2004; Thorpe, 2004). Undoubtedly, this need has been identified to replace the work which previously trained and skilled residential care staff provided to troubled and disaffected children and adolescents. It seems the wheel of change has turned full circle to the point where we are back to identifying a need to have specially trained people to provide care for severely troubled children and young people (Ainsworth & Hansen, 2005).

Colton and Williams (1997) when reporting on international trends in foster care, identify a move away from a system in which well-meaning and largely untrained people volunteer to take children in need, to specialist fostering services and schemes involving highly trained professional carers, supported by other highly trained professionals, who care for disturbed children and young people (Colton & Williams, 1997). Such practice, with the necessary additional training, support and increased payments, has seen dramatic

improvements in both foster care retention rates and outcomes for children (Chamberlain, *et.al.,* 1992; Berridge, 1996; Leahy *et.al*., 1999; Wise, 1999).

Jackson & Thomas (2000), researchers from the UK, report that the research evidence, mostly from the United States and Canada, where 'treatment' foster care has had a longer history, indicates that professional foster care, paid at much higher rates, does in fact produce greater stability for children and in particular "for the most difficult group - disaffected teenagers" (2000:112).

Courtney & Maluccio also argue in favour of increasing the professionalisation of foster care and they contend that such professionalisation should take the form of "better training for child welfare workers and foster care providers (both kin and non-kin) in order to adequately meet the unique challenges of children in care" (1999:239). Moreover, they suggest that the "professionalization of family foster care may be the only real hope for the field to realize the ideal of regarding foster parents as the crucial element in a treatment team approach to caring for abused and neglected children in out-of-home care" (Courtney & Maluccio, 1999:239).

Jackson & Thomas (2000) concur with Courtney and Maluccio (1999) and note this is a perspective also shared by the National Foster Care Association (now the Fostering Network) in Britain. They state "that the supply of home-based women prepared to take very difficult children into their homes for no reward is rapidly drying up and that the future lies in professional fostering" (Jackson & Thomas, 2000:112). Furthermore, they advise that "foster carers are unanimous that they want to be treated as colleagues, not clients, and to be given a greater degree of autonomy instead of being hedged about with bureaucratic procedures and restrictions" (Jackson & Thomas, 2000:112). Inevitably this has implications for advanced, ongoing and more formally structured training requirements for foster carers and this, for some commentators, has further implications for appropriate levels of payment, role/status perceptions of foster care as paid work, and foster carers as specialists and professionals rather than volunteers. Conversely, however, many foster carers themselves and others (Thorpe, 2004) in the out of home

care arena hold the belief that, while training is important, foster care and payment as professionals don't mix because it is thought that one cannot 'love' a child or children *and* at the same time be a paid professional.

2.6.1 Love, Payment and Professionalism

With increasing numbers of foster carers now 'employed' by private fostering agencies, and the emergent trend towards the professionalisation of foster care generally, both in Australia and overseas, it is timely to consider the long held belief by foster carers, child protection workers and many others in this field that fostering (and love of children) and professionalism (with qualifications and commensurate payment) must be mutually exclusive. Carter (2003), when referring to the notion of caring, compassion and love of children in foster carer, has coined the term 'cherisment'. She says "(c)herishment is described as spontaneous affection, as the emotional equivalent of nourishing food" (Carter, 2004). It could be argued, however, that the ideal approach for children in care is a balanced combination of both genuine care and concern or 'cherisment', embedded within a professional framework (Pybus, 2004).

Corrick, when commenting on matters relating to the professionalisation of foster care, notes, "(m)ore abstract issues involve the perceived conflict between love and money – it has in particular to be noted that children in the care system (as well as some social workers and carers) find it hard to believe in the adequacy of care for pay, that is, that good quality family life can be provided for financial reward. A parallel would be that we would have better nurses if we paid them less" (1999:62). This is a very appropriate analogy given that professional nursing as we know it today has its origins within voluntary, charitable, caring work (Dolan, Fitzpatrick & Hermann, 1983).

Kirton, when referring to the works of Berridge (1997) and Triseliotis *et al.,* (2000), notes that despite the National Foster Care Association's view that "a thorough-going professionalisation of foster care, with adequate remuneration" is what is needed for continued recruitment and retention of foster carers, he

contends that "this view remains contentious, clashing as it does with the long-established idea of foster care as a voluntary activity rooted in altruism" (2001a:199). Kirton (2001a) recently undertook research in the UK where he found foster carers held different perspectives about fostering as parenting and fostering as a job. He reports, "(for) those who emphasized parenting, the key factors related to the intrinsic value of child care (fostering). Although no longer a legal requirement, the obligation to look after children 'as your own' still exerted a powerful influence, while some carers also chose to talk in terms of love. Similarly emphasized were the intrinsic rewards of foster care, which reflected its challenges and the commitment required" (Kirton, 2001a: 202). Kirton reports some carers would care 'for nothing' while others wanted 'improved payments, not only as recognition of the challenges faced, but also part of a more professional service" (2001a:201).

More research and social commentary is now being focused on these aspects of professional foster care, including adequate training and payment for caring, which have been in place in some countries for the past twenty years but is being advocated for and in many countries now forms an accepted part of fostering practice (Pecora *et al.,* 1992; NFCA, 1996; NFCA, 1997; Colton & Williams, 1997; Collier, 1999; Corrick, 1999; Hudson, 1999; Sellick, 1999; Verity, 1999; Triseliotis *et al.,* 2000; McHugh, 2002; George & van Oudenhoven, 2002; Milburn, 2002; Ainsworth & Maluccio, 2003; Hutchinson *et al.,* 2003; Waldock, 2003; Adande, 2004; Hilpern, 2004a; Hughes, 2004; Pybus, 2004; Sellick & Howell, 2004; Wrigley, 2004; Wylie, 2004).

In acknowledging the growth of professional foster care Kirton, when commenting on the work of Corrick (1999) and Kelly & Gilligan (2000), states, "there is little doubt that the professionalizing view has gained ground gradually over recent decades, as the (perceived) challenges of fostering have increased, as alternative 'careers' have opened up for married women and acceptance of (albeit modest) 'payment to care' has grown" (Kirton, 2001a:199).

Kirton (2001b:1) argues that "(a)lthough debate over 'love and money' in foster care has far from disappeared, one sign of the sea change in attitudes is the way in which concern has steadily moved from the possibility of carers 'profiting' from generous allowances to the unacceptability of their having to 'subsidize' miserly ones."

Given the current trends toward the professionalisation of foster care George and van Oudenhoven make the following points, "(m)uch professional work is not done 'just' for remuneration, but for the pleasure of exercising and developing skills and for the rewarding sense of making some sort of social contribution – and people get paid for this. Given this blurring, why should not foster care – perceived by so many, including most foster carers, as a 'labour of love' – be treated as something of a profession as well, and remunerated?" (2002:89). Acceptance of this perspective requires something of an ideological shift, particularly for those who may wish to hold strongly to the view of foster care as 'good enough parenting' and where training is thought hardly necessary either.

There is diversity of thinking on the topic of professionalism and payment for foster carers which reflects a diversity of motivations and expectations of the purpose and rewards of the fostering role itself, for carers. Diversity of opinion on this topic centres predominantly around the notion of payment for fostering and not so much about whether carers should be well trained professionals who enjoy mutually respectful collegial working relationships with other welfare professionals, including Departmental child protection workers.

Thorpe, in her North Queensland foster carer study, found "many foster carers recognised the professional nature of the role they were playing in other people's children's lives, but while most saw a crucial need for training in this regard, nonetheless they baulked at the idea of payment for fostering as a job" (2004:1). Moreover, Thorpe (2004) identified nearly all foster carers want to be accepted as equals and professionals and most accept the importance of training, some also want payment 'as professionals' but many do not want payment, although still want to be seen as professionals.

Cherie Talbot, of the Fostering Network, London, when speaking on the topic of the professionalisation of foster care as an invited guest at the 2004 National Foster Care Conference in Canberra, stated "the professionalisation of foster care is more about recognition of status (of foster carers) as equal members of a team" (Talbot, 2004a). Furthermore, she continued "foster carers want to be recognised as equally knowledgeable in the field of foster care just as social workers are in social work" (Talbot, 2004a). Additionally, Talbot suggested that pay issues for foster carers could include such possibilities as "opt-in pensions, long service payments, payment for recruiting new cares, payment for carers as trainers and mentors (and) also the development of career paths for foster carers with payment for skills development" (Talbot, 2004a).

In a similar vein and in seeking to meet the needs and wishes of foster carers, who hold varying expectations of how they should be regarded and remunerated, Thorpe (2004) cites from the research of Sinclair, Gibbs and Wilson (2004) who, in their UK study, identify three distinct categories of fostering which, they suggest, should require different degrees of training and levels of payment:

1. commitment to relatives or a specific child: *like open adoption or permanent care*

2. A job that fits with family commitments, allows use of love of children and parenting skills, and brings in some money: *like 'in-home' based care or family day care*

3. A challenging, professional job – treatment foster care: *like residential care work.*

In this model training may be necessary for all foster carers, though with progressively more for categories two and three.   Additionally, payment in this model may also vary from adequate fostering allowances to payment as a job, to payment as a higher paid job. While payment is an important consideration for many foster carers and while debate over payment for fostering may continue for some time yet, what is generally not contested is the importance of

being treated with respect, as an equal professional, and the provision of training for foster carers.

Acknowledging this point Lowe insightfully comments, "foster carer training appears on the cusp of a new era. Its development can be seen as both a consequence of the growing professionalisation of the foster service as well as having a part to play in achieving it. Changes in attitudes and new infrastructures will be needed …. (and)…. it will only be then that training will be able to help achieve the high quality direct care that children and young people deserve" (Lowe, 1999:164).

2.7 **CONCLUSION**

International trends of a crisis in the foster care system have created an imperative to focus on and research the education, training and support needs of foster carers, not only in Australia but elsewhere in the western world. Governments in Australia and elsewhere face a crisis in out of home care due in no small part to their own governmental policies which move further away from care in institutions or residential facilities and more towards the exclusive use of foster care. When one considers this crisis in addition to the increasingly complex behavioural, psychological and emotional problems often exhibited by children in foster care nowadays it becomes apparent that never has the need been more pressing to have highly skilled and trained foster carers. By the same token never has the need been so evident than at the present to undertake research into the areas of education, training and support for foster carers.

Chapter 3.   THEORY AND METHODOLOGY

In this chapter I will describe the methods used when undertaking the research reported in this thesis. I will also explain how research participants were selected, how data was collected, collated, and coded and how data analysis was undertaken in order to facilitate the emergence of clear findings relating to the topic of this inquiry – the education, training and support needs of foster carers.

I shall begin by providing a rationale for my choice to use a multi-method research approach, incorporating both qualitative and quantitative research methods.   The underpinning epistemological position and theoretical assumptions guiding the development and undertaking of this research will also be presented in this chapter in order to make explicit the philosophical frameworks which underpinned the study.

Following from this I will then describe the processes utilised to undertake the research, beginning from the early stages of gaining university ethics approval through to gaining research participant's agreement to be interviewed and then actually undertaking the interviews. Furthermore, I will provide details about the methods I used to collect, collate, code and analyse data throughout the research process.   Matters regarding research validity and authenticity, and ethical concerns, will also be addressed. In conclusion, the limitations of this study, both actual and perceived, will also be identified.

3.1   METHODOLOGICAL RATIONALE

As a social worker, with strongly held beliefs in equality and social justice for all in humanity and a focus on the needs and rights of people, I acknowledge my fundamental epistemological position. As a researcher I am more attuned with a constructivist or phenomenological orientation rather than that of a positivist/empiricist approach. Consequently, I am more inclined towards the

use of interpretive approaches to studying social phenomena, especially that which relates to the lived experiences of people as opposed to relying on quantitative research methods alone to seek meaning for social concerns.

In disclosing my fundamental epistemological stance I acknowledge that some studies do lend themselves more readily to quantitative research methods while others seek to combine elements of both qualitative and quantitative research methods as it is sometimes both relevant and practical in relation to certain topics of inquiry. Such is the case for this research where it became apparent to me that a mixed methodological approach was not only the most appropriate but was, in fact, necessary if I was to gain a deeper understanding of the education, training and support needs of foster carers.

A multi method approach is one which incorporates aspects of both qualitative and quantitative methods and is often referred to as triangulation (Denzin, 1970) although, other authors commonly refer to this approach as mixed method, multiple method, or integrated method approach (Brannen, 1992; Tashakkori & Teddlie, 1998; Taylor, 2000). Denzin (1970) borrowed the term triangulation from psychological reports and developed it further to incorporate not only "methods and data but investigators and theories as well" (Brannen, 1992:11). Neuman suggests that using both methods provides "complementary strengths" and states that "a study using both is fuller or more comprehensive" (2000:125).

My methodological rationale relates to what Tashakkori & Teddlie (1998) identify as that of a '*pragmatist*' who, instead of adhering only to one paradigm of methodological reasoning, adopts the "tenets of *paradigm relativism*, or the use of whatever philosophical and/or methodological approach works for the particular research problem under study" (Tashakkori & Teddlie, 1998:5). This is not to say that I am unbiased or value-free. On the contrary, I acknowledge my fundamental philosophical position as one more attuned with qualitative and humanistic research methods. However, for this study it is necessary to draw upon a broad range of practical strategies to elicit the qualitative and quantitative information in an ordered and timely way, yet in some depth as

there are two sampling cohorts: foster carers and 'other key informants'. Both cohorts are geographically dispersed, with foster carers and some 'key informants' located in Mackay, the Whitsundays, and Bowen whilst the remainder of 'other key informants' were located either further a field in Queensland or more broadly throughout Australia's eastern states.

Before presenting information relating to the research methods of this study it is important to also identify the theoretical foundations which guided the stages of this research project.

3.2   UNDERPINNING THEORETICAL POSITIONS

As a researcher I believe it essential to be aware of one's underpinning theoretical frameworks informed by philosophical stance. For me, these are determined at two levels. One is fundamental to who I am as a person and a professional and, subsequently, as a researcher, and the other is in relation to the theories which guided me during the course of this research.

Firstly, as a social worker committed to the fundamental values and principles of social justice and humanitarianism, I acknowledge these as foundational values of who I am both personally and professionally. Equally important to me is my commitment to feminism, in particular, socialist feminism. These philosophies will therefore inevitably have a bearing on my approach and thinking in relation to this research. A brief description of each of these is as follows:

- Social Justice relates to:

  - the satisfaction of basic human needs
  - the equitable distribution of resources to meet these needs
  - fair access to public services and benefits to achieve human potential

- recognition of individual and community rights and duties
- equal treatment and protection under the law
- social development and environmental management in the interests of human welfare   (AASW, 2000:5)

In this study social justice is an important underlying principle in relation to exploring how social justice is effected upon foster carers within the socio-political child protection system and whether foster carers themselves believe they are treated fairly and equitably, have access to resources and are able to fully participate in decision making which affects their lives and those of the children in their care.   The principles of social justice are closely linked to those of humanitarianism.

- A humanitarian commitment relates to a belief in human dignity and worth and that:
  - every human being has a unique worth
  - each person has a right to well-being, self-fulfillment and self-determination, consistent with the rights of others (AASW, 2000:4)

Humanitarian principles are fundamental to working with all people. If one holds humanitarianism as a fundamental belief it provides a 'levelling' basis for the way in which all people are thought of and treated, including foster carers, children in care and Departmental staff.   When applying humanitarian principles within bureaucratic hierarchies of power, such as in this study, divisions of power between individuals can be identified providing the potential for them to be broken down.

- Socialist feminism holds that not only capitalism but also sexism through patriarchy serve to reinforce each other in the subordination of women (Wearing, 1986). In this study a feminist analysis is used in relation to the role of women as primary carers of children and the implications this may have for them in terms of their aspirations, identity and ongoing personal

development. This is contrasted with those of male foster carer participants in this study.

Secondly, a range of theoretical perspectives are considered beneficial to this study in terms of the approach taken to data collection and analysis and these include:- (i) adult education and training, (ii) community education, (iii) empowerment, (iv) the concept of power, (v) professionalism, (vi) ideology of the family, and (vii) child care. A brief description of each is presented below followed by a statement indicating how each theory relates to this study.

(i)   **Adult education and training** "starts with the recognition that all human activity has a learning dimension. People learn, continually, informally and formally, in many different settings: in workplaces, in families, through leisure activities, through community activities, and in political action" (Foley, 1995: p. xiii and xiv).

In keeping with this definition it is thought that foster carers are also continuously learning whilst 'on the job' but it is important, in relation to this study, to determine what content information and methods of adult education and training are most relevant for foster carers. This framework operates from the principle of adults taking responsibility for their own learning which is in keeping with the focus of this study. It also sees education as a respectful dialogical process.

(ii)   **Community education** is based on Paulo Freire's notion of "education as the practice of freedom" (Freire, 1973: p.viii). Important elements of Freire's philosophy centre around his "concern with 'conscientization' – developing consciousness, but consciousness that is understood to have the power to transform reality" (Taylor, 1993:52), and his "insistence on situating educational activity in the lived experience of participants" (Encyclopedia of Informal Education, 2001:2).

In conjunction with adult education and training principles it is anticipated that a community education framework would facilitate

opportunities for foster carers to take responsibility for their own learning and development. In so doing it is thought that use of this framework might assist foster carers to develop new dimensions of understanding, skills and knowledge, which may, in turn, assist them to better function within the Government's bureaucratised and politicised child protection system, of which they are an integral part.

(iii)   "**Empowerment** is defined as a process whereby the social worker or other helping professional engages in a set of activities with the client aimed at reducing the powerlessness stemming from the experience of discrimination because the client belongs to a stigmatized collective" (Solomon, 1976:29).

This theoretical perspective is closely aligned with community education as mentioned above and the use of this framework underpins the research process.   Use of this framework serves to inform and enable foster carers who participate in this study to better understand the Queensland Government's child protection system and the place of foster carers within it. In turn, this may enable them to make more informed decisions about how they practise, how they continue to develop their skills and knowledge base, how they negotiate and/or challenge the system and how to consider their role within the broader Departmental and socio-political context.

(iv)   **The concept of power** drawn upon in this study relates to hierarchical power within bureaucratic organisations and in particular, how this relates to foster carers. From a sociological perspective McNeil, when referring to the work of Max Weber, asserts that Weber viewed bureaucratic organisations "as the most efficient tool to mobilize resources and power in such a social system" (McNeil, 1983:14). Additionally, Clegg states that "(o)rganisations encompass or involve workforces and structures of staffing, systems of working and markets of demand for goods or services, as well as less tangible facets such as culture, ethos, and patterns of power and influence" (1998:68).   It is

these patterns of power that are important to developing an understanding of power when undertaking data analysis in this study. Again, this theoretical framework is very much linked to each of the theoretical perspectives presented above and provides a basis from which to explore foster carers' perceptions of their sense of personal power within the broader bureaucratic system. It also facilitates the analysis of research data in relation to –

- the systemic positioning of foster carers,
- the status of foster carers,
- the valuing (or otherwise) of the fostering role, and
- foster carers' sense of their ability to influence decisions affecting their fostering role.

(v) **Professionalism** has been defined as containing the following six elements:

(1) application of skills based on technical knowledge

(2) requirements for advanced education and training

(3) some formal testing of competence on admission to the profession

(4) existence of professional associations

(5) the existence of codes of conduct or ethics; and

(6) the existence of an accepted commitment of calling, or sense of responsibility for serving the public   (Benveniste, 1987:33)

Although payment is not mentioned in this definition of professionalism it may be an additional aspect of working as a professional, depending upon the type of work undertaken and the motives of individual 'professionals' for doing so, as presented in chapter two

Foster carers are often referred to as 'partners' with the Queensland Department of Child Safety in their role of caring for children. This implies a sense of equality as partners with equal ability to influence decision making. While, it is mandatory that, in the Queensland context,

the Child Safety Officers (CSO) with whom foster carers work most closely within the Department, hold a Bachelor's degree in behavioural sciences, no such requirement applies to foster carers. Yet since, CSO's operate from a 'formally qualified' professional context and with the rhetoric of 'partnership' it could be implicitly expected that foster carers, as equal working partners, will also operate from the same 'professional' perspective. Conversely, foster carers generally see themselves as volunteers within the fostering system (Solomon, 2001). Therefore, misunderstandings and tensions about role identity in these areas could see people operating at cross purposes. Use of this theoretical framework will assist with data collection, collation and analysis and will thus enable further exploration of this thinking.

(vi) **The ideology of the family** refers to the dominant yet diminishing, anglo-celtic perspective, in contemporary Australian society relating to "the nuclear family of mother, father and children" which is "seen as a functionally necessary unit for the socialisation of children for the maintenance (and development) of the adult personality" (Parsons, 1980:21). The family, in this context, is thought of as "that group of kin who live together in a household and who are usually caring for, or have in the past cared for, the material and emotional needs of children" (Cass, 1980:21). The family is also defined as "a child or children and the adult or adults responsible for their care" (Aspin, 1994:15).

It is an important aspect of this study to gain an understanding of how foster carers identify with this ideology of the family. In so doing it may be possible to then explore whether foster care constitutes 'work' in the family environment and whether this type of 'work' should be remunerated in the form of a wage or simply as an allowance. It will also be useful to develop an understanding of the fostering role, in terms of looking at the identification and status of foster carers, and what importance is placed on the provision of education, training and support to them in this role.

(vii)   Two **perspectives on child care** are relevant to this study. The first defines child care as contained within the Queensland State Government's legislation. It is useful in this study, to consider child care within private or community funded child care agencies in comparison to child care for children in foster care, since there are many similarities and some key differences, in particular those which relate to safety standards for children in each type of care, and training and payment issues for foster carers.

The other child care perspective is comprised of two aspects. The first aspect pertains to identifying the elements necessary for all children if they are to experience 'normal' physical and psychological development and grow into well adjusted adults. The second aspect relates to foster carers and the characteristics which they must possess in order for them to care for and nurture children who have experienced some or many forms of abuse and/or neglect in order for them to grow and become well functioning adults.

Each of these two perspectives on child care is presented below:

(1) Child Care as defined within the Queensland Government's *Child Care Act (2002:11)* which states:

"Child care" is care of a child provided -
(a) by someone other than a relative or guardian of the child; and
(b) at a place other than the child's own home; and
(c) for reward; and
(d) in the course of a service for regularly providing care of children"

(2) The child care provisions necessary for (i) normal childhood development and the (ii) additional care requirements for children in foster care underlie the proposition adopted by the James Cook University and (the then) Queensland Department of Families Research Partnership that foster carers should have the following characteristics.

(i) For normal childhood development foster carers ideally should:

- be warm, caring and affectionate
- be with, play with, and talk with children in ways which contribute to the child's positive self-regard
- control and discipline children appropriately
- maintain adequate standards which promote safety and protection, health, growth and development, community participation

(ii) Additional provisions relating to child care which needs to be provided by foster carers include their ability to:

- support a child in sustaining a positive family and cultural identity
- support a child in relation to natural parent's contact and involvement in a way that is safe and non-threatening
- work positively in living with and addressing aspects of a child's developmental delay (emotional, social, intellectual, physical etc)
- cope with a range of challenging behaviours, using insight and tolerance

(JCU & QDOF, 2001)

An understanding of the elements of both the legislative requirements and the physical and psychological child care components, recognised and accepted by government and child care specialists alike (as outlined above), is integral to this study. This is necessary because, whilst seeking to determine optimum levels of education, training and support for foster carers who care for children who have been abused, it is important to be cognisant of, and draw upon, the existing legislative regulations and standards, as well as the views of experts in the fields of social work and psychology, regarding how best to care for damaged children. This is particularly necessary in relation to the collection and analysis of research data, and when making recommendations for the future educative and support needs of foster carers.

3.3 **RESEARCH METHODS AND PROCESS**

Tashakkori and Teddlie (1998) suggest that a pragmatic approach should be taken towards conducting research. In doing so they argue that the choice of research methods employed should not be an either/or decision between qualitative and quantitative methodologies. Rather, they stress "the preeminence of the *research question* over considerations of either method or paradigm" (Tashakkori & Teddlie, 1998:167). Furthermore, they contend "the best method is the one that answers the research question(s) most efficiently, and with foremost inference quality (trustworthiness, internal validity)" (Tashakkori & Teddlie, 1998:167). Such was the task of this research in which I determined it was necessary to incorporate elements of quantitative data collection and analysis methods while also relying heavily on qualitative methods to gather, code and analyse interview transcripts. Thus the choice of a multi method approach in this research was guided by pragmatism and determined by the specific research questions under inquiry which are restated here.

- Why would seemingly dedicated and caring people who take on the role of fostering for generally altruistic motives, make hurtful and damaging remarks or act in ways that would cause further harm or abuse to a child in their care?

- Do foster carers understand that sometimes what they do and say can be very hurtful and damaging for a child or children, given what they have already experienced in life?

- Do foster carers understand that children in care can often act in socially inappropriate ways as a result of the abuses they have experienced?

- Why do some foster carers either inappropriately care for children or actually abuse children while others provide exemplary care? What makes the difference? Is it that some are more informed about caring for children in foster care? Is it personal qualities that make the difference? Or are there other factors altogether?

- What training have foster carers had to prepare them for their job and what training do they need to have to do this job well?

- What training do foster carers, and other key stakeholders in this field, think they need to have to provide good quality foster care?

- What support do foster carers want? What support do they already get? And what support would make their job easier?

In seeking to answer these questions and after determining the most appropriate research methods and process to do so the next stage was to seek willing research participants.

3.3.1 Selection of Research Participants

In this section I will provide detailed information about the selection process for research participants and I will present this information in two parts. The first will describe the selection process for the 40 foster carers who took part in the study and the second part will present information relating to selection of the 21 'other key informants' to this research.

Part 1 - Foster Carers

From the outset of this research I determined that interviewing a sample of 40 foster carers would encapsulate a broad cross section of carers as it is about one quarter of the total foster carer population in the region of this study. Additionally, interviewing this many foster carers was compatible with the university requirements for the completion of a PhD.

At the time of selection there were 167 individual foster carers (male and female) in the Mackay, Whitsunday and Bowen region of north Queensland in which this study was undertaken (see Appendix 'A' for map of region).

Within the total foster carer population of 167 there were 134 foster carers in Mackay (86 non-Indigenous, 48 Indigenous) and 33 foster carers (27 non-Indigenous, 6 Indigenous) in the combined geographical areas of Whitsunday and Bowen which are coastal communities situated 115 and 200 kilometres, respectively, north of Mackay on the coast of North Queensland adjacent to the Great Barrier Reef.

After determining the breakdown of the total population of foster carers by geography and ethnicity, each respective sub-total was converted to a percentage of the total population (167) of foster carers. The results of which are as follows:

Total Population of Foster Carers in this Region = 167

Mackay	**= 134** (80.2%)
86 non-Indigenous	= 51.4%
48 Indigenous	= 28.7%
Whitsunday and Bowen	**= 33** (19.8%)
27 non-Indigenous	= 16.1%
6 Indigenous	= 3.5%

Each of these respective percentages were then applied to the nominal 40 foster carers in this research across the four cohorts: Indigenous, non-Indigenous, in Mackay, or Whitsunday and Bowen.   Taking such an approach to the selection of research participants enabled me to identify the number of foster carers I would need to interview in each of the sampling subgroups, to ensure that I had proportionally representative samples within each sub-group.

To do this, the following calculations were undertaken:

Mackay			**= 134**	(80.2%)
non-Indigenous	-	51.4% x 40	=	21
Indigenous	-	28.7% x 40	=	11
Whitsunday and Bowen			**= 33**	(19.8%)
non-Indigenous	-	16.1% x 40	=	6
Indigenous	-	3.5% x 40	=	2
TOTAL FOSTER CARERS INTERVIEWED =				**40**

When the number of foster carers in each sub-group had been determined, all foster carers (male and female) in each category (ethnicity and location) were then included in a stratified random sampling technique used to identify individual foster carers. Once selected, foster carers were then contacted, initially by letter (see Appendix C) with a supporting letter from their respective shared care agency encouraging them to participate (see Appendices E, F, & G). After two weeks, I followed up the letters with a telephone call to foster carers to canvas their understanding of the research and their willingness to participate in the research.   When foster carers agreed to participate they were sent a more detailed information sheet to read about the research (see Appendix 'J') prior to the interview so that any further questions they may have could be answered prior to the commencement of the interview. Where foster carers declined to be interviewed, another carer was randomly selected from the respective sub-category and so on, until 40 foster carers had agreed to participate in interviews.

As a researcher and former Departmental officer who worked with many foster carers in the Mackay Whitsunday region of the Department, in both positive and adverse situations, selection of research participants in this manner removed the possibility of bias towards any particular foster carer/s.

Throughout this process 12 foster carers declined to participate in this research. The reasons given by them for not wishing to participate were - insufficient time available, too busy, preferring not to be interviewed, believing they had nothing to say of value to the research (despite reassurances to the contrary), and in some situations female foster carers acted as 'gatekeepers' for their male partners, preventing my contact with their partner, to whom the initial letter had been sent. This occurred with two female foster carers who declined participation in the research on behalf of their male partners.

When 40 foster carers had finally agreed to participate in this study their details were collated and the final break down of their characteristics by geography, gender and ethnicity is presented in *Table 3.1*.

Table 3.1 **Foster Carer Characteristics by Geography, Gender & Ethnicity**

	MACKAY		WHITSUNDAY & BOWEN	
	Male	**Female**	**Male**	**Female**
Indigenous	4	7	0	1
Non-Indigenous	7	14	1	6
Totals	32		8	

N = 40

After the selection process for foster carers was finalised I turned to identify significant and important 'other key informants' to this study.

Part 2 – Other Key Informants

'Other key informants' is the description I chose to identify those individuals and organisations whose inclusion in this study I considered to be crucial, if a broad range of perspectives from all of the most obvious and integral key stakeholders in the out of home care arena in Queensland and, more broadly, in Australia, were to be included. Therefore, other key informants were purposefully selected.

Consequently, identifying the 21 other key informants who participated in this study was relatively straight forward involving making lists of individuals and Government and non-Government agencies with interests in, and responsibilities for, children and foster carers, peak bodies representing children and foster carers (including Indigenous peak organisations), peak training councils and training providers, organisations representing Australian South Sea Islanders, non-Government fostering agencies and peak bodies representing child and family welfare agencies, and State and National organisations representing volunteers.

The Social Science Experts referred to in this study were identified by approaching key individuals within two Schools of Social Work and Psychology at leading Australian universities and making enquiries about academics who might have a depth of experience and expertise in the areas of lecturing, researching and working with children and families, particularly within the child protection context. Through this process the names of two prominent academics were suggested to me who I then approached to be involved in this study, to which they agreed. They are included in the cohort of 21 'other key informants'.

Chapter six is focused on the responses of 'other key informants' who participated in this study and, at the beginning of that chapter, *Table 6.0* provides a detailed account of all 'other key informants' interviewed as part of this research.

Other key informants were initially contacted by telephone and the purpose of the research was explained to them. Any questions which they then posed,

relating to the research, were answered and discussed after which they were asked to participate in the study. All 'key informants' approached to participate in this study agreed to an interview.

After agreeing to participate in the research, a detailed information sheet (see Appendix K) was mailed to each 'key informant' to provide them with further explanation concerning the research. Approximately two weeks after sending the information sheet, I telephoned each 'key informant' to confirm receipt of the information sheet and to answer any further questions which may have subsequently emerged in relation to the research. When all questions had been answered and an indication of willingness to participate in the study became evident an interview time was set with them at which time I either interviewed them face-to-face or over the telephone.

3.3.2 Methods of data collection

The primary method of data collection utilised in this research was the use of guided in depth face to face interviews conducted with all of the 40 foster carers and most of the 21 other key informants.   Several 'other key informants', located interstate or long distances from Mackay, the base for this research, were interviewed over the telephone, as mentioned. Interviews with all research participants took, on average, approximately two hours.

Semi-structured interview schedules (see Appendix 'B') were utilised with foster carers in this study. This enabled elicitation of information in a more relaxed manner while affording interviewees ample time and personal discretion to elaborate on information given or provide additional information. Similarly, semi-structured interview schedules were also used during interviews with 'other key informants'.   However, as there were 21 other key informants, all chosen because of their perspective and particular area of interest, it was necessary to individually tailor each interview schedule to the respective areas of interest and/or specialisation or, where individuals are concerned, to their particular perspective. Therefore, using foster carer data as a basis a basic framework of questions were asked of all 'key informants' and it is this

framework which is provided as an appendix (see Appendix 'D') to provide the reader with information about the key themes and core questions asked of each 'key informant'. To do other than this, and attach 21 lengthy semi-structured interview schedules, would prove cumbersome in the presentation of this thesis.

Using semi-structured interview schedules with both foster carers and 'other key informants' enabled me, as the interviewer, to probe for further depth of detail, or seek clarification of comments either made or implied, and of any seemingly significant non-verbal gestures made.

Interviews consisted of triangulated questioning of foster carers and 'other key informants' to gain an understanding of the same issues from a range of perspectives. Accordingly, interviews included the use of both open and closed questions facilitating the collection of both quantifiable and qualitative data, thus providing both summative and in depth information about lived fostering experiences as well as the views, attitudes and opinions of all interviewees, including 'other key informants'.

Face to face interviews were conducted with all 40 foster carers, while 15 face to face interviews were conducted with 'other key informants' and 6 were telephone interviews undertaken using a teleconference or speaker telephone. All interviews completed in this research, with both foster carers and other key informants, were audio taped, with the consent of the interviewee. This included the tape recording of all telephone interviews. All of the interviews were later transcribed, verbatim, to provide accurate and detailed records of each interview.

After all interviews had been completed and transcribed and during the data analysis it became apparent that information which had not been collected during my interviews, pertaining to foster carers' household incomes, was necessary to obtain if I was to gain a fuller understanding of the financial circumstances of foster carers. Fortunately, as my research is nested within a larger industry and tertiary education foster care research partnership project

between the Department and James Cook University it was possible for me to obtain the required household income data of foster carers in my study from interviews conducted within the larger study.

Using a multi-method approach to data collection enabled the collection of both qualitative and quantitative data through using these semi-structured interview processes with foster carers and 'other key informants'. Brannen (1992:5) notes that "quantitative research is typically associated with the process of enumerative induction", that is, with measuring different aspects and characteristics of the sample population, whereas, she continues, "with qualitative research it is the concepts and categories, not their incidence and frequency, that are said to matter". Metaphorically speaking, McCracken (1988:17) goes on to suggest therefore, that "… qualitative work does not survey the terrain, it mines it." Tashakkori & Teddlie (1998:95) argue that "each of these approaches to data collection alone might provide insufficient and/or partially incorrect data. (However), combining the two approaches (what Sechrest and Sidani (1995) call multiple measures or complementary measures) provides richer data than either approach".

Not only is rich data collected through the use of qualitative methods, giving depth of insight into lived experience, values, views and opinions, but findings are further strengthened, reinforcing data validity and reliability, when quantitative data reinforces qualitative findings, hence the benefit of using a multi method approach in research such as this.

3.3.3 Data Analysis

Upon completion of 61 in depth interviews and verbatim transcription of each interview there was voluminous data to be collated, coded and analysed.

Data analysis was a progressive process which began immediately after each interview as it involved thinking about and reflecting upon what had been said during the interviews and notes were made regarding ideas which came to mind. This process was undertaken throughout the interviewing process and

continued into another three phases of the research. These phases included the transcribing, the data collating and coding, and a much more in depth analysis of the coded data. Each of these stages will be discussed in more detail in this section.

To undertake data collating and coding in a timely, yet thorough manner, the most efficient method was considered to be the use of a computer based software program titled QSR NUD*IST Vivo (NVIVO) (Richards, 1999). While time consuming, this experience proved to be worth the time and effort for the ease with which the program colour coded, often multiple colour coding, lengthy interview transcripts. Some coding groups were collapsed as it became apparent that they were very similar. In total there were 54 codes created for foster carer interviews and 38 for 'other key informant interviews'.

Data analysis occurred throughout the coding process and continued in a more in depth manner when all colour coding had been completely finished. This more comprehensive data analysis consisted of reading, rereading and considering the data as well as observing trends in language and phrases used and developing an awareness of emergent and reoccurring themes throughout all interview transcripts. In turn, these trends, themes and noticeable phrases were collated, summarised, and considered in conjunction with emergent findings from quantitative data analysis before being interpreted and presented in chapters four, five and six of this thesis.

Primarily, quantitative data analysis was undertaken manually through counting measurable data such as ages, educational attainment levels, number of years fostering and so on. However, to test statistical significance of apparently notable quantitative research findings more complex calculations were undertaken using another computer based software program, SPSS (Statistical Program for the Social Sciences). In this the assistance of a skilled research assistant, familiar with the use of SPSS, was obtained to input my data and provide me with the emergent results, thus enabling me to interpret and consider them in conjunction with findings from qualitative data analysis.

3.4 **AUTHENTICITY AND VALIDITY**

As a multi method study incorporating both qualitative and quantitative methods it is important to consider the authenticity or truthfulness of qualitative research findings as they relate to the experiences, attitudes, beliefs and opinions of the research participants in conjunction with the validity of quantitative research findings of this study.

"Authenticity means giving a fair, honest, and balanced account of social life from the viewpoint of someone who lives it everyday" (Neuman, 2003:185). Moreover, as I was also incorporating aspects of qualitative research, it was also my intention to "… adhere to the core principle of validity, to be truthful, (i.e., avoid false or distorted accounts) (and to) … try to create a tight fit between (my) understanding, ideas and statements about the social world and what is actually occurring in it" (Neuman, 2003:186). I sought to achieve authenticity or truthfulness of meanings intended by research participants. I have attempted to do this through extensive use of verbatim quotations throughout the findings chapters of this thesis, thus facilitating research participants, as much as possible, speaking for themselves, directly to the reader, to minimise the possibility of misinterpretation of interviewee responses.

Neuman (2003:185) contends that "most qualitative researchers concentrate on ways to capture an inside view and provide a detailed account of how those being studied feel about and understand events." This was the goal of the semi-structured interviews with foster carers and the findings from these interviews were triangulated with the findings from the interviews with 'other key informants' as they were asked their views and opinions on the same topics as foster carers were. When research findings are reinforced through multiple sources such as occurred in this study, validity, or truthfulness, is strengthened. In this regard, Tashakkori and Teddlie (1998:42) draw attention to Brewer and Hunter (1989) who have "suggested that a multimethod

approach to research is superior to monomethod research in that it provides grounds for data triangulation."

The semi-structured design of the interview schedules allowed for the collection of measurable data which was scrutinised in detail during quantitative data analysis, the findings of which provided confirmatory information to that identified during qualitative data analysis. Consequently, through the use of a multi method approach, during both the data collection and analysis phases of the research, the validity and authenticity of overall research findings are considerably strengthened.

3.5   EXTERNAL VALIDITY

"External validity is … the ability to generalize findings from a specific setting and small group to a broad range of settings and people" (Neuman, 2003:187) which has significance in relation to this study.

One of the key aims of this research is to make research informed recommendations to the Queensland Government regarding improvements in Departmental policy and practices relating to training and support for foster carers. Therefore, external validity, or generalisability, of the research findings to the broader population under study, in this case foster carers, is an important aspect of this research.

However, whilst the foster carer sample in this study is relatively small, compared to larger foster carer studies which have been conducted elsewhere (Sinclair *et al.*, 2004; AFCA, 2001), it could be argued that foster carers in this study are reasonably representative of foster carers in regional Queensland. It is acknowledged that metropolitan foster carers could have different views and opinions relating to the topic of this inquiry, primarily because of their close proximity to the city where more services and supports are available to them than they are for Queensland's regional foster carers. However, this does not detract from the potential to generalise these research findings to regional

foster carers outside of metropolitan areas in Queensland and possibly in regional areas in other Australian States and Territories.

Supporting this assertion are the research findings from the interviews with 21 'other key informants' to this study, some of whom were State and National peak agency representatives for foster carers with a comprehensive knowledge of the issues and trends concerning foster care and foster carers in Queensland, Australia and internationally. This is equally true of their knowledge in relation to the training and support for foster carers generally. Therefore, with the data from 40 foster carer interviews and the additional weight of the research findings from 21 'other key informant' interviews it could be argued that external validity is reinforced to the point where generalisability of research findings is possible and could be applied, at the very least, to the broader population of regional foster carers in Queensland, if not to foster carers more broadly throughout regional and metropolitan Australia.

3.6   LIMITATIONS TO THE RESEARCH

There are several limitations of which I am aware relating to this research. The most obvious of these is the fact that I am a Departmental employee undertaking research with and for foster carers, some of whom I have previously known and/or had some form of contact, either in a positive or some other work related context. I suspect this factor alone may have influenced some foster carers' decision to decline participation in this study from the outset, yet I have no proof of this.

I am also aware that as a result of work related encounters with foster carers initially I tended to have a restricted view of the role of foster carers. Undertaking this research has enabled me to counter this view however, from the outset of the research, I was aware of my predisposition in this regard. As a result I took action to counter these perceptions by consciously identifying my biases and critically, and reflexively, considering 'self' and my role as researcher in the context of this study. This included being open and honest

with myself about my values and biases and how they might impact upon decisions made relating to the research design, implementation, coding, analysis and interpretation of findings.

In undertaking this 'self' consciousness raising I strove to counter identified influences and to minimise the impact they might have on my interactions with foster carers and, in fact, on the entire research process. I accept that value free research is not possible, however I can, at best, be aware of my values and biases and then make every attempt to minimise the effects of these influences on the research process which is the course of action I undertook throughout the entire study.

Other limitations of this research include the fact that some of the 'other key informants' were known to me, prior to being interviewed, although most were not. However, prior contacts with me for some of the 'other key informants' may have influenced their responses, although this was not apparent to me. It is merely a possibility which may be a limitation to this study.

Conducting telephone interviews with some 'other key informants' may have been off putting or inhibiting for some people as it was not possible to be attuned to non verbal cues and gestures. Additionally, tape recording of interviews may have inhibited some respondents from speaking more freely and/or may have induced some nervousness on the part of the interviewee. This became apparent to me only after the tape recorder had been turned off and a few of the foster carer interviewees asked if what they had said was 'ok' or whether they had said anything that might be misconstrued negatively. I reassured them that this certainly was not the case and they appeared to accept this reassurance. This situation did not occur in regard to interviews with 'other key informants' which may have been because they were mostly professionally trained people in the workforce who seemed to be quite used to expressing their views and opinions and they did so in a confident manner. The tape recorder did not appear to cause them any concerns.

Possibly there were other aspects of this study that were limitations and I can only speculate on what these may be. For example, one could be that as a non-Indigenous, middle class, middle aged woman, my form of speech and personal presentation may have been inhibiting for Aboriginal, Torres Strait Islander, and Australian South Sea Islander interviewees feeling relaxed and freely speaking their minds. This was not apparent to me but I am conscious of cultural differences as well as cultural mores such as being female and interviewing older Indigenous or ASSI males which may not be culturally acceptable.

I am not conscious of other limitations of this study however, I acknowledge there may be others related to research design or processes, or my gender, age, race, class and position with the Department. I can but acknowledge these as possibilities only as I have no evidence which supports this speculation.

3.7 ETHICAL CONSIDERATIONS

As a social worker and member of the Australian Association of Social Workers (AASW) this research was undertaken with strict adherence given to the AASW Code of Ethics (2000) which details specific ethical responsibilities which social workers must adhere to as members of the Association. Areas covered include voluntary and informed consent for participation in research; maintenance, safety and care for research participants; ethical approval from a research institution; and respect for individuals participating in research (AASW, 2000).

Secondly, as a research student of James Cook University I am also bound by the guidelines of the University's Ethics Committee, in particular, the Human Ethics Sub committee. Ethics approval was granted (approval number HI340) conditional upon my compliance with the National Health and Medical Research Council's "National Statement on Ethical Conduct in Research Involving Humans". I have taken seriously these ethical responsibilities

regarding safeguarding the well being, confidentiality and anonymity of research participants and any associated research records pertaining to them.

Prior to the commencement of every interview I explained the nature of the research and ensured that participants were aware that their participation was voluntary and of their rights to not participate if they so chose, or to withdraw from the interview at any time without questions being asked, or to refuse to answer any questions if they did not wish to. Anonymity of their participation was also assured and it was explained that the information they provided would be kept strictly confidential.   After answering any questions arising from this information and ensuring that participants were then fully aware of their rights they were asked to sign an 'informed consent form' indicating that they understood all of this information (see Appendices H and I).   All participants signed this form willingly.

As another measure to safeguard research participants' well being, I had pre-arranged free, confidential, counselling service at Queensland Health's Community Health Counselling Service for any research participants should they require referral to such a service, however no one sought this service. One research participant became visibly upset during an interview at which time I offered to stop the interview. This offer was declined as was an offer of referral to the counselling service for further assistance.

Respect and consideration of the work and family commitments of all research participants was shown at all times. Interviews were conducted at times and locations either nominated by or agreed to by all participants. Often this meant me travelling to their home or place of work (at locations throughout Queensland) while others either nominated or were agreeable to being interviewed at the Mackay Study Centre of James Cook University where I was based. No interviews were conducted in Departmental offices as this would not have been conducive to establishing a relaxed environment and may have influenced research participants' responses during interviews.

3.8 **CONCLUSION**

In this chapter I have detailed the epistemological, theoretical, and methodological rationale which forms the basis of this entire study and upon which decisions regarding research directions, methods and processes were based.

In the following chapters I present and discuss the findings of this research.

Chapter 4. THE CHANGING NATURE OF FOSTER CARE

*"**Bloody hard work! It can be enjoyable. It's**
frustrating. It can make you cranky but rewarding
when something goes right with one of these kids,
(foster care is) **all those things."***

(General Foster Carer, Lyn)

In Queensland, foster carers and relative carers are called upon more than ever before to provide alternative care for children and young people in need of out of home care. However, the difficulties with which they are confronted and must face include the demands of the bureaucratic system and the increasingly complex and difficult behaviours of the children now coming into care (Bath, 2000). Such pressures have seen many foster carers struggle to provide the care for these children which the Government and the community expect of them. Thus, at a time when demands for foster care placements are ever increasing, foster carers are either withdrawing from the role or simply not taking it up (AFCA, 2001). Simultaneously, increasing incidences of child abuse and neglect of children in care by foster carers have been brought to the attention of the public with headlines such as "Children in Foster Hell" (Madigan, The Courier Mail, 18/06/03), "Foster Children Remain at Risk" (Madigan & Odgers, The Courier Mail, 19/06/03) and "New Family Faces Sex Claim" (Madigan & Wardill, The Courier Mail, 30/06/03) referring to a foster family. As a result of this media exposure, in June 2003 a hue and outcry followed urging the Queensland Government to take immediate remedial action to improve the plight of children in foster care. The Government responded by immediately ordering an independent audit of foster carers subject to child protection notifications (Murray, 2003). This was closely followed in August, 2003, with a formal Inquiry into the Abuse of Children in Foster Care by the independent Crime and Misconduct Commission in Queensland (CMC, 2004). The culmination of this Inquiry saw 110 recommendations made to improve the foster care and child protection systems, the most significant of which called for the creation of an entirely new Department of Child Safety. Many other recommendations relating to the

training and support of foster carers were also made in recognition of the need for more highly skilled, trained and supported foster carers. At the time of the CMC Inquiry in 2003 this study was sufficiently far advanced to be well positioned to contribute research based submissions to the CMC Inquiry, in areas relevant to this study.   Some of these were reflected in the recommendations to the Queensland Government regarding training and support of foster carers (CMC, 2004).

4.1   SETTING THE SCENE

In Queensland the number of substantiated child abuse notifications has doubled in the past four years from 6,919 in 1999 to 12,203 in 2003 (AIHW, 2004:15). Similarly, during this same period, there have been increases in the numbers of children coming into out of home care ranging from 2,613 in 1999 to 3,787 as at June 2003 (AIHW, 2004:42).   This represents an increase of some 45% in the number of children moving into out of home care in the last four years. Of the 3, 787 children currently in out of home care in Queensland 3744 or 99% of them are placed in home based care either with foster carers or relative carers (AIHW, 2004:43). This heavy reliance on foster and relative carers is due largely to successive governments' policies of deinstitutionalisation over the past 30 years which have brought about the closure of almost all residential institutions in the state (Johnstone, 2001). Consequently, there has been an increase in, and an almost total reliance on, the use of home based foster care as the only option for many children and young people requiring substitute care.   Bath (2000) contends that in the area of substitute care, deinstitutionalisation has been more enthusiastically embraced in Australia than in most other developed countries.

At the time of undertaking this study there were, within Queensland, some 1667 approved foster carers (CMC, 2004:290) and there were 168 foster carers in the Mackay, Whitsunday and Bowen Region of North Queensland in which this study was undertaken.   Forty of these carers in the Mackay, Whitsunday and Bowen Region of North Queensland, took part in this study.

This equates to approximately 24% of the 168 foster carers in this region. The forty foster carers in this study included 28 non-Indigenous foster carers and 12 Indigenous foster carers across each of the three centres of Mackay, Whitsunday and Bowen. Within this cohort there were 6 relative foster carers, three of whom were Indigenous and three non-Indigenous.

Within the foster carer system in Queensland there are three formal categories of approved foster carers currently utilized by the Queensland Department of Child Safety (DCS). There is also an informal category of foster care which operates outside the legislative scope of DCS, predominantly within the broader Indigenous community in this region. Children placed with these foster carers are commonly referred to as being in a 'cultural' foster carer placement and these are most often arranged informally between families.

The formal Departmentally recognised categories of foster carers are: (1) general foster carers who can be called upon to provide care for any child or children needing out of home care, (2) foster carers who have limited approval only, to care for a specific child or children, and (3) relative foster carers who are approved to care for a child or children related to them. The scope of this study applies only to these formal foster carer categories and not the informal Indigenous 'cultural' foster care placements. This latter group would, however, make for an interesting topic of further inquiry.

In Queensland a 'dual' foster care system operates across the government and the non-government sectors (PeakCare, 2003a). The government, through DCS, recruits a small proportion of foster carers (referred to as government foster carers) but by far the largest contingent of foster carers is recruited by the non-government sector through Indigenous and non-Indigenous Shared Care Agencies. Legislative responsibility under the *Child Protection Act (1999)* for approval and re-approval of foster carers rests with DCS while all agencies (i.e. government and non-government) have responsibility for the training and support of their respective foster carers. Training and support is offered to varying degrees across the state. As PeakCare asserts, "this means, in effect, that the quality of services provided to foster carers is determined in large part

by the sector in which they happen, or prefer, to be located" (2003b:14). In the past many foster carers opted out of the government system to move into the non-government system, often to gain better access to training and support. However, this movement has become less possible as Shared Care Agencies have, in recent years, been unable to accept new foster carers due primarily to funding restrictions and resourcing limitations which prevent them from being able to adequately support additional foster carers. Peak Care (2003b:14) notes "(t)he lack of clear policy and underpinning philosophy by Government in relation to full cost funding continues to place non-Government services under financial pressure."

4.2 THE FOSTER CARERS

> *"My brother-in-law thinks we're idiots. Why would you do it?".... Some people will say, 'that's really good of you'.... 'oh, you're doing the right thing', you know? So it's definitely mixed across the board from very positive to quite negative."* *(General Foster Carer, Loretta)*

This study sought the views of a broad cross section of foster carers from all categories as identified above, regardless of the agency with which they were aligned. Interviews were audio tape recorded, each taking on average two hours. They began by broadly exploring background information of the foster carers before moving on to explore their views on a range of matters relating to the role of fostering, children in foster care, training, support, status, professionalisation, fostering allowances and the Department (See Appendix 'B' for interview schedule). The findings from these interviews are presented and discussed in this and the following chapter. As a beginning point I will focus on providing background information pertaining to the foster carers who participated in this study before moving on to provide more detailed data in the areas mentioned above. In keeping with the confidentiality protocol agreed to by all who participated in this study the research participants' identities will not be revealed, rather they will be referred to by a pseudonym and, where

appropriate, to their foster carer approval category. Indigenous and relative foster carer data are specifically represented as it is important to note differentiations relevant to culture and/or relationship.

4.2.1 Gender and Marital Status

Of the 40 foster carers interviewed 12 were male and 28 female, of these 10 were single carers and 30 were married carers as per *Table 4.1* below. Despite selection of foster carers being undertaken through stratified random sampling there were five sets of married couples who participated in this study. In these circumstances each person was interviewed separately without their partner being present.

Table 4.1   **Gender & Marital Status of All Foster Carers**

	MALES		FEMALES	
	Single	Married	Single	Married
All Carers: Non-Indigenous	1	7	4	16
Indigenous	1	3	4	4
TOTALS	2	10	8	20

N=40

4.2.2 Demographic data of foster carers and number of children fostered

The following table provides details relating to the foster carers in this sample, their age, number of years fostering and the number of children fostered.

Table 4.2   **Foster Carer Demographics**

	MALE INDIGENOUS	FEMALE INDIGENOUS	TOTAL INDIGENOUS	MALE NON-INDIGENOUS	FEMALE NON-INDIGENOUS	TOTAL NON-NDIGENOUS	OVERALL TOTAL
Carers in sample	4	8	12	8	20	28	40
Average age of foster carers	41.2	48	45.7	49.2	45.2	46.3	46.2
Average age of relative foster carers	-	49	49	64	59.5	62.3	55
Cumulative years fostering	39	71	110	49	168	217	327
Average number of years fostering per foster carer	9.7	8.8	8.9	6.1	8.4	7.3	8.1
Number of relative foster carers	0	3	3	1	2	3	6
Number of children fostered*	46	102	148	114	450	564	712
Average number of children fostered per foster carer*	11.5	12.7	12.3	14.2	22.5	20.1	17.8

Note: Where couples have been interviewed separately these were counted with the female partner to prevent over representation of the number of children fostered.

As seen in this table the average number of years which foster carers have been fostering is 8.1 and the average number of children fostered for each foster carer is 17.8. Therefore, the foster carers in this sample could be considered very experienced in the fostering role. Another striking feature is the average age of non-Indigenous relative foster carers compared with that of all non-Indigenous foster carers. Non-Indigenous relative foster carers are approximately 16 years older on average (62.3 years) than the non-Indigenous

general foster carers (46.3 years). This is reflective of the fact that all of the non-Indigenous relative foster carers are grandparents. By contrast Indigenous relative foster carers are aunts as well as grandparents and on average they are only approximately four years older than Indigenous carers in general. This may indicate that a wider range of Indigenous relative foster carers, in addition to grandparents, are being called upon to care for relative foster children. Also, it is likely to be the case that many grandparents are not available to care for relative grandchildren because of the lower life expectancy rates of Indigenous compared with non-Indigenous Australians (ABS, 2001).

4.2.3 Motivations for becoming foster carers

One aspect of this study was to identify why foster carers take on such a challenging role. Their reasons for doing so are presented in the following table together with information about how they heard about fostering.

Table 4.3 **Motivations for fostering**

	How heard about fostering							
	Media	Family	Friends	Dept	Community Agency	Health Profess-ional	Work	**Totals**
Always wanted to foster	1	1	1					3
Wanted to help children & make a difference	1	3	2				1	7
To meet own parenting needs	2	2	1	1	1	1	2	10
Knew specific child/ren needing care		3	1	1			2	7
Company for own child							1	1
Specifically recruited for identified child/ren			2	5	5			12
Totals	4	9	7	7	6	1	6	40

N = 40

In contrast to the findings of the Australian Foster Care Association's (2001) research, where 2% of respondents identified that they undertook fostering to meet their own personal needs to parent a child or children, this study identified 25% of respondents citing this as their main motivator for taking up fostering. They noted several underlying reasons for this. For example, two foster carers cited having had miscarriages while others cited infertility problems, another wanted a big family but did not want any more of their own children, and two male foster carers, who had no biological children of their own, wanted to parent, with their current respective partners (while each had adult children from previous relationships).

Interestingly, in this study, 30% of foster carers were recruited through being directly approached and especially recruited to care for a specific child or children (although half of these were relative carers). This is more than appears to be the case in the AFCA (2001) research. It is, however, difficult to accurately compare these data as the AFCA (2001) report (published after this study was designed) lists a different range of options for how foster carers were introduced to fostering.

After exploring the motivations for fostering I sought to identify other demographics of the fostering households as outlined below.

4.2.4 Current Employment Status and Household Income

Determining foster carers' employment status, household income levels and educational attainment levels provides an indication of the socio-economic status of the foster carers in this study and assists in providing a profile of carers. Additionally, this data provides insight into influences upon carer attitudes about undertaking further training, fostering allowances and payments, and views on professionalism. Information from interviews relating to each of these topics is provided in this and the next chapter.

Table 4.4 identifies the employment and marital status of all foster carers in this study and *Table 4.5* presents employment related information about the partners of foster carers in this study. A further break down of this data, relating to relative carers, can be found later in the chapter in *Table 4.10*.

Table 4.4 Employment & Relationship Status of Foster Carers

	Employed Full time	Employed Part Time	Not employed	Totals
Female Carers Non-Indigenous	**4** (all partnered)	**4** (3 partnered 1 single)	**12** (10 partnered 2 single)	**20**
Indigenous	**1** (single)	**1** (single)	**6** (3 partnered 3 single)	**8**
Male Carers Non-Indigenous	**3** (all partnered)	**1** (partnered)	**4** (3 partnered 1 single)	**8**
Indigenous	**2** (both partnered)	**1** (partnered)	**1** (single)	**4**
Totals	**9**	**8**	**23**	**40**

N=40

More than half (57.5%) of the foster carers in this study were not in paid employment. The cohort most represented in this category are female foster carers (Indigenous and non-Indigenous), representing 45% of all foster carers.

Less than one quarter of all foster carers was in full time employment and 8 were in part time employment. Together, these two categories represent 42.5% of foster carers who were in some form of paid employment.

Further analysis of this data further reveals that the highest proportion of foster carers not in paid employment are partnered female foster carers representing 13 (32.5%) foster carers in this study.

The cohort with the second highest proportion of foster carers not in paid employment, are single female foster carers, representing 5 (12.5%) foster

carers. By comparison, the total number of male foster carers, partnered and single, not in paid employment, together, represents 5 or 12.5% of all carers in this study.

The employment status of the partners of foster carers is presented in *Table 4.5* where it is presented that more partners of foster carers are in paid employment (full time and part time) than those who are not. Male partners of female foster carers comprise the highest number of partners in full time employment.

Table 4.5   **Employment Status of Carers' Partners**

	Employed Full time	Employed Part Time	Not employed	Has no partner	Totals
Female Partners of Male Carers Non-Indigenous	1	1	5	1	**8**
Indigenous	0	1	2	1	**4**
Male Partners of Female Carers Non-Indigenous	11	1	4	4	**20**
Indigenous	2	1	1	4	**8**
Totals	**14**	**4**	**12**	**10**	**40**

N=30 (10 foster carers were single)

From both of the above tables, *4.4* and *4.5,* it is clear that 17 foster carers are in paid employment (either full time or part time) and 18 partners of foster carers are in paid employment (either full time or part time); 23 foster carers are not in paid employment and 12 partners are not in paid employment; 10 foster carers are single. *Table 4.6* focuses on foster caring households (rather

than individual carers) and identified the number of households where no carer is in paid work.

Table 4.6 **Employment Status of Foster Caring Households**

	At Least 1 carer in paid work	No Carer in paid work	Totals
2 Carer Households Indigenous	5	1	**6**
non-Indigenous	15	4	**19**
1 Carer households Indigenous	2	3	**5**
Non-Indigenous	2	3	**5**
Total households	**24**	**11**	**35**

N=35 households (there are 5 fostering couples in this study)

From viewing this table it is clear that the majority of carer households, 24 (68.6%), had at least one carer in paid work. However, there are 11 (31.4%), or approximately one third, of foster caring households in this study with no income from paid work. Interestingly, this is a higher proportion not in paid work than was the case for the national foster carer survey where 23.3% did not identify having a main breadwinner in the fostering family (AFCA, 2001).

From perusing T*able 4.6* it is apparent that more than half of all of single carer households have no income from paid work. Two are Indigenous female relative carers and, as will be seen, all six live in households with annual incomes of less than $20,000.

All foster caring households with no waged income are represented in the lowest income category, that is, less than $20,000, in *Table 4.7*. This table also

presents the break down of annual household income data for all foster carers in this study.

Table 4.7   **Annual Income Levels for all Foster Carer Households**

HOUSEHOLD INCOME LEVELS $	MALE (INDIGENOUS)	FEMALE (INDIGENOUS)	MALE (NON-INDIGENOUS)	FEMALE (NON-INDIGENOUS)	TOTALS
< 20,000	2	6	3	3	**14**
20,000 – 29,999	0	2	3	4	**9**
30,000 – 39,999	2	0	2	9	**13**
40,000 – 49,999	0	0	0	2	**2**
50,000 +	0	0	0	2	**2**

N=35 households (there are 5 fostering couples in this study)

As stated, as many as 14 (35%) foster caring households in this study have annual household incomes of less than $20,000 and, 23 (57.5%), have annual household incomes of less than $30,000.   This compares to the median Australian annual household income of $36400 - $41548, as identified at the last Australian census in 2001 (ABS, 2004), when there were 10,412,611 Australians, or 54.8% of the population, with annual household incomes of less than $36400. Given that average weekly earnings in Australia have increased since 2001, the current average annual household income is likely to be even higher than that of the 2001 census (ABS, 2004). Thus, the number of foster carers in this study, with annual household incomes less than the Australian 2004 average, is likely to be higher than the 57.5% reported above.

Of the foster carers in this study with annual household incomes of between $30,000 and $40,000, all had partners. Of the men in this income bracket, three work full time and one is retired but his wife works full time. Of the women in this income bracket all nine have partners and three also work in paid employment. Of the remaining four carers, with household income in the $40,000 - $50,000+ category (above the Australian average), all are women with partners in paid work; one couple run their own business, another is the main breadwinner in her family and the remaining two are full time mothers and foster carers with partners in well paid jobs.

All but one of the Indigenous foster carers in this study, partnered and single, male and female, who are not in paid employment, live in households where incomes are less than $20,000 per year. The only exception is a partnered female who lives in a household with an annual income between $20,000 - $29,999. She is a relative carer whose husband works full time in a manual government job.

It has been a commonly long held perception that many foster carers are of working class or low socio-economic status (Adamson, 1973; Kirton, 2001b). This study confirms this assumption, in contrast to the Australian Foster Care survey which found that more foster carers than not were from the professional and managerial occupations (AFCA, 2001). However, sampling and response rate limitations in the AFCA survey may account for this difference. Given the generally low income of foster carers in this study, household income is an important factor which may affect views regarding the significance placed on receipt of allowances and other financial assistance relating to fostering and the care of foster children.

As presented earlier in *Table 4.6*, 11 (31.4%) of the foster caring households in this sample, had no waged income at all. The most usual source of household income for foster carers who receive no payment in the form of wages or salaries is Centrelink benefits and/or pensions. When they have foster children in their care they also receive a fostering allowance. However, this is not considered as taxable income but rather as a reimbursement for costs already expended in relation to the daily care of the child or children in their care. The fostering allowance is, therefore, not an additional financial gain for the household and, in fact, does not usually even cover the actual costs of caring for foster children (McHugh, 2002; QDOF, 2000). It is commonly acknowledged that foster carers subsidise the care of foster children as reported in the media where the President of the Australian Foster Care Association, Bev Orr, is quoted as saying:

> *"Not only are foster parents volunteering their time and space in their homes, they are also paying for the privilege of looking after*

the community's children, who are actually the state minister's responsibility" (Orr in Milburn, The Age, 6/6/02).

Only two households in this study comprised non-relative fostering couples who are both in full time paid employment (both couples are non-Indigenous, general carers). The more common scenario in households where there were two waged incomes was the female partner worked part time while her male partner worked full time. This accounted for 30% of all foster carer households in this study and is similar to the sources of household income for the general population (ABS, 2004). The AFCA (2001) study did not provide such a gendered break down of data. However, of the 812 survey respondents 65% of foster carers reported being in paid employment (AFCA, 2001) compared to only 42.5% being in paid employment in this study.

Foster carers' attitudes towards fostering allowances and other financial support for their fostering role are influenced in different ways by household income levels. For example, those on average or higher incomes are better able to subsidise the care of foster children, as indicated by one male foster carer, John, who works in full time employment while his wife works 25 hours per week in part time employment. John had this to say about seeking out additional financial assistance from the Department, "...*we don't worry about it, and it's not necessary for us, because we're not . . . well, we're not well-off, but we're not struggling, if you know what I mean, so you don't go looking for trouble that you don't need. But we do view it as trouble trying to get things from the Government"* (General Foster Carer, John).

Whilst this carer views getting money from the government as a problem he is suggesting that he and his wife and family are able to manage without additional financial assistance. By contrast, this is clearly not the case for other foster carers who rely solely on Commonwealth Government Centrelink benefits, State Government fostering allowances and other financial assistance related to fostering children. As one single Indigenous carer stated, *"I found that with the amount of kids that I have I get that payment from Family – the Department, yeah, and the endowment, the fostering one, and the (child) endowment*

but then I still have to go into my widow's allowance one, I still have to cash that...I feel as if I'm still ah, I was still touching my allowance when I shouldn't be" (General Foster Carer, Rose).

Foster carers were asked about their views on the present system of fostering allowances paid to them. Just over half (52.5%) of all foster carers were fairly satisfied with the current system of fostering allowances although they wanted the system to process payments much more quickly, especially with regard to emergency placements and many stated that they would like the allowance increased to better meet the needs of the children they care for. Others (17.5%) specifically said they wanted fostering allowances to fully cover the actual costs of caring for foster children, while 30% said they would prefer to be paid a wage or a salary rather than the current fostering allowance. In making this view known they also expressed concerns about how this would operate in practice as they were apprehensive about having to pay tax on income received in the form of a wage or salary for fostering when their present fostering allowance was tax free.

4.2.5 **Education and Training Completed**

In undertaking this inquiry into the training and support needs of foster carers it was thought important to ascertain the existing baseline data relating to the educational attainment levels of foster carers in the sample. Data analysis in these areas exclude specific foster carer training as this will be explored more fully in the following chapter.

Three categories of educational attainment levels were devised within which to explore the data. The first relates to the Queensland equivalent of the primary and secondary schooling educational attainment levels of foster carers[1].

1. *In Queensland primary school involves the first seven years of schooling with high school beginning at year eight through to year 12.*

The second relates to what I have called 'further education' and includes post school training undertaken and completed at a non-university training institution or Technical and Further Education (TAFE) college. Such training

may have been related to employment or it may have been undertaken for personal development. The purpose for which the training was undertaken is not significant in relation to this study. Rather, I sought to identify whether or not carers had been inclined to undertake further studies in some area of adult education and training. Finally, the third category relates to tertiary courses completed at recognised universities or equivalent institutions. The findings in these areas are displayed in *Table 4.8*.

Table 4.8   **Education and Training Completed**

	MALE (INDIGENOUS)	FEMALE (INDIGENOUS)	MALE (NON-INDIGENOUS)	FEMALE (NON-INDIGENOUS)	TOTALS
Average secondary education (Qld equivalent) grade (years of schooling) attainment level	9.5	9.3	8.8	9.9	9.5
Number of foster carers with further education or vocational training, e.g. TAFE	4	5	5	15	29
Types of courses completed within further education:	- Instructional skills - Basic Counselling - Cert IV Community Organisations - Cert IV Communinty Welfare - Mediation training - Workplace Health & Safety - Youth suicide prevention	- Homework program - Cert IV Early Childhood - Dip. Education - Law studies - Workplace Health & Safety - Instructional Skills - Dip Business - Dip Travel & Tourism	- Cert Res Care - Computing - Bible studies - Instructional Skills - Business Management - Youth Leadership - Machinery operator - First Aid - Grief and Loss	- First Aid - Parenting Course - Cert III Education - Cert in Caring for Abused Children - Dip Res Care - Dip Child Care - Cert III Youth Work	
Number of foster carers with higher educational training (i.e. university) and the courses they completed	0	0	1 -Associate Diploma in Community Welfare	2 - Diploma of Teaching - Bachelor of Nursing	3
Number of foster carers who have no further education or higher educational training	0	2	2	4	8

N = 40

The educational attainment levels identified are not surprising given the average age of foster carers, many of whom would have completed their schooling in an era when 10 years of schooling, or the overseas or interstate

equivalents, was an acceptable minimum school leaving standard. *Table 4.8* indicates, however, that the foster carers in the study were, on average, educated to just below this minimum leaving level. Non-Indigenous males on average, attained the least number of years of secondary education while non-Indigenous females attained the highest.

The lowest schooling level attained by any foster carer in this study was primary school year five and relates to a male non-Indigenous foster carer, while the highest was year 12 for seven foster carers. Four female non-Indigenous carers had completed this level of secondary schooling and one in each of the other three foster carer categories.

Of those foster carers who had completed further education, three quarters of them have studied across a broad spectrum of courses, many of which are very relevant to caring for foster children and adolescents, as noted within *Table 4.8*. These courses include early childhood, parenting courses, residential care, youth work and youth suicide prevention.

Approximately a quarter of foster carers in this study had completed no post school further education or higher educational training at all, excluding foster carer training. This includes three relative foster carers comprising half of the relative foster carer sample. This finding suggests a disinclination to attend adult education and/or training by approximately 25% of the foster carers in this study.

4.2.6 **Attitudes towards school and adult education generally**

When asked what foster carers thought about their schooling experience, 60% indicated that they either didn't like school or were at best ambivalent about attending school (see *Table 4.9* below). One foster carer, when asked if he liked school, stated *"no, just don't like school…I'm not real educated … I never ever liked school. As I tell the kids these days I loved school at one minute to three on Friday afternoons" (General Foster Carer, Horrie)*. And another carer who was

ambivalent towards her school experiences said *"I have enjoyed learning outside of school more than I did in school until grade 10" (General Foster Carer, Delma).*

Table 4.9   **Attitudes towards school**

Liked School	Didn't like School	Ambivalent about school
16 (40%)	12 (30%)	12 (30%)

Of those who liked school, many cited sporting and social activities as their main reasons for doing so, while only four commented that they liked all aspects of school, that is, academic, as well as social, and sporting.   One carer, when asked about her school experience said *"I loved it yeah. Probably being friends and the sporting side of it yeah, yeah. Loved everything about school, yeah" (General Foster Carer, Beatrice).*

Early schooling experiences are known to influence attitudes towards participation in post school education and training (Rogers, 1996). However, interestingly, of those who didn't like school or were ambivalent about it, none doubted the benefits to be gained from undertaking some form of adult education.   For example, when asked about their views concerning the usefulness, or otherwise, of post school training carers' comments were: *"yeah, providing it suits your needs (it's useful)……." (General Foster Carer, Maria)* and *"well I think it's real useful" (General Foster Carer, Rachael)* and *"now I find, yeah, it's very important to be able to get jobs. They require that full training" (General Indigenous Foster Carer, Rose).* One slightly more skeptical view came from a male foster carer who stated *"I think it's helpful, it provides skills but I'm a more practical oriented person in my application. Training can give you basic skills, however the test of the training is in the application" (General Foster Carer, Nigel).*

Overall, 75% of foster carers in this sample were able to identify an area, or areas, in which they would like to undertake further vocational or educational training (excluding foster carer training) but have not yet done so. Notably, six cited social work as a desired area of further training.

Research findings relating to foster carers' attitudes about training specific to their fostering role will be presented in the next chapter.

4.3   RELATIVE FOSTER CARERS

"So it's like a double banger to me…!"
(Relative Foster Carer, Ivy)

Foster carers in this category comprise a set of grandparents (non-Indigenous), two grandmothers (one Indigenous), and two aunts (both Indigenous).   The non-Indigenous grandparents in this study were all caring for their daughters' children due to their psychiatric and/or drug related problems. Of the Indigenous relative foster carers two are long term carers of their sisters' and brothers' children while the other, a grandmother, cares for her daughter's two young children.

Table 4.10 provides an overview of demographic data for relative foster carers in this study.

Table 4.10   Age, Marital & Employment Status, and Household Incomes of Relative Carers

	MALES					FEMALES							
	Single	Married	Age	Employment Status	House-hold income	Single	Age	Employment Status	House-hold income	Married	Age	Employment Status	House-hold income
Non-Indigenous	-	1	64	Retired*	30,000-39,999	-	-			2	57,	1 P/T Employed	20,000-29,999
											62*	1 F/T Employed	30,000-39,999
Indigenous	-	-				2	37	Not employed	<20,000	1	52	Not employed	20,000-29,999
							58	Not employed	<20,000				
TOTALS	0	1				2				3			

*N=6   F/T = Full Time   P/T = Part Time   *Female partner of this couple is employed full time*

As can be seen from *Table 4.10* all Indigenous relative foster carers in this study are either unemployed or full time stay at home carers while the non-

Indigenous relative foster carers are either retired or in paid employment. This is reflective of Indigenous and non-Indigenous employment trends in the broader population (ABS, 2004).

Household income for non-Indigenous relative carers is slightly higher, though still at the lower end of family income scales, compared with household income for Indigenous female relative carers which in this study is less than $29,999.

It is of little doubt that this socio-economic position is likely to have significant implications for the quality of life for these Indigenous relative foster carers. This is especially so when one considers the comparative lack of available disposable household income in these homes and the subsequent difficulties in purchasing necessary basic goods and services to meet the educational, recreational, health and other essential care needs of relative foster children. Moreover, given the current rates of foster carer reimbursements no provision is made for carers related to existing or future quality of life considerations for themselves or their own children. Fostering allowances have been widely acknowledged as inadequate to meet the actual costs of caring for children in foster care (McHugh, 2002, CMC, 2004). Furthermore, as noted in the CMC Inquiry (2004:212) Report, "the current level of payments can … create hardship for low-income carers." The Report recommends increases in remuneration to rectify this problem for all foster carers, including relative foster carers (see Recommendation 7.32, CMC, 2004:213).

4.3.1 Foster Carer Rights and Entitlements

Relative foster carers, generally, were quite uninformed about their entitlements regarding fostering allowances and other government financial assistance available to them. Gerty, when asked what she thought about the foster payment system said, *"well I don't understand much about it" (Indigenous Relative Foster Carer, Gerty).* This was also a similar response to that of other relative foster carers in this study to the same question. Gerty, as a relative foster carer, has fostered nine relative children over 15 years but has only ever

known she could receive a fostering allowance for the last child placed in her care. In relation to this situation she made the following comments.

> "I appreciate it, what I'm getting now for (Joany), so it helps a lot, but ah, when they… when they asked me to come in to talk about the allowances to get paid and I ask (sic) them, couldn't I get paid before, y'know, with them other children? 'Cause I … I didn't ask for the kids to come into my care. The Department asked me to take 'em in for that period of months and I didn't say no because they were my nieces and nephews and I hate to see them out in the street."

Gerty was asked what the Department said to this request and she stated *"ah well, that's what I been told because I'm their aunty I don't get paid at all…. I was disappointed, y'know? I said, well I helped family with a lot of children, y'know?" (Indigenous Relative Foster Carer, Gerty).*

This carer later advised that only the last child to be placed in her care (Joany) had been the subject of a Child Protection Order made through the courts. The other eight relative foster children whom she'd cared for over many years had been placed with her by the Department but none were the subject of similar court orders. They were therefore seen to be 'informal cultural placements' and as such are not recognized under current (or previous) Queensland legislation. Gerty, therefore, was not entitled to receive a fostering allowance to care for these children. Gerty seemed resigned to this situation when she said *"So I had them since then… (Tommy) will be 19 this year and (Bert's) 18… it was supposed to be for eight months and ended up being 15 years."*

An indication of how it would have been very helpful for Gerty to be more aware of what was available to her as a relative foster carer is clear from her response to the final question of the interview. She was asked what would be of most support to her in her fostering role at the present time and she responded, *"…yeah, everything is ok right now. Nothing that I can think of, pretty… everything's ok (laughs). It's a bit hard like some of those questions I could have gone for that years ago, yeah, but now, it's all… I've gone through it all and I've got nothing much to say now" (Indigenous Foster Carer, Gerty).*

Another relative foster carer (who had been fostering for many years who was also not informed about fostering allowances and other entitlements as a relative foster carer) was quite annoyed when she found out that there were such resources as foster carer handbooks available. She had this to say.

> *"It was only October or November, last year that I actually received a handout, a foster carers' handout, to know what my rights are and what my allowances are and…..I never even seen that 'til last year and that's given to me and I got all excited, and …. oh well, they're printing up a new one now. Good of them to let me know after four years, ahm….."* (Indigenous Relative Foster Carer, Olive).

4.3.2 Health and Aging

Whilst non-Indigenous relative foster caring households in this study were in receipt of a waged, or part-waged, income they nonetheless did appear to experience other problems related to their age and life stage. As they are comparatively older relative foster carers than the Indigenous relative foster carers they faced different problems, most notably a lack of energy to keep up with caring for young and energetic relative foster children whilst fulfilling all the associated activities of ensuring that the children participate in healthy social and sporting activities. This includes all the ferrying to and from sporting and social events, preparation of uniforms and a myriad of associated activities. They do this whilst also having to meet their paid work (two non-Indigenous relative grandmothers in this study are in paid employment, one full time and the other part time) and extended family commitments. Bill, who is 64 and retired, expressed some of the difficulties he experiences as an older foster carer this way, *"I just got no patience. I can't play soccer with 'im now and cricket. He wants me to play soccer and I can't keep up with 'im… yeah he's fully of energy whereas in 10 minutes I've got to sit down, you know…"* (Relative Foster Carer, Bill).

Other anomalies unique to relative foster carers also became apparent during the course of the interviews and these indicate the importance of the need for

support for them in dealing with these tensions. Issues relating to support are discussed more fully in the final section of this chapter.

4.3.3 Other Tensions experienced by Relative Foster Carers

Perhaps one of the most difficult areas for relative foster carers to negotiate is the duality of their roles as carer and as grandmother or grandfather or aunt (there were no uncles or other relatives in this sample). Some see their role as an extension of their own parenting and therefore look upon the foster child or children as their 'own'. This is obviously reinforced by the 'blood ties' they have with the children in their care and their desire to 'do the right thing by them'. Some spoke interchangeably about their role as relative foster carer and as grandparent or aunt, which indicated the duality of these roles and perhaps a blurring of roles or role confusion for them. Many inherent tensions were identified in this study, relating to the duality of roles with which relative foster carers have to contend. No such similar problems could be identified to the same extent with non related foster carers in this study, therefore, this dimension of their roles is seen to add an additional layer of burden upon these carers.

Ivy clearly articulates the tensions and turmoil which this duality of roles imposes upon her as a grandmother.

> *"It's about, not a total carer and it's not a total grandparent… and there are times when, I get really angry… and I say 'look go to your room, you've got time out, think about what you've done', and I have to go and walk away otherwise, because I feel so guilty that I have done that as a grandparent… but I know that I have to do it as his carer, as his carer, yes, so you go through that turmoil of 'oh should I have done that' y'know, like if that was my daughter punishing my grandkid probably I'd be saying, 'oh never mind, there, there', y'know what I mean? It's a very, it's a very, I don't know, sometimes, **it really** affects me" (Relative Foster Carer, Ivy).*

Ivy, very descriptively, goes on to talk also about the pressures she feels as a foster carer and a grandparent to one grandchild, while attempting to not be seen to favour this child by her other grandchildren. When asked to describe the fostering role for her, she said,

> "… as a grandparent you want to spoil your grandkids but as a carer, as a foster carer, you know that you have to draw a line, you have to be able to discipline that child … you have to be able to stop that spoiling thing and these are great difficulties for me because I love spoiling my grandkids and so, … then I've got to draw a line so that the other two grandchildren don't get jealous because of perhaps giving (Warren) too much so, so there is a different responsibility as a grandparent as opposed to a carer…. So there is a difference I think …. probably if I was just a foster carer I wouldn't have that grandparent role, I would just have that carer role and the responsibility of making sure that child was of safe welfare, looked after, had a good education and that side of it. **So it's like a double banger to me**…." (Relative Foster Carer, Ivy).

This is the quote that leads this chapter. It powerfully conveys the dilemmas experienced by relative carers as described here by Ivy.

Not only do relative foster carers have to come to terms with the inherent tensions in this 'double banger' role of foster carer and grandparent or aunt, some also struggled with a sense of loss relating to foregone long held personal dreams and plans. This was particularly evident for the non-Indigenous grandparents in this study more so than for the Indigenous relative foster carers. For example, they had all made plans for their retirement, however, as a result of the need and desire to care for a related child they had to postpone these dreams, probably indefinitely, perhaps never to be realized. This was apparent in comments such as those of Bill, who said:

> "....I mean a lot my age say we don't know how you do it. It's nice to have grandkids visit you but it's nice to see 'em leave again too, whereas we're starting up again, because if it weren't for (Warren), me and the wife were gonna travel around in a caravan and just stop where we like, ey?'

He was then asked, *'so you had, sort of, other things planned'?* To which he replied:

> *"Mmm, and now I can't do nothing, because we've gotta plan for his school and we're trying to encourage 'im when he leaves school to carry on to uni, whether he will or not we don't know, he's pretty keen at the moment and he's good but whether he'll do it, we don't know"* (Relative Foster Carer, Bill).

When commenting on how other people might view her and her husband as relative fostering grandparents, Shirley identified similar plans to those of Bill in terms of travelling in retirement:

> *"… but they* (other people) *just think that it's very hard for people of our age to turn ourselves around, or shall we say, forget about what we might have planned to do. That's where people think it's really amazing that you do it…. people our age group, … and not, 'they're doing the cruising on the yacht' or 'they're going overseas again'* (implying that they could be doing these things). *….. Like a lot of people would feel very bitter ….. even though I'd like to do that again, like I would certainly like to travel again, but perhaps if we travel we could take* (Johnny) *with us, do you know what I mean?"*
> *(Relative Foster Carer, Shirley)*

With an alternative, Indigenous perspective, Dulcie, the only other grandparent in this study didn't express a sense of lamenting foregone plans in her twilight years. This is perhaps not so surprising given that caring for extended family within Indigenous culture is much more expected and accepted throughout the lifespan (Lynn, Thorpe, Miles, Cutts, Butcher, and Ford, 1998). When asked how she viewed her fostering role she conveyed a sense of expectation that what she is now doing is what she would have been doing anyhow, in one form or another. *"Well … from my point of view, it's just like an extension of my family, because being the grandparent, it's just sort of another extension to care for my family…."* (Indigenous Relative Foster Carer, Dulcie).

Gerty, another Indigenous relative foster carer, expressed similar sentiments about being quite accepting of caring for so many of her relative's children without expressing any sense of resentment or personal loss at having done so. On the contrary, she sees these children as her own *"they've been like my own children, yeah…. I'm still their mum, y'know, because she's my younger sister" (Gerty, Indigenous Relative Foster Carer).*

The cultural expectation and acceptance of taking on a caring role for extended family members by Indigenous relative foster carers, as exemplified in Gerty's comments, when compared with non-Indigenous relative foster carers in this study, appears to act as protection for them against feeling a sense of intense loss.

4.4 INDIGENOUS & AUSTRALIAN SOUTH SEA ISLANDER FOSTER CARERS

In addition to Indigenous and Australian South Sea Islander (ASSI) foster carer data, already presented in preceding sections of this chapter, there were issues raised by Indigenous and ASSI foster carers unique to them and their respective cultures. It is these matters which will be addressed here whilst data relating specifically to training for Indigenous and ASSI foster carers will be presented in the following chapter.

Of the 12 foster carers interviewed in this category three identified as Aboriginal, two as Torres Strait Islander, two as ASSI and five as combinations of all three cultures. Whilst foster carers in this study are often referred to as Indigenous it is nevertheless important for the reader to gain an understanding that within this seemingly homogenous group there are distinct and important cultural differences between and within each cultural group. For example, Aboriginal people relate strongly to the country (geographical area) from which their maternal language and tribal mob (groups) emanate (Lynn *et al.,* 1998). These broadly fall into three categories (1) the more traditional inland tribal

Aboriginal groups, (2) coastal and island tribal groups, and (3) Aborigines who identify as being more urban in lifestyle.

Similarly, within Torres Strait Islanders' culture distinctions are often made in relation to paternal lineage, dependent upon the island cluster from which one's family group emanates (Lynn *et al.,* 1998). These are distinguished by the island groupings in the Eastern, Central or Western Torres Straits and Torres Strait Islanders usually identify as coming from one of these island clusters.

Australian South Sea Islanders (ASSI), on the other hand, while emanating from Vanuatu and the South Pacific Solomon Islands have often mistakenly been included within Indigenous categorisations. Interestingly, the highest ASSI population in Australia reside within the Mackay Whitsunday region (Human Rights and Equal Opportunity Commission, 1992) and whilst many have integrated with Aborigines and Torres Strait Islanders, those who identify as ASSI are not Indigenous to Australia and do not wish to be considered as such (Waite, 2000). Nor do Aboriginal and Torres Strait Islander people consider them to be Indigenous, which has implications for both groupings.

However, due to interrelationships, many ASSI people also now have Indigenous ancestry and are therefore often included within Indigenous cultural groupings. This has created problems for many ASSI people who in 1994, after a long struggle for recognition, were finally acknowledged by the Commonwealth Government as a separate ethnic group (Commonwealth of Australia, 1994). This blurring of cultural and ethnic boundaries creates difficulties in terms of clearly distinguishing a foster carer's or a child's cultural identity. In such instances cultural identity is determined by each individual or their family group based upon the cultural ancestry and lineage with which they most closely identify.

One foster carer with this multicultural background, Ruby, talked about her own cultural identity in relation to the young brothers in her care and in regard to the differences between the three cultural groups of Aboriginal, Torres Strait and Australian South Sea Islander. She said,

> *"well … I'm South Sea ….my grandmother says we have Aboriginal but I don't know where and my grandfather's Murray Island …and the boys have got Torres Strait, Aboriginal, South Seas. It's the Torres Strait that I don't get … 'cause the Murray Island, I can't see how they're different but they are. I didn't realise they were so different but they are… in their culture, in their beliefs and everything. I mean I'm picking up, every time that we have one of these culture* (training sessions) *and the Aboriginals, we're not even close to the Aboriginals, … I'm more of a South Sea than anything."*

For all Aboriginals, Torres Strait Islanders and ASSI foster carers in this study the areas of strongest cultural importance which stood out from the interviews are the necessity to ensure that Indigenous and ASSI children in foster care maintain their sense of cultural identity, know who their birth families are and maintain contact with them as much as possible. The following comments of some of the Aboriginal, Torres Strait Islander and ASSI research participants reinforce this finding.

Gary said: *"They* (children) *shouldn't lose it y'know, where they come from … especially that cultural identity for Aboriginal and Islander people… it's pretty strong y'know, so… support them and help them to maintain that."*

Nadine, when responding to how much importance she places on children in her care maintaining their sense of cultural identity said, *"yeah, that's important to me, with background I don't care* (which one it is)*… because I'm a culture person myself. Like if they had to go to church or something I would make sure they went to church. If it was something that was on and it was a culture thing I'd make sure I went and I'd make sure that I knew something about it in some ways so that I wouldn't feel out and I'd feel part of it. It's important to me."*

Gil said: *"I place very important thing on it* (cultural knowledge) *… I say that's your mother and father no matter who they are or what they have done they are still your parents and like, I always try and keep them linked up with their parents and like for their cultural wise too… like culture and all that …but all the kids that I have had are*

very interested in knowing their cultural backgrounds and all that but I never refuse to let them get linked up with their parents."

May said: *" Yeah it's important* (cultural knowledge) *because, otherwise, y'know, the kids need to know what their background is and … what their cultural food is, how they grow it and all that…yeah I think it's important because if um, when children grow up and they are Indigenous children they need to be able to relate to Indigenous people in the community… and recognise with the elders in the community."*

Jason, an ASSI foster carer talks about the importance of cultural identify regarding his Aboriginal foster daughter.   He said, *"I think that's important because, ok, I mean … being a full blooded Aboriginal child, I think that she's gotta have some contact there, of her past, and it actually goes a long way …. I think that dark people always have a very strong spiritual, the spiritual is very strong, very, very strong I think…"*

Gerty warns against making the assumption that all Indigenous foster carers will understand about the culture of another Indigenous person.   She says *"…I'm a Torres Strait Islander, if I take some Aboriginal children in I gotta learn, I gotta work with them and understand what they, what they like, y'know? Y'know, how they do things, what they like, y'know* (how) *they understand, to work with 'em, yeah, it's a different culture all together."*

Another area identified as causing difficulties for some Indigenous foster carers in this study relates to cultural expectations and differences around the disciplining of children.   Olive makes this point when she says *"it's been hard or challenging because of Departmental regulations and concerns and I can't education* (sic), *or discipline* (them) *in a Aboriginal environment, or done* (sic) *the same things that I would discipline my own children or the other children that have been with me. That has been challenging or hard road to tackle."*

Whilst disciplining children is a concern for some carers, other Indigenous foster carers noted the need for more Indigenous families to become foster carers to ensure that Indigenous children are placed appropriately according to their respective culture.   Reg, one such carer, said, *"I think that there should be*

more (foster carers) *especially indigenous people … because a lot of indigenous kids are always looking for young carers. They say that at meetings and conferences and all that"* (Indigenous General Foster Carer, Reg).

With Australia's devastating history of the separation of Indigenous children from their birth families (Human Rights and Equal Opportunity Commission, 1997), the massive overrepresentation of Indigenous children within the Child Protection system (6.1 times the rate for other Australian children (AIHW, 2004)), and the legislated Child Placement Principle (*Child Protection Act, 1999*), it is incumbent, both legally and morally, upon the Government to ensure that Indigenous children removed from their families are placed with Indigenous foster carers, preferably within their own family grouping or community (*Child Protection Act, 1999*). However, it has been acknowledged that currently there are insufficient Indigenous foster carers to meet the increasing demand and the legislated requirements of the Indigenous Child Placement Principle (*Child Protection Act, 1999)*. This has also been acknowledged within the recent CMC Inquiry report into the abuse of children in foster care where Recommendation 8.8 states "that urgent attention be given to identifying ways of encouraging more Indigenous people to become carers" (CMC, 2004:237). At the time of writing a recruitment drive for foster carers, including Indigenous foster carers, is underway in Queensland (Odgers, 2004).

An irony related to this particular problem identified in this study, relates to a long serving Indigenous foster carer, Rose, who has fostered 14 children in six years and been awarded a certificate by the Department in recognition of her excellence as a foster carer but, at the time of interview, quite surprisingly, has never fostered any Indigenous children, only non-Indigenous. She said, *"I've never had any Indigenous (foster children)"* (Indigenous General Foster Carer, Rose) and as she did not elaborate on why this was so one can only speculate on the reasons for this. She has had long term placements and perhaps was not available to care for Indigenous children when they needed a placement. Whatever the reason, the needs of Indigenous children, given their concerning overrepresentation in the system, should ensure that they be placed with

Indigenous foster carers such as Rose and in keeping with the Indigenous Child Placement Principle *(Child Protection Act, 1999)*.

Another finding from this study which is not so surprising given cultural differences is that many Indigenous foster carers believe they have different expectations of the ways in which they should be caring for foster children compared to those which the Department expects of them. For example, Ruby when speaking about the Department's expectations of her, said *"I find them a bit fussy… and I didn't like it, no I didn't like it one bit… I said to 'em actually, I did too* (laughs)…. *how can you tell us how to run, um, bring up culture kids, I said 'cause there's two different backgrounds, I said, because youse don't know how to bring 'em up and we do, so, I just put it like* (that)*, how I brought up, and they agreed with it!* (with surprise).

Reg, another Indigenous foster carer, works in a position within the Indigenous community and when asked if he thought that the Department expects too much of Indigenous foster carers replied, *"yeah, I do. Sometimes I think they* (Departmental staff) *need to do more training, more cultural training, like about the culture about Aboriginal and Islander or Torres Strait Islander people…a lot of the issues that they get Indigenous people in the community to talk with me* (about) *they should have those skills" (Indigenous General Foster Carer, Reg).*

Generally Indigenous foster carers felt that the Department's expectations of them were not considerate of cultural ways and customs and is an area that needs to be addressed in cross cultural training for Departmental officers. This is a Departmental priority recently announced by the newly appointed Minister for the Department of Child Safety (Reynolds, Oral Presentation 5/5/04).

Other than the information provided elsewhere in this chapter and that which will be provided in the following chapter relating to Indigenous foster carer training, these findings, relating to cultural differences and identity, family connectedness, disciplining children, insufficient numbers of Indigenous foster carers and Departmental expectations emerged as prominent findings from the Indigenous and ASSI foster carers in this study.   The support needs of

Indigenous foster carers, while similar to those of non-Indigenous foster carers, are presented more fully in the following section.

4.5 SUPPORT

"… a helpline … a 24 hour helpline to help foster carers run to when there is a problem with children in the house. Just like there's a kid's helpline there should be a foster carer helpline, ya know?" **(General Foster Carer, Mary)**

Anyone who understands the fostering role would not dispute the enormity of the task that is undertaken by foster carers who care for very challenging and often damaged children and young people. The stresses of this role combined with the responsibility of attending to the physical and emotional daily care needs of foster children and carers' own children can create very difficult lives for foster carers and much has been written about support for foster carers (Triseliotis, Sellick & Short, 1995; Gilligan, 1996; NFCA, 1996b; O'Neill, 1999; Sellick, 1999; Sinclair, Gibbs & Wilson, 2000; Triseliotis, Borland & Hill, 2000; AFCA, 2001; Sinclair, Gibbs & Wilson, 2004). Without additional and adequate support to assist them to fulfill this role it is little wonder that many cannot sustain the pressures and make the choice to leave fostering (AFCA, 2001; Carter, 2002; Marino, 2003). This is a situation which can ill be afforded at a time when the number of children requiring out of home care continues to escalate and the ability to place children with foster carers is becoming increasingly more problematic. Hence a foster carer recruitment drive is currently underway in Queensland to find sufficient foster carers to meet the out of home care needs of this population of children and young people (Odgers, 2004). Moreover, the ideal notion of matching children with foster carers with whom they may be 'best' suited remains an idealistic impossibility, to the detriment of many children in foster care.

Support for foster carers therefore, is vital if, once recruited, they are to be retained and maintained. Foster carers in this study were asked what would

be of most support for them, in terms of their fostering role. Several areas were cited which have been or would be supportive to them and the frequency of mention of these is presented in the table on the following page.

Table 4.11   Support For Foster Carers

Ways Foster Carers have <u>already</u> felt supported:	
Agency Support:	
Have felt exceptionally supported by:	
- Pathways Service	38
- Own families, particularly own children	5
- Foster Carer Support is of most support	4
- Aboriginal and Islander Service	1
Departmental Support:	
- Those who felt supported by the Dept	3

<u>Further</u> Supports Foster Carers feel they need to do the job well and to stay fostering:

Support from others:		**Departmental Support:**	
Want 24 hour support	39	Want support from Dept	16
Want respite from foster caring	9	Want to be listened to by the Dept	11
Want interagency case planning for child/ren in care	2	Want to be respected and trusted by the Dept	10
To be able to bring an Indigenous support person to anything that an Indigenous Foster Carer has to attend e.g. training, meetings	2	Want to be valued by the Dept	5
		Want to have experienced FSO's	5
		Want a better relationship with the Dept	3
Want specialist services in community for children with disabilities	1	Want FSO's to read children's files	1
To be recognised for doing a good job	1	Want to be seen as a professional and as part of the professional team	1
Practical Support:		**Financial Support:**	
Training (including more specialized) and information	20	Want more financial assistance for fostering	5
More information about children in care	15	Financial Assistance for family break away	3
Would like practical support (furniture, assistance with housing, household duties, food vouchers)	6	Want more efficient Departmental payment systems	1
Information on foster carer entitlements	4	**Support for foster children:**	
Regular information updates from Dept and Agencies	2	Foster carers would feel supported if more service/resources were provided for their foster children	7
Information on how to protect own family from allegations	1		
		Other Support:	
		Want more social activities with other foster families (which include their own children)	2
		Want parents of children in care to have training to better care for their children when reunited	2

As *Table 4.11* shows most foster carers cited more than one area of support in this study. However, the area of support clearly cited most often by foster carers is the need to speak to someone for practical support, assistance and advice when they need to, regardless of the time of the day. Thirty-nine (97.5%) foster carers in this study said they preferred support which is available 24 hours a day, seven days a week, 365 days a year and this was undoubtedly and overwhelmingly the strongest support need identified in this study. General foster carer, Mary, suggested the establishment of a help line for foster carers similar to that of Kids Help Line for children. She noted that Crisis Care, the Department of Families' (now Department of Child Safety) 24 hour crisis line, was inadequate to meet the specific needs of foster carers who want practical advice and assistance at times which they consider to be urgent or of crisis. When talking about a particular crisis she was experiencing with one of her foster children Mary said, *"… the only thing I could do is ring Crisis Care and say she hasn't come home and that's it, you know, for me that's not enough" (General Foster Carer, Mary).* And another general foster carer, Nicole, when speaking about the support she needed felt similarly when she said what she needs is *"to be able to talk to somebody at any time, that's going to be available to you in that instance. Not like, 'we'll call back',* (but) *there and then."*

Almost as many foster carers (38) said they felt very supported by the Alternative Care Support Service (APSS) (now Pathways) Shared Family Care community organisation in Mackay and one other felt supported by the Indigenous community based Shared Family Care organisation. Many of the Indigenous foster carers said they accessed the non-Indigenous Shared Family Care agency for training and support and they found this to be adequate. At the time of the interviews with Indigenous foster carers the Indigenous community organisation was not providing training for their carers, however this has since changed.

Other Indigenous foster carers in this study were dissatisfied with the level of support provided to them by the Indigenous community organisation. For example Olive, when asked if she got support from this organisation said, *"no*

(emphatically)*…they came to visit me last year with* (Dept of) *Families to drop off some T-Shirts for the kids. That was it!"* When asked whether she had any contact with them she said, *"I don't call them for anything and I don't need anything from them. I just do what I need to do"* (Relative Indigenous Foster Carer Olive). Olive's expression indicated annoyance with this service. By contrast she went on to say that she received good support from APSS (now Pathways), the non-Indigenous Shared Family Care community organisation.

Several foster carers (Indigenous and non-Indigenous) said they would not still be fostering other than for the support which Pathways has provided to them. One such carer, said *"…I think if it wasn't for* (Lily) *at APSS* (now Pathways) *backin' us we would've thrown it in, yeah, oh, yeah long ago"* (General Foster Carer, Horrie). And another expressed similar sentiments when she said *"I get all the support I need from APSS, yep, I think they have been …. fantastic. I don't think a foster carer should be without APSS because you get no support from the Department, and APSS, without APSS, I probably wouldn't be here…"* (General Foster Carer, Jen).

Other areas of support cited, in order of frequency, include the need for training, including more highly specialised training and information (of a more therapeutic nature). This support need was cited by 20 foster carers or 50% of the sample and this forms the second most significant area identified after the need for 24 hour support throughout the year, as already discussed. Foster carers also identified notable areas of support which they expected and desired when working with the Department and these are identified in *Table 4.11.*

In this study the community based organization APSS (now Pathways) unequivocally stood out as the agency providing quality support to foster carers and this was spoken of often and in glowing terms throughout the interviews.

Only three foster carers in this study said that they had felt supported by Departmental officers. This perhaps is not surprising given preliminary findings from interviews with Departmental Family Service Officers (FSO's) (now called

Child Safety Officers – CSO's) recently undertaken in the Mackay Whitsunday Region by Dr Jane Thomson from James Cook University, Townsville. These indicate that "FSO's experience considerable difficulty balancing the needs of children and young people in care against the needs of carers for support from them as the case managers. FSO's did not appear to embrace the notion that support for carers would be beneficial for the children for whom carers were caring. A common theme was that they saw themselves as 'there for the child' and that this may conflict with support for carers" (Thomson, in process). Given the supportive role that agencies such as Pathways already provide to foster carers and the present overwhelming workloads of FSO's (CMC, 2004) it is not surprising to observe that some FSO's may not see foster carer support as central to their every day work.

At the time of writing it can be reported that foster carers in Mackay now have support in the form of a pilot respite service which operates with approximately 20 respite foster carers (Pathways, oral communication). This pilot project will be evaluated by the Department in due course at which time it a decision will be made regarding the future of this project   However, the findings of this study demonstrate the need for ongoing and regular respite for foster carers to ensure the survival of foster carers and more importantly, the viability of placements for children in out of home care.

4.6   CONCLUSION

This chapter has provided an overview of the changing nature of foster care in Queensland and the increasing need for more foster carers to meet current demands for children requiring out of home care.

Demographic and attitudinal data relating to the foster carers indicated that the average age of foster carers in this study is 46.2 years and their average length as carers is 8.1 years. The mean educational attainment level of foster carers was 9.5 years of schooling, although, despite 60% of carers not liking school, approximately 75% of carers have undertaken some form of post

school further education or training. However, only three held tertiary qualifications obtained from a university.

Six relative carers participated in this study. These carers were identified as amongst the most disadvantaged of all carers interviewed in terms of their lack of training and support from the Department. They were also the least informed, of all carers, regarding their fostering rights and entitlements. Relative carers also experienced particular tensions associated with their dual status as both relative and carer which was not identified by other general foster carers. They cited difficulties which their relative carer role had in regard to relationships with extended family members. They also identified concerns relating to aging and ill health and what this may mean for them as older relative carers. These were noted, in particular, by grandparent relative carers.

Twelve Aboriginal, Torres Strait and ASSI carers took part in this study. They identified the importance of acknowledging and respecting the uniqueness of each of their respective cultural groups, especially by Departmental officers with whom they have contact. They also noted the importance of Indigenous and ASSI carers being mindful of raising Indigenous and ASSI children according to their cultural identify and customs.

Research findings relating to foster carer household income levels were particularly concerning given that 31.4% had no waged income at all and 35% have annual incomes of less then $20,000. This finding has significant consequences concerning present levels of fostering allowances provided and the ability of carers to continue to subsidise the care of foster children placed with them by the Department.

Most foster carers in this study, Indigenous and non-Indigenous, reported feeling supported by APSS (now Pathways). Only one Indigenous carer said they felt supported by the Indigenous community organisation and only three reported feeling supported by the Department. Despite APSS being a major source of support for carers, 97.5% identified their desire for a 24 hour foster

carer helpline as their highest priority for support. This was followed by 50% who wanted more training and information about caring for foster children.

These data provide an overview and summary of the main findings of this chapter. Chapter five presents and discusses research findings relating more specifically to foster carer training including views on accreditation, professionalism and volunteerism.

Chapter 5.   FOSTER CARERS' VIEWS ON TRAINING

"… you can't be just a mum or a dad sitting at home (thinking), 'we've got a kid in our care, he's alright, he gets a bed every night, three feeds a day', those days are gone, we now have to be professional about foster caring, it's a job, you've got to be professional about it and the only way you can be professional about it is to do training."

(General Foster Carer, Len)

The Queensland Government's legislative responsibility to ensure that people engaged as foster carers meet the necessary requirements to be considered a 'suitable person' is enshrined within the *Child Protection Act (1999) S.133.* And while there is no specific mention made within the Act to the training of foster carers, there are two previously QDoF policies (now Department of Child Safety) which detail Departmental requirements for foster carer approval and training. The first relates to the "Initial Foster Carer Assessment and Approval" and it clearly states that "Attainment in Sharing the Care – Pre-service Foster Carer Training is a prerequisite to initial foster carer approval" (QDoF, Policy 288-1, 2003:1). The second policy relates specifically to the training of foster carers using the 'Sharing The Care: Pre-Service Foster Carer Training' package (QDoF, Policy 28-2, 2003). This policy states:

"The Department of Families is committed to providing training and support to foster carers to help them care for children and young people subject to statutory intervention under the Child Protection Act, 1999" (QDOF, Policy 28-2, 2003:1).

This perspective is also articulated in another document entitled "Statement of Commitment" which is a joint agreement between Foster Care Queensland (as the peak organisation representing foster carers in the State) and the Department. This agreement was entered into in the year 2000 (FYCCQ,

2000).   Foster carers' views concerning this Statement of Commitment are discussed more fully later in this chapter.

At the time of writing, a new Departmental foster carer training package was launched. It is entitled "Quality Care: Foster Carer Training" and incorporates both pre-approval/pre-service training information and subsequent modules to assist carers during their first year of fostering. This new Departmental training program is competency based but non accredited and it now supercedes "Sharing the Care" pre-service foster carer training package. "Quality Care: Foster Carer Training" is currently the only Departmentally endorsed foster carer training program in Queensland.

The history of foster carer training in Queensland began approximately in 1988 when the 'Challenge of Foster Care' was introduced into Departmental offices in South East Queensland as a trial (Juratowitch, 2004; Ramsay, 2004). The Challenge of Foster Care was predicated upon the British 'Parenting Plus' program which was brought to Queensland from the National Foster Parent Association in London by a Departmental officer who had travelled to the UK at the time (Juratowitch, 2004). The Challenge of Foster Care was used, intermittently, by some Departmental offices in Queensland, until 1996 when it was revised and renamed "Sharing the Care."

The 'Sharing the Care' pre-service foster carer training program remained the only Departmentally endorsed foster carer pre-service/induction training program from 1996 until 2004 when "Quality Care: Foster Carer Training" was introduced.   During this eight year period many newly recruited Queensland foster carers were inducted using this training program however, not all were, and although a majority of foster carers did go on to undertake further training throughout the course of their fostering role, this was done solely at their own discretion.   Consequently, there are foster carers in Queensland who have completed initial and ongoing training, others who have completed only initial training or perhaps only one or more 'stand alone' training session/s, and still others who have completed no foster carer training at all (CMC, 2004).

Prior to the introduction of foster carer training in Queensland in 1988 foster carers who were already 'in the system' were not required to undertake any specific training either at the time of their commencement nor thereafter. Since this time most newly recruited foster carers have been more routinely inducted using the Sharing the Care Foster Carer Pre-Service Training Package. However, even though there was a Departmental policy developed, late in 1997, stating that "prior to approval as a care provider, prospective careproviders must attend Sharing the Care – Pre Service Careprovider Training" (DFYCC, Policy 97/23, 1997), this did not apply to Limited Approval foster carers nor to Relative Foster carers. Neither was it even routinely complied with for Generally Approved foster carers. Indeed, this study has identified eight foster carers who were granted general foster carer approvals since the implementation date of this policy but who had not completed Sharing the Care Pre-service training prior to receiving their first foster child. Application of this training was more routinely applied as a pre-requisite for foster carer approval only since the development of the "Initial Foster Carer Assessment and Approval" policy which was implemented on 1 January 2003 (QDoF Policy 288-1, 2003).

Completion of "Quality Care: Foster Carer Training" is now more routinely applied to newly recruited foster carers in Queensland. However, many longer serving foster carers recruited in Queensland before the early 1990's are not likely to have completed pre-service training and there is still no compulsion for these carers to do so. There is a recommendation (7.20) in the Crime and Misconduct Commission Report (2004:206) that all foster carers undertake 'ongoing' training but no recommendation calls for existing carers, who have not completed pre-service training, to do so. For these carers, foundational aspects of their knowledge, in terms of understanding of the role and responsibilities of foster carers, is likely to be absent, thereby detracting from them building upon and having a fuller comprehension of subsequent foster carer training and learning opportunities. This is of major concern in a contemporary child protection system that aspires to best practice principles (CMC, 2004).

Foster carers who have undertaken pre-service training since the early 1990's, similarly, are not compelled to undertake any further training unless they chose to. However, as a result of the recent CMC Inquiry and, in particular, recommendation 7.20 (which incorporates recommendations from this research study) this situation is about to change and all "foster carers (will) be required to undergo ongoing training, identified and organised during yearly reviews of the foster carer by their agency support worker", furthermore, "(c)arers' reapproval should be contingent on the successful completion of this training" (CMC, 2004:206). Until this recommendation becomes fully implemented the situation in Queensland has been that many community based Shared Family Care community agencies have, intermittently, offered foster carer training sessions. However, the regularity of sessions and the course content varies from region to region across the state and, historically, there has been no necessity for foster carers to attend any training unless they wished to.

Therefore, any training beyond the pre-service training undertaken by foster carers in Queensland is likely to have been *ad hoc*, sporadic, and dependent upon individual professionals (in either non-government or government) in each part of the state to initiate, develop and implement. It appears also that thus far, little thought, if any, has been put into the evaluation of these isolated training sessions. Such an unstructured approach to the ongoing training of foster carers creates inconsistencies in the levels of foster carer skills and knowledge across the state (CMC, 2004). The findings of this study in one region of Queensland (Mackay, Whitsunday and Bowen) reflect these training inconsistencies, as *Table 5.0* below highlights.

As can be seen the number of foster carers in each category is evenly split with 20 foster carers in each. A further break down of each of these categories, regarding foster carers' attendance at training, is also presented.

Table 5.0 **Foster Carers' Training Records**

Foster Carers who **did pre-service training** before receiving their first foster child		Foster Carers who **did not do pre-service training** before receiving their first foster child		
Category 'A' = 50%		Category 'B' = 50%		
Carers who had pre-service training prior to receiving first their foster child but none since	Carers who, In addition to pre-service training, have also done other foster carer training	Carers who completed pre-service training months or years after receiving first foster child	Carers who have never completed pre- service training but have attended other one off foster carer training sessions	Carers who have never had any foster carer training at all
5%	45%	20%	15%	15%*

N = 40   ***Note: 12.5% in this category are relative foster carers.**

In Category 'A' (those who had completed foster carer training prior to receiving their first foster child) only three had begun their fostering careers prior to 1992 (before induction training had become more routinely undertaken by newly recruited foster carers in Queensland).

It is worth noting that three quarters of the foster carers from the country areas in this study (those outside of Mackay city) were contained within Category 'B', (those who had not completed pre-service training prior to receiving their first foster child) see *table 5.1*.

Table 5.1   **City & Country Foster Carers' Training Records**

	Foster Carers who **did pre-service training** before receiving their first foster child *Category 'A'*	Foster Carers who **did not do pre-service training** before receiving their first foster child *Category 'B'*
City *(n=32)*	56.3%	43.7%
Country *(n=8)*	25%	75%

When comparing city foster carers with country foster carers it is evident that over half of the city foster carers had received pre-service training before receiving their first child while only a quarter of the country foster carers had done so. Conversely, three quarters of country foster carers had not completed pre-service training before their first placement, compared with less than half of the city foster carers who had not done so.

This data indicates that a higher proportion of country foster carers did not receive pre-service training than their city counterparts. There are two possible reasons for this occurrence: (1) country foster carers in this study identified training not being held in their own town as a barrier to attendance at training events (see point 2 of *Table 5.10* later in this chapter). This is because travel for country foster carers to attend training can involve up to a 400 kilometre round trip to access training in Mackay, and, (2) a higher proportion of country foster carers (62.5%) are government foster carers for whom the responsibility to train and support rests with the Department. By contrast the proportion of city foster carers who are government foster carers is 12.5%.

It has been publicly acknowledged that government foster carers do not receive adequate training and support from Departmental staff (PeakCare Qld, 2003a; CMC, 2004). The Crime and Misconduct Commission inquiry found that "support for carers varies, depending on both their status as either a government or an agency carer and the practices of their particular departmental regional office" (CMC, 2004:207). The consequences are that departmental foster carers are less supported and, as this study highlights, country foster carers, are less trained and prepared for the rigours of their fostering role.

Such a lack of training and ongoing support has been recognized in many studies as contributing to placement disruptions of children and to foster carers discontinuing (Denby, Rindfleisch & Bean; 1999; CMC, 2004). The need for foster carer training in Queensland has never been more pressing than it is at present and is now being called for from a number of quarters (AFCA, 2001; Murray, 2003; PeakCare, 2003a; CMC, 2004).

5.1 THE STATEMENT OF COMMITMENT

In 2000, for the first time ever, the Department, then known as the Department of Families, Youth and Community Care Queensland (DFYCCQ), entered into an agreement, a 'Statement of Commitment', with FPAQ (Foster Parents Association of Queensland) now known as Foster Care Queensland (FCQ) the peak body representing foster carers in this State. The purpose of the Statement of Commitment between the Department and the foster carers of Queensland is to have a document which "articulates the rights and responsibilities of individuals, families, and organisations to attain quality outcomes for children and young people in shared family care" (DFYCCQ, 2000:2). The document stipulates that it is to be used:

- To guide the development of policy and procedures in shared family care;
- To inform practice standards;
- To clarify rights and responsibilities particularly in the event of a dispute or formal grievance and appeal;
- To understand the standards of care; and
- As the basis of training and support for foster carers and staff.

(DFYCCQ, 2000:4)

On first examination, it appears that this document is quite visionary in providing support to foster carers and Departmental officers alike. However, in this study there were a large number of foster carers who had not even heard of the "Statement of Commitment" and were unsure of how it relates to them in their fostering role. Moreover, most foster carers interviewed were not aware of a principle contained within the agreement which clearly identifies that, "(f)oster carers require training and support in order to provide high quality, stable care" (DFYCCQ, 2000:4). It further states that if foster carers are "…to fulfil the tasks of their role in an effective and efficient way (there must be) comprehensive pre-service and in-service training to achieve adequate

competence, and where appropriate such training should be culturally adapted to best address the needs of indigenous and other ethnic groups" (DFYCCQ, 2000:5). In light of these principles within the Statement of Commitment the following questions were asked of each foster carer:

1.   Are *you aware of the principle in the Statement of Commitment between the Department and FPAQ that "Foster Carers require training and support in order to provide high quality, stable care" (2000: 4) "and to achieve adequate competence" (2000:5)? And,*

2.   *Do you agree with this statement?*

The following *Table 5.2* illustrates how many foster carers were aware of the Statement of Commitment and how many agree with these identified principles. This is followed by some of their responses to these questions.

Table 5.2 **Responses to Statement of Commitment (SOC)**

Knew of SOC	Didn't know of SOC	Total		Agree with this Principle	Don't agree with this principle	Unsure about whether they agree or not	Total
21	19	40		35	3	2	40

Just under half or 47.5% of foster carers in this study did not know there was a Statement of Commitment in existence which is a surprisingly high percentage given the findings of previous research (Colmar Brunton, 2001) where the lower figure of 22.4% of foster carers surveyed in Queensland were not aware of its existence. Again, relative carers stood out in terms of being the most uninformed group about the Statement of Commitment (SOC). Four of the six did not know of it at all. When asked their thoughts in regards to the above questions they did not seem to think that it applied to them as they were 'relatives' who sometimes did not appear to consider themselves as foster carers as well. Some of their comments below illustrate this finding.

- *"Yeah.....as I, well, keep saying to you, if I was a foster mum I reckon, yeah, you do, you would have to do that, yeah" (Dulcie, Relative Indigenous Foster Carer).*

- *"Not necessarily. I think when it's one of your own. I think if… he was not a blood relative say….."*

This carer was then asked, *'so because he's your grandson you don't necessarily agree that you need to have training'?* To which she replied:

"No, that's right" (Shirley, Relative Foster Carer).

- *"Well, yes I do* (agree with the principle)*….. because if you've got two people aiming at the one thing then they've got to agree and train those people that they're giving that care to… and here again I think there is a difference between a licensed carer and a relative carer, I really do, I can't stress that enough, because I think… the carer role would be more difficult than what I'm doing" (Ivy, Relative Foster Carer).*

- *"No I'm not aware of the statement or the principle…..but….yes* (does agree with it)*, oh basically it's fine, but given that people, like my own family have experienced, I think they need to expand to encompass some, not just some sorta cultural approach that plays on an Indigenous perspective but, ahm, more of a multi-cultural thing so you're not only recognising it but appreciating it. You're taking all of those different things into consideration like just in my family – New Guinea, Czech, and Aboriginal" (Indigenous Relative Foster Carer, Olive).*

Being a blood relative was the main reason that relative foster carers didn't seem to think this principle applied to them. They did, however, accept that it was important for general foster carers to achieve the training and standards as set out in the principle, as some of their comments indicated.

In relation to all other foster carers in this study there were mixed reactions to the question of whether they agreed with the principle (as presented above), or

not. Reactions ranged from identifying the responsibility the Department has to ensure that carers are up to the task, to identifying that simply being a parent or having life experiences alone are insufficient to prepare someone to be a foster carer, through to expressing the seriousness and significant responsibilities and accountabilities expected of carers today.   Some examples of these types of comments are presented below in response to a question about why carers thought the principles within the statement of commitment were very worthwhile principles to work towards. They stated:

- *"Well they've got to make sure that we're up to fostering. They've got a lot of children that they've got to put in safe hands" (General Foster Carer, Merle).*

- *"….in one way, to become a foster carer, you need to have, like you can be a parent….and it's ok if you've got children that are coming into your care that are just not hard to care for but if you've got children that are coming with a disability or have been sexually abused, or abused in some other way, if you haven't necessarily had some form of training, you wouldn't really know how to cope with some of their problems, yeah" (General Foster Carer, Nadia).*

- *"Yes, I think it's…I'm sure there are people who are great foster carers without any training, because that's just the sort of people they are, because they've had a lot of life experiences. I mean, life experiences can give you a lot of things, but I do think that training does assist you to gain new understanding and new skills that you can acquire. I mean, it's got to give you a better outcome of care" (General Foster Carer, Sharon).*

- *"Yeah, I do. You have to be committed. You're dealing with children, you're dealing with other people's lives, how's it going to affect them? So you have to be committed" (General Foster Carer, Lyn).*

- *"Yeah, I do, I do agree with that actually, because you need that training to help the individual kid and it's you, um, foster care is totally different to rearing your own children so really you, yeah, it's important, I agree with that" (General Foster Carer, Mary).*

- *"Definitely. As I said before, with the high degree of accountability that is now on foster carers in terms of quality of care and standards of care and everything like that, there is no way that if you just walk in with your general parenting and life experience that you're going to be adequately able to meet those expectations"* (General Foster Carer, Valda).

There were some foster carers who felt it was very important to work towards meeting this principle however, regardless of this belief, they felt there were some people who just shouldn't be foster carers and training and/or commitment alone would not assist them to become better carers in their opinion. These carers believe the standard of care which some foster children were receiving, at the hands of other foster carers, was less than adequate or desirable, and in some instances, was even damaging. Jen was one foster carer who held such a view. When she was asked whether she agreed with the principle in the SOC she replied,

> *"yes, yes, yes, because I've seen foster carers that…lack that and I feel they have affected the children by…not being trained or understanding of what the child's needs are…yeah, I think it's really important, yep. They've got enough problems without having someone who….doesn't really know what they're doing and actually creating extra things* (problems) *for the children, so yes!"* (General Foster Carer, Jen).

And, another foster carer who thought training just wasn't the answer for some carers for the reasons identified above, had this to say when asked whether he agree with the principles contained within the Statement of Commitment:

> *"No. I think, no, because for some carers, I know,* (they) *shouldn't be carers they let their own natural children touch up foster kids and I think that's not on."*

When clarifying the meaning of this comment this carer was asked, 'do you mean physically smack them or…..'?

> *"Punch, yeah, and I don't think that's on and some of those carers….I've just got no time for them."*

He was then asked, *'so you don't agree that foster carers should have training and support in order to provide high quality stable care'* and he said:

> *"Well half of 'em don't even know about quality care* (laughs)*. I mean, how can you say that single parent foster mothers are high quality care? How can you say that about them? That's not high quality. That's not even supplying a family atmosphere. I mean a family is a husband and wife and the kids, it's not just a mum and the kids. Who's gonna play the male role, y'know?" (General Indigenous Foster Carer, Jason)*

Beatrice is another foster carer who recognised the need for foster carer training in keeping with the SOC, however she also expressed concern about the quality of care provided by some other foster carers. She said,

> *"I think some people, yeah, do require* (training*) and some not, because I have met quite a few different carers and, to be honest with you, there are some that I don't think should be carers. Whether or not they go through training I don't know. I think all carers should go through the training and all the other things that come with the training….. yeah, I definitely think that some people shouldn't be carers…one particular family, they were so, just, verbally abusive to anyone in the family you know and this person came into their family and it was awful. I saw that and the type of cleanliness that other carers have, you know, sometimes a dog wouldn't stay in their house to tell you the truth. It is awful sometimes" (General Foster Carer, Beatrice).*

Maurie is another (general) foster carer who had no knowledge of the Statement of Commitment or the specific principle relating to the training of foster carers contained within it prior to my interview with him. After providing him with information about these I asked him whether or not he agreed with

this principle. He seemed quite concerned that, while agreeing with it, it did not mean that he would then be asked to do training. His response, *"oh yeah, yeah, I just hope we don't get letters saying come every couple of weeks",* gives some insight to this fear. Maurie is also a foster carer not in favour of undertaking anymore foster carer training.

Then there were other foster carers who thought it was well and good for foster carers to be committed to undertake training but identified a higher priority for natural parent training before restoration of children to their care. For example, Rose said,

> *"Oh, well, yeah,* (in support of foster carer training) *and so should the natural parents...well...they should, they should* (emphatic)*, my argument with the Department is you have a standard of care which I have to stick to which is great and I have....but you remove a child and you bring it up to what should be, that, standard of care, and return it to a lower, maybe, standard of care."*

Rose is one of the foster carers who, at the time of interview, was experiencing difficulties with the Department. She was also not in favour of undertaking any further foster carer training. It may be that both of these factors could be influencing her views towards natural parents of foster children.

5.2 FOSTER CARERS' VIEWS ON TRAINING

In this study foster carers views were sought regarding foster carer training generally. That is, whether they see it as useful or not, whether they wanted any or more training and if so, what topics they thought important to include. I also sought to identify barriers or incentives to attending training as well as other related aspects of training which might impact upon foster carers' views, attitudes, self-esteem, status and other contingencies which may affect foster carers' perceptions of training. General foster carer, Len's views provide an illuminating introduction to the findings which follow.

*"Make 'em attend training. That might sound pretty severe but to …
me, fostering is a job … eight years ago, fostering to me, and I know to
a lot of other people, was that you opened your home to some poor
underprivileged kids, and you didn't have to know all the legislation etc,
etc, but nowadays …. You're not opening your home, you are taking on
the responsibility of caring for ah, um, they are under privileged but
they are also an abused child … and you have to care for them. In
other words, look after them professionally because you've not only got
to look after their physical needs, their mental needs, their sexual
needs* (refers to appropriate health care needs)*, just so many needs
that you've got to look after, and you've got to be watching them all the
time. Do they have suicidal tendencies, etc etc? You can't be just a
mum or a dad sitting at home and say' we've got a kid in our care, he's
alright, he gets a bed every night, three feeds a day', those days are
gone. We now have to be professional about foster caring. It's a job.
You've got to be professional about it and the only way you can be
professional about it is to do training" (General Foster Carer, Len).*

Len's views on foster carer training have changed over his nine years as a
foster carer during which time he says he and his wife had experienced several
notifications to the Department about their care of children placed with them.
As a result of his commitment to continue to foster Len and his wife undertook
more training which, he says, has helped him not only in his fostering role but
also in his employment.   Len appears to now have a new found appreciation
of foster carer training and learning. Of this he says:

*"…you could sit back like me and not learn and get yourself into trouble
and I think that the difference for me now as opposed to four or five
years ago is because I didn't do training. I didn't keep up with it. I
wasn't made to do it. Whereas, now you have to do it, so therefore … I
am keeping up with it which is helping me through* (work)*, which in turn
is helping fostering and it's going hand in hand" (General Foster Carer,
Len).*

Len's reference to training which must be done 'nowadays' relates to the requirement that all newly recruited foster carers must undertake the 'Sharing the Care' training before approval is granted to them.

Table 5.3 on the following page presents data relating to foster carers' perceptions about their need for foster carer training.

Table 5.3   **Foster Carers' Need for Training**

Indigenous Foster Carers						Non-Indigenous Foster Carers					
Male	Years foster-ing	Favours some or more training	**Female**	Years foster-ing	Favours some or more training	**Male**	Years foster-ing	Favours some or more training	**Female**	Years foster-ing	Favours some or more training
Gary*	9	Y	Louisa*	17	Y	Nigel	7	Y	Nadia*	2½	Y
Gil*	22	Y	Gerty* (r)	16	Y	Len	9	Y	Jen*	2	Y
Reg	4	Y	Nadine*	15	Y	John	2	N	Shirley* (r)	8	Y
Jason	3	N	May*	9	Y	Maurie	10	N	Ivy* (r)	3	Y
			Olive* (r)	4	Y	Horrie	8	N	Mary*	4	Y
			Ruby*	2	Y	Bill* (r)	3	N	Amanda*	6	Y
			Dulcie* (r)	2	N	Jack*	4	N	Betty	25	Y
			Rose	6	N	Paul*	4	N	Lois	4	Y
									Sharon	7	Y
									Maria	7	Y
									Rachael	2	Y
									Vicki	8	Y
									Delma	8	Y
									Lyn	5	Y
									Sylvia	15	Y
									Valda	25	Y
									Loretta*	2½	N
									Merle*	16	N
									Beatrice	4	N
									Nicole	3	N
TOTALS:	Y = 3 N = 1			Y = 6 N = 2			Y = 2 N = 6			Y = 16 N = 4	

N = 40   *** Denotes foster carers who did not complete pre-service training prior to receiving their first child**
(r) = relative foster carers
Y = Yes
N = No

The most obvious feature of *Table 5.3* is that it suggests female foster carers (78%) are more inclined to favour foster carer training than male foster carers, where 58% did not favour undertaking any or more foster carer training. To assess the strength of this association a chi square test was undertaken,

based on the *table 5.4*. The result (p = <0.022) indicates that the association is unlikely to have arisen by chance and therefore, can be considered significant.

Table 5.4   **Training - Gender Cross Tabulation**

		GENDER		Total
		Female	Male	
TRAINING	no	6	7	13
	yes	22	5	27
Total		28	12	40

Gender by attitude to training: chi sq = 5.125 df = 1 P = <0.022

In contrast to female carers' (both Indigenous and non-Indigenous) who were interested in training, non-Indigenous men were the least inclined to want to undertake foster carer training and in this category (see *Table 5.3*) three quarters of the male foster carers did not believe they needed any, or more, training. When asked if they thought they needed more knowledge or skills for what they do, one general foster carer, John said *"not in our situation …. in our situation it's basically the children and your life experiences probably the best thing, or talking to people who've had similar experiences with whatever you're trying to do".* While another, Maurie, when asked the same question replied, *"no, not really, no….. see well,* (Shared Family Care Worker) *comes around and sees us every three weeks or so. If we've got any problems we just see him about it."*

When then asked*, 'do you find that that's all that you need to do? That, that helps you enough, it's sufficient?'* Maurie replied:

"Yeah. 'cause if we've got any queries we just ask him, and he'll either follow it up or… (help himself)*" (Foster Carer, Mauire).*

Of the two men in this category who do favour foster carer training, Len, as mentioned above, has changed his views over time as a result of his difficult experiences with the Department, while Nigel's views towards training were influenced by his earlier favourable experiences of induction training and its application, of which he says,

> *"Certainly the Challenge of Foster Care, we lived off that training. And the Behaviour Management, we applied those principles out of bare necessity. They were skills we just did not have, working with kids"* (General Foster Carer, Nigel).

He was then asked, *'And you've mostly had adolescents? So those two areas in particular were helpful to you?* To which he replied:

> *"Oh yeah, **vital**, just strategies, until we could get enough experience to get through"* (General Foster Carer, Nigel).

When asked if overall the training he'd done had been useful he said:

> *"It was pretty good, because we were determined to get training. There's never enough time to do extra training. Delivered by competent, experienced people who knew what they were talking about…* (it) *gave the training integrity. And so every bit of it was useful information"* (General Foster Carer, Nigel).

It is of interest that six of the 20 foster carers who had not completed the initial pre-service training prior to receiving their first child also did not favour undertaking foster carer training. Five of these were non-Indigenous foster carers. Comparatively there were more non-Indigenous male foster carers not in favour of undertaking training than foster carers in any of the other three categories in this sample.

Another point of note is that, of the 13 foster carers who did not favour undertaking any or more foster carer training, most were newer recruits to the fostering role. Ten had been fostering from two to four years and the remaining three had been fostering for more than eight years. Of these three longer serving foster carers all had not liked school and each had finished school before the minimum school leaving level of year ten in Queensland (or its interstate or overseas equivalent). One finished in year five, one in year seven and the other in year nine. It was suspected from comments they made during the interviews that each may have had limited literacy. None of them

attend foster carer training or support group meetings when offered. Each appears to be rather isolated in terms of their fostering role and therefore, it is likely that these combined factors influence their views towards not undertaking foster carer training. An indication of literacy problems is evident in Merle's response when she was asked about what would be the best way for her to receive training in terms of how she learns best. She said,

> *"I like to be told, like face-to-face. Give me a piece of paper to read and I'm no good. I like reading, but not this sort of . . . like if you explain to me what's this all about, it's easier for me than me reading it"* (General Foster Carer, Merle).

Merle has been fostering for 16 years and had not attended any training in this time. She did attend a couple of information sessions at the time of becoming a foster carer but says she did not get any information about the Department at the time, as this response demonstrates.

I asked her, *'Has there been any training to help you to understand the Department side of it (fostering)?* Merle replied*, "I haven't gone into that, Anne."*

Merle's responses were similar to of those of the other two in this group.

All but one of the Indigenous women in this study had not completed pre-service training prior to receiving their first foster child. Only two however, were not in favour of further training. One is a general foster carer and the other a relative foster carer.

5.3   INDIGENOUS FOSTER CARERS

There were 12 Indigenous foster carers in this study, four males and 12 females (two of whom are relative foster carers). Of all the Indigenous foster carers only three (two males, one female) had completed pre-service training prior to having a child placed with them. Two carers of these three carers did

not believe training would be of help to them in their fostering role and their reasons for this belief are presented below. The other carer, Reg, thought ongoing training was important and had been helpful to him in his role as a foster carer, and as a parent. When asked if he thought he needed more skills and knowledge for his role as a foster carer, he said,

> *"Yes, I think so…I think they should have the training* (to see) *how we're going. There are changes all the time in life now. I mean they have to keep up with it these days. I guess so they* (foster carers) *need to be competent in what they do"* (Indigenous General Foster Carer, Reg).

Both of the other Indigenous foster carers, who had not completed pre-service training prior to a child being placed, were not in favour of undertaking any, or more, training. Additionally, both expressed having recent difficulties and problems with the Department. One of them, Rose, said that whilst she didn't want any more training, if she did have any it would have to be about, *"how to deal with the Department. That's the only knowledge I need more. But I'm learning that slowly."*

When asked if she could list any other topics that might be helpful to her in her fostering role she said,

> *"no, because what I've done in the past six years with foster kids, I mean, that's run smoothly, um, and that's the only area* (dealing with the Department) *that I find very difficult to deal with"* (Indigenous General Foster Carer, Rose).

The other foster carer, Jason, didn't believe he needed any further training either, instead he thought what was needed is support. There was no consideration given to the fact that individual support can also provide a vehicle for one-on-one training and education. Instead, he said, *"I honestly think it's very important that we should have some support and really good support from the Department"*. Jason did not have a very high opinion of the pre-service training

he'd attended, nor of the foster carers who participated in the delivery of the training. Of this training he said, *"Oh, we done a course that really didn't help me. It's under false pretences* (laughs heartily)*".*

When asked what he meant by this comment he stated:

> *"Well,* (the foster carer who is also a trainer) *…. she's, ah, 'the Department's this, the Department's that'. Department's crap, I think, anyway."*

When he was asked if he held this view because he believed the foster carer trainer was presenting only a Departmental perspective of the fostering role and expectations held of foster carers, he replied:

> *"Oh'll look, they're all rosey, y'know, they're like this* (fingers crossed)*, y'know us carers and those* (Department)*" (Indigenous General Foster Carer, Jason).*

It appeared evident from both of these interviews that neither Rose nor Jason wanted any more training because of their apparent hurt or anger towards the unsupportive way they felt they had been treated by the Department in relation to recent alleged breaches in standards of care.

The other nine Indigenous foster carers, who had not initially had any pre-service training, did express views favouring the idea of having basic or more foster carer training. When talking about foster carer training, whether they'd had any and their views on foster carer training generally, they made comments such as:

> *"No,* (I was) *just chucked in the deep end….* (and)*… yeah, I think that's* (training) *important for foster carers, they have to know what to expect and how to handle it" (General Indigenous Foster Carer, Gary).*

> *"No, I never had any preparations for that at all….. training for me would be good because it would give me a bit more knowledge on how*

to be a good foster parent and probably there are things that I don't know of that the training would help me to improve being a better foster parent and all that you know" (General Indigenous Foster Carer, Gil).

"Never had anything (training)*….. Oh, I don't know it all, there are lots of things that I could still learn….."*

When this carer was asked if there was anything in particular that stands out to her, she said:

"Ohh, children that are hypo you know, what do they call it?"

I suggested perhaps, ADHD and she replied:

"Yeah, yeah, I wouldn't know the first thing of how to deal with it…"
(General Indigenous Foster Carer, Louisa).

5.4   TOPICS FOR FOSTER CARER TRAINING

Foster carers identified a broad range of topics for training; more than sufficient to form the basis of a further education certificate or diploma or even an undergraduate degree. These are presented in two separate tables. Topics identified by non-Indigenous and Indigenous foster carers are displayed separately to facilitate awareness of the similarities and differences between each. However, apart from the identification of how to better work with the Department and more culturally specific training topics for Indigenous foster carers, the areas in which training is sought are very similar. The number of times a topic was mentioned is noted in the left side column. Where an 'R' is noted against a topic (except for where the topic was cited only once) this indicates that in addition to the topic being identified by other foster carers it was also identified by a relative foster carer. Possibly because of the small number of relative foster carers in this study there was no overlap in the topics they identified, that is, they all chose different topics of training.   Training topics identified by all foster carers in this study are presented in *Table 5.5 (Non-Indigenous)* and *Table 5.6 (Indigenous)* which follow.

Table 5.5   Non-Indigenous Foster Carer Training Topics

Number of times topics mentioned	Indigenous/ Cultural	Foster Carers			Children	Department	Technical Skills
7		• Dealing with challenging behaviours					
3		• Sexual Abuse • Information about autism - downs syndrome - aspurgers	• Impacts on own family/children of caring for a child with difficult behaviours	• Stress Management			
2		• Handling self harming behaviours • How •to care for adolescents **(R)** • Childhood development	• More information about disability generally • loss and grief • Information about drug and alcohol abuse and prevention **(R)**	• Learning how to cope and look after oneself as a foster carer • How to have patience and stay calm			
1	• Cross Cultural training • Information about caring for Indigenous children	• All the basics of fostering • Suicide Prevention • Caring for children with sexualised behaviours • Gender specific Sex Education **(R)** • Child Psychology **(R)** • Information about mental illnesses • Dealing with aggressive behaviours of young children •Disciplining children • Caring for children with physical/medical complaints	• How to care for children with intellectual disabilities • Information about learning disabilities • Children with sexualised behaviours • Caring for babies • Dealing with sibling rivalry and caring for multiple sibling groups • Dealing with allegations of abuse by foster children	• Coping as the parent of a drug addict • Advocacy skills • Counselling skills • social work training • How to detect when children are using drugs • How to nurture and show affection to foster children • How to recognise when things are getting too difficult and asking for help	• Vacational activities **(R)** • Helping children with stress and anger management • Understanding where the police stand regarding children in foster care • Helping children in care to develop self esteem • Helping children deal with separation from their parents	• How to deal with the Dept when allegations are made and protecting oneself • Learning about how the Dept works and how decisions are made. • How to make the Dept see a carers plea for help and that they cannot continue to care for children any longer	• Computer training

N=28   *R = Includes also being identified by a Relative Foster Carer*

The range of desired training areas which non-Indigenous foster carers identified was quite broad. The topic area which carers most often mentioned, identified by 65% of non-Indigenous foster carers, relates to dealing with, disciplining and managing children's and young people's behaviours. Desired training in these areas relate to behaviour management of anti-social, self-harming, challenging, aggressive, and sexualised behaviours. The second most mentioned area of foster carer training for non-Indigenous foster carers relates to needing to know how to care for and protect themselves and their families. Training topics in these areas were mentioned by 40% of non-Indigenous foster carers. To break this down further, caring for themselves relates to the need to learn stress management and coping strategies, and protecting themselves and their families refers to protection from allegations of abuse or neglect relating to the foster child/ren in their care. Included within this 40% of responses was an area of concern relating to the impact of foster caring on the foster carer's own family, particularly their own children.

Table 5.6 below presents those training topics identified by Indigenous foster carers and of significant note is the number of times mention is made to requiring training regarding how to work with, communicate with, and deal with the Department. Training in these areas was identified by 40% of Indigenous foster carers in this study yet, by contrast, training related to working with the Department was mentioned only three times by non-Indigenous foster carers, indicating some room for improvement in how the Department relates, in particular, to Indigenous foster carers.

Table 5.6 **Indigenous Foster Carer Training Topics**

Number of times topics mentioned	Indigenous/ Cultural	Foster Carers	Children	Department	Technical Skills
4		•Anger management and dealing with frustrations of fostering**(R)**			
2		•First Aid **(R)** •Counselling training	•Info about caring for youth (adolescents)	•Info about the Department and how it works	•Computer training **(R)**
1	•Cross Cultural training •Indigenous studies in social welfare •More cultural aspects included in existing foster carer training	•Sexual Abuse Info •Social Welfare Training •Caring for sexually active adolescents and impact on own children •Info on drugs and drug abuse •Info on suicide prevention •Stress management **(R)** •Dealing with other people's anger •How to deal with your neighbours and confidentiality •Grief and Loss when a child leaves care •How to maintain contact and a relationship with children once they leave care	•How to care for a child with disabilities •Caring for children with ADHD •How to help young people deal with the police •How to deal with the challenging behaviours of street-wise youth •Helping adolescents understand the need for discipline •How to help children deal with and express their anger •How to help children communicate their feelings **(R)** •Attachment and the benefits of this for children •Learning about all forms of child abuse	•How to deal with the Department •Assertiveness training for dealing with Dept •Being clear about the fostering role •Knowing what the Dept expects of foster carers •Know what the Dept can provide to support foster carers •Communication with the Department •How to deal with the Dept when they don't abide with agreed upon case plans •Knowing the foster carer grievance processes	

N=12   *R = Includes also being identified by a Relative Foster Carer*

Other than training in dealing with the Department, the topics identified by Indigenous foster carers were similar to those identified by the non-Indigenous foster carers except that notably more mention was made of the need for Indigenous and cross cultural training for Indigenous foster carers. This is

perhaps not so surprising given the information provided in the previous chapter relating to the differences between Aboriginal, Torres Strait Islander and Australian South Sea Islander cultures in this region of Australia.

In addition to desiring cross cultural training, Indigenous foster carers identified the need to 'Indigenise' all training that is offered to ensure it is more culturally sensitive, appropriate and inclusive. For example, one Indigenous male foster carer, Reg, when asked if the training he'd done had been culturally appropriate, responded,

> *"No, I don't think it was. There wasn't enough. I brought it up. One of the things I said was there should be more cultural stuff there. Even though me and* (non-Indigenous wife) *we are* (married) *she needs to be skilled in that area too. Of course we get Indigenous kids, it's not only my responsibility and she needs to know…. She has lived with me for years and we have our own kids and that…. Some of them could be an Island kid and mum and I wouldn't know their cultural background and that so…. There are three different cultures and maybe you need to look at the Aboriginal, Torres Strait islanders and the South Sea Island people - get the training in all those cultural areas" (General Indigenous Foster Carer, Reg).*

This view was also shared by May in relation to the pre-service training she undertook after 9 years as a foster carer. Her comments were,

> *"well, we didn't have any training from them* (the Indigenous Shared Care Agency)*, as I said they, y'know, we didn't have any pre-service* (training) *but, yeah, I think… the cultural side of the agency worker, if they were involved in providing the service* (training) *that would've made it a bit more interesting, yeah" (General Indigenous Foster Carer, May).*

May was asked if she thought the training she'd attended didn't have a cultural aspect to it but if it had that would have been better, to which she replied:

"Yeah, it had questions on it, y'know, about cultural issues, about how we do things and how important it was, yeah, that was part of the assessment but if we had a cultural worker there, involved, y'know it might have thrown a light on a few other issues… like, I mean for me being a spouse and a mother I could've seen something else in a different way, in their (another cultural) *way … so you're sort of made more aware of these things as part of the pre-service training and have a section on the cultural side of it…" (Indigenous General Foster Carer, May).*

Such views about the need for a more culturally appropriate model of training for Indigenous and Australian South Sea Islander (ASSI) foster carers were shared by many of the Indigenous foster carers, even though Australian South Sea Islanders are non-Indigenous Australians (Waite, 2000). Training needs to be provided regarding the cultural uniqueness of all three cultures, Aboriginal, Torres Strait Islanders and ASSI. A member of the ASSI population in Mackay stressed this point when commenting that ASSI people have specific and unique cultural perspectives which need to be taken into account when providing foster carer training to ASSI foster carers (Mackay and District South Sea Islander Association (MADASSIA), interview). This is an important point which will be discussed further in the following chapter.

The Department's newest training package "Quality Care: Foster Carer Training", which supersedes "Sharing the Care" training, does not take into account the training needs of ASSI foster carers at all. It does, however, incorporate information pertaining to the cultural training needs of Aboriginal and Torres Strait Islander foster carers, as it now incorporates a newly developed Indigenous training module, prepared and written by an Indigenous Departmental worker. Whether or not this is adequate will be addressed in chapter seven following discussion of the views of other stakeholders in chapter six.

5.4.1 Modes and frequency of training

In an attempt to locate the most ideal ways in which training could be offered to foster carers, this study sought to identify preferred training modes and rates of frequency regarding attendance at training. As might be expected there were many preferences nominated by foster carers in this study. These have been summarised and are presented in *Table 5.7.*

Table 5.7 **Preferred Modes of Training**

Formal Setting	**Informal Setting**	**Learning Styles** (Types of Comments made)
• TAFE setting • More formal setting (classroom) and listening to others points of view relevant to the topic • More formal with a variety of delivery modes e.g. use of overheads; small group work and discussion groups; have guest speakers; videos • To have competent trainers who know their training content	• Informal setting but information has to be practical • Informal coffee morning settings but with some structure • One-on-one with trainer • Informal settings with other foster carers • Self paced at home • Informal settings where training information is not too technical	• Visual learners • Learn by listening and taking notes and having notes given out • Like to be told (don't like reading) • At own pace and in small groups • Learn by doing • In settings where consideration is given to the training language used for Indigenous people who may not understand • Relaxed atmosphere where a support person can also come along for Indigenous participants
TOTALS: **9 (22.5%)**	**31 (77.5%)**	

N = 40

Overwhelmingly, foster carers in this study prefer to learn in informal but structured settings where training sessions are facilitated rather than taught. This was the preferred mode of 77.5% of foster carers. In addition foster carers preferred to listen to guest speakers, who know their subject and content very well, who can present information which can be questioned and discussed. Further, they indicated that they prefer training to be practically applicable to their caring situations and not too technical. They prefer to learn in informal, structured and facilitated discussion groups where side talk or 'gossip' is discouraged. Others, possibly those with literacy difficulties, prefer

to have information conveyed verbally and do not wish to have to read information during training sessions. Several did not like having to do role plays in small group work, however, others spoke favourably of this technique. Most foster carers preferred group work in small groups with familiar people, preferably other foster carers. Self paced learning in one's own home was another preferred method of learning cited by six foster carers. However, the use of computer technology for self paced learning could be a deterrent for some as 13 foster carers, more than one quarter of foster carers in this study, said they could not use a computer at all, as highlighted in *Table 5.8* below.

Table 5.8 **Foster Carers' Computer Access and Literacy**

	Can use it	Can't use it	Totals
Has a computer	19	4	23
Doesn't have a computer	8	9	17
TOTALS:	**27**	**13**	**40**

As can be seen from *Table 5.8*, 27 foster carers reported being computer literate and could confidently use a computer, 19 of these also have access to a computer either at home or at work. Despite 27 foster carers being computer literate and others wishing to have training in computer use (see *Table 5.6* training topics) low motivation to pursue self paced learning in the home was often cited as a barrier to complete these types of courses. Often competing family commitments and pressures were cited as barriers, while 34 (85%) foster carers preferred alternative modes of training delivery. Therefore, it is considered that this mode of delivery would not facilitate high completion rates for foster carers and therefore would not be recommended as a suitable training delivery mode for the majority of foster carers. Several foster carers thought meeting in study or discussion groups would be a key motivator supporting and assisting them to meet training completion timelines. When foster carers were asked how often would be often enough to attend foster

carer training, their views regarding the desired frequency of such training events varied considerably as can be identified from *Table 5.9.*

Table 5.9   **Preferences for Frequency of Attendance at Foster Carer Training**

Summary of preferences			
For Less intensive Training Sessions: *(from most to less frequently)*		***For More Intensive Training Courses:***	
• Once a month (esp. if held in another town)	23	• Attend 2 full days every 2 – 3 months if completing a 4 subject course	2
• Weekly or fortnightly (if held in own town)	3	• If 4 week course then attend once a week	1
• Once every couple of months	3	• Attend 2 days a week if working towards a complete course which will lead to a qualification	1
• As needed / Not too often	2	• If it is an entire short course attend once or twice a week during school hours	1
• Once every 6 weeks	1		
• Every 3 – 6 months	1		
• Once every 6 months (same training repeated so if you miss one you get to the next one in any one year)	1		
• Once every 12 months on a topic of interest and relevance	1		
Summary of Preferred Times to attend training:			
• Held during school hours with time allowed for drop off and collection of children • Held in the mornings or half days, not full days and not weekends • On weekends -half days (if held fortnightly), full days (if held quarterly) • Held at evenings (for carers in paid employment)			

N=40

There is such diversity of views in terms of preference for frequency of training that what this table demonstrates is that foster carers want training to be offered flexibly, providing choice in times when it is offered and in ways that accommodate other pressures, demands and commitments in their lives. Some want training offered during the day while others want it offered at night. Some prefer weekend training while others, especially those who work in paid employment during the week, do not. For those foster carers who have

accessed training in the past, they are most familiar with the one-off training sessions that have historically been offered by the local APPS (now Pathways) Shared Family Care non-government organisation. This preference was reflected in their responses with a small majority of 23 (57.5%) content to continue to access monthly coffee morning training sessions in this way. Five others or 12.5% indicated that they were prepared to undertake entire formal courses and if they did so they would be prepared to attend training more intensively at weekly or fortnightly training sessions held over a period of weeks or months. Most others fell somewhere in between, including those from outlying country areas who wanted training less frequently, every 2 – 3 months, as attending more frequently presents difficulties for them in terms of travel times (having to leave early and get home late), financial costs (fuel, accommodation, child care etc.), and arrangements which have to be made to locate suitable child care and out of school care providers for their foster children and their own children. Other than the travel times, many of these constraints also influenced many of the city foster carers' preferences in terms of desired frequency of and attendance at training. These and many other barriers were identified in this research as were several incentives which may entice foster carers to attend regular training.

5.4.2 **Incentives and Barriers to Training Attendance**

The following *Table 5.10* presents a number of incentives and barriers which foster carers in this study identified as either providing enticements or disincentives to them for taking up foster carer training, either in the past or which may be offered in the future.

The data collected in this category has been collated and is presented within the following five areas:

(1) influences imposed upon self

(2) when and where training is held

(3) training topics and format of presentation

(4) practical supports and considerations, and

(5) financial supports and considerations.

Table 5.10   **Incentives and Barriers to Training**

1. INFLUENCES IMPOSED UPON SELF:			
Incentives:		**Barriers:**	
• Being recognised for achievement when training completed (e.g. Certificate)	4	• Competing family and work pressures where sacrifices would have to be made to attend	7
• If training was compulsory	4	• Own motivation to undertake training	6
• Having a graduation ceremony to celebrate with other carers	3	• Not seeing a need to do training	4
• If they felt they needed it and could see how it would benefit them	2	• Finding the time to attend	3
• Knowing that you're meeting personal goals of becoming a better foster carer	2	• Age – think they are too old to learn anymore	2
• If it was accredited and if could get RPL* for it against further training	1	• If training is not compulsory	1
• Attending training that was seen to bring with it a level of professionalism	1		
• To attend training and leave feeling good about yourself and that you've learnt something	1		
• Having peace and quite to do self paced study	1		

* Rrecognition of Prior Learning

Incentives most commonly cited in this category were (a) being recognised for achievement when training is completed and (b) if the training was compulsory. The most often mentioned barriers were (a) competing family and work pressures where sacrifices would have to be made to attend and (b) own motivation to undertake training.

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Table 5.10 Continued

2. WHEN AND WHERE TRAINING IS HELD:			
Incentives:		**Barriers:**	
• If offered in school hours	9	• Time/day when training is offered	20
• The same training needs to be offered at a variety of times so foster carers can choose times most suitable to them (esp. for those who work)	9	• Location of training if held in another town (having to travel)	15
• Training held in own town or rotate the location of training to make it more accessible to some rural and more remote foster carers	6	• If offered during school hours	6
		• If offered at night	5
• Training held at night for daytime workers	4	• If offered during the day for working foster carers	4
		• If held on a weekend	2
• Training offered in carers own home	1	• Giving up weekends to attend training when carers work all week	2
• Held at a place appropriate for Indigenous foster carers i.e. not at the Department	1	• Indigenous foster carers not inclined to attend training held at Departmental offices	2
		• If not offered on weekends for working people	1
		• If held too often it would drive you crazy	1

Incentives most commonly cited in this category were (a) being offered in school hours for those who can attend training during the day and (b) the same training needs to be offered at a variety of times to make it more accessible to all foster carers and their partners.   The most often mentioned barriers were (a) the time and day that training is offered not being suitable and (b) the geographic location where training is held, if not in one's home town.

| 3. | TRAINING TOPICS AND PRESENTATION: | | | | |

Incentives:			Barriers:		
• Training needs to be on a topic of interest, and relevance to own situation	9		• Location of training if held in another town (having to travel)		7
• Training needs to be presented in a way which holds their interest	6		• If the training topic was not of interest or is boring e.g. when it's about the Dept and the legislation		5
• Have a variety of modes of delivery of training to keep it interesting	1		• Coffee morning training sessions that don't appear to achieve anything		2
• Use experienced foster carers as trainers who know what foster carers are going through	1		• If training sessions are too long		1
			• If training is unstructured		1
• Use small group work and discussion groups to keep it interesting	1		• Where training sessions become gossip sessions		1
• Training needs to be practically oriented	1		• Previous unsatisfactory training experiences with other foster carers		1
• If could learn how to use a computer	1		• If training is small group work and role plays and with unfamiliar people		1
• If trained to be more assertive	1		• Having to do 'homework' from training is a disincentive to do further training		1
			• When no foster carers are part of the training team in foster carer training i.e. only the Dept		1
			• If training is not thought to be culturally appropriate		1
			• Self paced hard to keep motivated		1

In this category the incentives that were most often cited were (a) training needs to be on a topic of interest, and relevance to own situation and (b) training needs to be presented in a way which holds their interest. The most often mentioned barriers were (a) that self paced training would be too hard to maintain motivation and (b) if the training topic is not of interest or is boring. Interestingly, especially mentioned in the latter regard was training about the Department and the child protection legislation. However, Indigenous foster carers, in particular, identified needing more training related to gaining information about the Department and how to work with the Department (see *Table 5.6*). Therefore, to meet these identified training needs, when presenting to Indigenous foster carers, there needs to be consideration given to

incorporating culturally appropriate styles of presentation and communication if interest is to be maintained while imparting Departmental and legislative information to this audience.

Table 5.10 Continued

<table>
<tr><td colspan="4">4.   PRACTICAL SUPPORTS/CONSIDERATIONS:</td></tr>
<tr><td colspan="2">Incentives:</td><td colspan="2">Barriers:</td></tr>
<tr><td>• Being part of a study support group or tutorial group</td><td>6</td><td>• Not having child care or out of school care available</td><td>16</td></tr>
<tr><td>• Having child care or out of school care available for foster carers whenever training is offered so they can attend</td><td>6</td><td>• Not having transport available to and from training</td><td>6</td></tr>
<tr><td>• Providing transport to and from home</td><td>4</td><td>• When notice about training is too short before the commencement of training</td><td>2</td></tr>
<tr><td>• Offering meal vouchers for carer to use at home when they have taken time away to attend training</td><td>2</td><td>• If children are suspended from school and there is no one to look after them</td><td>1</td></tr>
<tr><td>• Having a tutor or mentor to help with the study</td><td>1</td><td>• Not being able to use a computer</td><td>1</td></tr>
<tr><td>• If had a computer to use</td><td>1</td><td></td><td></td></tr>
<tr><td>• If had internet access</td><td>1</td><td></td><td></td></tr>
<tr><td>• If it gives a break from the children</td><td>1</td><td></td><td></td></tr>
<tr><td>• Providing food at the training</td><td>1</td><td></td><td></td></tr>
<tr><td>• Offering incentives e.g. gift vouchers or some self pampering things e.g. massage, offered upon completion of training</td><td>1</td><td></td><td></td></tr>
<tr><td>• Send out written information in advance about the training and what to expect can be learnt by attending it</td><td>1</td><td></td><td></td></tr>
</table>

Within this category the most often identified incentives were (a) having child care or babysitting available for foster carers whenever training is offered so they can attend and (b) being part of a study support group or tutorial group. These were closely followed by (c) having transport provided to and from training.   Barriers most often cited in this category were (a) not having child care and/or out of school care available and (b) not having available transport to and from training events.

Table 5.10 Continued

5. FINANCIAL SUPPORTS/CONSIDERATIONS:			
Incentives:		*Barriers:*	
• If there was a payment to attend training	12	• Paid work responsibilities/commitments	10
• That carers be reimbursed to attend training, e.g. for loss of wages, transport, child care etc (i.e. Dept to meet all associated costs).	10	• If there are personal financial costs involved	9
• Dept to negotiate an agreement with foster carer employers to negotiate their release from work without penalty agreement *(similar to army reservists)*	2	• If can't get time off work to attend	1
		• Expected to attend without payment	1
• Can't interfere with paid work	2		

Finally, within this category the most often mentioned incentives were (a) payment to attend training and (b) carers being reimbursed to attend training, e.g. for loss of wages, transport, child care etc. This refers to the Department meeting all of the actual costs associated with attendance at training activities. The most often cited barriers to training attendance in this category were:

(a) having to give priority to paid work responsibilities and commitments and (b) personal financial costs associated with attendance at training.

The above barriers and incentives to attending foster carer training were identified when foster carers were asked about what would assist or prevent them from attending training.   Later in the interviews foster carers were specifically asked whether they thought they should be paid to attend training and this data is presented in *Table 5.11* which follows, in conjunction with the annual household income levels of foster carers in each response category.

Table 5.11   Payment for Training by Household Income

Questions asked:	YES	NO	NO COMMENT
Should foster carers be paid to attend training?	**14**	**26**	**0**
Breakdown of respondents by household income levels:			
< 20,000	9	5	
20,000 – 29,999	1	8	
30,000 – 39,999	4	9	
40,000 – 49,999	0	2	
50,000 +	0	2	
Should foster carers be reimbursed for lost wages if they or their partner attend foster carer training?	**6**	**0**	**34**
Breakdown of respondents by household income levels:			
< 20,000	1		
20,000 – 29,999	2		
30,000 – 39,999	3		
40,000 – 49,999	0		
50,000 +	0		
Should foster carers be reimbursed to cover all of their expenses to attend training e.g. child care, travel, fuel, accommodation etc?	**24**	**10**	**6**
Breakdown of respondents by household income levels:			
< 20,000	9	2	
20,000 – 29,999	6	3	
30,000 – 39,999	7	3	
40,000 – 49,999	0	2	
50,000 +	2	0	

N=40

As can be seen in *Table 5.11*, 26 foster carers thought they should not be paid to attend training, however, more than one third (14) thought they should be. Of the 14 who held this view, nine have household income levels of less than $20,000, and this may influence why they thought they should be paid to attend training. Most likely they see this as a way to bolster family income and

as an indication of the Department's value for their time given to training and their commitment to fostering.

Of the 26 carers who thought they shouldn't be paid to attend training, ten also thought they shouldn't even be reimbursed for out of pocket expenses associated with attendance at training. Eight of these ten carers have annual household incomes in the lower medium to high range of between $20,000 – $50,000 and therefore, are less financially constrained than those in households with annual incomes of less that $20,000.

Additionally, foster carers who thought they should not be reimbursed for costs they have outlaid to attend training, generally saw training as an important part of the overall fostering role and, as such, thought that foster carers, if committed to the role, should be prepared to personally meet all of the costs associated with their attendance at training. Moreover, they held the belief that they gained personally from attending training, through new knowledge learned which then could be applied with their own children, within their extended family, or in other settings such as their work place. Furthermore, they saw this personal gain as offsetting the financial costs they bore to attend training and, consequently, they were prepared to personally meet training expenses.

However, the views of this group of ten carers were not shared by the majority of carers. Twenty-four carers who were also asked this question thought they should be reimbursed for all costs associated with their attendance at foster carer training and this was despite two of these carers having household incomes of $50,000+. The remaining 22 carers in this group had incomes of less than $40,000, nine having household incomes of less than $20,000. Given such income levels, perhaps it is not surprising that the majority of carers held the view that they should receive full reimbursement for all costs outlaid to attend foster carer training.

Six carers also thought they should be fully reimbursed for wages lost as a result of their attendance at foster carer training. All of these carers fall within

the middle to low household income range from $39,999 down to less than $20,000.

If foster carers are to maintain a current level of knowledge and skills, which is essential given the multitude, complexity and nature of the types of problems which children in care are now exhibiting, full consideration needs to be given to these findings. And note needs to be taken of what foster carers are saying about what will provide optimum incentives for them to attend training and thus strive towards meeting their legislative responsibilities and the community's expectations of them in their fostering role. Clearly, this will have financial implications for government, although commitments have already been made by both the Department and foster carers to meet these obligations as contained within the mutually agreed to Statement of Commitment (DFYCCQ, 2000) and to the full implementation of all of the foster carer training recommendations made by the CMC Inquiry into the abuse of children in foster care (CMC, 2004). This issue will be explored further in chapter 7.

5.5 RELATIVE FOSTER CARERS TRAINING DATA

Relative foster carers in this study stood out as being most disadvantaged of all carers in terms of their lack of access to training, support and information regarding their rights and entitlements as 'relative foster carers'.

Without exception all of the relative foster carers in this sample had no pre-service training and only one had attended a one-off training session on behaviour management because of problems she was experiencing with a grandchild at that particular time.

The fact that all of the relative foster carers in this study had not completed any induction or pre-service training is probably not so surprising given the commonly held view that family or relative care is more beneficial to children in foster care (CMC, 2004). However, there is little research evidence to support this belief (Department of Human Services, 2003). Often more is expected of

relative foster carers while there is an inclination to provide less support to them because of their family ties (Department of Human Services, 2003). The following responses from relative foster carers in this study confirm and reinforce the point that relative foster carers are generally quite uninformed about their rights, responsibilities and entitlements. Furthermore, they appeared to be lacking in training and support for their role compared with foster carers who are not related to the children in their care. Ivy's response to the question, 'have you got a foster carer information kit', particularly reinforces this finding. Her response was:

> "Um, no …... there was a couple of things given to us but it wasn't relevant to what we needed to know, like um….. for example, child endowment …. Um, just little things, like when you're doing your tax return you don't know whether you're allowed to claim for things. Ahm, you don't know that you can get some help with what we got (tutoring), ahm, you don't know … like what we've got 'im in our Medibank Private, you don't think you're allowed to have any help with that sort of thing…. All sorts of little things, like should we pay into the Ambulance, things like that. ….. It's not the cost side of it, it's not having that knowledge, not knowing where to go to get that information, like I wanted to know about…. whether he was entitled to have a health care card when I first got 'im…. for things like, ahm, the costs of going to the doctor or the cost of medications, just normal medications that you get for 'em. Ahm, are you entitled, for example, like I'm putting 'im through soccer and cricket and that costs money, you've gotta buy uniforms for 'em and you've gotta get lots of bits to get for 'em and it costs $100 to join the soccer team and it costs you money for socks, money for shorts. It's not that you mind paying for 'em, it's just … are you entitled to have that?…. It's really a part of the legislation isn't it?…. You are educated that to do a sport is good for their involvement, it's good for them to, to communicate with people, to mix with people. Are you entitled to have that? … It's not just that you don't know, it's just that you don't know who to ring to find out…. and you don't feel obliged to ring around and start asking a lot of questions to people's faces because you feel then that you're being, ah, what's the right terminology, you don't want to feel like you're begging for something" (Relative Foster Carer, Ivy).

The areas about which Ivy identifies wanting more information are areas of relevance to all foster carers, relatives or not. However, this study has identified that relative foster carers had the least information in these very practical yet important areas.

The lack of relative foster carer training and support was quite startling in this study and highlights an urgent need to remedy this situation. This has also recently been identified in the CMC report (2004) as a matter of priority.

The need for training for relative foster carers was well illuminated within the findings of this study. As a relative foster carer, Gerty's response, when asked if she'd had any foster carer training, was indicative of the responses of the other relative carers interviewed. She said, *"no, I didn't, no training at all, no..."* *(Indigenous Relative Foster Carer, Gerty).* And another, a grandmother, Shirley, when asked if she'd had any foster carer training stated *"no, we were just faced with (Johnny)."* Shirley is the only relative foster carer in this study to have attended a 'one off' training session. She had been having some difficulties with Johnny's behaviour and sought assistance regarding behaviour management strategies from the local Shared Family Care agency. When asked if this was helpful she stated, *"yeah, just sort of talking about situations and how I felt and all that, yep, it was good…."*. After receiving this training and assistance she indicated that it had also increased her self confidence and her inclination to attend further training sessions. She commented,

> *"I feel that since I've had training it makes me more confident to do it again" (Relative Foster Carer, Shirley).*

When asked if this training had affected her attitudes or views regarding the disciplining of her grandchild, she said,

> *"yes, because I used to think that a good smack, around the legs even, is the thing, or the way to go, but I don't believe that now" (Relative Foster Carer, Shirley).*

Despite this positive attitude towards the need for foster carer training there were two other relative carers (both grandparents) who did not hold such views. They believed that parenting their own children provided sufficient experience and training for taking on the role of being a relative foster carer. One of these carers, Dulcie, a relative Indigenous carer, when asked if she thought any training would be helpful to her in her fostering role, said,

> *"Nah….I've never known any different. I just think that's a rather strange question to ask* (laughs)*…. Some people probably do need it but I see it that some do need it and some don't….. but you have to be a parent before you understand how everything works…".*

Dulcie clearly saw her role as an extension of the parenting of her own children and her comments indicate that training is not something that she believes she needs or would expect in her fostering role. This view was also shared by another relative foster carer, Bill, who, when asked if he thought relative foster carers needed training said,

> *"well I agree to that, to people who've not had children, maybe they need a hand but people who've got children of their own, I think it's a bit, bit insulting really."*

Bill's wife, Ivy, however, had a different opinion on this matter. Her thoughts were more favourable towards the need for foster carer training and she believed it important for foster carers (including relative foster carers) to have training in child psychology. She said,

> *"well for me, um, I don't think it would hurt people to have some form of knowledge in psychology…. not a total psychology course, but know what makes a kid tick and each of them are different. I mean even with your own children, they're all different"*

Ivy reads a lot and has sought information out as she needs it but she reinforces, in her comments below, that this should not have to be the case.

She asserts that relative carers need to have all of the necessary information to properly care for their relative foster child and that this should be provided to them by the Department. She says:

> "To me, at the moment, what I have is parenting skills and a little bit of my own knowledge … what I have gone out of my way to find out, what I have gone out of my way to teach myself or to read and seek out. Where to me, and even talking from a relative point of view, I think you still need somebody to say 'well ok, you've got this child now … this child in care … so when they put children in your care they need to be saying, 'when we do this and we put this child in your care, these are things you're going to have to do…... Like, you know, they came around and said, well, we're going to do a criminal history (check) on you, we're gonna do this, we're gonna do that. I think there's a need there for them to say, 'part of having this child is you have to do this… we need to talk to you about how we would like that child to be cared for, what that child needs, what you need, so's you can get this information across and that's where you could probably slot psychology in. To do this, it's not very easy, because you don't find relative carers talking, but you're going to have to do something…...and help them" (Relative Foster Carer, Ivy).

All of the relative foster carers in this study recognised the importance of foster carer training, despite two doubting their own need for it. Most relative foster carers generally felt they needed and wanted information, training and support to enable them to better cope with their fostering role. Indeed, it could be said that because of the additional burdens which this group of foster carers have to bear, more so than non-related foster carers, they have an even more pressing need to be properly and adequately prepared, trained and supported to meet the challenges of their role. This is an important finding of this research.

5.6   ACCREDITATION OF FOSTER CARER TRAINING

"…yes, no matter where you went that would put you in good stead there with those same qualifications….because what's the point in doing it if it's not recognised, d'you know what I mean?"   **(Relative Foster Carer, Ivy)**

The Merriam-Webster On-Line dictionary defines 'accreditation' thus:

"1 : **to give official authorization to or approval of: a : to provide with credentials;** *especially : to send (an envoy) with letters of authorization b :* **to recognize or vouch for as conforming with a standard** *c : to recognize (an educational institution) as maintaining standards that qualify the graduates for admission to higher or more specialized institutions or for professional practice 2 :* **to consider or recognize as outstanding**
3 : **Attribute, Credit***"*

(Merriam-Webster OnLine Dictionary)

Foster carers in this study were asked whether they thought the training which they undertake should be accredited, that is, should it be credentialed training, in keeping with the meaning contained within the above highlighted definitions. They were asked the following two questions (see Appendix 'B'):

1.   *Would you like formal recognition through accreditation of any training you undertake in relation to your roles as a foster carer?*

2.   *If you were to access training would you want it to be recognised and transferable between Australian States or even overseas?*

Before presenting some of their responses to these questions it should be noted that 34 of the 40 foster carers answered 'yes' to the first question and 38 answered 'yes' to the second question. Respectively, this represents 85% and 95% of foster carers in this study. Six foster carers were seemingly not supportive of accreditation, however four of these did, in fact, want any foster carer training undertaken in Queensland to be recognised in other Australian

states (at the very least) and, possibly, even overseas. The differences in responses to each question seem to represent a contradiction of views because recognition of training between states is currently only possible if training is accredited under the Australian National Training Authority's Qualification Framework. However while the meaning of "accredited" may have been unclear, what is clear is that four of these six foster carers were, indeed, in favour of training which was formally recognised and accepted in other states without again having to undergo the same training should they relocate to any other Australian state or territory.

The belief that foster carer training should be nationally recognised and accredited was consistent with the views of the majority of foster carers in this study where 98% of foster carers identified this as their clear preference and, as such, this represents a major finding of this research study.

To illustrate this point some of the responses made by foster carers in favour of accredited training were:

- *"Yes, yes, everything that I do, I like accreditation for … especially if you put a lot into it…I think you need that. I mean if you're going to work hard and do something then you need something at the end to say, hey you did that, you've achieved something" (Relative Foster Carer, Ivy).*

- *"I have, for the most part, got certificates of participation for most of the training and I've my diplomas and stuff like that. I think that it is good. It is an acknowledgement that you got off your butt and did it... and I think one step further from that, I would like to see, but I don't know that we'll ever get to this position either, but people who have done the training be given the more difficult children…ideally, I would like to see that. Also, training to registration…. And I think it would be nice for the people who are motivated to do the training to be given, not that they necessarily want them, but to be given the more challenging kids, because I think you have a better outcome than throwing the poor newies in at the deep end" (General Foster Carer, Valda).*

- *"Yep, yep. If we're going to do it, why do it and not get any recognition?" (General Foster Carer, Vicki)*

Some other responses indicated other reasons why foster carers wanted accredited training. Some wanted a certificate as they saw it might be good on their resume or because it was the way of society today to want 'pieces of paper' to prove that they had done the training. For example,

- *"Oh, it would be good. It's nice to get a certificate" (General Foster Carer, Sharon).*

- *"Oh, I always like certificates, yeah" (Relative Foster Carer, Shirley).*

- *"Yeah, yeah, yeah, it's um, like a drivers licence or whatever, yeah!" (General Foster Carer, Len).*

- *"Yeah, I think so, even if it's just a, yeah, just a typed up bit, piece of paper to say that, well, this is what you've done" (General Foster Carer, Nadia).*

- *"I suppose it might be right for the resume, like if I'm having trouble finding work" (General Foster Carer, Maurie).*

- *"Oh, it doesn't faze me. I'm not a collector of pieces of paper. But the way it's going, the more pieces of paper you've got, the better off you are. So perhaps it would be of benefit if I was looking at other employment later on" (General Foster Carer, Lyn).*

Many other foster carers simply answered 'yes' to both questions, most doing so quite emphatically when expressing this view.

As mentioned earlier, of the six foster carers who believed that foster carer training should not be accredited, four thought that any training they did in Queensland should be recognised interstate. Presented below are the responses from all of these six foster carers to questions one and two.

Presenting the data in this way enables the reader to gain an insight into the value placed upon the formal recognition of training within other state jurisdictions. Their responses are noted as either Q1 or Q2 to clearly indicate their views in relation to each question. They comment:-

Q1.   *"It doesn't really worry me. I'd know that I've done it, so I don't need any…. I won't particularly need to have a piece of paper saying I've done a training course."*

Q2.   *"Yeah….I'd like to know that I'm still being accredited for something I learnt up here"   (General Foster Carer, Sylvia).*

Q1.   *"Oh, it doesn't matter to me, no."*

Q2.   *"Oh, I suppose…like your driving licence and that,*

everything's getting' all into, you know, the whole lot hey,

Queensland wide now, everything.   And we're checked out through the Federal Police as well as the Queensland Police and all that to be foster carers and all that, so yeah" (General Foster Carer, Horrie).

Q1.   *"Not really."*

Q2.   *"Yeah, yeah, yeah. It's um like a drivers licence or*

whatever, yeah… transferable, yeah"   (General Foster Carer, Merle).

Q1.   *"Not necessarily, no."*

Q2.   *"Yeah, well I mean if we ever move, well, yes, I'd probably still want to do fostering"   (General Foster Carer, Loretta).*

The responses to each of the questions, as presented above, by the two foster carers who answered in the negative for both questions were as follows: -

Q1.   *"Oh, I'd just want to do it for my ownself."*

Q2.   *"No, I wouldn't go interstate" (Relative Indigenous Foster Carer, Dulcie).*

Q1.   *"It doesn't really matter, bit of paper gets put into a folder."*

Q2.   *"But you don't get any extra pay it doesn't really benefit*

you other than assisting the children. Say you've had a

child with behavioural problems and they want to check on

Of the last two foster carers, Dulcie and Marie, who did not believe foster carer training should be accredited or that foster carer training should be recognised interstate, Dulcie, as a relative Indigenous foster carer, saw herself as a grandmother rather than a foster carer as per her earlier comments. Maria, on the other hand seemed to believe that training, while being of benefit to the children in her care, did not afford her any additional benefits therefore, she could not see a need for accredited training. She also was under the misapprehension that any training she does in Queensland could be confirmed by interstate authorities. However, within the present state based bureaucratic systems, training completed in one Australian state is not automatically recognised in another state unless it is contained within the standards of the Australian National Training Authority's National Training Qualifications Framework (ANTA, 2002). At present there are no foster carer specific training qualifications contained within this Framework, so unaccredited training undertaken in one state is not automatically recognised in another state in Australia. This necessitates foster carers, who are relocating interstate, starting from the beginning again in terms of the training regime within respective states.

Other foster carers had different reasons for wanting accredited training. As the following quote demonstrates, some thought it bestowed a valuing of and credibility to their views and opinions when interacting with other professionals. For example, Paul, in response to the question of whether he thought foster carer training should be accredited or not, responded:

> *"yes, I think so, in that, for me, personally, it doesn't really matter but when it does matter is when you're talking to other professionals. It's, even though you don't come out and say you've got a certificate or a diploma, but you're up with the talk… to communicate on a level of understanding that goes across the board…yes, I think it's an equalising language" (General Foster Carer, Paul).*

Paul is one of three foster carers in this study who holds a tertiary human services qualification. Following Paul's comments, about the need to be treated equally with other professionals, many foster carers in this study felt their views were not taken seriously or valued particularly by Departmental staff. There was a general sense of being undervalued in their role as foster carers while they felt they did all the 'real' work with the children. Valda commented that she felt foster carers were, *"fighting the system to get a voice, to have their opinions valued and taken on board" (General Foster Carer, Valda).* Loretta, expressed similar sentiments regarding not being listened to or taken seriously or respected by the department when she said,

> *"…we really are the bottom of the pecking order, whereas, I spose, it doesn't matter what it is in life, you like to think that your role's important, and you really are at the bottom of the ladder….I think the Department probably should take more notice of what foster carers say in relation to the children you know? 'Cos we're the ones that are with them all the time and it's sort of like then they don't really ask our opinion or 'what do you think'?" (General Foster Carer, Loretta).*

This view was shared by many foster carers in this study. Nicole's comments reflect those of the majority of foster carers when she says,

> *"it's a personal feeling. I think we do need more support, and to be believed and trusted, respected. We get 'just the foster parent' type of thing. I know the child is the utmost in the whole thing but sometimes it feels like everybody else is getting their bit of the apple and the old foster carer's just down here looking after the child. Doin' the tough work" (General Foster Carer, Nicole).*

These feelings of being undervalued, not respected, and not listened to often lead many foster carers to become dissatisfied in their role, with many choosing to leave fostering (AFCA, 2001). Perhaps a move towards formalised training for foster carers as Waldock (2003) strongly advocates would assist many carers to overcome the lack of recognition and social status which foster carers in this study identified as problematic. Reichwein (2003:2)

supports Waldock's view by suggesting that the training of foster parents "should progress towards governing foster care practices through certification and a discipline process, following precedents set by trades, occupations and professions."

A high percentage (98%) of foster carers in this study indicated either directly, or indirectly, that they were in favour of foster carer training being accredited. In itself, this is a significant finding of this research, and when taken into consideration along with other Australian key planning and research documents it confirms and reinforces the need for what is being advocated in the national arena.   This will be explored in depth in chapter seven.

Another aspect of accreditation of foster carers relates to their voluntary status which has implications regarding the professionalisation of their role.

5.7   PROFESSIONALISATION OF FOSTER CARE

"Y'know, you can be a professional carer for kids and ten years down the track you can just love that kid and feel as committed to that kid and as attached to that kid as any other carer whether they be a volunteer looking after a child who has different sorts of needs or not".

(AFCA, interview)

The current crisis in foster care and the lack of available and suitable foster carers to meet the increasing numbers of children with very challenging problems coming into foster care has forced Government and community organisations to seek incentives to retain existing carers while searching for alternative strategies to recruit new foster carers (NFCA, 1997; AFCA, 2001; PeakCare, 2003a).   More often calls are being made for foster carers to be recruited from a broader pool within the population (PeakCare, 2003a; CMC, 2004). To attract and retain new carers it is inevitable that (among many other considerations, e.g. payment, support, recognition, etc.) consideration needs to

be given to alternative forms of foster care, including that of professional foster care (NFCA 1998; Kirton, 2001a; Hutchinson, Asquith & Simmonds, 2003; Reichwein, 2003; Waldock, 2003; Gough, 2004). This would require foster care to be like any other professional service conceptualised by foster carers who:

- are supported within (a) team;

- receive a level of remuneration that reflects the level of responsibility that they agree to assume;

- having ongoing access to accredited training; and

- have access to specialist input to address the needs of children and young people placed with them.

<div align="right">(PeakCare, 2003a: 59, 60)</div>

In this study the views of foster carers were sought on what professionalism meant to them, whether they considered themselves to be professionals and whether they thought other people (Departmental staff, Shared Family Care agency staff, family and friends etc.) considered them professionals in their fostering role. There was a range of perspectives across all of these areas. Four foster carers were unable to answer a question about what they thought professionalism was. Responses such as *"haven't got a clue" (General Indigenous Foster Carer, Ruby),* and *"I don't know, I don't know" (General Foster Carer, Betty)* were indicative of those for some foster carers. Others believed professionalism to be *"treating people with respect and in a professional manner, so not bagging the other ones that are involved but supporting each other and working together" (General Foster Carer, Sharon);* and*, "well, knowing what they're doing and good about it, that's the way I describe a professional" (General Foster Carer, Horrie).*

Foster carers generally did not see themselves as professionals and when asked this question they tended to respond from the perspective of how they perceived others saw them. Ten thought that other people saw them as professionals in their fostering role, twenty-four did not see themselves as professionals nor did they believe others saw them as such. Six foster carers

were unsure as to whether others saw them as professionals, making comments such as *"I don't really know. I've never really given it much thought" (General Foster Carer, Lyn)* and *"I've never really thought about it" (General Foster Carer, Nicole).*

After being asked their self perceptions on this topic, foster carers were presented with the following table which identifies four differing positions relating to professionalism in foster care. They were then asked to identify where they thought fostering (as they know it to be) 'is located' within this table and where they thought it 'should be' located. Only if their views varied on these two positions were they then asked what might need to be done to bring these two positions more into line with each other. *Table 5.12* on the following page represents their responses.

Table 5.12   **Ratings of Professionalism**

	Is		Should Be	
	n	%	*n*	%
Non-professional: parenting-like work in the family (ie private sphere): only inherent parenting skills required, coverage of expenses only	14	35	5	12.5
Para-professional (1): straddling the private (family) and the public domains. Need for either skills development **or** payment/compensation for work done	8	20	3	7.5
Para-professional (2): straddling the private (family) and the public domains. Some need for skills development (training) **and** some payment or compensation for work done	18	45	27	67.5
Professional: a public sector job carried out in the home requiring training and payment as a job (either fee for service or salary)	0	0	5	12.5

(shaded region spanning Para-professional (2) and Professional "Should Be" rows labelled **80%**)

N = 40

From *Table 5.12*, it is clear that no foster carers currently saw fostering as a professional role, in keeping with the definition provided in the table, nor did they consider themselves to be carrying out a public sector job requiring training and payment as a job. There was one carer who said, *"…I do sometimes say I work for the department" (General Foster Carer, Betty)* but this view was not expressed by other carers. Instead, many made comments like, *"why get paid? You're supposed to be doing it to help children out" (General Foster Carer, Merle),* and *"I would definitely go against payment as a job, because parenting is not a….it's a sacrificial role, not a 'something for me' role. As a parent understands, it's a giving role. That's the mature parenting position" (General Foster Carer, Nigel).*

Some carers thought if there was a wage or a salary attached to the role of fostering it would attract the 'wrong type' of people. Betty was one such carer, she said,

> *"I think if that happens you'd get a lot of rat bags in. I think the way it is now where we have to struggle a little bit, a lot of rat bags wouldn't get in. I reckon a lot of people would use the kids for that…thing. But the way it is now you don't get that much money and sometimes it is hard but you always manage, but if there was a salary or wage there it would encourage a lot of rat bags, it really would because unemployment is… they can't get jobs out there now, they'd say 'come on we'll look after a couple of kids and get paid'" (General Foster Carer, Betty).*

Many carers expressed similar sentiments believing that being paid a wage or a salary would attract people who were 'only in it for the money' and not for the sake of the children.

One interesting feature of *Table 5.12* is that all five foster carers who thought fostering 'should be' a non-professional role also believed that that's what it currently 'is'. Therefore, they believe the role is as it should be. Two of the non-Indigenous relative foster carers were in this category, whilst by contrast, the three Indigenous relative foster carers thought it 'should be' more like para-professional (2). Thirteen foster carers who thought that fostering is currently a para-professional (2) role also thought that's were it should be. Seven of those who thought that fostering was currently a non-professional role thought it should at least be at the para-professional (2) level. Another five thought it was already a para-professional (1) role but should be more like a para-professional (2) role and five carers thought the role of fostering was currently located at para-professional (2) but should be more like a professional role.

The largest number of foster carers in this study, 27 (67.5%) thought that fostering should be more like a para-professional (2) role and when this figure is combined with the 5 (12.5%) foster carers who thought that fostering should

be a professional role the total is 32 (80%) which is a relatively high proportion of the sample. As both the para-professional (2) and the professional categories are closely aligned towards the professional end of *Table 5.12* they were combined in this way for the purpose of testing statistical significance that a quite large majority of foster carers thought foster caring should be a more professional role. These data were re-grouped in *Table 5.13* to facilitate a test of the statistical significance of this finding. The result ($p = < 0.005$) indicates that foster carers' attitudes towards the professionalisation of the fostering role was unlikely to be caused by chance and as such can be considered strongly significant.

Table 5.13 **All Foster Carers' Attitudes to Professionalism – Cross tabulation**

	Foster Carers		TOTAL
	IS	SHOULD BE	
CARERS nonprof	14	5	19
paraprof (1)	8	3	11
paraprof (2) & prof	18	32	50
Total	**40**	**40**	**80**

Attitudes to Professionalism: chi sq = 10.456   df=2 P=<0.005

Upon closer scrutiny of the circumstances related to the eight foster carers who believed the fostering role should be either non-professional or para-professional (1) it became apparent that they were all against payment for fostering (other than the existing fostering allowance they received) yet the three who thought the role should be para-professional (1) believed training was important and this influenced their nomination in this regard. Furthermore, compared to the other 32 foster carers in this sample, all eight, throughout their fostering careers, either had (a) only a small number of children placed with them, or (b) had long term stable placements, or (c) had children who they did not consider to be unduly problematic to care for.   This could account for their attitude that fostering should be more parenting like and non-professional.

When foster carers' attitudes to the fostering role in relation to professionalism were further analysed on the basis of gender differentiation, an indication of statistical significance became apparent only for female foster carers, as *Table 5.14* illustrates, and not for male foster carers.

Table 5.14   **All Female Foster Carers' Attitudes to Professionalism – Cross tabulation**

	Foster Carers		
	IS	SHOULD BE	TOTAL
CARERS nonprof	10	3	13
paraprof (1)	7	2	9
paraprof (2) & prof	11	23	34
Total	**28**	**28**	**56**

Attitudes to Professionalism: chi sq = 10.782   df=2   P=<0.005

Furthermore, when the category of female foster carers was dissected even further, by ethnicity, in *Table 5.15* below, the association is still significant although less clearly so, possibly because of the sample size.   Indigenous female foster carers showed the strongest indication of attitude that foster care should be seen as a profession. This was more so than was the case for non-Indigenous female foster carers and certainly more so than for Indigenous and non-Indigenous male foster carers.

One of the Indigenous female foster carers, May, presented her views on the topic of the professionalisation of foster care in this way, she said:

> *"I think people should start acknowledging foster parents and seeing that it is a professional role because you deal with the children's lives. I mean like, y'know, looking after your own children is demanding, y'know, and you're looking after somebody else's children which are part of the community so you're looking after the community's children and the community should acknowledge that".*

Table 5.15 presents the statistical analysis for female Indigenous foster carers.

Table 5.15   **Indigenous Female Foster Carers' Attitudes to Professionalism– Cross tabulation**

		Foster Carers		
		IS	SHOULD BE	TOTAL
CARERS	nonprof	4	1	5
	paraprof	3	1	4
	prof	1	6	7
Total		**28**	**8**	**16**

Attitudes to Professionalism: chi sq = 6.371 df=2 P=<0.041

If foster carers had a different view from what they believed fostering 'is' to what they thought it 'should be' they were asked what needs to be done to bring the fostering role more into line with this perspective. Their responses focused on and emphasised the need for training, skills development and payment. For example, some of their comments are as follows:

> *"You need to have knowledge about parenting and how the department works and you need to have skills....I think, um, more training and skills development I suppose."*

This carer was then asked, *'do you think perhaps that neither, training, or skills development, should be optional?'* She replied:

> *"No I don't think they should be optional.... If you're going to get the skills then I think the department should pay for us to get those skills, yeah. If that's a requirement they want from us then they should pay"* *(General Foster Carer, Mary).*

Another, Loretta, when asked her views on what fostering currently is answered, *"the first one (non-professional) is how I started off"*. Then when asked if that was also where she thought it 'should be'? She replied, *"no, I'd say you have a lot of learning and a lot of growth"* and then she indicated that it should be more like a para-professional (2) role. When then asked what needed to be done to bring the role more into line with what it 'should be', she said,

> *"this is really the whole guts of your story* (research) *isn't it? I think foster carers only learn what the Department does by bits and pieces that you have first hand experience with. I think that needs to be said,*

….. we need to understand what the legislation is as well, how, what would you call it in a?….. (bureaucracy?) …..yep….. (how decisions are made?) ….yep… (how the Department works?)….yep. We probably need to be more formally… not picking it up as you go along, (it) *needs to be part, initially, of your induction, which there really, well for me there wasn't any, it was one of those circumstances of, I'd made an enquiry about foster care, they had a child and nowhere to place the child, 'ah, here's somebody who's on the list, here you'll do, rushed the police report through … so the child was here before anything else was basically done"* (General Foster Carer, Loretta).

Another foster carer, Gerty, provides an Indigenous relative foster carer's perspective. She indicated that she thought fostering, as she knows it, is at the para-professional (1) position. However, she thought it should be at the para-professional (2) level and, when asked her reasoning, she said,

"they do need skills, they do need training, they gotta look after some children, our people, TSI children…'cause some of our people they come, I know there's some people in Cairns, like they've got foster children …. Aboriginal kids you know? Islanders and Aboriginal are two different all together, they don't understand unless you communicate, you know, with the people, that you aren't the same, the things you do, what they like, you know, how they view things…. (mm) ….yeah? some don't and then because … the Department place the children, they agree to take the children in, but they don't see, the kids, they're not happy…

Because it's not their culture?

… that's right yeah, they gotta be, all kids, see I'm a Torres Strait Islander, if I take some Aboriginal children in, I gotta learn, I gotta work with them and understand what they, what they like, y'know? Y'know how they do things, what they like, y'know, they understand, to work with 'em, yeah….it's a different culture all together, yeah, yeah…

Are you saying that you just can't think….?

> *....well because they're dark and here's another dark person and that,*
> *he can communicate – no that's, it's not on, ok*?...

So are you saying there needs to be some training for foster carers if they're going to take in children….?

> *….take in children from other culture, yeah."   (Relative Indigenous*
> *Foster Carer, Gerty).*

In her comments Gerty identifies important cultural distinctions which must be incorporated into foster carer training for foster carers to become aware of and care for Indigenous children in more culturally appropriate ways and to extend their own professional development.

An important finding of this research is that training, skills development and payment of foster carers to undertake the fostering role at the level of para-professional (2) was the most preferred location of this role for foster carers in this study. However, a move to this para-professional position presents many challenges not only for foster carers but for governments and community organisations which recruit, train and support them.   This will be discussed further in chapter seven following exploration of the views of 'other key informants' in chapter six.

5.8   **CONCLUSION**

This chapter began by presenting an overview of the brief history of foster carer training in Queensland. Then the carer training records of the 40 foster carers who took part in this study were scrutinised where it was identified that 50% of carers had not completed any pre-service training prior to receiving their first foster child.

Foster carers were then asked about their knowledge of the Statement of Commitment between the Department and Foster Care Queensland. Over half of the foster carers knew about this document and the mutual commitment agreed to within it however, 47.5% reported having no knowledge of it at all. After being informed about the Statement of Commitment most foster carers who participated in this study, agreed with the principles relating to foster carer training and support contained within it. The views of carers relating to these principles were also reported in this chapter.

With regard to training, carers were asked their thoughts about whether they wanted any or more foster carer training. Findings indicate that female carers were much more in favour of undertaking foster carer training than were male carers. Of all carers in this study it was non-Indigenous male carers who were the least inclined to undertake further carer training. However, collectively, a majority of Indigenous carers, male and female, were in favour of undertaking some, or more, foster carer training.

When asked what type of training carers wanted they identified a broad range of topics. However, when categorised according to ethnicity, non-Indigenous carers most often identified the need for training in areas of behaviour management while Indigenous carers most often cited the need to learn better ways of working and communicating with the Department. Carer preferences for the actual delivery of training indicate that a majority of carers favour monthly training opportunities offered in facilitated, rather than didactic, modes of delivery, in informal settings.

Foster carers in this study identified a number of incentives and barriers to their attendance at training. The most often cited incentives which would assist carers to attend training are: having training recognised and receiving some form of payment to attend; ensuring that training times and locations are suitable; that training topics are relevant to carers' needs; and that child care or after school care is made available. The formation of carer study groups was another key support identified by carers to assist them to complete training. Not surprisingly many of the incentive areas, when not available, form barriers

to attendance. In this study carers identified barriers such as competing family and work commitments, times and locations of training, and not having child care available as the most significant barrier.

When discussing whether carers should be paid to attend training most thought they should not be paid, however more than one third thought they should be paid to attend carer training.

Relative carers were identified as the most disadvantaged carers in terms of their lack of access to training, support and information. Not one relative carer had undertaken pre-service training in this study and most had never undertaken any carer training at all. Despite this, there is little documented evidence to indicate that relative carers do not need foster carer training and this research clearly indicates that relative carers do want and feel a need for training.

In conjunction with carer training foster carers in this study clearly indicated they wanted any training undertaken to be accredited and nationally recognised. Ninety-eight per cent of carers indicated this to be their preference and 80% of carers thought fostering should be seen as a professional role including payment and formal recognition for skill development. Female carers in this study, rather than male carers, more often stated that fostering should be a professional role.

As there are many key stakeholders in the out of home care arena, in the next chapter, the views of 21 'other key informants' from a broad range of agencies representing local, state or national organisations are reported. It was considered essential to also ascertain the views of these pivotal players in the foster care field in order to identify areas where foster carer interview findings are either reinforced or where there is diversity of opinion.

Chapter 6.   'OTHER KEY INFORMANTS'

"…there is no big picture of training, there's no commitment
to it, there's no funding for it, and it's just a disaster…."
(Foster Care Qld, interview)

As discussed in previous chapters foster care is the mainstay for out of home care in Queensland and whilst the views of foster carers, therefore, are very important to this study, there are certainly many other views which are also very important to take into account in relation to the topic of this research. For example, there are several individuals and agencies not only in Queensland, but also at a national level, and internationally, whose perspectives are considered critical to incorporate in the context of this study. In this regard 21 'key' individuals and agencies were identified and purposefully selected for inclusion in the research. All of these interviewees are regarded as 'other key informants' to this study.

Additionally, several other government representatives and internationally renowned researchers in the fields of foster care and the training and support of foster carers were consulted during the course of this research. These included representatives from every State and Territory government in Australia, representatives from the Fostering Network in London and Belfast and leading academic researchers from the UK and the Republic of Ireland. From North America the Child Welfare League of America, the Child Welfare League of Canada and the Canadian Foster Parents Association were contacted during the course of this research. These will be referred to throughout this chapter where appropriate.

The primary focus of this chapter, however, is the presentation of interview data relating to interviews conducted with the 21 'other key informants'. Their views were sought on a range of aspects relevant to foster carers including training, accreditation, payment, support and professionalisation. These are presented in this chapter.

All interviewees were either self representative individuals or were individuals authorised to speak on behalf of their agency or organisation. Therefore, it is the respective agency, rather than the individual which will be acknowledged in relation to the data presented in this chapter. This maintains the anonymity of all individuals interviewed in accordance with ethical commitments given to them from the outset of this study.

The 21 'other key informants' to this study were:

Table 6.0   Other Key Informants Interviewed

1. Foster Care Queensland (FCQ) – Represents Foster Carers in Queensland.	Staff from Queensland Department of Families (now Department of Child Safety):
2. PeakCare Qld (PeakCare) – Represents non-government child & family welfare agencies in Queensland including Shared Care agencies.	12. One Senior Management Officer
3. Australian Foster Care Association (AFCA) – the Peak Australian Association representing State and Territory Foster Care Agencies and foster carers.	13. One Team Leader
	14. One Family Services Officer (FSO) (now known as Child Safety Officer, CSO)
4. Secretariat National Aboriginal and Islander Child Care (SNAICC) – Represents the interests of Indigenous children in Australia.	15. Queensland Community Services and Health Industry Training Council (QCS&HITC)
5. CREATE Foundation (CREATE) – The Australian Peak organisation representing foster children.	16. Central Queensland TAFE College Representative
6. One former foster child, now a young adult.	17. Volunteering Australia – Peak body for volunteers in Australia representing each State and Territory.
7. Alternative Placement Support Service (new name Pathways - will be referred to as this). This is a non-Indigenous Shared Care Agency.	18. Volunteering Queensland – Affiliated with Volunteering Australia, representing the interests of volunteers in Queensland.
8. Mackay Aboriginal and Torres Strait Islander Corporation for Alternative Care and Foster Care Services Inc. (MATSI Service). This is an Indigenous Shared Care Agency.	19. Social Science Expert (Social Work) (SSE-SW)
9. Mackay and District Australian South Sea Islander Association (MADASSIA). Community based organisation representing Australian South Sea Islanders in Mackay.	20. Social Science Expert (Psychology) (SSE-PY)
10. Queensland Commission for Children and Young People	21. Life Without Barriers – a registered charitable organisation specialising in the provision of services to clients with disabilities and children and young people needing out of home care.
11. Queensland Children Services Tribunal	

Whilst the representative status of most of these 'other key informants' in this table is fairly clear and self evident there are two individuals whose backgrounds it is important to establish in order to adequately represent their credentials, experience and expertise as 'social science experts'. Their

professional views and opinions are drawn upon in relation to identifying what makes for good foster care for children in care and their perspectives on other related aspects of foster carer training and support are also presented in this chapter.

The social science experts, in this study, were selected on the basis of their professional experience and expertise in the fields of child protection and child development within their respective disciplines of Social Work and Psychology. Both are currently employed as senior academics within a leading Australian university, each having highly regarded academic credentials and significant practice experience and expertise in relevant areas. Together, they have a combined 20 years of academic teaching experience and 38 years of clinical and practice experience. Their areas of specialism include child protection, family law, family practice (particularly that relating to families of children with disabilities, and young children), psychological and learning assessments, behaviour management, and disability from a developmental perspective.

When making reference to them in this chapter they will be referred to as SSE-SW (Social Science Expert - Social Work) and SSE-PY (Social Science Expert – Psychology). Their expert opinions were sought on a number of areas relating to optimal conditions for childhood development, particularly in relation to children in foster care, and the type/s of care necessary if they are to reach their fullest potential as well adjusted human beings, given the often devastating experiences they've encountered in their relatively short lives. These opinions will be fully presented later in this chapter. First, however, it is useful to present the views of 'other key informants' relating to foster carer training.

6.1 FOSTER CARERS AND TRAINING

"… well, I think often they don't have enough knowledge about child development issues, the fact that they're often asked to deal with very difficult young people who, for a whole range of reasons, may have missed out on some steps in their own development, and things like that, and I think if they had a better understanding of child development issues, as just one aspect of it, it might make their role actually easier, and sort of, not excusing the kid's behaviour, but, being able to understand what's happening for that child."

(Children's Services Tribunal Member, interview)

All of the 'other key informants' who were asked their views regarding whether foster carers need to have basic introductory training were *emphatic* that this was essential and fundamental for all foster carers. They were equally emphatic about the need for *ongoing* training, on a regular basis, for foster carers throughout their fostering careers, something that has never routinely or consistently occurred in Queensland. For example, a former foster child when asked whether there was a need for foster carer training, exclaimed,

> *"Definitely yes! Well, I mean….there's so many misconceptions about what it's like to foster children and then if they had no training and jumped straight into it they could end up having nervous breakdowns or* (think)*, 'oh, my God what have I done' and, you know, really, really regret it."*

The same former foster child went on to say,

> *"Ongoing training would be good, but, I don't know how you'd, how many people you'd actually get wanting, willing, to really do that, but I think the other thing with the training is that it's necessary because I think they should have some sort of … you know, communications and*

relevant ways of dealing with certain situations and behaviours"
(Former Foster Child, interview).

Several of the agency representatives had strong views when first asked if they thought foster carers needed training and also later when asked about the need for ongoing training. These are some of their responses.

Pathways - on initial training: *"Absolutely, yep… I mean … in the very initial stages most foster carers have had no experience with the Department, no experience with what it means to be a foster carer….secondly, I think, is looking at the impacts of abuse…and the significant impacts this has on them, behaviourally or otherwise… it's also about being clear about Departmental policy around reunification so that that's up front initially so that there's not that um, feelings of ownership…and…the expectations around, that it's shared care, that they are caring for the child, but the importance of maintaining family relationships, yeah, it is really about giving them a clear understanding of what fostering means, what the impact is going to be for their family, just so that they have a reality, I 'spose, around what it means to be a foster carer."*

Pathways - re ongoing training: *"Oh, I see that as really important … once you start and you have that training… the reality of it doesn't hit you until you actually are caring for a child and each child brings with it, its own challenges and experiences… I think, information and training, you can always learn from and continue to improve and I think that's what we need to strive to be doing, is… to continuing to provide high standards of care and that… comes with information and training".*

MATSI Service – on initial training: *"Yeah, it is necessary because … if we said that it wasn't necessary well the foster carers, being brought up the way we were brought up, they'd be bringing up the foster care kids the same way, like, strict, smacked, y'know and all that, y'know?"*

MATSI Service – re ongoing training: *"I think they need an update on, y'know standards of training, yeah, they need to update their standards of training,skills."*

PeakCare Qld – on initial training: *"Yes, yep, everybody, I think, would say yes to that."*

PeakCare Qld – re ongoing training: *"Yes, yes, … the model I would use is, do we think that it's good for professionals to have continuing professional development, even if they've been in the same field of work? I think that we would probably say 'yes', there's always something more that you can learn or there's something that you can learn more from. Similarly, I would say the same for foster carers."*

FCQ – on initial training: *"…. Initial training is necessary…and* (it) *has to be co-delivered by a* (Departmental) *worker and a carer so that there are the two perspectives of that for that carer. Now that's s'posed to be policy but it's not always followed, but it needs to be..."*

FCQ – re ongoing training: *"Yeah, yeah…..um there are foster carers who've got two or three children or maybe only one …. and they're long termers and they don't wanta* (sic) *take any others…..and unfortunately, they don't come to local support group meetings and they don't see the need for training …. but I think there is a need to make sure that they do stay up to date with changes because if they don't… that's when occasionally problems can occur…now if they haven't kept up with ….the changes, then y'know that comes as … a …total surprise for them when there's an allegation … it's fine, they can say, look we don't have to worry about that, that's never gonna happen to us and that's what everybody whose had an allegation against them says, I never thought that it would happen, y'know? And so, for their own good they really do need to keep up with some things…. Yeah they do need to be involved in training but it needs to be, it needs to be sensible, um, there needs to be a reason and a purpose for it, not just,' you have to do ten hours training'."*

And finally, the CREATE Foundation, representing foster children, presented these views:

CREATE – on initial training: *"Absolutely! … it's really important that they have the training and also y'know, sort of being able to recognise their own needs as well as being able to find the resources that they need … and … it's not just them, they aren't the only ones with a stake in it and so it's giving them a broader picture of what it's about and skilling them to be able to support these young people.*

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CREATE – re ongoing training: *"Absolutely! Times change, things are developing so rapidly, technology and just out there in the world and we've seen it in a generation that's, whilst parenting in a certain way was ok for a very long time and now with all the research and everything we've got we've found that, hang on a minute, maybe there's better ways of doing it and so some of these foster carers are from that generation and so updating their skills and their understanding and helping them to step outside the comfort zone, … their parenting skills are very much caught up in the old school and for them to move forward and to grow and to be able to cope with the children that are growing up today they need to move forward with their parenting skills and their understanding as well, yeah."*

These views were also supported by the Social Science Experts (SSE, SW - Social Work and PY - Psychologist) who participated in this research when asked if there was a need for foster carer training at all.

SSE-SW: *"Yes! I absolutely do….. I think the thing about, um, foster caring is that, because we've been talking about the difficulties of children who've been abused and neglected, lets face it, it's actually… much harder than caring for one's own kids because foster carers are taking on children who have all sorts of things missing in their life, in terms of their, um, abnormalities, in terms of physical abuse, but also just in terms of the kids. Well, the very fact that the child is placed in foster care probably will mean that they have lost something. So there's the issues of loss and grief, there's the issues of, what's happened to their attachments, it's you know, can they trust ….. were they, in some* (circumstances) *there's always difficult children, so - are there some physiological* (physical and psychological) *problems that they come*

with that actually sort of make it harder for their own families to deal with them? By their very nature these are going to be difficult children, so, you know, I just don't believe for a moment that any old family can take in a child and be a foster carer and do a good job."

And from the psychologist SSE's viewpoint:

SSE-PY: "*Yes* (emphatically)*… I think… that the role of the foster carer clearly has changed over time. Whereas, once … it seemed to me from my own thinking about the role, in one period of time we really did see it as surrogate or substitute parenting with the expectation that children who once were placed in, into foster care, really that's all, that they would stay with that family then for a long time and so as long as we had good parents … we'd be ok. Clearly that's not the case anymore, that's not the intention of the Department anymore for people to take on that role and so I think that there are probably things that they need both in order to work well for the children in their care but also to understand, but also to protect themselves too. And I think it must be very difficult for some families who take on fostering with the assumption that they will be able to give of themselves, again in the parenting role, and to find that that's really not what's expected of them. So I imagine there's a mismatch, sometimes, between their expectations and what either the children who are in their care have, in terms of their expectations, and the people that they're working with. So I certainly think that there needs to be some discussion, some training about the role."*

After establishing that each expert held no doubts about the need for foster carer initial training I sought their opinions about the need for ongoing foster carer training. They were asked if, in regard to training, they thought that initial training was sufficient in itself or whether there was a place for ongoing training as well.

SSE-SW: *I think ongoing training. I think obviously the induction is probably about selection … there really needs to be ongoing training and … that often needs to apply to kinship carers as well. I really think*

there's a big problem in that … children get placed with someone else in the family and those kin carers … haven't necessarily been through the formal training. I don't think because someone's placed with another family member it means that that person necessarily has the skills to provide what that child needs as well, so I'd actually like to see some process where those kin carers also get included in the training."

SSE-PY*: "I would have thought that a better model would be some up-front, initial, information and training with subsequent contact, probably with a group of people who* (have) *a range of experience within the group to come back and discuss again how those things might actually be applied, because I think it's very… well even, I think, for psychologists to … have some time practising as a psychologist before coming back to do some higher level stuff is a really useful thing because they can finally understand how the theoretical material applies to a practical situation and it's really the practical that they have to deal with but the only experience until you have practical is theoretical isn't it? And even if it's presented in a fairly concrete way it remains theoretical until you actually try and do it."*

This interviewee was then asked for an opinion on whether they believed there was value in ongoing training for carers to which the reply was:

"Yes (emphatic)*, yes certainly."*

Clearly, the importance of both initial and ongoing foster carer training was well established in the interviews with 'other key informants' in this study. Moreover, this view is strongly supported in much contemporary research (Pine & Jacobs, 1989; Aldgate and Bradley, 1999; O'Neill, 1999; Sinclair, Gibbs, Wilson, 2000; Triseliotis, Borland & Hill, 2000).

The increasingly complex nature of the problems which children now coming into foster care exhibit (Bath, 1997) led me to inquire about the need for specialist or treatment foster care, since much of the literature on this topic reports on significantly improved outcomes for foster children in these

placements (Chamberlain, Moreland & Reid, 1992; Berridge, 1996; Leahy, Little, Mondy & Nixon, 1999; Wise, 1999; Chamberlain, 2000).

6.1.1 Specialist Foster Care

The concept of specialist foster care, also known as treatment, therapeutic, para-professional or professional foster care, is a relatively new phenomenon in Australia in recent years (Bath, 1997). It has a longer established history in the UK and the USA (Shaw & Hipgrave, 1983; Galaway, 1990; Nutter *et. al.*, 1995). Specialist or treatment foster care has developed as a consequence of deinstitutionalisation and the resultant increase in the numbers of children and young people entering foster care with quite serious behavioural, emotional and psychiatric problems, making traditional foster care inadequate to meet the demands of appropriately caring for them (Berridge, 1997; Bath, 1998; Clark, 1998; Morton, Clark & Pead, 1999; Wise, 1999; Sultman & Testro, 2001). Alarmingly, this has occurred at a time when the numbers of available foster carers are decreasing (AFCA, 2001) often creating situations where newly recruited, and therefore less experienced, foster carers are placed in the front line of attempting to care for children and adolescents with such difficult and demanding problems. Unfortunately, all too often such scenarios result in placement breakdowns, further impacting upon already damaged young people (Taber & Proch, 1987; Inglehart, 1993; Delfabbro, Barber and Cooper, 2000), and foster carers are left to either seek support and reassurance of their role or opt out of foster care all together (Triseliotis, Borland and Hill, 2000; AFCA, 2001;).

Walker, Hill and Triseliotis, when commenting on the features of specialist care, assert that "(a)mong the original components were payments to foster carers (in addition to the normal allowance), greater than usual preparation, training and support and focusing on a particular group of children" (2002:2). Sultmann and Testro (2001) quoting the works of Bates, English & Kouidou-Giles (1997), Bath (1998), and Colton and Hellinckx (1994) summarise aspects of specialist foster care. They state it is "(c)haracterised by higher levels of payment, training and support for foster families, the specialist or treatment

approach to foster care uses the foster family, regarded as part of the professional team, as the primary agent for change" (Sultmann & Testro, 2001:13).

As a result of this move towards the use of 'specialist' foster carers 'other key informants' were asked their views about this trend. They were asked whether foster carers needed 'specialist' training, knowledge and skills to adequately care for children and young people, given the complexity of problems and difficult behaviours which many exhibit.

Departmental staff, given the number of families with serious and complex problems with whom they work, not surprisingly strongly believed that specialist training for foster carers was indeed necessary, as their following comments attest.

FSO : *"Yep, it would be really difficult because a lot of the children with high needs go to many different placements. I s'pose you could have different pools of carers who had specialist knowledge and I s'pose the child with that issue would go within that sort of pool, but just thinking, they move around so much you sort of have to train all foster carers in all of the issues."*

Team Leader: *"Oh, definitely, I think …, in regard to children in care, they've come from different backgrounds and have a multitude of problems and to be able to help children within the care environment, is that, that carer needs to have very clear knowledge about what that problem is and have different skills to be able to manage that…"*

Senior Management Officer: *"Yes, I think they do need, not just one off, but ongoing training around … managing children with very difficult and challenging behaviours, I think it's almost a professional knowledge to some extent that they require and that needs to be consistently built on and developed over time."*

Whilst Departmental staff have high expectations of foster carers as the above comments illustrate they are not alone in holding such views. Others who were interviewed and asked the same question also made similar comments.

AFCA: *"…I think there is adequate justification already within our system for us to have a range of options, from the person who gives up paid employment options to be available on tap for a child's needs 24 hours a day or whatever is required. I'm thinking of say super high needs kids, say a kid whose got a disability, say has to be tube fed and expectorated, say hourly, that sort of thing and requires a carer there the whole time, ok, I see that as being a profession, be paid appropriately. They would also have access to leave entitlements and respite. You could also have a child who has severe behavioural problems,* (who) *might be, home schooled for a while and then has been perfectly integrated back into the mainstream school situation but the carer still has to be on tap to assist at the school where required. Again, that is a professional care type situation, it may not be to the same level as the first example but it's one where that person is precluded from entering into the paid workforce in any other way and they are using skills which are certainly way and above what you would expect for say caring for a 'normal' child in a 'normal' family environment."*

FCQ: *"…if they're autistic you need to be able to tap into that* (training) *and you shouldn't have to beg for it, it should be offered to you….* (for example) *so here's a kid, been sexually assaulted, here's the ones that run a course, we've* (Department) *already paid the fee, y'know, you work out which times suit you best, you go along …. The kids are complex, our jobs are hard enough, we shouldn't have to be doing that running around, that's what the co-ordinators or the workers or someone should be doing and it should be offered to us, alright? Packaged, not something that we have to go and beg for…."*

Commission for Children and Young People: *"… I think knowledge is, you know, it never goes astray, I think it's always helpful, you understand situations , the more knowledge you have about something the better your decision making will be, the better you'll be able to handle it, but when you're starting with people who've not had training, but may have lots of life skills, I don't think that you totally dismiss the life skills either, but I would like to see*

them over time….supplemented with formal training, but the training has to be supported."

And, again, Peak Care Queensland responded supportively when asked whether foster carers need specialist training, skills and knowledge to fulfil their duties of their fostering role.

PeakCare Qld: *"…The answer to that's 'yes' and I, in fact, know of different agencies who've approached that… who have offered specialised training for a number of their foster carers who were, caring for, adolescents with difficult behaviours. They pulled in and paid someone to do some specific training with, I think, a group of five foster carers. So yes, I think that, y'know, if you do talk to carers who've been caring for a long time the majority of them would say that the complexity of the needs of children coming into care now are far greater than they were say two, three decades ago, subsequently carers, I guess, are seeking a greater level of specialised training I think….the feedback from the participants was that it had been incredibly useful….and I think it was because it was such specialised stuff …"*

SNAICC were also supportive of the need for specialist training for foster carers as their comments demonstrate.

SNAICC: *"…given the complexity of the needs of Aboriginal children coming into care, foster carers don't have the skills to care for them properly. A lot of these children need therapeutic care that foster carers don't have the skills to provide. Especially with problems such as chroming[2] and sexualised behaviours, these are too complex for foster carers to handle. A lot of people don't want adolescents, they want young children and there are not enough services for Indigenous adolescents who have these risk taking behaviours."*

2. Chroming is inhaling fumes from aerosol sprays, paint, petrol and other mind altering substances

And finally, **Pathways** put forth these views when asked whether there was a need for specialist training for foster carers.

"Yes … given that they're not their own children, that they don't have the…long term established relationships with the child … also … no one I think has the full knowledge of the experiences of these children who come into the care system … so I think it's about having a wide range of behaviour management strategies or relationship building techniques… in order to meet the varying needs of that child, which can change from day to day and their different experiences and also knowing, I s'pose, that …with the maintenance of family contact, can come a number of challenges with that child as well. So I think it's about trying to do that and I think that managing children in care who've had traumatic experiences is miles apart from dealing with your own, managing your own child's behaviour… because they haven't had those experiences and y'know, you have that bond and relationship with that child from birth, so I think that there definitely is a need for that, the specialist training."

Literature supports the views of these key informants in relation to the need for specialist trained foster carers (Leahy, Little, Mondy & Nixon, 1999; Wise, 1999) and research demonstrates that children in specialist foster carer placements achieve overall, much better outcomes (Shaw & Hipgrave, 1983: Chamberlain, Moreland & Reid, 1992; Berridge, 1996). When commenting on research undertaken by Berridge (1996) Leahy, Little, Mondy and Nixon contend "…that where carers receive better training and support and enhanced financial rewards, there appear to be better outcomes. However, these supports are usually linked to short term 'specialist' or 'professional foster care' approaches and are not so available to long term carers" (1999:6). Consequently, they assert, "(p)ractitioners need to consider that better outcomes may occur if similar supports were available for long term carers" (Leahy *et.al.,*1999:6). They are not alone in this view as it is also shared by several noted practitioners and researchers in this field (Pecora, Whittaker, Maluccio, Barth & Plotnick, 1992; Palmer, 1995; Chamberlain, 2000).

The matter of increased payment for skills development is an important aspect of foster carer specialisation which has been touched upon in this discussion but is explored more fully later in this chapter.

6.1.2 **Social Science Expert Opinion**

Turning to the views of the social science experts interviewed in this study, their professional opinions were sought regarding the *knowledge* and *skills* which foster carers need to have and also desirable personal *qualities* foster carers should possess to adequately care for children who have been abused and/or neglected.   During interviews with them I asked the experts to distinguish between the *'essential'* and *'ideal'* elements in all three areas of knowledge, skills and qualities. However, after firstly identifying the 'essential' elements in each area they both conceded (in separate interviews) that what they had already identified as *'essential'* in fact, also constituted *'ideal'* elements and attributes necessary for foster carers to be considered 'good carers'. They therefore suggested that anything less than the *'ideal'* elements which they identified would be unacceptable for children in foster care. Consequently, the following *Table 6.1* presents both essential and ideal elements as synonymous as they could not be separated by the Social Science Experts (SSE).

A list of all attributes and qualities identified by each SSE is detailed in *Table 6.1* below and represents the compilation of all elements (essential and ideal) identified by them in this study. It is extensive and reflects considerable insight into the needs of children in foster care.

Table 6.1   Essential & Ideal Attributes of Good Foster Carers

Knowledge	Skills	Qualities
• about the Department and the child protection system	• to listen and communicate effectively	• must like children
• legislative and case responsibilities	• take the time to learn about the child they are caring for	• sees fostering as more than just a job but need to have a personal commitment to children and/or families
• case information about the child's history	• to not make assumptions about what the child needs but listen to the child	• to be serene
• knowledge of child/human development	• to be good behaviour managers	• tolerate ambiguity and difference
• the importance of the child's previous emotional contacts and experiences	• to be flexibly consistent in their approach	• humour
• how a child's experiences are going to impact upon their development, e.g. their ability to form relationships with foster carers	• help to integrate the child into the foster family's sub-systems	• to be inspirational
	• help the child fit within other systems, e.g. school, community	• flexibility
• formal training in and a working knowledge of attachment theory	• to foster a sense of belonging	• a sense of constancy
• understanding how abuse and/or neglect impacts on children	• recognise what's special in each individual child	• capacity to reach out even if not getting anything back
• understanding about a systems view of the world	• help children to reach their fullest potential	• long term commitment to the child even after leaving care
• understanding of disability	• know appropriate ways of interacting with children across the ages	• need to be secure in themselves to not become overly attached and 'grabbing' the child for themselves
• the importance of education and health care in the longer term	• to foster a therapeutic environment within the foster home	• people who communicate strength, support and stability by just the way they are
• issues relating to leaving care - including grief and loss	• act as child's advocate	• acceptance of short term placements becoming long term placements
• need to understand that they may always be a significant person for that child or young person.	• capacity to relate to the child's birth family to work towards reunification	• to be saints
	• modeling positive behaviours to birth families	
	• able to separate themselves and their sense of doing a good job and success from the outcomes for the child	
	• to not take on the entire responsibility for the outcomes for the child	

From perusing *Table 6.1* one could be excused for asking whether such a person, possessing all of these attributes, actually exists. The lists are comprehensive and clearly indicate that possession of all of these attributes would take a very special person indeed. When asked why these attributes of knowledge, skills and qualities are considered to be both *essential* and *ideal*

attributes of good foster carers the Social Science Expert – Psychology (SSE-PY) responded:

*"oh, well because I think you have to set your minimum fairly high … because what they're doing is **just so important**, I mean, if they are society's answer to the circumstances in which these children find themselves, then we're asking them to do something that's really important and so they have to able to be effective and to be less than effective is going to be more damaging… I do think that you have to set your benchmarks fairly highly for the quality, skills and experience and knowledge that people that take this on have and I can't see somebody being effective in the role without those things - without understanding about how children develop, without understanding the impact of having been abused might have on … development and … capacity to relate and all sorts of things. If you can't accept children for whom they are, try to understand them and then accept them, which is the tolerance of ambiguity and difference and so on, if you can't do those things then you're not going to supply the kind of environment that children need. And I think flexible consistency is really a vital thing … to get kids to develop trust … the environment has to be consistent but it has to be able to adapt to the individual person and to the circumstances that are going to arise, so to be rigid would be counterproductive as well, but to be so laissez-faire that there was no capacity to say 'well I know how this person's going to react to that', would leave kids just… awash… they wouldn't know where they were."*

From the knowledge and skills identified in *Table 6.1* it can be seen that many of the elements presented in each of these areas form the basis of many subject areas in most tertiary social welfare degree courses. For example, knowledge of child and adolescent physical and psychological development and attachment theory, particularly disordered attachment, stand out as essential and ideal sources of knowledge for foster carers. So too does knowledge about the impacts and stages of loss and grief, systems theory, psychological and emotional impacts of abuse, disability, and having a child-centred focus. In respect of skills many of these are also included as basic

areas within most social welfare bachelor's degree courses, such as effective listening and communication skills, effective use of self in helping situations, advocacy, modelling behaviours, behaviour management techniques and so on. Qualities, on the other hand, are more innate and inherent to the very fibre of who carers are as human beings. That is not to say that individuals cannot develop new qualities, it is simply that some people have certain predispositions which are germane to quality foster care, while others may have to work at refining desirable qualities.

Many of these qualities, as well as the knowledge and skills identified by the SSEs, as presented in *Table 6.1*, could be drawn upon when future foster carer recruitment is being undertaken and when future foster carer training curriculum is being devised.

Opinion of both social science experts regarding the knowledge, skills and qualities necessary for foster carers clearly determines that the notion of fostering as a "good enough" parenting role has long passed and what is now required to meet the challenges and needs of children coming into care in the new millennium are more highly skilled and trained fostering specialists.

The SSE-PY succinctly summarises below the beneficial aspects of specialist or treatment foster care, as already identified by several authors, for having the best outcomes for children in care (Chamberlain, Moreland & Reid, 1992; Berridge, 1996; Leahy, Little, Mondy & Nixon, 1999; Wise, 1999; Chamberlain, 2000).

> *"… I think, that is, I don't think it, **I'm sure**, it's not the aim, but that's really what good fostering would be about, I think it's providing a therapeutic environment because it would … try to repair the damage that's already been done, and because … if people do the caring well, because of the ongoing and repeated nature of it, if the child is with them for some period of time then that, in my view, is likely to be more effective than the way that we traditionally view therapy."*
> *(SSE-PY, interview)*

If, as presented in this chapter, specialist or treatment foster care is established as being significantly more beneficial for fostered children than the current fostering approach, then logically the question that follows is how can we move from the present system, where foster carer training is basic, inconsistent and *ad hoc* to a system comprised of more consistently and highly trained, skilled and remunerated foster carers in Queensland?   In seeking answers to this question, I sought information from 'other key informants' in this study to ascertain their views on the training, qualification and accreditation of foster carers.

6.2   ACCREDITATION OF FOSTER CARER TRAINING

> *"…there must be a lot of reinventing the wheel to have people you know, out of how many services in this State and in every State writing foster care training programs and sitting around and thinking about what do we need to include… it would make a lot of sense to have a State wide, or even better, a national program … then people who you have, accredited trainers, to deliver that and then the people who went through it could then be accredited and I think in a practical sense, that would make a lot of sense and would … help to deal with some of those issues, in terms of the quality of training."*
>
> *(SSE-SW, interview)*

As both SSEs have extensive experience as lecturers and teachers I asked both experts at which level, if any, qualifications for foster carer training should be pitched.   Interestingly, they held slightly different views on this as the following comments demonstrate.

> **SSE-PY:** *"Well I certainly think at university level… because of the complexity of things … an undergraduate level program, probably a diploma of some sort I guess would be the case… because of the way that universities have changed now…. one of the things we talk about regularly is kind of a 'modularisation' sort of system, so you might do a graduate diploma but in fact, really, it's no different from an*

> *undergraduate training program, there's less of it but you can make*
> *more of it by just doing more and so you can build up."*

And the **SSE-SW** when asked the same question provided the following response.

> *"I think it'd probably nearly be at a TAFE … level, yes, I would think*
> *so...I think the thing is …. that training is important, there are whole lots*
> *of areas of training, I know, at the moment, like there's lots of small*
> *services all over the place doing their own training and their own*
> *selection and what kind of quality control is there, you know? I can …*
> *imagine a time when people will have had to do their sort of basic*
> *TAFE training before they line up for selection. The selection process*
> *still has to happen and I think that probably should happen in the local*
> *area but if people can get, you know, some kind of sense of what kinds*
> *of training are applicable, it's very hard to know, but you'll always find a*
> *person who's got all the qualities, they've got them, they've always had*
> *them, you'll get, you know we get them through social work sometimes*
> *when you think, well ok, this person's a natural….just the type of*
> *person they are but not everybody's a natural…".*
>
> <div align="right">*(SSE-SW, interview)*</div>

Whilst there may not be alignment between the two SSE's about whether foster carer training should be pitched at the university or TAFE levels there was no consideration given to the possibility that it should be anything less than either of these two options. It was accepted as a given that foster carer training should be targeted at one or the other of these levels of accredited training.   The TAFE 'other key informant' in this study suggested that training for foster carers should be targeted at the Diploma level. The reasoning for this claim was put in this way:

> *"…I guess …, when people come out with a Cert III they're starting to*
> *be aware of how much knowledge is out there and what the industry*
> *has to offer and they're still at a very steep learning curve for*
> *themselves. At Cert IV level … I feel like they have a lot greater level*
> *of skills and a lot greater level of self awareness but I don't feel like it's*

'til they actually come out with a Diploma that they are able to work autonomously and that they are able to make informed decisions about their work. At those lower levels I think they're still requiring a lot more support and my understanding of those, as a foster carer, that there are times that you are the only one, you don't actually have other people there to rely on and I feel like then it needs to be… at the Diploma level." (TAFE Representative, interview)

The view that foster carer training should be accredited was shared by all 'other key informants' whose views were sought on this topic. Of the 21 'other key informants' fifteen were unreservedly of the view that foster carer training should be ongoing and accredited. One other commented that their agency was only in favour if it meant not having to accept the existing training modules in the Australian National Training Authority's (ANTA), Community Services and Health Training Australia Qualifications Framework (ANTA, 2002) which were not considered relevant for the specialist nature of foster care. The remaining five 'other key informants' were not asked their views on accreditation as the focus of their interviews related to specific views regarding their agency perspectives which did not take the aspect of accreditation of foster carer training into account. One such example is Volunteering Australia who were interviewed to gain their views on the status of foster care as volunteers as has been presented in previous chapters.

Therefore, of the 16 'other key informants' who were asked about accreditation, all of them (100%) were in favour of accreditation of foster carer training on the proviso that it must be training which they believe encapsulates the specialist nature of the present day fostering role. The point was made that within the existing Health Training Australia Qualifications Framework (ANTA, 2002) the current Certificate IV in Community services (Protective Care) for 'foster parents' (and eight other occupational groups), and the Diploma of Community Services (Protective Intervention) for 'foster care workers' (and eight other occupational groups) are too generic and not specific enough to be of relevance to foster carers and, therefore, do not interest or entice them to enrol in these courses (FCQ, interview; AFCA, interview). The FCQ

interviewee was aware of only one foster carer ever enrolling in such a course (FCQ, interview). Information in the AFCA interview confirms that these courses are taken up by very few foster carers because there are problems with the relevance of the generic course content to the specialist nature of the fostering role. The AFCA interviewee commented:

> *"… I do know people who have done full courses. Ahm, including one in NSW who's done the child protection one, (but) not that many, it is not well promoted. The problem is with foster care you have to take bits and pieces out of each one. I actually think that we can make use of the ANTA* (Australian National Training Authority) *framework. I don't like what they've already got there for foster carers and they only put it in, in the last year. I don't think it's adequate as far as anything that starts…*(however) *since we couldn't get it in, in 1989, I'm glad we got it in, in 2002. It's just a pity they didn't decide to talk to us about it as well. It was done purely by two certain government bureaucrats and whilst they were well intentioned I think they needed to do their homework a bit more. I still think there is scope for whatever we do at the national thing to be in the ANTA framework and I've had that position since 1998."*   *(AFCA, interview)*

There was a clear and consistent message from 'other key informants' in this study that foster carer training should be accredited and recognised across all Australian States and Territories and it should not only be accredited but should be competency based and practical in application. Furthermore, key informants considered there should be specifically devised foster carer courses for which foster carers can receive Recognition of Prior Learning (RPL) for demonstrating competency based on fostering and life experiences as well as for any previous relevant studies completed. Moreover, each subject or module should form the basis for a developmental training continuum, ranging from introductory modules to more highly specialist materials. Foster carers could then make choices about opting in and out of training as was relevant to their ongoing learning goals and training needs. This model is considered the ideal in terms of providing optimum choice to foster carers to take up training within the context of their foster caring responsibilities and personal capacities.

Additionally, it was argued that this model would suit foster carers from diverse societal backgrounds and with varying educational attainment levels, including those with limited numeracy and literacy abilities.

Of additional importance, accredited training was considered to bring with it a level of professionalism and a bestowing of credentials, status and regard. It has been acknowledged that this is lacking for foster carers who want and seek this form of respectful collegiality with Departmental staff and other welfare professionals (Lowe, 1999; AFCA, 2001; Carter, 2002; PeakCare, 2003a; Hilpern, 2004).

Views from other key informants which reinforce this finding are presented here beginning with those from the representative for the **Commission for Children and Young People**.

> *"… I … suggested some years ago that … there were modules of knowledge, for foster carers, that they can do and be supported to do in … time frames that does give them, the information they need on different aspects, but then I also think, that, all of the rest of us who get qualifications get acknowledgement for it either financially or, you know we get a degree or something like that, I think that if you're going to require foster carers to have, or encourage them to take up training, I think then you've got to, give them some sort of hierarchy or ranking or rating, so that, say, you're a level two foster carer or a level three foster carer, and as they get those levels, then there's a bit of backing off, of intervention… in terms of incorporating their knowledge more and their judgement more in what the child needs and, really acknowledging them as a professional, so if you've got a foster carer, who's done all of the modules in training, and has experience, that, you do, pay them the respect … as seeing them as a professional foster carer, that they are regarded, that it is something, and not just, you know, somebody who is, you know, on a disability pension, and, you know, despite everybody saying so otherwise, that they're really doing it to kick in, and … help them in the income, that you actually hold these people in regard that they're acknowledged, so that they get a classification, public service*

works on classification everybody else is motivated by hierarchies and systems and, you know, climbing up the ladder, why not do it with foster care?"

And the **PeakCare Queensland** representative, on the topic of accreditation of foster carer training, expressed these views:

"Share the Care was accredited too, through VETEC (Vocational Education, Training & Employment Commission), until relatively recently when the Department lost its RTO (registered training organisation) status. I guess I had some real concerns about that, I mean, particularly if the Department's going to be a learning organisation, it might have been good to retain its RTO status and I think that then foster carers who are interested in study can then use that to step somewhere else, or it could be used as part of … prior learning for another course. I think that, there's a lot to be said for that, being accredited, and I think that that would be good, if that could continue … to accredit the rest of the stuff (foster carer training). I think is going to take a lot of work, and a lot of effort ... it would be really appropriate to step, from Share the Care into another (higher level training) unit, into another (higher level training) unit, into another (higher level training) unit. I think that it would be great, across the state, you could actually say, this is provided generally, to all foster carers, and the way … to go, to say, well it's accredited, those particular sorts of training units…"

And finally, the Australian Foster Care Association, representing all Australian State and Territory foster carer representative organisations put forth this view:

AFCA: *" …if we go through having a national training framework there would have to be some recognition within the work sector, so that would mean that certain skills, training and attributes of an individual would be transportable and be recognised in other sectors. Likewise, training and skills from other sectors that were related would apply in this sector. It would give a status to carers that would put them on a*

par with workers and would address some of the issues that we have around respect, recognition and participation."

A service which stands out from all others in regard to their approach to foster carer training in Queensland is Life Without Barriers (LWB). This service has a progressive and proactive approach to accredited training for carers within a non-government alternative care organisation. Life Without Barriers is a registered charitable organisation which provides flexible arrangements for 'in' and 'out-of-home' care options for a range of clients including those with disabilities and/or foster children. Their approach to the training of their carers was presented by their organisation's representative in the following way.

LWB: *"… Life Without Barriers actually offers online training … they actually offer Certificate III in Community Services on the disabilities side, next year they'll actually offer Youth Work and … it's actually … approved training that they'll end up with their Certificate … and I suppose I've encouraged people to do it, who've been caring for people with disabilities, based on the fact that I believe within a couple of years there will be an expectation, or nobody will employ you, unless you have Certificate III, because in Aged Care it's like that now. You can't work within Aged Care without having a Certificate III in Aged Care, so I could see that down the track that would become an issue for disabilities and probably a little bit further down the track it'll be an issue, with kids, and so the fact that it's offered online, it's free to people who are caring, they can work at their own pace, um, I think that's, like quite an incentive, and the fact that, if you did it through TAFE … it would cost you somewhere between nine and twelve hundred dollars, and it takes up probably a good part of your year, so, this way they can do it while they're looking after someone, and it's not costing them anything and so when legislation swings around and says 'yes you have to have a certificate to do this kind of work', they'll already have it. So I suppose, I try to get people to be a bit proactive in their thinking and I see that as a bit of an incentive. People like to be thinking they're saving a dollar … it's… no cost to them… because they're actually caring for clients in Life Without Barriers, so Life Without Barriers has an education manager, and he's put together*

Life Without Barriers is unique within Queensland in relation to its approach to accredited training. This service employs carers, many of whom care for children in statutory care and not only utilizes, but actively encourages and supports a forward thinking approach to the provision of nationally accredited training for their carers.

National Peak bodies such as the Australian Foster Care Association (AFCA) and the Secretariat of National Aboriginal and Islander Child Care (SNAICC) have similarly recognised the need for and have called for standardised and nationally consistent approaches to foster carer training in Australia. For example, in a report to the Centre for Community Child Health in Victoria, SNAICC called for "the development of specific training modules, information and resources" and "the development of compulsory and accredited training modules to cover the eleven content areas to be delivered to all prospective foster carers" (SNAICC, 2003:3). SNAICC was asked to report on eleven content areas identified by the Centre for Community Child Health in Victoria in relation to the developmental needs of children aged 0 – 3 years (SNAICC, 2003). In addition, the SNAICC representative confirmed during their interview with me that this organisation, being affiliated with AFCA as it is, supports the mission and priorities of AFCA, one of which is the "Training and Accreditation of Foster Carers" (AFCA, 2002-2003;13). AFCA's position regarding this priority states:

"All foster carers, including relative carers, must receive initial
pre-service training that is designed to equip them with the basic
knowledge needed to provide effective foster care. Ongoing
training and specialist training must be made available to all
foster carers throughout the year. Costs associated with foster
carers attendance at training should be fully met by the foster

care agency or the Department. Foster carers should be encouraged and assisted to attend further and additional training, seminars, workshops and state and national conferences."

(AFCA, 2002-2003:13)

This position was reaffirmed in my interview with the AFCA representative and has actively been championed at recent Commonwealth and State Ministerial Advisory Committee meetings where a national approach to foster carer training was being developed (Community and Disability Services Ministers Council, 2003). A move in this direction inevitably brings with it increased accountability for Governments and foster carers alike and a more professionalised approach to the role of foster carers and also raises questions about the current voluntary status of foster carers. Both volunteerism and professionalism are areas which were explored more fully with foster carers and other key informants in this study.

6.3   FOSTER CARERS AS VOLUNTEERS

"…. the foster carers' one (status) is a difficult one 'cause I know that ….. there are some views out there that foster carers are volunteers, and there's another set of views out there which say well, 'no, they're not', and I think it's probably a little bit difficult to fit foster carers squarely in the definition of volunteering,"

(Volunteering Australia, interview)

There is no doubt that foster carers in this study clearly saw themselves as volunteers in the sense that they provide care for foster children at financial cost to themselves because reimbursements for costs associated with fostering do not cover the actual costs of caring for foster children. This reality has been well documented in other recent studies and in the media (McHugh, 2002; AFCA, 2001; Milburn, 2002). One foster carer, Jason, clearly accepts the

role of a volunteer foster carer as his comments demonstrate. He stated, *"…I think that we're actually volunteers…" (Indigenous General Foster Carer, Jason)*.

Conversely, however, foster carers do not meet the United Nations definition of volunteering in Australia because they receive payment, even though this is merely partial reimbursement of the costs incurred in caring for foster children (Volunteering Australia, interview). The definition of volunteering as ascribed to by Volunteering Australia, the peak body for volunteers in this country, states:

> *"Formal volunteering is an activity which takes place through not for profit organisations or projects and is undertaken:*
>
> - *to be of benefit to the community and the volunteer;*
>
> - *of the volunteer's own free will and without coercion;*
>
> - *for no financial payment; and*
>
> - *in designated volunteer positions only."*
>
> *(Volunteering Australia, 2004)*

It would appear that while foster carers see themselves as volunteers the national representative body for volunteers in Australia does not see them in this light. Thus the basis for misconceptions and role confusion about the status of foster carers is set for foster carers, governments, community organisations and within the broader community. This is further compounded when, in other significant documents such as the Statement of Commitment (DFYCC, 2000), foster carers are clearly portrayed as 'professionals and partners' within a professional team implying almost a sense of 'paid worker status' without this actually being the case. In detailing the rights of all parties within this partnership this document states:

> *"All participants have the right to be treated fairly and equally, with courtesy, respect and personal dignity as a member of a professional team who has unique knowledge and skills."*
>
> *(DFYCC, 2000:11)*

The accepted position of foster carers within the rhetoric of the Department is one of being a partner in working towards quality outcomes for children and

young people in foster care. The Statement of Commitment is acknowledged as ..."an agreement that reflects a partnership approach" (DFYCC, 2000:2). So a sense of equality as a professional partner is reinforced within this document and actively promoted in Departmental rhetoric. Yet many foster carers in this study commented on their sense of inequality with Departmental staff, how they felt undervalued and disrespected. For example, Valda says,

> *"…ultimately, it can never be a partnership, because a partnership is generally, give and take, it's like a marriage, but the marriage between foster carers and the Department will always be out of kilter because of the ultimate power on the person who has the final decision."*
>
> *(General Foster Carer, Valda).*

Remarks were often made during the course of this research concerning 'all the hard work' foster carers did with children and how Departmental staff should try to care for children 24 hours a day, 7 days a week. There appeared to be a sense of envy and/or resentment that departmental staff could start work at 9am and finish at 5pm, Monday to Friday, that they got benefits and entitlements such as being paid a wage, having holidays and taking sick leave when these were not equally available to foster carers. This was consistent with findings from AFCA's research which noted that,

> *"foster carers feel that the extent of their contribution is not adequately recognised. They argue, for example, that foster carers are the only members of the professional care team that:*
>
> - *Do not receive a wage;*
>
> - *Are potentially on call 24 hours a day, every day*
>
> - *Are not entitled to receive sick leave;*
>
> - *Do not receive holidays or holiday loadings;*
>
> - *Are not considered for long service leave;*
>
> - *Do not receive work benefits such as the use of free phone, computer, email etc."*   (AFCA, 2001a:10,11)

This is a consistent view not only in Australia but also overseas as noted by a UK foster carer who said, "carers want professional fees – a predictable, secure, reliable income with holiday entitlement and the ability to provide for their pensions" (Adande, 2004:6).

While foster carers may, on the one hand, see themselves as volunteers, on the other there is evidence they wish to not only be *seen* to be professionals in the way in which they perform their fostering role but, in fact, to *be* professionals in terms of the conditions and entitlements of their role in comparison with other professionals working in this field.   While it is suggested that "Australia may not be ready for this (professionalism) debate" (AFCA, 2001a:11) to not do so simply perpetuates misunderstandings about the fostering role and maintains a false consciousness of what fostering is portrayed to be (volunteerism) as opposed to what is actually expected of it (professionalism) by governments, community organisations, and the community at large.   As the debate concerning the role of foster carers continues it is important to be mindful of the now widely accepted view that "the needs of children coming into care are too complex to be left to untrained volunteers" (Reichwein, 2003:1).   Perhaps the time for the professionalism debate has arrived or is even overdue? The tensions and conflict experienced by carers in negotiating these roles was clearly reflected in these interviews.

6.4 THE PROFESSIONALISATION OF FOSTER CARE

"…Foster parents continue to exist in a kind of limbo, with a status somewhere between volunteers and professionals…"
(Waldock, 2003:5)

A fundamental flaw of current foster care systems, it has been argued, is that of 'role confusion' for foster carers. Waldock (2003:2) suggests that "(r)ole confusion continues to plague the child welfare system, undermining the quality of care that children receive." Further, he argues, "(t)his confusion largely stems from conflicting ideas and attitudes about foster care itself, both within the child welfare system and in society generally. Specifically, the view of fostering as purely a voluntary undertaking continues to conflict with efforts to recognize fostering as a profession" (Waldock, 2003:2).

The views of other key informants in this study were sought in relation to how they viewed fostering, whether as volunteerism, or a job, or vocation or something else all together. The range of responses reflects a diversity of views which reinforces the lack of clarity surrounding the role of foster carers and consequently of societal expectations of them in this role. For example, the PeakCare Qld representative stated:

> *"...I've talked about them as volunteers and in the strictest sense of the word that's exactly what's going on, 'cause they're reimbursed for expenses rather than being paid a wage. Ah, I think that, generally … a majority of them feel that this is a vocation or a calling that they have. That this is something they really want to do, for often very diverse reasons but because they have a strong feeling that they want to assist children…"*   *(PeakCare Qld, interview)*

But in an interview with another key informant from Foster Care Queensland foster carers were seen as professionals in this way:

"Well, now, ya gotta make sure you define the word professional, hey?...If you take professional in the narrow sense of … that you got a degree from a university or some other generally recognised tertiary type of qualification … if you take professional in that sense, then, no, we're not, but if you take professional in the sense of people who are involved in a profession which requires particular skills to be able to do it well, then foster carers <u>are</u> professionals, right? … Yes, it is a profession and it does require skills and it does… require a particular type of person to do it… but (Departmental) *workers don't seem to recognise that, they tend to think that all carers they work with are not very smart, otherwise they* (Departmental workers) *wouldn't do some of the things they do…"*   *(FCQ, interview)*

The CREATE representative, when asked if s/he thought that people generally see foster carers as professionals in their caring role, responded, *"no, unfortunately, I don't."* This person was then asked, 'then how do you think they are seen?' To which the reply was:

"Um, as the 'caring martyrs' a lot of the time, because it's not a job that everyone would do, and, it's not an easy job, and I think, they're sorta held up here (hand held up high)*, as far as being good people, and they're respected for their goodness and their giving and everything, but as a professional, and that comes down to that* (hand held lower)*. As I was saying before, social conditioning of remuneration is the measurement of how good you are in a profession, and so if you're not being remunerated at a certain level, you know, it's like shop assistants are looked at, at this level* (held hand down low) *by certain people, and then you know, you've got this person, that doctors are esteemed* (held hand up higher)*, and, it comes down to, not just the profession, but their earning power, and the way people perceive it, and that's what's valued, and that's really sad, and so unfortunately foster carers dip out, cause they've got great hearts and they're probably some of the best people in our society, they're not given the recognition they deserve."*
(CREATE, interview)

The Australian Foster Care Association representative saw foster carers' roles and status along a continuum ranging from volunteers to para-professionals to professionals, as this quote highlights.

> *"Look, I think it's on a continuum. We definitely have volunteers and we have people who definitely want to do it as volunteers. We also have people who aren't prepared to commit to doing it at the much higher level, so it's got to range from a volunteer to, through to a professional type thing…I think that you would find probably the bulk of carers would see themselves in the paraprofessional area, that is, they are providing a professional service, usually as volunteers, but certainly not with professional income…"*   (AFCA, interview)

The view of foster carers as volunteers is a commonly held one. However, as stated earlier, the national representative body, Volunteering Australia, does not consider foster carers to be volunteers. In the view of this body, foster carers do not meet the internationally accepted definition. An interview with Volunteering Queensland (the State affiliated branch of Volunteering Australia) also confirms this perspective:

> *"Yeah, well they don't fit into the definition of volunteers in the … context of say … traditional volunteers working with an organisation … y'know…?"*   (Volunteering Qld, interview)

The question which this view raises is where does this dissonance leave foster carers?

Departmental literature on this topic also conveys ambiguous perspectives as it refers to foster carers as both volunteers and partners who are a part of a professional team (DFYCCQ, 2000). Yet Departmental staff, when asked their views on whether foster carers were professionals, clearly thought they were not. For example, the Senior Management Officer's response was:

> *"No, not at the moment I don't ... I see them as … well, just non-professionals who are providing, hopefully, a safe and secure*

environment for children in care and I see it because that's the way they are, that's not my, my preference, but I don't know that I could ever consider, sort of any foster carers I've dealt with as professionals, simply because they haven't, they've done nothing to attain that level of professionalism, I mean there are some very good foster carers but I still wouldn't classify that as professionals…"

This view was shared by the Team Leader who, when asked if s/he saw foster carers as professionals, has this to say:

"Ah, no….the ideal situation would be that they're professionals … but I think for any short term or long term positive outcomes for children, especially those with difficult behaviours, there does need to be some, … if you could either call it professional or expert knowledge in how to manage those kinds of situations…"

The FSO in response to the same question about whether s/he saw foster carers as professionals said:

"Ahm, (long pause) *no. I see them as volunteers … I s'pose the training isn't accredited so there is no formal training given to them… I s'pose that's difficult as well cause they're volunteers but they have huge input into the case, family and child, so they're not volunteers, they're involved in that professional side of looking after the best needs of the child, although, I wouldn't call them professionals… yeah well, I think they're volunteers but it's difficult because they're not volunteers. You … can say, go and do this and y'know, this is what … should be done, go and do it, 'cause they're very involved in the decisions, so it's kind of conflicting, but see I don't probably … when working with a foster carer, I wouldn't think you're a volunteer, I'm a professional, I know what has to be done, so it's not really… that's not how I view them on a daily basis. I view them as a partner in working with the children…."*

And finally, from the perspective of a TAFE teacher who could provide training to foster carers, s/he says,

"When I think foster care, I would see it as a job and a role and I think it would be something that would be very difficult, probably not very rewarded by our community … I think mainly that it is work that is very demanding personally, very demanding physically and, at times, for very little reward from society."

From these interview responses it becomes clearly apparent that, from organisations which represent foster carers to those which represent volunteers and from foster carers themselves (as reported in previous chapters) there are significant differences amongst all key stakeholders in the out of home care field about how the role of foster carer is perceived. That is as volunteers or as workers in a job or as para-professionals or professionals. This in itself may not, at first, seem to be a significant problem but it is likely to be when one considers that such a lack of clarity about the role of foster carers undoubtedly influences not only the expectations which foster carers perceive of themselves in their fostering role and how they carry it out, but also the perceptions and expectations of Departmental staff, other allied professionals who work with foster carers, and of the community generally. This issue will be more fully discussed in chapter seven along with recommendations for practical ameliorative strategies to address this role confusion.

6.5 **PAYMENT FOR SKILLS**

The issue of payment for foster carers is another area where the ambiguities around foster care are played out. The mention of payment to foster carers for performing their fostering role often raises strong feelings of either resentment at the suggestion that caring for children should, on the one hand, be undertaken for anything other than love (Colton & Williams, 1997; Kirton, 2001a) and reimbursement for costs outlaid or, on the other hand, is a view that it is only fair that a fee or wage should be paid to foster carers (NFCA, 1996; Hudson, 1999; Hilpern, 2004). Yet foster carers who have ceased fostering identified, amongst other things, better pay and better conditions as something that might encourage them to take up fostering again (Triseliotis,

Borland & Hill, 1998). In recent years, particularly in the USA, Canada and the UK, in conjunction with calls for a more highly skilled, trained and professionalised foster care service, have come calls for adequate and reasonable remuneration for performing this increasingly difficult role (Pecora, *et. al.,* 1992; Palmer, 1995; Corrick, 1999; NFCA, 1996; Curtis, Dale & Kendall, 1999; Jackson & Thomas, 2000; Testa & Rolock, 2001; Hutchinson, *et.al.,* 2003; Hilpern, 2004).

Private or independent fostering agencies have developed in the UK and USA in response to the need to provide care to children for whom existing foster care services are either not available or are inadequate to meet the needs of specific 'high needs' children (CWLA, 1979; Collier, 1999; Sellick & Howell, 2004).   Many of these agencies *employ* and *pay* their foster carers a reasonable wage or salary, often to the ire of many local authority foster carers who receive only their fostering allowances (NFCA, 1996; Verity, 1999; Talbot, 2004). Private agencies do, however, expect their foster carers to undertake regular training and provide highly skilled foster care specific to the needs of the children for whom they care (Verity, 1999).   Placements for children in such foster care do, however, tend to be more stable and the outcomes for children much improved (Sellick, 1999c).   A UK foster carer, employed by a private fostering agency where she is paid a professional fee, believes that the "wage not only helps the recruitment and retention of skilled carers, but also improves the quality of placements" (Wylie, 2004:14). There appears to be mounting evidence that high skill levels for foster carers equates to improved placement stability and life outcomes for children cared for by such foster carers, whether employed by private fostering agencies or not. Where carers have developed higher level skills there are now calls for them to be remunerated according to the respective level (NFCA, 1996).   Supporting this argument, Verity (1999:198), when reporting on a 1998 UK Health Committee Report, cites from the report thus :

> *"The question of payment to foster carers needs to be tackled at two levels. Firstly, we believe it right that all foster carers should be adequately reimbursed for actual expenses incurred…."* and,

> *"(s)econdly, …there should be a stepped scale of payments to carers, with the level of payment being linked to the level of their skills and experience in dealing with difficult or demanding children."*

The notion of foster carers' skill levels being linked to pay scales has been an emerging trend in recent years in the UK, USA and Canada (Pecora *et. al.,*1992; Alberta Family and Social Services, 1992; NFCA, 1996). The Alberta model classifies and pays foster carers according to the training levels attained by them (Alberta Children's Services, 2001). This is clearly a more suitable approach to the payment of foster carers rather than solely according to the 'degree of difficulty' of children coming into their care as it avoids the negative effects of 'labelling' the child or young person from which they may never escape (Whittington & Holland, 1985; NFCA, 1996). Rather, conversely, the positive ascription of foster carers according to their attributes, skills and training levels elevates their status and assists with the matching of assessed needs of children and young people (Alberta Children's Services, 2001). Such an approach is likely to be less stigmatising for children and young people, better meet case planning goals and, generally, is likely to be beneficial for both foster carers and children.

The views were sought of 'other key informants' in this research regarding such a system, where foster carers are paid according to their training attainment levels and matched with children whose needs they have the ability to meet adequately. Their responses were generally favourable in this regard, when asked, "*what do you think of the idea that foster carer payments should be linked to the training and qualification attainment levels of foster carers as they are in some areas in the UK and the USA?*" Following are their responses to this question.

FCQ: *"…my reading of it is that you do the additional training then you can take on the harder kids and as you take the harder kids on –* (the Department would then say) *'we'll give you an increasing amount of money'… you need it for some of those kids that have got particular …*

high needs'. Ya need to have a process whereby the carers are being looked after, sufficiently well, and, they're not being forced to take other kids, when there's gaps in between (having children in their care). *So … whether ya wanna call that, a wage thing, or whether ya wanna call maintenance or placement payments or something like that … I guess it's an issue, once ya put it as a wage, ya go back to tax things, if ya put it as a placement one, then it's non taxable income."*

The Australian Foster Care Association representative also responded affirmatively to this question, albeit with one caveat.

"I've got a lot of… support for that principle, however, I think it should also be linked to the level of difficulty of the child. It should not be a straight out just qualification thing. My concern is that you have children who can be particularly difficult and whilst the level … qualification, may not be quite as high as say you might have for say another child who has … different sorts of needs … but is just as challenging and demanding in other ways, I think there has to be a little bit of give and take but, as a general principle, I don't believe that children should be cared for by people who don't have the qualifications for it. The only way that we can address this issue is by making payments reflect the qualifications that carers have and their skills and the abilities. And by that … skills and abilities, I mean recognising prior learning and demonstrated performance as well as formal education and training." (AFCA interview)

The PeakCare Queensland representative appeared to be somewhat surprised by this question as it had not been an aspect s/he had previously considered, nevertheless s/he was supportive of the model. S/he said:

"Oh right (surprised), *um, we'd tend to have to change our system a lot wouldn't we? ...* (but) *yeah, look…other than having had some discussion with people generally about, y'know, do we go the way of start saying, that this is actually a job, and we start paying them for a job, in which case, you start linking all of that together. I think that that's got some real merit and that may well be the way to go. If we're*

particularly going to have, y'know, difficulties in recruiting, new, new families, I think that it would probably resolve a lot of the difficulties in relationship between workers and the Department and the carers, cause it gives a very clear message about where people sit, and their qualifications, if ya like, to do what they do, so yeah, I think it's got some, it could well be beneficial if it sits within the… the general … idea of how society would like to see that go."

And finally, the representative from the Commission for Children and Young People also responded favourably in this regard when s/he said:

"… yes, I think that would be, the ideal, because then it's… like the situation with Barnardos so that, you can go out and you can seek a foster carer for a particular child, and the child, depending on their degree of difficulty…but you know, you could actually have a salary of, you know, $700 a week or something, to take on a particularly difficult child, so that it actually was a substitute source of income that, if you were qualified in an area, it's not, y'know, it wouldn't compare with probably what people could get in an absolutely professional, sort of employment situation, but it is significant enough, where you could sort of say look, you know, I don't need the top of the salary scale, but this is significant it recognises my qualities and my abilities, I will do this as a full time career. One of my concerns is, if training modules are just linked with private agencies … I would prefer to see training modules at the major tertiary institutions, throughout the state, and that they're standardised so that you could go to JCU (James Cook University) *or UQ* (University of Queensland) *or where ever and you do module one on foster care and it incorporates, you know these things, so it doesn't matter where you do it, if you've done module one, you'll have the same base knowledge, and you will have passed, you know, the same sort of… testing and whatever, as you would have if you'd done it anywhere else, not sort of, home grown training and being a foster carer - that worries me."*

It is clear from this response and those before it that there is support for a tiered model of foster carer training classification level accompanied by

correspondingly adjusted pay scales reflecting respective training qualification levels attained. Such models are proving attractive to foster carers in terms of recruitment but perhaps more importantly foster carers working in this way report feeling more valued and respected by Departmental staff and have a stronger commitment to remain fostering than carers not working within this model (Hilpern, 2004; NFCA, 1996). It is also reported that foster children favour improved pay and conditions for foster carers. A spokesperson of 'A National Voice', a UK representative foster childrens' organisation, reports that "(y)oung people have told us they feel strongly about this issue. There is increasing talk about wanting carers to be "professional parents" who are given wages equivalent to what they would receive if they went out to work, along with good support so that they are in a better position to support the young people" Wrigley (2004:15). Support for this view was also borne out in this study where a former foster child and a representative from CREATE Foundation, in reply to the question of whether foster carer training qualifications should be linked to pay scales, they responded thus:

"Well, that's kind of, it's actually quite a good idea…"
(Former Foster Child, interview)

And from CREATE the response was:

"*I agree that that should be the case … and you still may get people, going to training and becoming very skilled to reach the remuneration level, however, you're going to have well qualified people out there too, and you would hope that the evaluation methods and the assessment methods, are actually going to be, sort of set* (rigorous) *enough, that, people aren't just going through and, not achieving that level."*
(CREATE, interview)

In light of these findings two submissions incorporating recommendations for improvements in foster carer payments linked to skills levels were made to the recent CMC Inquiry and a fuller discussion about this finding will be presented in the next chapter.

6.6 INDIGENOUS AND AUSTRALIAN SOUTH SEA ISLANDER PERSPECTIVES

Another area explored with 'other key informants' in this study was that of the need for Indigenous and cultural considerations in relation to training for foster carers, both Indigenous and non-Indigenous.

In this study an emerging theme, from interviews with Indigenous 'other key informants', is that Indigenous perspectives and considerations relating to children and foster carers should have dual foci.

The first focus argues for Indigenous issues to be planned for and responded to in ways which would see the development of Government policies imbued with consideration for Indigenous culture and traditions and not simply as addendums to Government policies and service provision. Such a focus would thereby ensure that Government policies reflect an integrated and 'Indigenised' approach to the provision of services for all children and foster carers, Indigenous and non-Indigenous.

The second focus relates to recognition of the need to provide cross cultural information and training to Indigenous and Australian South Sea Islander foster carers in a manner which is easily understandable and culturally acceptable to them. It should be culturally respectful and should use language that is accessible to them.

Reinforcing these findings and in relation to the first focus mentioned above, the SNAICC representative commented, in relation to the National Plan for Foster Care in Australia that:

> *"…they did want to focus on Indigenous children and we basically said 'you can't have us as a 'tack on' or an 'add on', you've gotta really have a specific objective…"*   *(SNAICC, interview)*

This statement refers to having a specific objective to work towards in relation to Indigenous children in foster care in Australia and not as a statement attached to a national Plan. SNAICC promotes a more integrated approach towards incorporating and addressing Indigenous issues relevant within the broader 'out of home care' context in this country. This is particularly important in terms of recruiting, training and supporting more Indigenous foster carers.

Additionally, as Indigenous and Australian South Sea Islanders are separate yet intertwined cultural groups, through marriage and interrelationships, it was identified that foster carer training should also incorporate and reflect these cultural differences to avoid confusion or cause offence about their respective cultural considerations. As one Australian South Sea Islander key informant put it:

> *"… so what is culturally appropriate for one culture is totally out of order for another … because if people stereotype you … you think, oh well, they're all the same, we'll put 'em all into one basket and that causes cultural problems."*   *(MADASSIA, interview)*

Another key informant identified elements that are important to Indigenous people which should be incorporated within any training offered to them. These include:

> *"…respecting them … respecting their ways and how they live, respecting their, um, y'know, giving them the right to speak because, like from years ago … they felt that they were always …, spoken down to and intimidated by non-Indigenous people, y'know?"*
> *(MATSI Service, interview)*

The non-Indigenous shared care agency which, at time of interview, trained most of the foster carers (Indigenous and non-Indigenous) in the Mackay region also identified cultural aspects which need to be incorporated within foster carer training for both Indigenous and non-Indigenous foster carers. When asked whether there was sufficient consideration given to cultural concerns in existing foster carer training, this key informant replied:

"no I don't think so, and I think … there should be some form of cultural awareness as well in terms of training, because I mean, the reality is that there is still placements being made that aren't culturally appropriate. So I think that there is the need for a component of that to be included in the generalist training, but in terms of training, to Indigenous groups or other ethnic backgrounds, I don't think there is any consideration of their needs within training. I think it's one package that's delivered to everybody and doesn't have the flexibility, either, to make some changes within that … (and) *I don't think it should be like that … I think you've got the cultural factors that need to be considered in terms of people's learning styles and information, but I think … that should be quite mainstream as well because, you know, you're also talking about people from different backgrounds, different educational levels, different levels of understanding and I think that there should be a lot more flexibility to really be able to meet the individual needs of carers, because I think that, particularly in that earlier training, I think everyone can benefit from it and if it's not aimed at meeting their needs then they'll miss out on input and information and learnings."*

(Pathways, interview)

These comments support and reinforce the findings in the previous chapter from the Indigenous foster carer interviews regarding training. While the training topics identified by Indigenous foster carers were very similar to those identified by non-Indigenous foster carers, a stronger emphasis on cultural considerations for all foster carer training, Indigenous and non-Indigenous, was identified, so as to inform and educate foster carers about Aboriginal, Torres Strait Islander and Australian South Sea Islander cultural norms, customs, mores and traditions.

Given the interrelatedness of these three cultural groups it was pointed out by other key informants that assumptions should not be made that all Indigenous and Australian South Sea Islander foster carers will instinctively understand the cultural concerns of each of these cultural groupings and constellations. This view also extended to include training for Departmental staff who work with

Aboriginal, Torres Strait and Australian South Sea Islander families, which essentially, is all Departmental front line staff who come into contact with clients of the Department and the general public. A representative of the Indigenous Shared Care Agency, when asked *"should there be an emphasis on the cultural aspects of foster caring in any training that is offered"*, replied,

> *"Yes it should … yeah. Especially like with the Department because, I mean, like the old FSO's that work with the carers, well they sorta know, y'know, but … with changing FSO's, with new ones every week…the FSO's should come over and spend, say like a week here with us and learn to talk about the cultural things for each carer, y'know? And … what their culture's about and what those kids are about and that, and this is where they should get all the info from, here, and not just reading their files* (and) *what they've got on 'em, y'know? And because … what's on the file - it's not what's out here in reality, if you know what I mean?" (MATSI Service, interview)*

Indigenous 'key informants' also confirm, from previous training experiences, that having experienced Indigenous foster carers as support people at training for Indigenous foster carers, and training which incorporates non-Indigenous foster carers and Departmental staff has proved to be very helpful and fruitful, in terms of relationship building and being personally rewarding.   For example, when asked if the MATSI Service used experienced Indigenous foster carers as trainers the reply was,

> *"Not as trainers but as support people…yeah, so say like we're having training and that and the foster carers that have been foster carers for years they'll get up and support the training to the new carers, yeah.* (Like) *how things were then and how things are now and what they had to change and what training they had to do to get where they are… then afterwards, you got, even at the training or a morning tea you have and all new foster carers are there … and old foster carers are there, well, they can sit down and talk to one another … "*
>
> *(MATSI Service, interview)*

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The importance of having support people for Indigenous foster carers at foster carer training is crucial. This support assists them to overcome barriers especially in terms of shyness, written and oral language, and facilitating participation and understanding of course materials and content.

An example of a very positive interagency training experience was relayed where Departmental staff, foster carers from the non-Indigenous shared care agency and MATSI Service Indigenous foster carers all participated in training together. This experience was spoken of highly with comments such as:

> *"it was really good … it was good fun, and y'know, like training together … yeah, it was good, at least they* (the Departmental people) *knew what was on the minds of the carers and how they could fix it and whatever, y'know, but it was good and then we did the activity of icebreaker and all the Department was the carers and the carers were the Department and it was like a swing exercise, it was good, mm."*

When asked if this day helped to improve relationships between all who were there the response was, *"yeah, it did" (MATSI Service, interview).* Training together was identified as being positive however, one drawback identified in relation to Departmental staff was,

> *"… they go and they sit in their little cliques, y'know, instead of coming out and mixing in and all that, they still go that* (way)*, y'know?"*
> *(MATSI Service, interview)*

This demonstrates the importance of ensuring that training opportunities include activities which support interactive techniques that assist all participants to gain a greater comprehension of each others' roles, pressures and perspectives. This would create a basis for building collegial and more personally rewarding and supportive working relationships.

6.7 SUPPORT

As mentioned earlier in this chapter some 'other key informants' were interviewed to gain specific views or expert opinions relating to the agency they represented, e.g. Volunteering Australia, or area/s of expertise they possess, e.g. Social Science Experts. Therefore, not all of the 21 'other key informants' were asked their views on what would be of most assistance and support to foster carers. Of the 21, however, 13 were asked their views on the topic of support for foster carers. Their responses are detailed in *Table 6.2* below. Interestingly, their views identified areas of support, not only relating directly to foster carers, but also to other areas concerning State and Commonwealth Governments, the Queensland Department of Families (now Department of Child Safety), and other agencies and individuals in related areas. Suggestions in each of these areas were presented because they were considered to be supportive of foster carers, either directly or indirectly. The responses of these 13 'other key informants' have been categorised respectively. They range from responses most often mentioned through to those least frequently cited as displayed in the following table.

Table 6.2   Other Key Informants identify supports for Foster Carers

INITIATIVES & CHANGES WHICH WOULD PROVIDE MORE SUPPORT FOR FOSTER CARERS IF IMPLEMENTED:			
Provide more training support and professional expert advice to foster carers about the needs of foster children.	10	Foster carers to be respected.	2
Support Groups for (General, Relative, Indigenous) foster carers.	6	Recruit more foster carers including those from a broader representation across the population.	2
Ensure foster carers have a 24 hour contact support mechanisms in place.	4	Matching of foster carer's attributes, qualifications, skills and abilities to the needs of children coming into their care.	2
Foster carers to be valued.	3	Recruit more foster carers including those from a broader representation across the population.	2
Foster carers to receive recognition for the work they do.	2	Develop and implement practice standards for foster carers.	1
Government to provide support to informal fostering arrangements with grandparents and Indigenous voluntary placement arrangements.	2	Foster Carers to have equality with other workers.	1
		Foster carers to be non-judgemental of other foster carers.	1

Table 6.2 (Continued)

WHAT THE DEPARTMENT COULD DO TO BE MORE SUPPORTIVE OF FOSTER CARERS:			
Payment issues, e.g. pay foster carers more as per McHugh Report; pay according to qualifications, skills and abilities.	5	For the Department to provide counselling services to Indigenous foster carers when allegations are made against them.	1
Support from the Department when allegations of abuse or neglect are made.	4	The Department to provide counselling services to Indigenous shared care agency staff to help them deal with knowledge of and details about child abuse.	1
Reduce FSO caseloads so they have the time to support foster carers.	3	The Department to review the dual system of government and non-government foster carers.	1
Departmental officers to return phone calls and when urgent messages left.	3	Foster Carers to have more input into decision making regarding foster children in their care.	1
FSO's being available to foster carers.	2	The Department to have a good ratio of Departmental workers to foster carers.	1
More open communication with Departmental officers.	2	The Department to recruit more experienced professional workers.	1
The Department to provide more support to foster carers generally.	2	Department to 'free up' FSO's time to enable time for more home visits with foster carers.	1
The Department to adhere to the Aboriginal Child Placement Principle.	2	For the Department to follow and adhere to existing Departmental policies concerning all areas relating to foster carers.	1
The Department to develop and put in place quality management systems.	2	The Department to make Indigenous foster carer assessments more culturally appropriate.	1
For the Department to not overburden shared care agency coordinators.	1	The government to make more services available to meet the needs of children in foster care.	1
Foster Carers to be listened to by Departmental officers.	1	The government should make available to Australian South Sea Islanders access to services (govt and non-govt) which they can assess in their own right and not be included with Indigenous services (govt and non-govt)	1

Table 6.2 (Continued)

WHAT <u>SHARED CARE AGENCIES</u> COULD DO TO BETTER SUPPORT FOSTER CARERS:			
Shared care co-ordinator to develop good relationships with foster carers	1	Shared care Co-ordinator to be readily accessible to foster carers when needed.	1
To have a good ratio of shared care agency workers to foster carers	1		

SUPPORTS THAT WOULD HELP FOSTER CARERS' <u>OWN CHILDREN</u>:		SUPPORTS FOR FOSTER CARERS <u>RELATING TO FOSTER CHILDREN</u>:	
Establish support groups for foster carers' own children.	1	More information about children coming into foster care.	2
		Have more placement options for children needing out of home care.	2

N = 13

From these tables it is clear that the top five areas most often identified as being of support to foster carers are:

1. Providing more training support and professional advice to foster carers regarding how best to meet the needs of children in their care.

2. Having support groups for foster carers including separate support groups for different categories of foster carers (General, Relative and Indigenous foster carers).

3. Payment issues relating to matters such as being reimbursed in a timely manner, implementing the recommendations of the McHugh Report (2002), being paid kilometric allowances in some situations where this

does not currently occur, generally improving financial support to foster carers, and paying foster carers according to their qualifications, qualities and skills.

4. Ensure that there is a 24 hour contact support mechanism for foster carers so they always have a support contact should they need it, especially at times of crisis.

5. That the Department be more supportive of foster carers when allegations of abuse or neglect are made about them.

Points 4 and 5 were each mentioned four times in this study and are therefore at the same level of priority.

The next highly rated categories, each being mentioned three times, include foster carers being valued, reducing FSO case loads to allow them to spend time supporting foster carers, and FSO's returning phone calls, particularly when messages are left that the matter is urgent.

Many other areas identified by 'other key informants' as being supportive to foster carers were also noted by foster carers in chapter four. One of these areas relates to the supportive role of foster carers' own children in caring for foster children. Foster carers identified the importance of support from their own children and 'other key informants', recognising the supportive role that these children fulfil for their parents, in turn, suggest the need for support groups for the children of foster carers. This is a need becoming more widely recognised by other researchers in this area (Moslehuddin, 1999; Nuske, 2004) and worth highlighting here.

Another area of note, by its omission, is that which refers to support for 'government' foster carers. These are carers aligned solely with the Department and not with any shared care agency. Some 'other key informants' mentioned the need to review the dual system of government and non-government foster carers as it is seen as inequitable. In addition it was

noted that it is important for foster carers to have good relationships with and be able to have access to their agency co-ordinators. However, it has been established that government foster carers are significantly disadvantaged most often having no such support person as they rely entirely on FSO's or other Departmental officers for support (PeakCare, 2003a; CMC, 2004). In this study it was the Departmental officers themselves who acknowledged that they did not have the time, given their present heavy workloads, to support foster carers. Therefore, foster carers who are aligned with shared care agencies can access support from their respective agency yet 'government' foster carers in this study did not have this support.

This inequity in support for government foster carers was noted in the recent CMC Report thus: "a clear contrast between government and non-government carers became apparent when carers were questioned specifically about their relationships with their support workers" and "(w)hen compared with departmental carers, agency carers report greater satisfaction with the support they receive from their agencies" (2004:207). Subsequently, a recommendation was made to redress this inequity. It states "(t)hat conditions and support for departmental carers be enhanced to ensure that they are not disadvantaged in comparison with agency carers" (Recommendation 7.23, CMC, 2004:208). While the Queensland Government has committed to implement fully all of the recommendations in the CMC Inquiry report, at the time of writing, this one is yet to be implemented. The research findings of this study therefore lend support to this recommendation made by the CMC Inquiry (2004).

Many of the 'other key informants' listed several areas of support to foster carers but it is the CREATE Foundation's representative whose response encapsulates a great many of the areas identified in this study. When asked what would be of most assistance and support to foster carers s/he said:

> "I guess information, in regards to… children that are coming to them,
> but, you know … that matching of their skills with the children that
> they're taking in. Also, ... more networking, opportunities with each

other as well as with (the) *community* (agencies) *… to support each other because they're going through the same stuff, but also* (developing) *the community networks because then … that's their support network as well.   I think … the training … and…I guess educating the public would be great so that they were recognised for the great work that they did … because the sector recognises it, but the greater community have no idea about any of that stuff. And* (about) *what people* (foster carers) *are actually doing, sacrifices they make, that … would give the greater community social support out there as well … if it works, people might hopefully value more what foster carers do and value their contribution.   And I guess, support from, Departmental workers, in that they actually work more with them* (foster carers) *as well, and the FSO's who are in charge of … young people and children …that open communication … would really support them* (foster carers) *I think."* 　　　　　　　(CREATE Interview)

Support has been identified in many research studies and much of the literature as being a key component of sustaining placement stability and contributing to carer retention and overall satisfaction with their fostering role (NFCA, 1996b; Triseliotis, Borland & Hill, 2000; AFCA, 2001; Sinclair, Gibbs & Wilson, 2004).   Moreover, support to foster carers contributes to improved outcomes for children in out of home care (Berridge & Cleaver, 1987; Triseliotis, Sellick & Short, 1995; Sinclair, Gibbs & Wilson, 2000; Sinclair, Gibbs & Wilson, 2004).

6.8　CONCLUSION

In this chapter I have presented the findings of interviews conducted with 21 'other key informants' in the child protection and out of home care fields. These comprised peak bodies and other agencies representing both Queensland and/or national interests regarding foster carers (Indigenous and non-Indigenous), foster children, non-Government Shared Care Agencies, volunteers, Australian South Sea Islanders, Departmental officers, training organisations and social science experts in the fields of social work and

psychology. Information from personal contacts with international fostering agencies and researchers in this field has also been drawn upon and duly acknowledged where utilised.

The central findings from interviews with 'other key informants' reinforce many of those of previous chapters, particularly those relating to the recognition of the critical importance of a consistent and sustained approach to the provision of initial and ongoing training for foster carers.

Other key findings include support for specialist foster carer training to assist carers to care for children with very challenging to extreme behaviours and/or disabilities. Such specialist training was supported by both of the social science experts interviewed in this study.

Accreditation of foster carer training was strongly supported by other key informants including the recognition of prior learning for carers with relevant life experience, and/or qualifications. I was felt that carers who undertook and completed accredited training would not only gain valuable qualifications but would also be afforded more respect and attributed higher status from departmental staff in particular. This would, in turn, assist carers to feel their views and opinions were valued, an area needing redress identified by carers in chapter five.

The incongruence surrounding the voluntary status of foster carers was highlighted by other key informants and identified as creating role confusion for foster carers. Other key informants were found to be in agreement that carers should be seen not as volunteers but as professionals as is the case already in the UK and the US. Additionally, they were also very supportive of carers receiving payment levels commensurate with training and skill levels attained by carers. Furthermore, other key informants were of the view that children requiring out of home care should then be matched with carers who have the skill level best able to meet their needs.

Indigenous and Australian South Sea Islander other key informants argued that all government policy should reflect an integrated approach to cultural customs, traditions and issues and this should also be evident in areas of service provision for all children and foster carers, both Indigenous and non-Indigenous. Similarly, it was considered important for all foster carer training, delivered to Indigenous and non-Indigenous carers, to incorporate respect for cultural considerations and be delivered in culturally appropriate and accessible language.

The implications of these findings as well as those from previous chapters will be explored and discussed more fully in the chapter that follows and will also incorporate research informed recommendations to the Queensland Government for the improvement of policies and practice regarding out of home care in this State.

Chapter 7.   DISCUSSION AND RECOMMENDATIONS

"Change has considerable psychological impact on the human mind. To the fearful, change is threatening because it means that things may get worse. To the hopeful, change is encouraging because things may get better. To the confident, change is inspiring because the challenge exists to make things better."
     (King Whitney, Jr.)

During the course of this research in depth interviews were conducted with foster carers and other key stakeholders in the out of home care field in the State of Queensland and also, more broadly, with peak representative bodies within Australia.   Additionally, international researchers and social welfare practitioners were consulted regarding the topic of foster carer education, training and support.   The total accumulated data from all interviews and consultations have provided a wealth of information and depth of insight into the topic of this inquiry, the findings of which have been presented in preceding chapters.

In this chapter I will discuss the research findings and how they relate to the recommendations of the recent CMC Inquiry into the abuse of children in foster care (CMC, 2004) in Queensland.   Where appropriate I will also identify implications from these research findings regarding foster carer training and support, and with regard to the future of foster care within the state, national and international context.

Additionally, I will draw on the findings of this study throughout this chapter to make research informed recommendations to the (now) Queensland Department of Child Safety regarding the future development of Departmental policy and practice, particularly as they relate to foster carer training and support.

However, before doing so it is important to highlight that, at the time of writing, a new foster carer training program entitled, "Quality Care: Foster Carer Training", is about to be launched by the Department of Child Safety. This new training initiative for foster carers began during the course of this study and is very relevant to it. Before presenting an overview and discussion of the main findings of this research study I will briefly describe the Department's new training program.

7.1 THE CURRENT QUEENSLAND CONTEXT

At the time of writing the Queensland Department of Child Safety is about to launch a newly developed pre-approval and post-approval 18 hour foster carer training package titled 'Quality Care: Foster Care Training' (Hersey, 2004). 'Quality Care: Foster Care Training' is competency based but non-accredited with no plans for it to become so in the near future. This training package will supersede the 'Sharing the Care' pre-service foster carer training program and is intended to provide a level of six hours pre-approval training for intending foster carers and 12 hours training spread over the first 12 months of fostering service. This is a new Departmental approach to foster carer training where, previously, 18 hours of training was provided in a concentrated block of time which was intended to be completed pre-service although, as these research findings highlight, many foster carers either did the training post-approval or not at all. Whilst the provision of pre and post approval training is in keeping with the preferences of foster carers in this study, rather than being overloaded with information prior to, or very early in their fostering career, the new training package does not take into account the need for a more planned and consistent approach to the provision of ongoing training throughout the fostering career, as identified in this research study.

7.2 FOSTER CARER TRAINING

Historically, foster carer training in Queensland began at the instigation of a small number of Departmental staff members who recognised the need for foster carers to have training and preparation for their role. The responsible staff members were located within offices in the south east corner of Queensland. The implementation of foster carer training was initially set up as a trial however, because it proved successful, training for foster carers eventually became more routinely applied throughout Queensland when from 1996 onwards 'Sharing the Care' foster carer pre-service training was more regularly used for the preparation of newly recruited foster carers.

However, it was not until 2003 that Departmental policy made it compulsory for generally approved foster carers to undertake foster carer pre-service training. Relative carers were not precluded from attending training however, in practice, they did not take it up either because they did not know about it being offered and/or they were not encouraged to take it up by Departmental or Shared Family Care agency staff.

The findings of this research highlight the fact that prior to 1988 in Queensland there were no State Government efforts directed at training for foster carers and certainly none for relative carers. This situation was undoubtedly due to the historical origins of fostering as that of substitute parenting where no real skills were thought necessary to foster, other than the ability to successfully parent one's own child or children.

However, at the beginning of the 21st Century it is clear that fostering is a much more demanding role than it once was with much higher expectations now being held of foster carers by Governments and the broader community generally, regarding the nature and quality of the care provided to children and young people. The findings of this research and those of the CMC Inquiry in Queensland (2004) bear testament to this claim.

Therefore, it stands to reason that people who undertake fostering nowadays need to be very well informed and prepared indeed, to perform the role to the high standards which are now expected of them. However, despite these expectations half of the foster carers in this study had no training to prepare them for their fostering role prior to receiving their first foster child. This included all of the relative foster carers and three quarters of all Indigenous foster carers. Excluding relative carers, most of the foster carers did, at some time during their fostering career, go on to undertake either the 'Sharing the Care' pre-service foster carer training or some other one-off training session. However, of all the foster carers who took part in this study, 15% had never undertaken any foster carer training at all.

Foundational knowledge is essential if foster carers are to understand their rights, responsibilities and obligations as carers within the bureaucratic system, as well as understand the functions and responsibilities of the Department. Without this fundamental information foster carers may have unrealistic expectations of themselves and of the Department, which could become quite problematic for them, especially if they become implicated in child protection notifications, which is highly likely for most foster carers at some time during their fostering career (AFCA, 2001). Many foster carers who took part in this study expressed frustration regarding their role and that of the Department. This study has identified that some foster carers who experience this type of frustration, do so because of a lack of preparation for their fostering role and as a result fundamental knowledge regarding their fostering role is missing. To alleviate this problem and to ensure that future foster carer training experiences are as meaningful as they could be, it is essential that foster carers gain foundational knowledge about their role, responsibilities, and the legislation, and similarly, with regard to each of these areas as they relate to the Department.

RECOMMENDATION 1.
That all foster carers who have not already completed pre-service training, regardless of how long they have been fostering, should do so as a matter of priority to provide foundational knowledge about the

Department, the legislation and the responsibilities and expectations of the fostering role itself.

Despite the pre approval and post approval (during the first 12 months of fostering) structure of the Department's new foster carer training program, "Quality Care", there is still no formal Departmental approach to the *ongoing* training of foster carers beyond their first year of service. Hence, the Departmental approach to the longer term, ongoing training of foster carers remains unplanned and therefore dependent still, on the inclinations of motivated individuals, in disparate localities around the State, to instigate. The CMC Report recommends the ongoing training of foster carers but as yet the Department has no processes in place to ensure this training occurs, although, this recommendation has been committed to full implementation by the Queensland Government (CMC 2004).

However, at the time of writing, the Department's unstructured approach to ongoing training for foster carers does not assist to develop quality assurance mechanisms or facilitate consistency of the development of foster carers' knowledge and skills. Moreover, the absence of such an ongoing approach to foster carer training by the Department indicates foster carer training is not a priority in this State, yet foster carers and other key informants in this study clearly identify the need for ongoing training and specialist skills development. Children cared for by foster carers who have completed ongoing specialist training and skills development have been identified as having improved life outcomes compared with children cared for by carers who have not had such training (Chamberlain, 2000).

Additionally, in relation to the underpinning theoretical frameworks of this study, many of the principles and objectives of 'child care' as defined within the *Child Care Act (2002)* need also to be taken into account and applied to the foster care systems for children in care. Particularly those principles which relate to safety standard requirements for children in carer's homes and those relevant to the education and training requirements of personnel actually providing the child care. Furthermore, the provisions necessary for normal

childhood development and the additional care requirements for children in foster care, as identified within the child care theoretical frameworks underpinning this study in chapter three, need also to be incorporated within foster carer training materials (JCU/QDOF, 2001).

The Social Science Experts (SSE) interviewed in this study clearly identified essential areas of knowledge and skills required by foster carers (see *Table 6.1*) to competently fulfil their fostering role and appropriately care for children placed with them. The areas of knowledge and skills identified by the SSEs in *Table 6.1* should be drawn upon when future foster carer training curriculum is being developed.

RECOMMENDATION 2:

That the knowledge, skills, qualities necessary for foster carers (see Table 6.1) and the underpinning theoretical child care perspective identified in this research (see Chapter 3) be utilised when recruiting, screening and training applicants who wish to become foster carers.

7.2.1 Initial and Ongoing Foster Carer Training

Another underpinning theoretical perspective of this research is that which pertains to adult education and training generally. To reiterate, as outlined in chapter three, this theoretical perspective begins from the assumption that people are continuously learning in whichever environment they are located. Foley states, "(p)eople learn continually, informally and formally, in many different settings: in workplaces, in families, through leisure activities, through community activities, and in political action" (1995: p. xiii and xiv).   Foster carers are no different in this regard and consequently, their views, and those of other key informants, were sought in this research study about the importance and relevance to them of learning about the fostering role both at the time of induction and throughout their fostering career.

A key result of this research study is that the need for both initial and *ongoing* foster carer training, throughout the fostering career, was *clearly* established.

The importance of each of these aspects of training was agreed upon by 98% of foster carers and all of the other key informants (100%) who were questioned in this regard.

Therefore, a major finding of this research is that foster carers want training to be practically applicable and nationally accredited with qualifications recognised by, and transferable between, all Australian States and Territories. This is to ensure foster carers do not have to repeat training should they relocate interstate as is currently required of them. Furthermore, foster carers want recognition of relevant prior learning and life experiences to be assessed and credited against any training they undertake.

Additionally, foster carers identified their desire for formal recognition through qualification for the efforts they put into undertaking training related to their fostering role. There was a strongly held belief by foster carers, that being qualified would result in them being treated with more respect, have their views taken more seriously, and be listened to by Departmental officers and other professionals with whom they come into contact throughout the course of their fostering career.

Significantly strengthening this finding is the fact that 'other key informants' in this study also strongly supported these views of foster carers. As not all 'other key informants' were asked the same questions, of the 16 who were questioned in this regard 100% thought that foster carer training should be accredited. The reasons given for their views stemmed from the belief that accredited training would enhance foster carers' levels of knowledge and skill as well as provide a level of practical assistance to them in their daily caring roles. Moreover, they also shared the view that credentialed and nationally recognised training for foster carers would bestow a level of professionalism which would facilitate foster carers being listened to, being treated more respectfully and being valued as colleagues by Departmental staff and other welfare professionals.

If foster carers were to achieve this elevated status of equality with other welfare professionals the flow-on effects would be both empowering and

liberating for them, in terms of how they are treated by Departmental staff and other human service professionals. Empowerment theory as defined in chapter three, underpins this study. It both informed the development of the research interview instruments and the analysis of data collected. If, through undertaking foster carer education and training, foster carers were to gain a heightened sense of their own personal power and agency, the flow-on effects for them would be "reduce(d) powerlessness stemming from (their fostering) experience of discrimination because (they) belong to a stigmatised collective" (foster carers) within the alternative care system (Solomon, 1976:29). Therefore, in keeping with the principles of empowerment and those of adult education and training foster carers should be encouraged to take responsibility for developing their own learning goals which would form the basis for individualised training agendas which the Department should then support, both financially and practically (for example through providing respite to carers to enable them to achieve learning goals).

RECOMMENDATION 3.

That competency based foster carer training modules be developed and incorporated within the national qualifications framework, and that such training form part of a modularised training continuum which foster carers then choose to enter or exit, dependent upon their individual training goals (see Recommendation 13).

7.2.2 Training for Relative Carers

In addition to the foundational knowledge which all foster carers need, relative carers need specific knowledge and skills to assist them to care for a relative child or children and to deal with the multitude of additional stresses and pressures with which their role is encumbered, a view supported in the literature (Laws & Broad, 2000; Sykes, Sinclair, Gibbs & Wilson, 2002; Department of Human Services, 2003; McHugh, 2003; Hilpern, 2004; Nixon, 2004; Spence, 2004; Vimpani, 2004).

It is important that specific relative carer training modules be developed and incorporated within a larger stream of accredited foster carer training. In Queensland the development and provision of relative carer training has been left to the discretion of respective Departmental offices or Shared Care Agencies throughout the State to develop and implement at their discretion. Consequently, pockets of relative carer training occur in some locations in Queensland and nothing in others.

The Caboolture and Redcliffe Peninsula Region of the Department developed an induction program for relative carers. This training was subsequently further developed by the Department's Brisbane City Region to produce a very useful relative carer training and information kit (Department of Families, 2003). This is non-accredited training and is used, intermittently, with relative carers in the Mackay Whitsunday region of the (now) Department of Child Safety. This training was instigated after preliminary findings from this research were made available to the Department in the Mackay Whitsunday region of this study.

No *accredited* and relative carer specific training could be identified in this research, despite searches in Australia, the UK, the USA and Canada. The closest that could be located was that in New Zealand where a National Certificate in Whānau/Family and Foster Care (Level 4) has recently been developed (Lawrence, 2004). This training is incorporated within the national training framework of the New Zealand Qualifications Authority and it is accredited training relevant to both 'kin and non-kin foster carers' (NZQA, 2004). Other than this course, no other accredited training for relative carers could be identified elsewhere. Numerous short training courses exist for relative or kinship carers in Australia and overseas but none which confer nationally recognised qualifications upon successful completion.

The UK Fostering Network has developed a "Family and Friends" relative carer training course (The Fostering Network, 2004), and in the US the Child Welfare League of America has developed a specialist relative carer training program

entitled "A Tradition of Caring" (CWLA, 2003). Both appear very suitable for the training of relative carers but they are short, stand alone courses, not incorporated within a broader national training qualifications framework, as was the preference identified in this study, by the majority of relative carers.

Relative or kin carers have unique needs which should be taken into account when preparing them for the rigours of fostering and to support them throughout their years as relative carers. Hilpurn states, "research shows that family and friends foster carers often experience less contact with social workers and training is less likely to be offered" (2004:16). Nixon further notes, "historically, the foster care system was designed for strangers to look after other people's children and family and friends care has been drawn into this system, whereas it should be seen as a distinct type of placement" (2004:16). This research has identified that, because of this distinctiveness, relative carers also require a distinctive type of training, in keeping with their special needs, enabling them to provide the best possible care for the children placed in their trust.

RECOMMENDATION 4.
That Foster Carer training packages be developed which incorporate specific competency based training for relative carers, taking into account the uniqueness of their fostering roles and the additional burdens they bear in this role.

RECOMMENDATION 5.
That relative carer specific training be embedded, as an elective module, within general foster carer training, contained within a national training qualifications framework.

7.2.3 Training for Indigenous and Australian South Sea Islander Foster Carers

Aboriginal and Torres Strait Islander people comprise Australia's Indigenous population whereas Australian South Sea Islanders (ASSI) are recognised as a separate non-Indigenous ethnic group (Commonwealth of Australia, 1994).

However, because of intermarriage and interrelationships (in the study region especially) these three cultural groups are intrinsically enmeshed and, as such, it is necessary to consider training for Aboriginal and Torres Strait Islander foster carers along with that for ASSI carers.

In this study each of the three cultural groups identified separate and unique cultural differences which they clearly reinforced during the research interviews. Consequently, there are cultural considerations, traditions and mores which were identified by carers as being of great importance and significance to them. Therefore, they want these significant cultural elements reinforced throughout all areas of foster carer training. The point was made by the research participants that these cultural elements should be incorporated throughout all foster carer training offered to both Indigenous and non-Indigenous carers, including ASSI carers. This is not an unreasonable expectation given the unacceptably high levels of Indigenous children in foster care - six times the rate for other Australian children (AIHW, 2004). Therefore, education about cultural considerations is vital for both Indigenous and non-Indigenous foster carers. Moreover, as there are insufficient Indigenous carers available to meet existing demands for placements for Indigenous children, many non-Indigenous carers are, in fact, caring for Indigenous children, despite legislation enacted to prevent this from occurring in the form of the Indigenous Child Placement Principle, (SNAICC, undated; McHugh, 2003). Therefore, it is critical that non-Indigenous foster carers, caring for Indigenous and ASSI children, have a sound understanding of cultural customs, traditions and beliefs to ensure Indigenous and ASSI children remain connected to their families and their cultures.

Indigenous and ASSI foster carers in this study were in agreement that cultural considerations need to be incorporated and integrated throughout foster carer training offered to all carers (Indigenous and non-Indigenous). The Secretariat of National Aboriginal and Islander Child Care (SNAICC) argues that Indigenous concerns, no matter in which area of social policy, must not simply be an 'add on' to non-Indigenous policy, but must be included as an integral aspect of all government policy and practice, particularly those relating to

children, families and foster carers, including training for foster carers (SNAICC, 2003).

RECOMMENDATION 6.

That specific and accredited Indigenous training programs be developed for Indigenous foster carers modelled on training provided by the nationally acknowledged centre for excellence in this area - 'Yorganop' in Western Australia.

The Department's new foster carer training program, 'Quality Care: Foster Care Training', has been developed with one module dedicated to Aboriginal and Torres Strait Islander foster carers. However, given the view of SNAICC as presented earlier, it is questionable whether, one separate Indigenous training module, satisfactorily and comprehensively incorporates Indigenous perspectives and considerations in ways that are consistent with what Indigenous foster carers want, as indicated in the findings of this research. Preliminary findings of this research, relating to the training needs of Indigenous foster carers, were utilised in the newly developed Departmental Foster Carer Training Program, 'Quality Care' however, findings relating to areas of importance identified by Indigenous and ASSI foster carers and SNAICC such as accreditation and integration of Indigenous cultural aspects throughout all training modules have not been incorporated.

RECOMMENDATION 7.

That the Department ensure Indigenous and ASSI cultural considerations are incorporated throughout all foster carer training materials, and that such training is integrated within a nationally accredited foster carer training program.

Little consideration appears to have been given to the specific training needs of ASSI foster carers within the Department's newly developed training, 'Quality Care: Foster Carer Training'. While it is a fact that the highest concentration of ASSI people in Australia, live within the Mackay Whitsunday Region of

Queensland there are many who live throughout Queensland and, indeed, Australia (Human Rights and Equal Opportunity Commission, 1992).

Therefore, incorporating ASSI cultural considerations within foster carer training, especially within the most recent version, 'Quality Care', should be a matter of priority. This omission needs to be rectified by the Department as soon as possible to comply with the Queensland Government's agreed to protocols for working with the ASSI population in this State (Dept of Premier and Cabinet, 2001). For example, one point contained within the Queensland Government's Action Plan (2001) for the ASSI community not currently being honoured, is that which states that the Government should "offer cross-cultural training which includes Australian South Sea Islander issues," another is for the Government to "coordinate the production of information resources on Australian South Sea Islanders" (Department of Premier and Cabinet, 2001:13).

RECOMMENDATION 8.
That the Department, as a matter of priority, conduct consultations with Australian South Sea Islander representatives, to determine the cultural perspectives and considerations which they believe need to be incorporated within and throughout all training, for both Indigenous and non-Indigenous foster carers.

RECOMMENDATION 9.
That foster carer training which incorporates Australian South Sea Islander cultural perspectives be included within a nationally recognised training program for foster carers and that this training be delivered to all foster carers in accordance with their individualised training plans.

7.2.4 Specialist or Treatment Foster Carer Training

The need for specialist training to provide treatment or therapeutic foster care was strongly established in this research with 65% of foster carers and 100% of key informants questioned in this regard, believing there was a need for

higher level specialist training of foster carers. They expressed the view that this was especially so, given the nature and diversity of the difficulties which foster carers confront on a daily basis and in particular, when they are caring for children with special and complex needs and/or extremely challenging and difficult behaviours.

The Social Science Expert who is a psychologist clearly expressed the view that therapeutic foster care, because of its concentrated and consistent nature, is more beneficial to foster children than is conventional counselling. Pecora, Whittaker, Maluccio, Barth, and Plotnick take this thinking one step further and argue that, "the out of home placement should be used therapeutically with both parents and children" and that out of home care "can no longer be viewed as an end in itself, as a substitute for the biological family, or as the provision of custodial care" (1992: 338). Rather, they argue that it "is a vehicle or a means to an end – namely, rehabilitation of the family or child and reconnection of the child with the family as much as possible" (Pecora, *et. al.,* 1992: 338).

The US Foster Family-Based Treatment Association (FFTA) claims that "treatment foster care is a distinct, powerful, and unique model of care that provides children with a combination of the best elements of traditional foster care and residential treatment centres. In Treatment Foster Care, the positive aspects of the nurturing and therapeutic family environment are combined with active and structured treatment" (FFTA, 2001:1). Adolescents who have been cared for within treatment foster care have had positive outcomes as reported by Chamberlain who found that adolescents cared for in this way "… reported significantly fewer psychiatric symptoms, had better school adjustment, returned to their family homes after treatment more often, and rated their lives as being happier compared to (adolescents) in group care" (2002:2).

There are many variations of treatment, specialist and therapeutic foster care, however, generally this type of care is more intensively therapeutic in orientation. In the opinion of both of the Social Science Experts in this study, specialist foster carer training is *essential* for some foster carers, if there are to

be good outcomes for fostered children, a view also supported in much of the literature on this topic (Pecora, *et al.,* 1992; Palmer, 1995; Leahy, Little, Mondy, Nixon, 1999; Chamberlain, 2000; Barbell & Wright, 2001).

Vimpani asserts that "out of home care should be therapeutic but (she believes) carers are often ill-equipped to deal with the problems" (2004:31). Foster carers in this research identified this short coming for themselves where 50% of them believe they needed more specialist training, knowledge and skills to adequately care for the challenging behaviours and multifaceted needs of children and adolescents currently in their care, and for those coming into care.

In this study, all of the 'other key informants' whose views were sought on specialist training for foster carers, identified the need for foster carers to have specialist knowledge and skills to care for foster children. Recognition for foster carers who gain higher level specialist knowledge and skills, which are then applied in practice with foster children and adolescents, is deserved and should be encouraged (Hutchinson, Asquith & Simmonds, 2003). In fact, this recognition, for completion of higher level foster carer training, is already a reality for many foster carers, particularly those with private or independent fostering providers in the UK (Hutchinson, *et. al.,* 2003; Sellick & Howell, 2004) the US (Foster Family-Based Treatment Association, 2001) and in Australia in agencies such as Life Without Barriers (Life Without Barriers, undated).

Other key informants in this study also identified the need for foster carers who undertake higher level training, to be paid commensurately according to their qualification and skill attainment level. Research elsewhere supports this view. Hutchinson *et al.* (2003:12) argue that foster carers who undertake higher level fostering skills should be rewarded "… financially according to the skill level achieved…" Furthermore, they argue that "the specific needs of the looked after population will be met only by highly trained and skilful carers" (Hutchinson *et al*., 2003:12). Moreover, while acknowledging that highly skilled and trained foster carers are not formal therapists, Hutchinson *et al.* contend that foster carers who receive more specialist training are "able to provide a

therapeutic environment for traumatised children" which cannot be "achieved by providing general preparation and training" or through "pre-approval (training) and then allowing individual carers to decide whether or not to attend further training" (2003:12). Therefore, foster carers who complete specialist training courses are best placed to care for those children and adolescents with high needs and more challenging behaviours.

Following these comments Hutchinson *et al.* (2003) further assert that the needs of such difficult to care for children should be matched to the identified skill levels of foster carers. Triseliotis, Borland and Hill (2000:238) also argue for "improving methods of assessing and matching children to carers." Similar calls have come from other prominent researchers in this field, regarding the importance of matching the needs and characteristics of children with foster carers' skills, abilities and attributes (Berridge & Cleaver, 1987; Caesar, Parchment and Berridge, 1994; Triseliotis, Borland, Hill, & Lambert, 1995).

If foster carers are to commit themselves to undertake foster carer training and especially higher level, specialised foster carer training, it stands to reason that they would want their efforts formally recognised. Such was the case for foster carers in this study where they identified the importance of being awarded a recognised qualification upon successful completion of foster carer training courses. Other studies have also identified this preference. For example, Triseliotis *et al.,* (2000:77) report from their study, "carers suggested closer links between pre and post-approval training with much greater emphasis on the continuity and coherence of training, preferably leading to a qualification for those who want it."

RECOMMENDATION 10.

That competency based specialist foster carer training modules be developed and included within the national qualifications framework as elective foster carer training modules.

RECOMMENDATION 11.

That foster carers who complete specialist foster carer training modules have higher needs children and adolescents placed with them and they be remunerated at higher levels than foster carers who have not completed this training.

7.2.5 The Future for Foster Carer Training

Findings from this research clearly identify the need for high level specialist skills and knowledge development for foster carers.   Nationally accredited foster carer training was the preferred form of training identified for foster carers, and findings in this regard suggest that foster carer training should be levelled, at a minimum, at the TAFE Diploma level where training is practically oriented and competency based. It was noted that training should, however, be relevant to foster carers' own circumstances in relation to the needs of the children in their care. For this reason the findings indicate it is important that foster carers have discretion to identify their own learning goals and thus make choices about what training they are prepared to commit to during their fostering 'career', taking into account all of the other pressures in their lives. Foster carers can then discuss and determine their individual learning goals with their respective agency coordinator or Departmental representative for the purpose of developing a personalised training plan. Attainment of the leaning goals identified in this way can then be achieved during the specified period of time of the training plan.   For example, progress towards meeting foster carers' individualised training goals can be determined at the time of their initial approval then reviewed, evaluated and redeveloped at the time of each subsequent re-approval thereafter, either annually or bi-annually.

RECOMMENDATION 12.

That a Diploma of Foster Care be developed and incorporated within the Australian National Training Authority's National Qualifications Framework.

RECOMMENDATION 13.

That individual training plans are developed with and for foster carers at the time of initially granting them foster carer approval status.

RECOMMENDATION 14.

That foster carer training plans provide the details of foster carers' individually agreed upon learning goals, which attainment thereof is achieved by foster carers during their current approval period. Thereafter, it is recommended that individual training plans be reviewed, evaluated and redeveloped at the time of foster carer re-approval. Foster carer re-approvals should be contingent upon successful completion and attainment of training goals contained within their agreed to training plans.

Interviews with 'other key informants' identified strong support for the ongoing training of foster carers which should be implemented throughout the course of their fostering career. Other key informants presented the view that not only would such an approach have the potential to significantly enhance the quality of the care provided to children in foster care, but also develop foster carers' skills, abilities, and qualifications which, in turn, would lead to a more professionalised approach to the fostering role.

However, while a move towards the professionalisation of foster care could lead to concerns about payment for skills, it could also facilitate a quality assurance approach to the fostering role which the findings of this study indicate, will bring with it a more respected, valued and collegial approach from Departmental officers and other professionals working in child protection and out of home care. This approach, combined with improved levels of payment and support, is believed to lead to improvements in the quality of care provided

to children and young people, while simultaneously increasing the overall satisfaction of the fostering role for carers and contributing to increased foster carer retention rates.

While these findings are consistent with those of similar overseas research recently available (Hutchinson, *et al.,* 2003; Sellick & Howell, 2004), what is yet to be decided, in fostering couple households, is who does the ongoing training (beyond the basic induction training) and what fostering allowances are to be paid if higher levels of training are undertaken and completed? Is it the primary carer only? Is it both carers? Is it necessary for both carers to undertake ongoing foster carer training if one partner is away from the caring role for significant periods of time each day, for example, in paid employment?

In seeking answers to these questions I turned to the UK's Fostering Network where they have established National Foster Care Practice Standards linked to a national qualification framework (the Scottish/National Vocational Qualification (S/NVQ) (Level 3) Certificate). What I found is that practices vary from Local Authority to Local Authority and between independent fostering providers (IFP). The Fostering Network's training coordinator, Cherie Talbot, advised, "some fostering services do link it (completion of S/NVQ) to payment for skills, others do not. They will (she continues) fund carers to achieve the award but see it as part of personal development. It is not a requirement that carers have this award…. (and) … (s)ome IFP's are saying that they want all their carers to have the NVQ but (The Fostering Network) feel that they actually are looking to the principal carer having it" (Talbot, 2004). Further she states, "if there is a fostering partnership then it is not a good idea for both partners to be doing the award at the same time as it is quite stressful…" However, she points out "…where the NVQ is linked to payment and where both partners have it, the payment will be linked to the principal carer's achievement (Talbot, 2004)."

Given findings already presented in this research regarding female foster carer's greater inclination, than their male counterparts, to undertake further foster carer training, combined with the fact that it is still women who are predominantly the primary carers of children, it may be that higher level

training, accompanied by more attractive payment scales, would not only encourage more women to take up fostering but could lead to foster care being seen as a viable career option by many women who may otherwise never have considered fostering as a choice for them. Indeed, the possibility of paid fostering may also attract male carers unable, for whatever reason, to participate in paid employment.

RECOMMENDATION 15.

That the Department develop and implement a State wide marketing and recruitment program which promotes 'professional fostering' as a viable career option for women and men who may not previously have considered fostering as an option.

Moves in this direction would undoubtedly have cost implications for Governments and these would need to be calculated and factored in forthcoming budget allocations. However, if a more professional approach to foster care is not adopted by Governments as this and overseas research identify as the way forward then there are likely to be more costly consequences for them in the longer term (NFCA 1996; NFCA, 1997; Colton & Williams, 1997; George & van Oudenhoven, 2002; Hutchinson *et al*. 2003). For example, fostered children, when adults, may come to realise the negative impacts of poor fostering practices on their life and seek redress through litigation against the State as the '*parentis in loci',* such as has already occurred in the US (Pecora *et. al.,* 1992; Spears, 2003; Lawyers for Children, undated). Potentially, such circumstances could also have costly implications for a range of other Government services offered to adults who were fostered as children, for example, mental health services, corrections, and unemployment services.

7.2.6 **Accredited Foster Carer Training**

The newly developed National Plan for Foster Children, Young People and their Carers 2004 – 2006 was launched late in 2004 (Community and Disability Services Ministers' Conference, 2004). This is the first document of its kind in

Australia which presents a nationally planned approach towards the coordination of Commonwealth, State and Territory governments with national peak bodies for foster children, young people and carers. Contained within the Plan are the priorities which all Governments in Australia (State, Territory and Commonwealth) have committed to work towards achieving over the next two years. Training is one of the four national priorities listed within this document, the others being research, uniform data collection, and support. The key areas for action regarding the priority of training are:

1.1   *Positive promotion of foster care and active, effective recruitment of a diverse pool of capable foster carers.*

1.2   *Quality competency-based training for foster carers.*

1.3   *Mandatory, quality assessment and regular reviews at agreed intervals of all foster carers against agreed standards.*

(Community and Disability Services Ministers Council, 2004:3)

It is interesting to note that an earlier draft version of this document also listed national accreditation for carers as a key area for action (Community and Disability Services Ministers Council, 2003:4). However, in the final plan this point was omitted as a key priority area and, instead, was relegated to a proposed output of point 1.2 above. This output states that "options for the recognition and accreditation of training for carers will be identified" with no reference to implementation (Community and Disability Services Ministers Council, 2004:4).

The dilution of accreditation from what was formerly a key priority area to that of an option to be 'identified' is a significant loss in terms of progressing the issue of accreditation of foster carer training, which is a major finding of this research, where 98% foster carers and 100% of other key informants, indicated their clear support for accredited foster carer training. One can only speculate why this point was deleted as a key priority area. Perhaps there may be resistance to foster carers' qualifications being recognised, since doing so changes the perceptions of the role from being volunteering, altruistic, parents - to qualified, or professional, foster care worker.

Alternatively, it may have been omitted because the only two existing accredited courses pertaining to foster carers, within the National Qualifications Framework, have been identified in this study as being inadequate to meet the needs of carers, and in the absence of addressing this curriculum problem, or devising new, more foster-carer-specific accredited training programs, it may be easier to leave accredited training out of the National Plan all together. Whatever the reason for doing so, it is contrary to what foster carers want according to the national foster carer survey report (AFCA, 2001) and the findings of this research study.

The Australian evidence for specifically developed and accredited foster carer training within a national training qualifications framework is undoubtedly mounting and becomes all the more pressing when so many key bodies in this field and foster carers themselves are advocating in this direction (AFCA, 2001; Carter, 2002; Semple & Associates, 2002; Dept of Human Services, 2003; Layton, 2003).

RECOMMENDATION 16.

That the National Plan for Foster Children, Young People and their Carers 2004 – 2006 be revised to list accreditation of foster carer training as a national priority and therefore as a key area for action.

RECOMMENDATION 17.

That the National Plan for Foster Children, Young People and their Carers 2004 – 2006 be expanded to include the development of National Practice Standards for Foster Care as a key area for action, and that such standards be used as the basis for the development of competency based nationally accredited foster carer training packages.

7.2.7 Foster Carer Training - Internationally

When the international context for recognised best practice in this area is taken into consideration along with the findings of this research, the need for a national approach to accredited foster carer training in Australia becomes

much more apparent and urgent, if we are to ensure that children in foster care in this country receive the best quality out of home care available.

For example, in the UK, many foster carers are required to undertake pre-approval and post-approval training which is linked to the Scottish/National Vocational Framework (S/NVQ) (NFCA, 1999a). Within this framework it is compulsory for foster carers to complete five core competency modules of a training program entitled, "Caring for Children and Young People' (The Fostering Network, 2001). These compulsory units can be followed by additional optional training modules chosen from either a more generalist stream, or from a stream which has a more 'specialist' foster care orientation. This is a nationally accredited 'Level 3' training program (S/NVQ Level 3) which has been developed specifically for foster carers and residential carers in the UK (NEC, 1999). It is based upon the UK National Standards for Foster Care which were developed by the UK Joint Working Party on Foster Care in 1999 after "the most comprehensive consultation exercise ever undertaken on the quality of foster carer services" in the UK (NFCA, 1999b:1). This document includes a National Standard for foster carer training which states that, '(e)ach foster carer is (to be) provided with the training necessary to equip her or him with the skills and knowledge to provide high quality care for each child or young person placed in her or his care" and the criteria for this standard to be met is that "the content of foster carer training is linked to the appropriate National/Scottish Vocational Qualification competencies" (NFCA, 1999b:44). This formal recognition of accredited training for foster carers is now the accepted standard in the UK, in accordance with the relevant jurisdictional legislations and the UK National Standards for Foster Care (NFCA, 1999b). These foster carer training standards and frameworks have been recognised as being evidence based and are recognised as "both carer specific and current international best practice" (AFCA, 2003:4).

New Zealand is the only other country identified in this study which has achieved a benchmark standard similar to that of the UK through the development of nationally accredited foster carer training. In New Zealand (NZ) the recently developed Certificate in Family/Whānau and Foster Care was

endorsed by the New Zealand Qualifications Authority early in 2004 (NZQA, 2004). This certificate consists of seven modules and is registered at Level 4 on the NZQA framework (Lawrence, 2004). The New Zealand Family and Foster Care Federation (NZFFCF), an alliance between the New Zealand Government and the New Zealand Family and Foster Care Federation, intends "to build on the certificate and investigate the development of a Diploma in Family/Whānau and Foster Care, in which caregivers may choose to specialise in particular areas of care" (Lawrence, 2004:27).

There are numerous foster carer training programs in other countries although, other than in the UK and NZ no other countries were identified as offering accredited training for foster carers. However, some foster carer training programs were identified by respective representative bodies of child welfare associations in Canada and the US as being 'excellent'. These include: PRIDE (Parent Resources for Information, Development and Support) foster carer training program, utilised in Nova Scotia and recommended by the Canadian Foster Family Association (Matheson, 2004). PRIDE was written by the Child Welfare League of America (CWLA) and is congruent with CWLA's National Standards for foster care practice (Leighton, 2004). Upon successful completion of PRIDE, credit is given towards a Bachelor's Degree at the Governors State University in Illinois (Leighton, 2004).

Another exceptionally good foster carer training package is the Alberta model in Canada, which has long been acknowledged as an excellent training program by both the Alberta Foster Parents Association (Balla, 2004) and the Australian Foster Care Association (AFCA, 2001). This model provides exceptional support to foster carers through the provision of after hours support telephone lines, family camping ground facilities, and financial support through holiday funds, an annual recreation allowance for the child in care and importantly, 'skill fees' which recognise foster carers' experience and training attainment levels (Alberta Children's Services, 2001). Furthermore, "foster carers are accredited against the 'Classification Guide' which pertains to the level of training they have taken" and these are assessed annually (AFCA, 2001:178). The adoption of a similar model to that of the Alberta foster carer

training model in Australia has long been advocated by the Australian Foster Care Association (AFCA, 2001).

A representative of the US Child Welfare League of America advised, during the course of this research, that about 80% of the States in America use one of four national models, of which one is PRIDE (Leighton, 2004). The other three are:

1.	GPS (Group Preparation and Selection Program) developed by the Child Welfare Institute, Georgia.
2.	PATH (Parents as Tender Healers) developed by Spaulding for Children, Michigan.
3.	CCBIT (Comprehensive, Competency Base Inservice Training) System for child welfare, developed by the Institute for Human Services, Ohio.

Whilst the CWLA promote their own PRIDE training program they advise that the CCBIT System, in particular, is also highly regarded by the US Foster Parents Association (Leighton, 2004).

Despite there being some very good foster carer training programs in various locations and countries around the world it could be argued that the UK model leads the way in foster carer training. The basis for this assertion stems from the fact that the foundations of the UK foster carer training are predicated upon the findings of extensive research into the quality of foster care services in the UK (White, 1999). The findings of that research were utilised to develop the nationally accepted standards in the practice of foster care in the UK (NFCA, 1999b). Moreover, these practice standards underpin the foster carer training program incorporated within the Scottish/National Vocational Qualifications framework (S/NVQ). This framework incorporates mandatory foster carer specific training yet has sufficient flexibility to allow for individual choice regarding 'specialisation of training areas' through the selection of elective training modules. This affords foster carers a considerable degree of choice which is likely to ensure more personally empowering and rewarding learning experiences for foster carers, while also, improving outcomes for children and

young people in care, through the application of newly learned knowledge and skills.

The Australian Foster Care Association key informant to this study advised that the UK system of accredited foster carer training, linked to national practice standards for foster carers, is highly regarded. Accordingly, the Training Co-ordinator, Ms Cherrie Talbot, of the London based 'The Fostering Network' was invited guest speaker at the 2004 National Foster Care Conference held in Canberra.

In this study other key informants identified the need for practice standards which underpin the practice of foster care. For example, the key informant from the Australian National Foster Care Association strongly argued that the:

> *"problem* (which) *needs to be addressed is standards, standards for the whole sector, it's practice standards that, if we were to have a system, say similar to what you have in the UK, you would be addressing a lot of these issues* (experienced by foster carers)*"*   *(AFCA, interview)*

As a result of the findings of this research which included an investigation into best practice standards in foster carer training in Canada, US, UK and Australia the following recommendations are presented with confidence as representing current international best practice standards in foster carer training.

RECOMMENDATION 18.

That the Queensland Department of Child Safety take a lead role with other Governments, (Commonwealth, State and Territory) to instigate the development of National Practice Standards for Foster Care in Australia.

RECOMMENDATION 19.

That the Queensland Department of Child Safety take a lead role with other Governments, (Commonwealth, State and Territory) in pursuing the development of nationally accredited foster carer training underpinned by National Practice Standards for Foster Care in Australia.

7.3   VIEWS ON TRAINING

Foster carer attitudes towards the value of adult education and training were generally positive, despite 60% of carers identifying they either did not like school, or were ambivalent about their earlier schooling experiences.   While it could be anticipated that such unsatisfying educational experiences would negatively influence foster carers' views towards ongoing education and training, this does not appear to be the case.   In this study 75% of carers identified an area, or areas, of study in which they would like to undertake further vocational or educational training.

With regard to foster carer specific training, a notable finding of this research is that 47.5% of carers did not know of the existence of the 'Statement of Commitment' between the Department and Foster Care Queensland (the Peak Body representing foster carers in Queensland) which identifies the mutually agreed to parameters for working with each other.   Also, included within that document are the principles and commitments relating to the training and support of foster carers.

In this study 87.5% of foster carers were found to support these principles, while 12.5% of carers either disagreed with them or were unsure about whether they agreed with them.   This finding indicates a less than ideal basis from which to approach foster carer training as it does not provide a solid foundation from which to implement and engage *all* foster carers in ongoing training.   Moreover, it does not facilitate a cohesive approach to the ongoing quality improvement of fostering services by *all* carers throughout their fostering careers.

The existing 'Statement of Commitment' was devised five years ago in 2000 by the Department of Families Youth and Community Care Queensland, a Department which has since been renamed and restructured no less than five times. During these years many changes have occurred and many new foster carers have been recruited, some are not even aware of the existence of the Statement of Commitment. Therefore, they can not be expected to have a commitment to implementing the principles contained within it, particularly those relating to foster carer training and support.

Consequently, in the interests of maintaining consistency of fostering practices, particularly to those relating to foster carer training, a revision of the Statement of Commitment (devised in 2000) needs to be undertaken and agreed upon by both parties, the Department and FCQ. Foster carers need to be included as equal partners in a review of the current principles contained within the existing Statement of Commitment. Then a draft copy of the revised Statement of Commitment should be sent to every foster carer in Queensland for their comment and feedback before final acceptance of the terms of agreement. Once completed, every foster carer should then receive a copy of the new edition of the Statement of Commitment. The principles relating to training and support contained within it, should then underpin the goals established by each foster carer in their annual training plan.

RECOMMENDATION 20.
That the Department of Child Safety initiate discussions with Foster Care Queensland to review and update the existing Statement of Commitment (2000) and that every Queensland foster carer is sent a copy of the newly revised document.

RECOMMENDATION 21.

That every foster carer at the time of approval be given the most recent edition of the Statement of Commitment with an explanation regarding its purpose.

RECOMMENDATION 22.

That the principles contained within the Statement of Commitment regarding foster carer training and support be linked to foster carers' individually tailored training plans.

Another notable and significant finding of this study is that female carers were more inclined, than male foster carers, to undertake foster carer training. This was clearly evident from the data where 78% of female carers indicated they were in favour of undertaking further training relating to their fostering role, while 58% of male carers did not want any further foster carer training. In seeking to explore possible reasons for this gendered difference of views on undertaking further foster carer training, several possibilities come to the fore.

Firstly, it may be because, nationally, women are turning to vocational education and training courses more so than are men (ABS, 2002). Therefore the finding that female foster carers are more prepared to undertake further fostering training than male foster carers is in keeping with the increasing national trends for women taking up further education and training.

Another possibility may be bound up with societal expectations of women and the mothering role itself, where females are socialised to take responsibility for fulfilling the primary caring role for children and adolescents, and in so doing, are recognised by society generally as 'good mothers' (Wearing, 1984; Probert & Macdonald, 1997). Conversely, men, in fostering couples are predominantly still the secondary carers of children and, as Newstone notes, many men "view their wife or partner as the 'main foster carer'" (1999:148). Conversely, female foster carers, who accept responsibility for the primary carer role, may see it as their obligation to be 'good foster mothers' and one way to achieve this is

through learning new information and developing skills to better care for the children placed with them (Wilkinson, 1986).

On the other hand, as men have not traditionally been the primary carers of children and young people, they may not see a need for any, or more, training, given the supportive but predominantly secondary caring role they fulfil to their female partners (Newstone, 1999; Gilligan, 2000; George & van Oudenhoven, 2002). Male foster carers are also quite likely to have formed identities more aligned with their employment status as opposed to their role as foster carer, even if they are retired or not currently employed (Evans, 2000).

Interestingly, the only two single male carers in this study, who are both full time primary care providers to the fostered children in their care, believe fostering should be seen as a professional role. This indicates that they, along with their female primary foster carer counterparts, also believe the status of their role, as carers, should be elevated, thus providing a socially sanctioned and legitimate identity.

One of these two men already has a tertiary social welfare qualification and reports that he believes he already relates to other professionals as equals and therefore, doesn't think he needs any more training relevant to his fostering role. However, the other male carer, also a sole, and therefore primary, foster carer is in favour of undertaking more foster carer training which may indicate he believes that professionalisation of the fostering role could provide him with an avenue to ascribe a legitimate 'work' identity.

Another possibility or reason why more female carers were inclined to undertake foster carer training than men in this study could relate to the fact that over half of all female foster carers (53.5%) did not undertake induction training prior to foster carer approval and, for those who did, they may have found the training inadequate in preparing them for the fostering role. This possibility may be highly likely when one considers the increasingly complex difficulties and problems of children and young people in care these days.

Indications are that both of these possibilities may not be too far from the mark, if a recent survey of foster carers is to be taken into account. At the 2003 National Foster Care Conference in Queensland, 175 foster carers (gender breakdown not available) were surveyed. It was found that "over half of carers (57%) believe their training was not adequate for the type of children they are fostering (and it was thought that) (t)his could be because of inadequate training, or that children are now more challenging than in the past" (AFCA, 2003:1). As women are still the primary carers of foster children, perhaps it is becomingly increasingly clear to them that they are inadequately prepared for the fostering role, through undertaking the only induction training available to them (at the time of writing), the 'Sharing the Care' pre-service foster carer training. The Department's new foster carer training package, "Quality Care: Foster Care Training", a combination of pre-approval and post-approval training for the first 12 months of fostering, may assist foster carers in the short term, but a more planned and consistent approach to the ongoing training needs of foster carers throughout their fostering career is crucial to ensure consistency in standards and quality of care for children and young people in foster care.

In this study, all of the female foster carers were also mothers with children of their own. As mothers and female carers the preparedness to undertake further foster carer training, especially accredited training, may centre on it being seen as a means by which to gain socially recognised credentials and, in so doing, also gain a separate, respected identity as a professional or para-professional. Training could therefore, become the means by which status is elevated from that of 'undervalued mothers', doing a 'good enough parenting' job, to that which establishes an identity as a knowledgeable and competent foster carer (Wearing, 1984). In turn, it may be that societal recognition, through the awarding of qualifications for completed foster carer training, would have beneficial bearings on the way in which foster mothers are treated and regarded by Departmental staff and other welfare professionals.

Many foster carers in this study spoke of not being listened to, or given enough information about the children in their care. They also spoke of feeling

undervalued in their role and not being treated with respect by Departmental staff. For these female foster carers it may be that such conditions are further compounded by living within traditional gendered family relationships such as, 'male head of the household' with female partner taking responsibility for the day to day functions of the household and caring for children.   Wearing (1986) argues that "(i)n Australian society men have access to sources of power such as class, gender and institutional power that not only enable them to define the values of society and the distribution of its rewards" but that these all work towards ensuring that "a woman's place is primarily in the home, that women retain responsibility for child rearing, and that in the workplace women are best suited to low-paid, low status, nurturing, caring type jobs" (Wearing, 1986: 34,35).

With such conditions embedded within societies such as Australia which has been described as patriarchally oppressive (Wearing, 1986), the 'conscientization' of women through education, could provide a means for women such as those in this research study, to achieve a sense of empowerment, liberation, or even self actualisation. This could assist them to challenge oppressive bureaucratic and patriarchal structures while establishing their own independent identity and status, separate to wife, mother and foster carer (Freire, 1973; Higgins, 1982; David, Edwards, Hughes & Eibbens, 1993; Edwards, 1993; Luke, 1996).

That this is necessary was endorsed by several female foster carers in this study who spoke of the need for assertiveness training which they identified as assisting them to 'stand up to the Department'. These comments reflect a perceived position of powerlessness combined with a desire to overcome this situation through training and education about how to assertively present their views to Departmental officers. Based on a Freirian (1973) construct of 'conscientization' through education, enabling these female foster carers to accomplish this task may facilitate an equalisation of power within their working relationships, thus providing the impetus for the achievement of personal empowerment.

Moreover, from an alternative underpinning sociological theoretical perspective of this study relating to power relations within bureaucracies, female foster carers may find that foster carer training processes assist them to develop clearer understandings about patterns of power and influences operating within bureaucratic organisations. In turn, this may assist them to be better informed and positioned to question and/or challenge bureaucratic impositions and decisions if they so wish (McNeil, 1983; Clegg, 1998).

There are many possibilities why female foster cares are more prepared to undertake foster carer training than are male carers and while it is difficult to identify one definitive reason, it may be that a combination of some or all of the above possibilities apply, either consciously or unconsciously, for women in this study. Certainly, it was clear they wished to be regarded and valued more highly and hold respected positions as genuine partners within the out of home care field, particularly with Departmental staff. Gaining qualifications is one socially sanctioned and accepted way of achieving this regard. Conversely, this status and regard cannot be achieved without also implementing strategies which facilitate consciousness raising and challenge Departmental staff regarding their role, powers, and status and how together, either consciously or unconsciously, these serve to maintain inequitable working relationships with foster carers.

RECOMMENDATION 23.
That the Department of Child Safety actively implement staff awareness and development programs aimed at increasing positive regard and respect for foster carers and the role which they fulfil.

RECOMMENDATION 24.
That the Department of Child Safety actively challenge negative attitudes and perceptions of foster carers held by Departmental staff, thus encouraging the acceptance of foster carers' full participation in case decision making as equal team members, colleagues and partners who are part of an entire professional team.

7.4 PAYMENT AS A SUPPORT TO ATTEND TRAINING

The issue of supporting foster carers' attendance at training through offering a financial incentive was also explored in this research. It was found that 80% of carers want full reimbursement for *all* out of pocket expenses associated with their attendance at foster carer training.   This type of foster carer reimbursement for attending training does not routinely apply currently.

In addition 35% of foster carers thought they should also be paid for their time when attending training and 15% of carers thought they should be reimbursed for wages lost, as a result of their attendance at foster carer training.

Of the 35% of foster carers who thought they should be paid to attend training 35.7% thought they should be paid an hourly rate for their time in attendance at training, while the remainder, 64.3%, thought a 'sitting fee' or honorarium would suffice as an indication of the value for their time and commitment to attend foster carer training. For example, an Indigenous male foster carer, when stating his views on receiving a fee to attend training commented,

> *"… I know some committees they* (Indigenous board members) *have a meeting and they get* (paid) *sitting fees, well, if a foster parent has got to give their time, I think they should get paid for it too."*
>
> (Gil, General Indigenous Foster Carer)

An honorarium was the preferred payment option for the majority of foster carers who thought they should be paid to attend training. Fewer foster carers thought they should be paid an hourly rate to attend training similar to what Departmental officers receive when they attend training during work hours, paid for by the Department. However, whether payment be in the form of an hourly rate or as an honorarium it is clear that more than one third of foster carers (35%) in this study identified payment to attend training as an important incentive and an indication of respect for the time and commitment they contribute as 'volunteer' foster carers.

As mentioned earlier, not all expenses incurred by foster carers to attend foster carer training are reimbursed. For example, country foster carers who have to travel to Mackay (approximately a 400 kilometre round trip) to attend training may have their fuel costs reimbursed if they submit receipts but their accommodation costs are not currently covered and must therefore, be borne by themselves. With 57.5% of foster carers, in this study, on household incomes of less than $20,000 per annum, it is clear that not only are low income foster carers subsidising the care of foster children but many are also meeting significant costs associated with their own training in this role. The inequity of such arrangements is quite clear and needs to be rectified as a matter of priority.

RECOMMENDATION 25.

That foster carers be fully reimbursed for all out of pocket expenses associated with their attendance at and participation in foster carer training.

RECOMMENDTION 26.

That 'volunteer' foster carers be paid an honorarium for their attendance at foster carer training or, where foster carers cannot attend training at any other time other than during their paid working hours, that they be fully reimbursed for wages lost as a result of their attendance at foster carer training.

7.5   TRAINING TOPICS

All foster carers in this research study were asked what training topics they would like to undertake further training in. Their responses were analysed and it became apparent that there were distinguishable differences in responses between the non-Indigenous and Indigenous foster carers. Therefore, their responses are discussed separately in this section.

As presented in chapter five, foster carers identified a broad array of topics in which they seek training. However, the topic most often mentioned, by 65% of non-Indigenous foster carers, was dealing with and managing children and young people's behaviours. The second most cited topic, by 40% of non-Indigenous foster carers, was the need for more information about how to care for themselves and protect both themselves and their families from allegations against them made by children in their care.

Indigenous foster carers most often mentioned the training topic of how to work with, communicate with, and deal with the Department. This was cited by 40% of Indigenous foster carers, followed by 24% of Indigenous foster carers who wanted more cross cultural training and a general Indigenisation of all foster carer training curriculum for both Indigenous and non-Indigenous foster carers.

Similarly, other key informants confirmed the need to provide cross cultural information and training to Indigenous and ASSI foster carers as well as to Departmental staff. Moreover, the point was made that any such cross cultural training should incorporate and emphasise: respect for culture and cultural differences, the importance of language, and the distinctions between the respective cultural traditions of Aborigines, Torres Strait Islanders and Australian South Sea Islanders.

Other than these training topics most others were very similar for both Indigenous and non-Indigenous foster carers across a broad range of topics which would more than account for the course content of any social welfare undergraduate bachelor's degree.

RECOMMENDATION 27.
That training topics identified in this study, as presented in Tables 5.5 and 5.6, be incorporated within the course content of a Diploma of Foster Care (as per recommendation 12).

Other key informants in this research study also identified that there should be more interagency staff training opportunities to facilitate the building of good

working relationships across the shared care agencies and the Department. It was identified that such events would facilitate the development of a deeper empathy for each other and the working roles, constraints and pressures which each has to bear.

The same principle for developing empathetic approaches could equally apply to other groups of people who are significant participants in the fostering arena who could ably contribute to the training of foster carers from their unique perspective. For example, other research has indicated that foster carers, children in foster care, the parents of children in foster care, and foster carers' own children should, where appropriate, be involved in foster carer training as either guest speakers or co-presenters to ensure that foster carers gain a depth of understanding, from a range of perspectives, regarding the role, responsibilities and expectations held of them by significant other players in this field (Gilchrist & Hoggan, 1999; AFCA, 2001; CREATE, 2004; Nuske, 2004).

RECOMMENDATION 28.
That the Department of Child Safety create opportunities and allocate funding for fostering agency workers and foster carers to participate as presenters or co-facilitators in interagency training events and that such training also include input from children and young people in foster care, the parents of children in foster care, and the children of foster carers.

7.6 BARRIERS & INCENTIVES TO FOSTER CARERS ATTENDING TRAINING

There were several factors identified in this study which formed barriers for foster carers, in terms of their ability or willingness to access foster carer training events. One such factor relates to the mode of foster carer training delivery as several foster carers in this study were identified as possibly having literacy difficulties. This limitation became evident in responses relating to low educational attainment levels and preferences for oral and/or visual learning

styles rather than training which incorporates written forms of work or assessment.

If foster carers are to undertake initial and ongoing training and fulfil the requirements of their fostering role it is desirable that they at least have adequate literacy skills. However, as relative carers are increasingly being called upon to provide care for their relative children it may be that some relatives may have problems with literacy which would need to be accommodated within the development, delivery and assessment of foster carer training.

RECOMMENDATION 29.
That all foster carer training incorporate recognition of prior learning and competency based strategies in relation to the delivery and assessment of training for foster carers from diverse educational backgrounds and with limited literacy and numeracy abilities, thus facilitating inclusion for all foster carers and enhancing their ability to successfully attain foster carer training plan goals.

Other constraints identified which formed the main barriers to foster carers attending training included:

- when and where training is offered (especially if held in another town in the region)
- whether child care or after school care is available, and
- competing work and family commitments.

The clear preference for the majority of foster carers in this study was to attend training on a monthly basis with training sessions being repeated at a variety of times to accommodate busy lifestyles, yet ensuring that, where there are foster caring couples, both can find suitable times to attend. Foster carers spoke favourably of their preference to have social contact with other foster carers at

training events and to be exposed to alternative forms of thinking through facilitated group discussions.

A clear bias against the use of self paced training modes of delivery for foster carers was identified in this study. Eighty-five per cent of foster carers preferred alternative forms of foster carer training other than training undertaken in the home through the use of written materials or computer based programs. Another consideration in this regard is that 52.5% of foster carers in this study could either not use a computer, or did not have one in their home.

In each of the three locations in this study, Mackay, the Whitsundays and Bowen, there is a TAFE College where accredited and specific foster carer training could be offered, if it were developed and available within the qualifications framework of the Community Services Training Package (ANTA, 2002).

RECOMMENDATION 30.

That foster carer training delivery is provided through registered training organisations, in locations which are easily accessible to foster carers and at varying times to facilitate maximum participation by foster carers.

7.7 SUPPORT FOR FOSTER CARERS

Foster carers were asked what would be of most assistance and support to them in their fostering role and the most often form of support, cited by 97.5%, was having a dedicated 24 hour contact service or helpline available to provide advice and assistance when they needed it, at any hour of the night or day. The Department's 24 hour Crisis Care Telephone Service was thought inadequate to meet the existing support needs of foster carers which, interestingly, was a view also expressed by Departmental staff during interviews. Pathways, the shared care agency in Mackay, on the other hand, was spoken of very highly regarding the levels of support which they provide to foster carers.

RECOMMENDATION 31.

That the Department of Child Safety make funding available to the non-government sector to establish and maintain a 24 hour State wide telephone contact and support service for Queensland foster carers.

Training also featured prominently as an area of support with 50% of foster carers citing that more training and specialist information relating to caring for children with disabilities, special health care needs or those with particularly challenging behaviours would be of most support to them. Additional supports identified by carers include the following:

- 40% wanted more support from the Department
- 27.5% wanted to be listened to by Departmental officers
- 25% wanted to be respected and trusted by Departmental officers
- 37.5% wanted more information about the child or children coming into their care, and
- 22.5% wanted regular respite from the pressures of fostering.

All of these support needs identified by foster carers in this section, could be met if recommendations 10, 23, 24, 31, presented in this chapter are fully implemented by the Department of Child Safety.

In addition the following recommendations are made which, if implemented, would complete and fulfil the support needs of foster carers identified in this research study. They are:

RECOMMENDATION 32.

That foster carers be provided with a comprehensive checklist of information relating to the characteristics, needs and concerns of the child or young person coming into their care and, furthermore, that the child's case manager (CSO) explain and discuss the details of the checklist to foster carers to assist them to best care for the child or young person, and meet carers' support needs.

RECOMMENDATION 33.

That the Department develop annual foster carer plans which incorporate regular respite breaks to support foster carers in their roles. Also, respite should be planned well in advance by foster carers and their Child Safety Officer so that foster carers do not feel averse to seeking respite when they need it.

Other key informants also identified most of these areas of support for foster carers but, additionally, they identified another area of concern relating to the voluntary status of the fostering role itself which impacts directly upon foster carers' self perceptions and the expectations of them held by the Department, other welfare professionals and the broader community.

7.8 VOLUNTEERISM AND PROFESSIONALISM IN FOSTER CARE

The views of both foster carers and other key informants regarding their beliefs of what needs to occur for foster carers to be treated as professionals is consistent with the theoretical perspective of 'professionalism' underpinning this study. In this perspective professionalism incorporates competency based application of learned skills, ongoing education and training, development of accepted modes of conduct or ethics which are learned through training and whilst 'on the job' and the existence of a commitment to what one is doing (Benveniste, 1987).

All of these conditions were identified by foster carers and other key informants in this study. Moreover, they articulated that such conditions were important and necessary if the foster carer role is to move from where it is currently, volunteerism, to where the majority of participants in this study thought it should be, professionalised.

As presented in the previous chapter the national organisation representing volunteers in Australia clearly does not regard foster carers as volunteers as they do not strictly conform to the international definition of what constitutes being a volunteer (Volunteering Australia, 2004).

This problem of the status and identity of foster carers is not only an issue identified in this research study as Waldock, a Canadian researcher, (2003:5) also argues that "…(f)oster parents continue to exist in a kind of limbo, with a status somewhere between volunteers and professionals…". Further, he suggests, that "(r)ole confusion continues to plague the child welfare system, undermining the quality of care that children receive" and that "(t)his confusion largely stems from conflicting ideas and attitudes about foster care itself, both within the child welfare system and in society generally. Specifically, the view of fostering as purely a voluntary undertaking continues to conflict with efforts to recognize fostering as a profession" (Waldock, 2003:2).   Berridge and Cleaver (1987) also identify 'role ambiguity' of foster care: undertaking a broadly parenting role yet, nevertheless, being temporary carers.

In light of these views and of the many difficulties regarding working with Departmental staff expressed by foster carers in this study, foster carer's were asked whether fostering should be a more professional role, incorporating all of the skills development, training and payment as received by other professionals and as argued for by leading practitioners and researchers in the out-of-home care field in the US, Canada and the UK (Pecora, *et. al.,*1992; Waldock, 2003; Hutchinson, *et. al.,* 2003;). Their thoughts regarding moves to professionalise foster care yielded surprising results.

When the number of foster carers who thought fostering *should be* a para-professional (2) role* were combined with those who thought it *should be* a professional role^, 80% of foster carers were in favour of fostering becoming a professional role. This is a significant finding as it indicates that 80% of foster carers believe fostering should be professionalised, requiring formal training, qualifications and payment for the work which they undertake.

Importantly, 82% of all female carers in this study believe fostering should be a professional role. Male foster carers, on the other hand, were less inclined

to think fostering should be seen in this light, perhaps, because caring forchildren has traditionally been seen as 'women's work' and as such many male foster carers may not consider this form of caring to be a 'professional' role (Wearing, 1984).

Alternatively, female foster carers may want the role, and themselves, to be more highly regarded and valued and therefore, see professionalisation of the fostering role as a means to achieve this status.

Whatever the reasons, it was widely acknowledged by foster carers in this study that the professionalisation of the fostering role would elevate its status and raise the standing of foster carers with Departmental officers and other practitioners working in the out of home care field.

Many of the other key informants identified a problem regarding conflicting views of the role and status of foster carers often creating a form of role confusion for them. Furthermore, they expressed the view that foster carers are often seen in several dimensions, for example, as volunteers, as workers, as professionals, as following a vocation, or something else all together, for example, a parent or a grandparent, an uncle or aunt.

* **Para-professional (2) - This role straddles the private (family) and the public domains. Some need for skills development (training) and some payment or compensation for work done.**

^ **Professional - This role is a public sector job carried out in the home requiring training and payment as a job (either fee for service or salary).**

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The potential for role confusion was thought by other key informants to be detrimental to both foster carers and to fostered children. Furthermore, role confusion inevitably creates false and unrealistic expectations of foster carers by others, depending upon which perspective they hold of fostering.

Other key informants expressed the belief that there needs to be a clear delineation of the duties and expectations of the fostering role and a clarification of its status in this regard. Furthermore, they stated the fostering role should be linked to more highly specialised, accredited training accompanied by increased payments for skill development and much improved support for foster carers.

7.9 LOVE AND PROFESSIONALISM

Despite the findings of this research reinforcing a clear preference for the professionalisation of foster care, many foster carers expressed a concern about being able to fulfil a loving, caring role while simultaneously fulfilling the role of a professional, as if the two roles were necessarily mutually exclusive. The ability to successfully combine both love and professionalism is an often cited fear of foster carers which becomes more apparent when payment for caring is mentioned or suggestions made about professionalising foster care (Corrick, 1999; Kirton, 2001a). Notwithstanding that there is certainly a need for different levels of foster care such as those identified by Sinclair *et al.* (2004)*,* relative, short-term, task-centred, respite and long term, there is equally a need for professional carers who have attained certain levels of training, some of whom may then wish to be paid for fostering as a job while others may be content to receive a fostering allowance.

Nevertheless, the point is that it is possible to love or care for a child or children *and* be a qualified professional. In fact, it is already occurring. For example, in the UK, where there are insufficient foster carers available to meet the demand for foster care placements there are social workers who have left their positions with Local Authorities to become full time foster carers with

independent fostering providers. They are being paid very well to foster, with good outcomes reported for children in their care (Pybus, 2004).

To hold the belief that one cannot genuinely care for another *and* be a professional does not take into account the historical origins of other altruistic and charitable activities such as nursing and social work (Woodfoofe, 1968; Seed, 1973; Dingwell, Rafferty & Webster, 1988). Each of these earlier forms of charitable work developed over time to eventually become professions in their own right, with specialist bodies of knowledge and skills relevant to their respective field of caring.

Foster care is no different in this regard, it also requires particular sets of knowledge and skills, often quite specialist in nature, which not just simply any person, or more particularly, any parent, innately possesses; some may but most do not.

In recent years there have been moves in the UK and the US towards the professionalisation of foster care. One, 58 year old, female foster carer, who gets paid a professional fee from her independent fostering provider in the UK was reported as commenting that she believes the fostering wage not only helps with the recruitment and retention of skilled carers, but also improves the quality of foster placements (Hilpern, 2004).   Furthermore, she states,

> *"I explain to young people that it's my job to "parent" them. I am not doing them any favours, they deserve the best and if I don't do my job properly, I won't be allowed to do it" she says, "I find this makes for a much more equal relationship"*

(Wylie, 2004:15).

This same carer also believes she should be paid for her career choice, she always gives her job description as 'professional foster carer' and believes she deserves a professional fee for the fostering role which she undertakes (Wylie, 2004).

Similarly, another foster carer, who fosters for a Local Authority in the UK had this to say about his views on being a professional carer:

> *"The role of foster carers has changed over the years. Today, quite rightly, we try and keep families together which means that children coming into care are often further down the road of disturbance and the victims of higher levels of abuse. An inevitable consequence of this has been the emergence of therapeutic parenting which is a difficult, very skilled job.*
>
> *There is still a remnant of people saying they do fostering for love. But I question the motives of some. Some of the young people are deeply disturbed and it's not just a matter of keeping them warm and safe. It's a professional job that should be treated as such, in terms of payment, support and respect.*
>
> *I've found that young people support this idea as much as carers. Many have huge loyalty towards their* (original) *parents and while we're not paid, they can feel like they're being disloyal by liking us. If we are paid, it feels more professional to them and makes them feel less guilty about that.*
>
> *I can't walk into my local car dealer and say I want that Rolls Royce, but pay the price of the Mini. Really, this is what the Government is saying about fostering."*

(Hughes, 2004:15)

The views of these two UK foster carers are consistent with what was found in this research where, as presented earlier, 80% of foster carers thought fostering should be seen as a professional role. This view is supported by other research with foster carers where Triseliotis, Borland and Hill (2000) found 60% of carers supported the idea of fostering as a salaried job and when the UK Association of Directors of Social Services "enquired into whether local authorities should consider introducing 'a fully professionalised foster care service', (they) found that most carers (65%) questioned thought fostering should be paid" (Corrick, 1999:60).

Many foster carers in this study did, however, express concern about the tax implications of being paid to foster and the impact payment for fostering would have on their current incomes. For example, they were aware that a fostering

wage could increase their taxable income threshold thereby decreasing their Family Allowance payment and possibly other financial assistance they may be receiving from the Commonwealth Government. In turn, payment for fostering could see many foster carers worse off unless taxation concessions were made available to assist them, thus ensuring they are not financially disadvantaged should they receive a taxable foster carer payment, as opposed to what they currently receive in the form of a tax free fostering allowance.

This dichotomy of love and professionalism is mentioned often in the literature with foster carers expressing their concerns of 'attracting the wrong type of person' if fostering becomes a job, or that professionalisation depersonalises the act of caring for a child (Corrick, 1999; Triseliotis *et al.,* 2000). Moreover, many foster carers perceive it is not possible to love a child *and* be a professional foster carer, doing a job, and being remunerated accordingly (Triseliotis *et al.,* 2000; Kirton, 2001a). However, as demand for foster carers continues to rise and calls for the professionalisation of foster care become more common place, the perception that love and professionalism cannot be successfully combined is increasingly being challenged (Pecora *et al.,* 1992; Hutchinson *et al.,* 2003; Waldock, 2003; Sellick & Howell, 2004). In fact, many foster carers, particularly in the UK and US, are already fulfilling loving roles as professional foster carers (Pecora *et al.,* 1992; Hughes, 2004; Pybus, 2004; Hilpern, 2004a).

It may be the case that there is a need for different levels of foster carer as identified by Sinclair *et al.* (2004) where for example, all foster carers may be considered professional carers following training and some, but not all, may become 'professional' from the perspective that they also receive payment, as a job, for fostering, following the completion of more advanced training.

A move to professionalise foster care does, however, have broader industrial relations implications such as establishing position descriptions, awards and rates of payment, training standards and so on, such as that which occurs in the fields of nursing, aged care, and social work and notably, in the formal child care sector.

It interesting to ponder why child care, in the formal child care sector (where parents leave their children in temporary short or long day care centres), is so highly regulated, monitored and professionalised, with compulsory formal training qualifications required of staff working within this industry, when foster carers who provide full time, 24 hour, child care are not required to meet these same rigorous standards (Department of Families, undated).

Even 'in-home based care' (formerly known as family day care), the nearest type of regulated care to that of foster care, carers are required to have, as a minimum, a current first aid and resuscitation certificate. Moreover, during the course of this research, I was advised by the coordinator of the Mackay Home Based Care Scheme that "care providers are encouraged, and many have or are studying towards a Cert III in Community Services Children's Services (Family Day Care). Each scheme has minimum requirements for in-service training, e.g. four in-service training workshops each year" (Mackenzie, 2001:1) and this is still the case in 2004 as advised by the Department of Communities, Child Care Community Resource Officer (Sheehan, 2004).

Home based carers are required to meet stringent regulations to care for children within their own homes (*Child Care Regulation, 2003*). Such regulations include:-

- meeting home safety requirements (including having a home fire evacuation plan)
- home maintenance requirements to ensure safety and that homes are in a good state of repair
- ensuring there is a telephone available
- supervision during certain activities
- health and hygiene practices
- set ratios of children to adults on premises (including carers' own children)

- regulations concerning animals kept on premises, smoking around children, food preparation, swimming, excursions, transport, illness and injury, record keeping and many more.

(*Child Care Regulation, 2003*)

It could not be disputed that each of these are important and necessary conditions for child care regulation, as caring for the children of others bestows a serious responsibility, requiring all due preparation and safety measures to ensure the highest quality of care is made available. However, interestingly and perhaps surprisingly, no such stringent regulations apply to foster carers who also care for other people's children in their own home. The question which therefore has to be asked is – why is this so?

Why should temporary child care be more highly regulated than full time foster child care? Is it because fostering is still thought of as an extension of parenting in some quarters and, as such, is therefore not seen as child care *per se*? Is it because the parent of children in foster care is the State and therefore not the same expectations are held of foster carers as would be held by other parents who meet with the carers of their children every time they are placed in and retrieved from child care? Or is it because many children in foster care are from socioeconomically disadvantaged backgrounds, as are many foster carers (Adamson, 1973; Kirton, 2001b) and therefore, it is somehow acceptable for poor children to be placed in poorly regulated foster care (Jordan, 1974; Schorr, 1975).

This inequitable situation becomes all the more ironic when one considers that, until quite recently, both of the child care sectors, the public (formal child care centres) and the private (in home foster care), were administered by the same State Government Department, the former Department of Families. At the time of writing, each form of 'child care' still remains the responsibility of the Queensland State Government, albeit now shared between two State Government Departments, the Department of Communities and the Department of Child Safety.

RECOMMENDATION 34.

That the requirements for the provision of care to children in foster care be brought into line with those for children in Home Based Care as legislated within the Child Care Act (2002) and the Child Care Regulations (2003).

More stringent regulations applied within the foster care sector not only raises the benchmark for standards required of foster carers but also further moves fostering along the continuum from that of good enough 'parenting' to 'professional carer'.

Whilst debate on the topic of professionalisation of foster care may continue in Australia for some time yet, to not advance the debate and seek solutions to this dilemma simply maintains and perpetuates role confusion for foster carers. This, in turn, creates unrealistic expectations of foster carers by Departmental officers and other welfare professionals working in the child protection field regarding what they can do, what they should be doing, what they are trained to do and what they are prepared to do. All the while this role confusion continues the nature and quality of the fostering role for children in care continues to be jeopardised and the inherent tensions of the fostering role continue to be experienced by foster carers.

Waldock (2003) strongly argues that role confusion for foster carers affects not only retention of and recognition for foster carers, but more importantly, has significant implications for children in foster care and "(g)iven the importance of the foster home in the lives of children in care" he says "it is inexcusable that we still have confusion over the proper role of foster parents in the child welfare system" and "(h)e asks, "(a)re they volunteers? Are they 'clients' of child welfare agencies? Are they 'staff' of those agencies? Are they professionals?" (Waldock, 2003:2). Moreover, he cautions that such role confusion affects not only retention of and recognition for foster carers, but more importantly, has significant implications for children in foster care Waldock (2003). This is an important issue which cannot be ignored any

longer and one which could be progressed in the current climate of change, particularly in Queensland.

Foster carers are already encumbered with very stringent accountabilities and responsibilities for the day to day care and protection of the children placed with them *(Child Protection Act, 1999)*.   Most do an exceptional and outstanding job, however, there are others, particularly those who are under-informed, under-trained, under-supported and unclear about their role, who have a higher probability of having allegations of abuse made against them as has been the case in Queensland in the past 12 months (Murray, 2003; CMC, 2004).

It would appear to be in the interests of both well intentioned yet seemingly vulnerable foster carers and children in foster care, to be clear about the highly complex and professionalised nature of the fostering role so that these problems can be addressed and the way paved forward for foster carers to optimally meet the challenges and expectations of them in this role in the 21st century.   Hutchinson, Asquith and Simmonds (2003) in supporting this view call for more highly trained, skilled, and professionalised foster carers. They propose a model to achieve this would incorporate the following key features and governments would have to:-

- "recognise the actual nature of the placements needed, arising from the distinct characteristics of looked after children;
- plan accordingly to provide an adequate number of appropriate placements;
- put in place a structure which *requires* and enables foster carers to develop and *demonstrate* the necessary knowledge and skills;
- regularly assess the capacities of carers at different points in their fostering careers;
- match the needs of individual looked after children with the appropriately skilled carer;

- base the financial reward to the carer on the acknowledged level of skill of the carer rather than on the characteristics of individual foster children;

- create a professionalised fostering service which offers a career structure to carers, with all that involves in terms of training, support, remuneration and working conditions, and in return requires of them a professional commitment to the service."

<div align="right">(Hutchinson, Asquith & Simmonds, 2003:8)</div>

Whilst the findings of this study demonstrate a diversity of views on the professionalisation of foster care the current research literature on this topic advocates a more professionalised foster care service, providing more personally and financially rewarding experiences for foster carers and better outcomes for foster children who are cared for by more highly trained and remunerated professional foster carers (Waldock, 2003; Hilpern, 2004; Hutchinson, *et. al.,* 2003; Reichwein, 2003; Kirton, 2001a; NFCA, 1996; Chamberlain, Moreland & Reid, 1992; Corrick, 1999).

If the problems identified by foster carers regarding recognition, respect, being valued and listened to are in any way to be redressed, then it is desirable that this issue of role confusion should be debated and clarified with clear role descriptions and responsibilities and expectations delineated. Furthermore, if the exodus of foster carers is to be halted and more foster carers recruited and retained then evidence is mounting that they need to be afforded equal professional status, with qualifications that are recognised within the existing Australian National Training Authority's qualifications framework and which, in turn as this research has highlighted, will raise the quality of care standards for children in foster care.

If Governments are to fulfil their obligations as 'good' public parents, then there needs to be a broad range of foster carers with an equally broad range of knowledge, skills and abilities with whom a broad range of children can best be 'matched' and placed to meet their unique needs, personalities and attributes.

RECOMMENDATION 35.

That the Department of Child Safety, Foster Care Queensland and other fostering agencies recognise professional foster care as a legitimate form of foster care requiring relevant social welfare training and that the Department, Foster Care Queensland and fostering agencies develop position descriptions and promote professional foster care as a viable career option for suitable applicants.

RECOMMENDATION 36.

That the Department of Child Safety make adequate funding available to ensure that agencies employing professional foster carers pay them at appropriate remuneration levels, commensurate with qualifications, experience and expertise in the field of out of home care.

7.10   CONCLUSION

In this chapter I have discussed the major findings of this research in relation to current trends and developments in Queensland, Australia, and internationally. In so doing, I have identified areas for policy and practice advancement for both government and non-government agencies as per the recommendations presented throughout this chapter.

In the following, final, chapter I will identify, desirable areas of future research and implications for social work education.

Chapter 8.   CONCLUSION

"Foster care is at the same time a very ordinary activity and an extraordinary undertaking." (Hill, 1999:1)

This research began from the perspective of that of a child protection practitioner who, after working with children and foster carers for several years, recognised inconsistencies in standards of care for children in foster care and held a belief that standards of care could and should be much improved. This was my experience and it formed the impetus to set me pondering why child abuse in foster care was occurring and what could be done to make a difference in terms of improving the quality and standards of care for children in foster care. On the surface it seemed that foster carers were genuinely committed to and concerned about the welfare of children. Yet I wondered whether there was a full understanding amongst foster carers of the role, responsibilities and obligations of fostering and whether it may be that many were inadequately prepared for this arduous role.

As a parent I empathised with foster carers but wondered whether a lack of preparation and support may be contributing to them being almost 'set up to fail', as it were, because I saw many enthusiastic and committed people enter fostering only to leave years later, cynical and burnt out by the pressures, demands and abuses of a bureaucratic and political child protection system.

As a result of undertaking this research I have developed a renewed appreciation and respect for the overwhelming generosity of foster carers in the way in which they open their homes and their families to children and young people in need. I have also, on occasion, held concerns, for the welfare of foster carers and their own children who are exposed to behaviours and events which sometimes places them at risk of abuse or, in some cases actually being abused by the children coming into their homes. This leaves the fostering family to deal with the emotional aspects of guilt and anger while

struggling to make decisions about the future of care for the child placed with them and their future as foster carers.

Governments have relied on the generosity of altruistic community members for more than a century to fulfil the role of substitute parents for children who, whether temporarily or permanently, cannot live with their own families. However, these days of relying on untrained volunteers are long gone and foster carers have many more accountabilities and responsibilities now placed upon their shoulders than ever before. Recent Inquiries into the abuse of children in foster care in Queensland such as those of the Murray Audit Report (2003) and the Crime and Misconduct Commission (2004) have reinforced that, if children are to be removed from unsafe situations in their families of origin, they must be placed in care which is of a substantially higher standard, where they can be assured of a safe and nurturing environment while efforts are made to reunite them with their families, where ever possible, in the longer term. It is the expectation of the broader community that the Queensland Government will fulfil its statutory responsibility to care for and protect all children but particularly those vulnerable children and young people in foster care for whom the Government has taken on the responsibility of becoming their 'public parent'.

It also stands to reason that if children have been harmed to the point of removal from their families there is a need for some degree of rehabilitation to remediate damage done to them. It is now widely acknowledged that children coming into care today have much more challenging behaviours and associated health and social problems than was previously so. Therefore, these children undoubtedly will require more specialist or therapeutic foster care than has ever been available in the past. Despite this reality, foster carers, and their families, appear to be poorly prepared and equipped to confront the demanding pressures which the fostering role brings to bear on them. Consequently, there is an urgent need to redress this situation and implement ameliorative measures for foster carers and for the children in their care. Such was the reasoning and purpose of undertaking this research.

This inquiry has yielded much valuable data and important findings relating to the topic of training and support for foster carers. However, it is important, in this concluding chapter, to revisit the original aims of this study and to evaluate the achievement of meeting these aims through undertaking this research.

8.1   RESEARCH AIMS REVISITED

The **first** aim of this study was to identify the educational and training backgrounds of foster carers called upon by the (former) Queensland Department of Families (now Department of Child Safety) in the Mackay Whitsunday region. The research identified that the average educational attainment levels of foster carers in this study was 9.5 years of secondary schooling. Despite this average being below that of the minimum acceptable leaving level for Queensland school leavers it has not had a negative impact upon foster carers views towards the importance of further education and ongoing training. Twenty-nine foster carers in this study had completed further education at, or equivalent to, TAFE certificate level training and three had completed higher educational degrees at university. Therefore, the educational and training background of foster carers was identified in this study, providing valuable information about the benchmarks from which further training can be developed.

Secondly, this research set out to identify the views of all stakeholders in this study, both foster carers and other key informants, about ideal minimum levels of education and/or training for foster carers. As a consequence, several foster carers were identified as having limited literacy skills and therefore, had not attended the minimum entry level pre-service training for foster carers. To ensure foster carers undertake this important foundational and fundamental training it is necessary, as a minimum, that general foster carers have basic literacy and numeracy abilities, enabling them to both successfully complete foster carer training and adequately meet the care needs, including educational support, for children placed in their trust.

Furthermore, it was found that foster carers and other key informants were in agreement that the accepted and expected minimum entry level standard of training for people wishing to become foster carers was completion of the Department's pre-service foster carer training; formerly entitled 'Sharing the Care', now 'Quality Care: Foster Carer Training'.

In the case of relative and/or Indigenous carers who may not have basic literacy and numeracy skills they should be assisted and supported, through the use of competency based teaching and learning techniques, to achieve their identified carer learning goals.

While literacy was a prohibitive factor for some foster carers in terms of them accessing training, this study undertook a comprehensive investigation to identify all barriers and incentives for foster carers in this regard. Such was the focus of the **third** aim of this research. A comprehensive list of all of these barriers and incentives is provided in *Table 5.10,* chapter five.

The main barrier identified by foster carers was not having child care or after school care available for the children in their care (including their own children). The most often cited incentive by foster carers to attend training was being paid, as an indication of valuing of their time and commitment given to fostering. This information provides very useful insights into the ways in which foster carers could best be assisted to attend training, thus broadening their knowledge and skill base when working with and caring for challenging and often quite disturbed children and young people.

The **fourth** aim of this study was to make research informed recommendations about the most appropriate modes for the delivery of training to existing (and intending) foster carers and, moreover, to identify the ideal minimum educational and/or training levels for foster carers and aspiring foster carers.

Preferred modes of training delivery identified by foster carers in this study are presented in *Table 5.7*, chapter five. It is clear that most foster carers prefer to

learn in informal small group settings where a semi-structured but facilitated learning process is utilised.

In regard to the ideal minimum educational or training level for foster carers it was identified that, while foster carers did not articulate a specific qualification level, 98% were quite clear about wanting nationally accredited and recognised training. Other key informants were equally supportive of the need for such accredited foster carer training, with 100% of those asked their thoughts on training levels, indicating this preference.

A Diploma qualification was identified by other key informants as the most appropriate level at which training should be pitched for foster carers, although it was thought that there needed to be a training continuum for foster carers which foster carers could enter at the basic pre-service training level and progress, if they so chose, to complete a Diploma or higher qualification.

Foster carer training at the Diploma level could be offered at locations convenient to most foster carers if offered at TAFE colleges, which was a preference of many foster carers interviewed.

The **fifth** and final aim of this research was to contribute to the Department of Child Safety's policy and practice relating to the ongoing quality assurance of foster care and in areas where support of foster carers can be enhanced.

It was opportune, during the course of this research that, due to socio-political events relating to alleged abuses of children in foster care in Queensland, a public Inquiry was commissioned by the State Government in late 2003. At that time this research was well enough advanced to provide written submissions to that Inquiry. Two submissions were made which provided evidence based data and made research informed recommendations for areas of improvement relating to Departmental policy and practices concerning foster carer training and support. Consequently, several of these recommendations were included in the Crime and Misconduct Commission's Report (2004) to the Queensland Government and public acknowledgement was given to myself as

an academic with expertise in Child Protection and a contributor to the Inquiry in the report (CMC, 2004).

Subsequently, the recommendations I made to the Inquiry, included in the Report, received the State Government's endorsement and commitment to full implementation (CMC, 2004). It is promising therefore, that several of the recommendations made to the CMC Inquiry, based on the findings of this research, have already been recognised and should soon be implemented. Already, many Departmental changes are occurring, in line with the changes detailed in the Department's 'Blueprint' document for the implementation of the CMC Inquiry's recommendations (Department of Child Safety, 2004).

It is very gratifying that already this research has contributed to social change in the area of foster carer training and support, with the ultimate aim of improving the quality of care for children in foster care. Therefore, the fifth aim of this research to contribute to the State Government's policies and practices has been achieved, even surpassed, due to broader socio-political events occurring at the time this research was being undertaken. There are still however, further opportunities to contribute to the Department's policy and practice in areas related to the topic of this research as this dissertation is to be submitted to the Department of Child Safety where it is hoped that many of the recommendations presented in chapter seven will be implemented.

Additionally, related areas for future research emerged during the course of this study and these will be presented and discussed in the following section, as will the implications for undergraduate social work education which have been identified as a consequence of undertaking this research study.

8.2   AREAS FOR FUTURE RESEARCH

During the course of undertaking this research it became apparent that there were other important areas relevant to foster care, in which further inquiry

would be very useful if we are to ensure the ongoing development of a critical mass of knowledge in the out of home care arena in Australia. In turn this knowledge can be utilised to influence Government and non-Government policy, practices, and future directions in this important field of social welfare service provision.

One area for future research relates to the impact of fostering on foster carers' own children. There is a beginning awareness that there is a need to develop more knowledge around this topic in terms of understanding whether positive aspects of fostering, on one's own children, outweigh any negative impacts which may occur. Nuske (2004) is one Australian researcher who is currently researching this topic however, there is a dearth of research data and evidence on this topic both here and overseas and if future litigation claims relating to harm of carers' own children are to be averted this is an important area for future research.

Another research focus concerns the parents of children in foster care as there appears to be very little written about the experiences of parents who have their children removed from them and how they cope with the range of emotions and experiences they inevitably go through while working, or battling, with the bureaucracy. Research in this area would provide insight, from the parents' perspective about how the Department could better respond to meet their needs, including parenting skills development, while working with them to reunify them with their children, where this is possible.

Another area for future research relates to the role of men as foster carers. Foster care research predominantly focuses on female foster carers because, historically, it has been women who are the primary carers of children in foster care. However, with there now being more blends of families in society and men taking a more active role in the primary care of children, it would seem worthwhile to identify factors which may influence men in their caring roles and of the potential to recruit more single male carers to fostering. This could prove beneficial to many male children and adolescents raised in households without any male role models. The influence of men who foster on the

outcomes for foster children is a much under researched area which deserves more attention.

Another area for future research relates to the recent emergence of independent fostering agencies both in Australia and overseas in response to the demands for foster care places and the unavailability of these places through the usual government and agency providers. Little evidence is available regarding research into independent fostering agencies (IFA) which are known for their high levels of foster carer professionalism, particularly with reference to the high levels of training, attractive payment rates, and adequate support mechanisms which they provide to foster carers. In the UK it has been reported that child protection social workers are being enticed into fostering roles because of the wages and associated benefits of the job and a belief that they can make a real difference in the life of a child (Pybus, 2004). A longitudinal comparative study relating to the outcomes for children who are cared for by IFA foster carers compared with the outcomes for children who have been cared for by carers not attached to an IFA would give insight into possible future directions in out of home care and how these services meet the needs of children in foster care.

In addition to identifying areas of further research I have also considered the implications of this research in relation to the training of social workers. As a social worker committed to the ongoing development of the profession, in accordance with the Australian Association of Social Workers Code of Ethics (2000), I believe it important to consider how the findings of this research relate to university undergraduate social worker education.

8.3   IMPLICATIONS OF RESEARCH FOR UNDERGRADUATE SOCIAL WORKER TRAINING

What has become apparent from this research is that in Queensland we are fortunate to have a Government which employs child protection case managers who are required to have mandatory qualifications in the behavioural

sciences. This is not the case in all Australian States, yet after undertaking this research it has become apparent that not only do foster carers want and need high level specialist training to care for the children placed with them but so do their case managers in Government.

Not all case managers or Child Safety Officers (CSO) in Queensland have specialist knowledge in child protection or, indeed, in working with foster carers.   Indeed, not all CSO's are social workers but instead many hold Bachelor's Degrees in a broad array of social science categories .   However, as a social worker I feel it important to identify areas of practice emergent from this research which I believe ought to be included in undergraduate social work degree courses.

Whilst there are arguments against providing more than a generic undergraduate social work degree, it has become apparent that, as quite a significant proportion of social workers, at some time in their professional careers, work in the field of child protection, there is a need to include a dedicated 'core' subject (not an elective) within the curriculum, relevant to child protection, which incorporates working with, respecting, and valuing foster carers and the role which they fulfil. Additionally, values and ethics subjects should include scenarios relating to the ethical dilemmas faced by many child protection workers concerning the rights and interests of children in care, foster carers, the families of origin of children in care, and the Department. If this were included Child Safety Officers would better be prepared for the often very difficult situations with which they are confronted when working with foster carers, children in care and their families, who are often resistant to working with the Department. In turn, this would assist CSO's to be better informed when making decisions about case related matters.

A final implication of this research for undergraduate social worker education relates to Indigenous foster carers and shared care agency workers who, in this study, expressed concerns about the lack of and respect for cultural knowledge and cultural traditions which many Departmental staff display. Undergraduate social work education should include subjects which convey

the importance of Indigenous cultures, traditions, mores and their respective uniqueness.

8.4   CONCLUSION

It was acknowledged from the outset of this research that there are many worthwhile and necessary areas for research and development in the out of home care arena, most importantly the creation of a broader range of placement options for children who cannot live with their families, other than relying so heavily on foster carers as currently is the situation in Queensland. However, this study has identified that there has been very little previous research on the topic of foster carer education, training and support within the Queensland or more broadly the Australian context.

The depth of information gathered on the topic of this study has not before been collated in previous foster carer research projects in either this State or this country. Therefore, the findings of this study are presented as a significant original contribution to the ongoing development of knowledge in this field. Additionally, and most significantly, from a social work perspective, the study findings have the potential to contribute to the achievement of greater social justice through social change to bring about improvements in the quality of care for children in foster care.

GLOSSARY OF TERMS

Alternative care	-	care that is an alternative to living with family of origin
Australian South Sea Islanders	-	people whose ancestral heritage emanates from Vanuatu, the Solomon and South Pacific Islands
Child Protection System	-	Government and non-Government Services which work to protect and care for children and young people
Chroming	-	inhaling fumes from aerosol sprays, paint, petrol and other mind altering substances
CSO	-	Child Safety Officer
Department	-	unless otherwise stated, refers to the Queensland Department with Statutory responsibility for child protection, presently the Department of Child Safety
FSO	-	Family Service Officer
Foster Care	-	refers to statutory out-of-home care for children who have been placed with foster caring families
General Approval Foster Carers	-	Foster Carers who have been granted the status of general approval can care for any children placed with them by the Department
Indigenous Foster Carers	-	Foster carers who are of Aboriginal and/or Torres Strait Islander descent
Limited Approved Carers	-	foster carers who have been granted limited approval to care for a specific child or children only
MADASSIA	-	Mackay and District Australian South Sea Islander Association
MATSI	-	Mackay Aboriginal and Torres Strait Islander Alternative Care and Fostering Agency

Notifications - Advice received by the Department regarding child protection concerns relating to the safety or risk of harm to a child or children.

Out of Home care - Forms of alternative Care provided to children and young people who are unable to live with their families of origin

Relative Foster Carers - statutory out of home care for children who are related to the carers who are caring for them

Standards of Care - standards of care which foster carers are expected to adhere to when providing care to children in foster care as set out in the Queensland Government's *Child Protection Act (1999) s.122*.

QDOF - Queensland Department of Families

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APPENDIX 'A'   -   Map of the Mackay Whitsunday Region
in North Queensland, Australia.

APPENDIX 'B' -   Foster Carer Interview Schedule

"Foster Carer's Education, Training and Support" Research Study

Name of Foster Carer: _____

Address of Foster Carer: _____

_____

"Foster Carer's Education, Training and Support" Research Study
Researcher - Anne Butcher

Date of Birth: _____ Gender: M ☐   F ☐

Age: _____

Foster Carer Code : ☐ ☐ ☐ (to be sought from main study)

Foster Carer Household Code ☐ ☐ ☐ (to be sought from main study)

Category of Foster Carer *(tick all that apply)*

[data to be obtained from Carer's file prior to the interview]

General Approval (Dept) ☐

General Approval (Shared Family Care) ☐

Limited Approval ☐

Relative Care ☐

Carer with Indigenous Agency ☐

Dates of Interviews: 1st Interview _____ 2nd Interview _____

Interview Questions

FOSTER CARER - SEMI STRUCTURED INTERVIEW QUESTIONS

During this first part of the interview I will be asking you some fairly straight forward questions about your employment, schooling and educational background. Is that ok with you? Shall we start?

Employment/Occupation

1.0 Are you in paid employment (in addition to being a foster carer)?

No ☐

Yes: full time ☐

Yes: part time ☐

Part time hours per week _____

1.1 If yes, what work do you do *(list position and, if not self explanatory,*

type of work

*undertaken)*_____

1.2 Ask only if interviewee has an adult partner:

Is your partner in paid work?

No adult partner ☐

No ☐

Yes full time ☐

Yes part time ☐

Part time hours per week _____

If yes, what work does he/she do? *(list position and, if not self explanatory, type of work undertaken)* _____

Educational Background

2.0 Can you tell me where you went to school?

Australian State/Town	Overseas Country/Town

3.0 Did you enjoy school?
- **If yes**, why do you think this was so?
- **If no**, why do you think this was so?

4.0 What is your highest level of education?

	Attempted	**Completed**
Primary School		
Year 8		
Year 9		
Year 10		
Year 11		
Year 12		
TAFE Certificate or Advanced Certificate		
TAFE Associate Diploma or Diploma		
Apprenticeship		
University or CAE Associate Diploma or Diploma		
University or CAE Bachelor degree		
University or CAE Master degree		
University or CAE Doctoral degree		

5.0 Were you happy to finish at that level?
    5.1 If no, why is this so?

6.0 What, if any, post-school study or training have you undertaken?
[include all training started and include any short courses/workshops eg Lifeline counselling, Bible study, LandCare, Massage etc]

Course	Year(s)	Provider/Institution	Completed Yes/No

7.0   Are there any courses or areas of training that you would like to do but have never got around to doing?
        7.1   If yes, what are they?
        7.2   If no, what are your views about the usefulness of training or adult education generally

Foster Caring History

Now I would like to move on to ask you some questions relating specifically to your role as a foster carer. Some of these questions are fairly straight forward while others are a bit more in-depth. Is that ok with you?

8.0 How did you become/were recruited as a foster carer? *[tick the primary reason]*

Knew a foster carer ☐

Responded to publicity about foster care ☐
(please specify eg TV, radio, newspaper, leaflet etc)

_____

Knew a specific child who needed foster care ☐

Relative of specific child who needed foster care ☐

Through church or community group contacts ☐

Started doing respite/holiday/temporary care ☐

Other please specify_____ ☐

9.0   How many years have you been a foster carer in total? (excluding any years in which you had a break from fostering)

Less than 1 year ☐

1 – 2 years ☐

3 – 5 years ☐

6 – 10 years ☐

11 – 15 years ☐

16 years or more ☐

10.0 So how would you describe the fostering role?

[possibly may need to use these prompts]
➢ What sort of things do foster carers do in relation to the foster child in their care?
➢ What should they do in your view?
➢ What are they expected to do?
➢ How do your views fit with what you think the Department expects foster carers to do?
➢ Whose view is right (in your opinion)?

Foster Children

11.0 What do you think foster children need?

[possibly may need to use these prompts]
- Basic child care needs: physical care, emotional care, education, health, social relations, community involvement, discipline
- Additional needs of foster children: healing from harm, help with disabilities/developmental delay/difficult behaviour
- If not mentioned, prompt for reaction to whether each of the following are Very Important/ Fairly Important/ Not Important
  - continuity of identity, culture, religion
  - positive messages about self and natural parents
  - contact between child and natural family
  - aim of reunficiation/re-intregration
  - information
  - confidentiality
  - participation in decision making

12.0 How many children would you have fostered in your time as a foster carer?

12.1 What genders and ages were they?
12.2 How long was each child with you and what type of placement were they?

Write details of responses in the table below: [write No. of children and gender in each category e.g. Emergency - Under 12 months = 2 (1 M, 1F)]

Length of placement ➔ _____ _ Age of child at placement ↓	*Emergency* up to 28 days	*Short term* up to 6 weeks	*Medium term* 6 weeks – 1 year	**Long Term** Over 1 year
Under 12 months				
1-4 years				
Primary School age				
High School age				
Post School				

13.0 How many "special needs" placements have you had for which you were paid a high support needs allowance by QDOF? *[enter numbers in cells as appropriate]*

Physical or intellectual disability	
Challenging behaviour	
Learning disability	

14.0 Are there foster children whom you have cared for who have been more challenging for you to care for than others?

    14.1 if no, why do you think this might be so?
    14.2 yes, why do you think this was so?
    14.3 What do you think would have been of most assistance and support to you when caring for these children?
        14.3.1 do you think any specific training would have been useful to you through the/se difficult time/s?,
        14.3.2 if yes, what training, in particular, would have been most helpful to you?
        14.3.3 if no, why do you think this might be so?

(May not need to ask Q15 depending upon what responses are made to Q14 above)

15.0 Are there foster children whom you have care for who have been more difficult to care for because they have suffered particular form/s of abuse?
    15.1 if yes, what form/s of abuse would that be?
    15.2 can you tell me why it was particularly difficult to care for that child/ren?
    15.3 is there anything at all that would have been of great assistance to you at the time? **If so**, what would that have been?
    15.4 Do you think having in depth knowledge or specialist training in that particular area would have helped you at all?

16.0 Do you have children of your own? If yes, what age/s and genders are they?

AGE	GENDER

17.0 *(If has own children)* **Has the care you've provided to foster children been the same type of care you've provided to your own children?**

    (If doesn't have own children) **Do you think, if you did have your own children that the care you gave them would be the same as the care you provide for foster children?**

    17.1 If yes, why do they think this is so?

    17.2 *(whether has own children or not ask this question)* **If no**, what has been (or would be) different and why might this be so?

18.0 **Have you had any children placed with you who have been reunited with their parents or other family members?**

   18.1 **If yes**, could you please tell me about how that experience was for you?
   18.2 What role do you think you played in this/these reunification/s?

19.0 **Have you ever had any child/ren placed with you who have become more like your own children to you?**

   19.1 **If yes**, could you please tell me about how that is/ was for you?

Professionalism

20.0 **Can you tell me what your understanding is of the term 'professional'?**
21.0 **Which of the following do you think fostering is? And which do you think it should be?**

	Is	Should Be
Non-professional: parenting-like work in the family (ie private sphere): only inherent parenting skills required, coverage of expenses only		
Para-professional (1): straddling the private (family) and the public domains. Need for either skills development **or** payment/compensation for work done		
Para-professional (2): straddling the private (family) and the public domains. Some need for skills development (training) **and** some payment or compensation for work done		
Professional: a public sector job carried out in the home requiring training and payment as a job (either fee for service or salary)		

- *Probe for reasons for choice*

22.0 *(Ask only if answered para-professional (1) or (2) or professional above)* **If you see the role in this way what (if anything) might need to be done to bring it in line with other positions in the workforce?**
(May need to prompt here re thoughts on payment, conditions, training, status etc.)

23.0 Do you think others see you as a professional in your foster caring role?

    23.1 **if yes**, who in particular? and What is it that they do or say that leads you to believe that they see you in this way?

    23.2 **if no**, then how do you think others see you in the role?

    23.3 how do you feel about that?

24.0 Do you think fostering is a valued role in society?

    24.1 **if no**, then what status do you think others apply to this role ?

        - how do you feel about these perceptions?

    24.2 **if yes**, can you tell me what, in particular, leads you to think this?

Now I am going to move on to talk in some depth about foster carer training.

Training

25.0   What do you understand by the word 'training'? That is, what does training mean to you? (May need to ask for examples)

26.0   How were you prepared (inducted) to be a foster carer? *[tick as many as apply]*

Pre-service training   ☐

Information from FSO or Shared Care Worker ☐

Literature   ☐

Information from a foster carer   ☐

No preparation   ☐

Other, please specify _____ ☐

27.0   What training have you had since you started fostering? *[enter number of events in relevant cells or tick none]*

None	
One-off sessions (eg two hours, half day)	
Regular weekly sessions	
Whole day workshops	
Intensive weekend or several days	
Other, please specify	

28.0 *[ask this question to those who did not answer "none" to question 27 above ie What training have you had since starting fostering?]*

Has the training that you have had so far, been helpful in your role as a foster carer?

28.1 **If yes**, in what ways?
28.2 **If no**, what made it unhelpful?

[*possibly may need to use these prompts*]
➢ Culturally, inappropriate for needs of Indigenous/other ethnic group **(do not ask this question of anglo people)**
➢ Content and focus not what I most needed
➢ Run by people who aren't foster carers/didn't make use of experienced foster carers
➢ Too formal
➢ Too short
➢ Timing and location
➢ Transport costs
➢ Child care difficulties
➢ Other, please specify

29.0 *(If no training ever received)* **In hindsight do you think that any specific training could have been helpful to you at any time?**

29.1 **If yes -** ask to explain.

30.0 **If in-service training has been undertaken, what has been the focus of this training?** *[tick all that apply]*

Content Area	Have undertaken
Child development	
Caring for a child with disability	
Challenging Behaviour	
Sexualised behaviour	
Self harming behaviour	
Family Contact	
Maintaining a child's culture	
Working with the Department	
Placement meetings	
The fostering role	
Standards of Care	
First Aid	
Dealing with allegations	
Life history/Diaries	
How to tutor school aged children eg literacy and numeracy	
Other, please specify	

31.0 Has the training that you have completed been useful to you or not?

    31.1 If useful - in what ways?
    31.2 If not useful - why do you think this was so?

[*possibly may need to use these prompts*]
- Culturally, inappropriate for needs of Indigenous/other ethnic group *(do not ask this question of anglo people)*
- Content and focus not what I most needed
- Run by people who aren't foster carers/didn't make use of experienced foster carers
- Too formal
- Too short
- Timing and location
- Transport costs
- Child care difficulties
- Other, please specify

32.0 Were any of your attitudes affected or changed as a result of training you have undertaken?
    32.1 If yes, could you please elaborate.

33.0 Do you think your level of understanding about yourself has been affected as a result of any training you have done?
    33.1 If yes, can you please tell me in what ways?

34.0 Do you think you need more knowledge and skills for what you do as a foster carer?

    If definitely no, go to question 35

    34.1 If yes, could you suggest five topic areas for learning which you would find most helpful in your role as a foster carer?

35.0 Would you be prepared to undertake some form of regular foster carer training if it was offered?
    35.1 If yes, how often would you like this to happen?
    35.2 If no, what are your reasons for not wanting training?

36.0 Is there anything that prevents you from undertaking foster carer training?
    [may need to prompt]
- child care
- costs
- views of self or others in family
- time when training offered
- literacy/numeracy difficulties
- transport
- whether has own computer or not

37.0 **If there was some training offered that you did want to do what would be the most ideal way that it could be presented? ie. What ways would you prefer to learn or how do you 'learn best'?**

[may need to prompt]
- self paced at home (either computer based or with written and/or audiovisual materials)
- informal discussion sessions with other foster carers
- more formal education or training – through the Department, at TAFE, University, some other form

38.0 **Do you have access to a computer and, if so, can you use a computer?**

39.0 **If you were interested in some form of self-paced training what would assist you to keep motivated to complete the training or course?**

40.0 **What settings do you think would be most helpful to you in which to learn new information?** *(May need to prompt e.g. coffee mornings, support groups, semi formal settings or formal settings)?*

41.0 *(If yes to Q35)* **Would you like formal recognition through accreditation of any training you undertake in relation to your roles as a foster carer?**

42.0 **If you were to access training would you want it to be recognised and transferable between Australian States or even overseas?**

43.0 **Are you aware of the principle in the Statement of Commitment between the Department and FPAQ that "Foster Carers require training and support in order to provide high quality, stable care" (2000 p4) "and to achieve adequate competence" (2000 p5)?**

44.0 **Do you agree with this statement?**
If yes, could you elaborate?
If no, do you have any comments in addition to those you've already made?

45.0 **What you do think of the idea that foster carers should be paid to participate in training?** *(ask to please explain)*

    45.1 **If yes:** - **expenses only?**
                 - expenses plus honorarium?

46.0 **Is there anything at all that would assist you to take advantage of foster carer training when it is offered?** *(ask to please explain)*
[May need to prompt re: times of day/night training held, child care arrangements, costs, transport, family support etc.]

Payment

47.0 What do you think about the present system of fostering allowances being paid to foster carers as opposed to being paid a wage or salary?

Support

48.0 If you could think of anything (or things) at all that would be of most support and assistance to you in your fostering role what would it/they be?

Thank you for giving me your time and for answering these questions. Now is there anything you would like to ask me or is there anything that you would like to add to anything you have already said during this interview?

APPENDIX 'C'   -   Letter to Foster Carers

School of Social Work and Community Welfare
Ph: (07) 4781 4301   Fax: (07) 4781 4064
Web: www.foss.jcu.edu.au/swcw/index.html

11th October 2002

Dear

"FOSTER CARER'S EDUCATION, TRAINING AND SUPPORT" RESEARCH STUDY

As one part of a much larger collaborative research project currently being undertaken by James Cook University and the Queensland Department of Families in the Mackay Whitsunday Region I am seeking to explore the education, training and support needs of foster carers in this region. Several foster carers, have been randomly selected for inclusion in this research and I would like to advise you that your name, is one of those chosen. Therefore, I would like to invite you to be part of my research study.

Attached is an information sheet telling you more about the study, what your participation would involve, and what will happen to information you provide to me during the course of the research.

I will be contacting you by phone in the near future to ask if you are willing to be a part of this study and, if so, to arrange a time and place to meet with you which is convenient to us both.

If you do agree to be a part of this study I will ask you to sign the enclosed Informed Consent Form before our interview commences. It is a requirement of the James Cook University Ethics Committee that you have a clear understanding of what you are agreeing to do and what your rights are in relation to the research.

I very much hope that you will feel able to take part in this study which is intended to enhance education, training and support opportunities for foster carers. For this to happen I need to hear your views, which will be valued and respected.

If you would like to ask any questions about any aspect of the research please feel free to contact me on
▮▮▮▮▮▮▮▮   otherwise I will be in contact with you soon.

Yours sincerely

Anne Butcher
Researcher

APPENDIX 'D' - SAMPLE OF CORE QUESTIONS ASKED OF OTHER KEY INFORMANTS

"Foster Carers Education, Training and Support"

INTERVIEWEE DETAILS

Q.1 **Can you please tell me what your current position is with this agency and how long you have been with this agency?**

Q.2 **Have you had any experience as a foster carer yourself?**
- *If yes, ask for details, i.e. length of time, number of children fostered, how this experience was for them and whether they are still fostering?*

Q.3 **Have you done any training either formal or informal in the human services or social sciences areas?**
- *If yes, what training has been done and when and where?*

Course	Year(s)	Provider/Institution	Completed Yes/No

Q.4 **Do you have any other experience working with foster carers or children and families who are in the child protection system?**
If yes, could you please provide me with the details of this experience?

FOSTER CARER RECRUITMENT AND TRAINING

Q.5 **How does your agency recruit foster carers?**

Q.6 **Do you look for certain sorts of people when you are recruiting foster carers?**
If yes, what in particular do you look for ie. personal qualities, certain families, what their home is like, what support they have within their family or community?

Q.7 **Why do you think most of your foster carers take up the job of fostering?**

Q.8 **In your opinion are there also any other reasons why foster carers take on this role?**
- *If yes, what are they?*

Q.9   **When you select a foster carer to care for a child what is the top priority that you take into consideration when making your decision about who should care for the child or children?**
[Depending upon response may need to probe for further details, i.e. do other factors come into consideration also?]

Q.10   **Is there anything/s that the Department expects of your foster carers that is an unreasonable expectation (culturally or otherwise) or is very difficult for them to carry out?**
-   ***If yes,*** *what are these thing/s?*
*[**Probe** if not mentioned what about the disciplining of children, presentation of their home, requirements within the home to accommodate children etc.?]*

Q.11   **Do you think foster carer training is necessary or not for your agency's carers?**
[prompt: both initial and ongoing training]
-   ***If yes,*** *ask to please elaborate.*
-      ***If no,*** *ask to please elaborate.*

Q.12   **Does your agency provide training for your foster carers?**
-      ***If yes,*** *what topics of training have you offered and how often is training offered?*
-   ***If no,*** *does anyone else provide training for them? (*May need to probe further*)*

Q.13   **What information, skills and qualities do you think are *essential* for people to have <u>before </u>they become foster carers?**

Information	Skills	Qualities

Q.14 **Do you think that your agency's foster carers who have been fostering for _some time_, perhaps even years, also need further knowledge and skills development for the work that they do?**
- _**If yes,**_ _what information, skills and qualities do you think are_ _**essential**_ _and which are_ _**ideal**_ _and how often should training be offered to meet these needs?_
- _**If no,**_ _ask to elaborate on this._

Information	Skills	Qualities
essential:		
ideal:		

Q.15 **Given the complexity of problems and difficult behaviours of many children coming into care these days do you think that foster carers need any '_specialist_' training, knowledge and skills to care for them adequately?**
- _**If yes,**_ _in what area/s in particular?_

Q.16 **Is there, or should there be, an emphasis on the cultural aspects of foster caring in any training that is offered?**
- _**If yes,**_ _what are the_ _**essential**_ _cultural elements that should be offered in foster carer training?_   _**-** and who should attend any such training?_

Q.17 **Do you use experienced foster carers as trainers and if so, how does this work for the training participants?**
- _**If not,**_ _why might this be so?_

Q.18 **Have your foster carers trained with Departmental personnel?**
[May need to clarify trained _with_ and _not by_ Dept personel]

- _**If yes,**_ _how did this work for them and are there any suggestions for improvements in this area?_

Q.19 **Have any of your foster carers ever trained Departmental staff?**
- _**If yes,**_ _how was this experience for those foster carers?_
- _**If no,**_ _do you think it would be beneficial or useful?_
  - _**If yes,**_ _for whom?_
  - _**If no,**_ _why do you think not?_

Q.20 **What styles or modes of training best suit your agency's foster carers? i.e. How do they learn best?**
[Prompt: groups, formal, informal, self-paced modules or CD's?]

Q.21 Is there anything/s that prevents your agency's foster carers from attending training?
- *If yes,* what are these thing/s

Q.22 What, if anything, would provide incentives for your agency's foster carers to attend training opportunities when they are offered?

Q.23 Do you think that foster carer training should be accredited?
- *If yes,* why do you think it should be?
- *If no,* why do you think not?

Q.24 Do you think that foster carer training should be nationally recognised and transferable between Australian States and overseas?

- *If yes,* why do you think it should be?
- *If no,* why do you think not?

Q.25 Are you aware of the Statement of Commitment between the Dept and FCQ?

Q.26 Do you agree with the principle in the Statement of Commitment between the Department and FCQ that "Foster Carers require training and support in order to provide high quality, stable care"(2000p4) **"and to achieve adequate competence"** (2000p5)?

- *If yes*, ask to please elaborate.
  - *If no*, ask to please elaborate.

Q.27 What you do think of the idea that foster carers should be paid to participate
 in training? *(ask to please explain)*

- *If yes:* - *expenses only?*
  - expenses plus honorarium?

PAYMENT

Q.28 Do you think that your foster carers do what the Dept wants them to do, in terms of caring for children, to ensure they continue to receive their fostering allowance?

Q.29 What do you think about the idea that foster carer payments should be linked to the training and qualification attainment levels of foster carers as they are in some areas in the UK and the USA?

Q.30   What do you think about the present system of fostering allowances being paid to foster carers as opposed to them being paid a wage or salary?

PROFESSIONALISM

Q.31 Which of the following do you think fostering is?   And which do you think it should be?

	Is	Should Be
Non-professional: parenting-like work in the family (ie private sphere): only inherent parenting skills required, coverage of expenses only		
Para-professional (1): straddling the private (family) and the public domains. Need for either skills development **or** payment/compensation for work done		
Para-professional (2): straddling the private (family) and the public domains. Some need for skills development (training) **and** some payment or compensation for work done		
Professional: a public sector job carried out in the home requiring training and payment as a job (either fee for service or salary)		

- *Probe for reasons for choice*

Q.32   *(Ask only if answered para-professional (1) or (2) or professional above)* **If you see the role in this way what (if anything) might need to be done to bring it in line with other positions in the workforce?** *(May need to prompt here re thoughts on payment, conditions, training, status etc.)*

Q.33   Do you think others see your agency's foster carers as professionals in their foster caring role?
   - *if yes, who in particular? and What is it that they do or say that leads you to believe that they see them in this way?*
   - *if no, then how do you think others see foster carers in their role? how do you feel about that?*

Q.34   Do you think fostering generally is a valued role in society?
   - *if no, then what status do you think others apply to this role ? - how do you feel about these perceptions?*
   - *if yes, can you tell me what, in particular, leads you to think this?*

Q.35 Do you think the Department values the work of foster carers?
- ***If no,*** *why do you think this is so? and what could be done to improve this situation in your opinion?*
- ***If yes****, what is it that leads you to think this is so?*

Q.36 Do you think the Department is generally considerate enough of the needs of the children and families who they work with?
If no, *what do you think they should do differently?*
> *[Probe: re the Child Placement Principle, and taking into account the wishes of their extended families or the community when making decisions relating to their children?]*
If yes, *can you elaborate on what leads you to think this?*

SUPPORT

Q.37 If you could think of anything (or things) at all that would be of most support and assistance to your agency's foster carers what would it/they be?

Q.38 Are there any other comments you would like to make about your agency's foster carers education and/or training and/or support?

Thank you for giving me your time and for answering these questions. Now is there anything you would like to ask me or is there anything that you would like to add to anything you have already said during this interview?

APPENDIX 'E' - Letter of Support from Alternative Placement Support Service (now Pathways)

Administrative documentation
has been removed

APPENDIX 'F' - Letter of Support from Mackay Aboriginal and Torres Strait Islander Shared Care Agency

Administrative documentation has been removed

APPENDIX 'G' – Letter of Support from the Department of Families

Administrative documentation
has been removed

APPENDIX 'H'   –   Informed consent form for foster carers

Administrative documentation
has been removed

APPENDIX 'I'   -   Informed Consent form for 'Other Key Informants'

APPENDIX 'J' – Information Sheet to Foster carers

INFORMATION SHEET FOR FOSTER CARERS

FOSTER CARER "EDUCATION, TRAINING AND SUPPORT": A RESEARCH STUDY

The Queensland Department of Families has created an opportunity for me, as a Departmental employee, to undertake doctoral research relating to the education, training and support needs of foster carers within the Department's Mackay Whitsunday Region. The expected outcomes of the study are to identify educational, training and support priorities for foster carers. The aim of the research is to benefit not only foster carers but children in foster care also. Furthermore, it is expected that the research findings will also be utilised to advance Departmental alternative care policy and practice.

With regard to foster carers, the key questions which the research will seek to answer are:

- What are the current levels of education and training attained by foster carers?
- What are the 'ideal' levels of education and/or training necessary for foster carers to undertake their challenging role having regard to the physical, psychological, emotional, and developmental needs of children and adolescents who have experienced some form/s of abuse?
- What are the barriers and incentives to foster carers accessing appropriate levels of education and/or training?
- Do foster carers think that additional education and training would be of assistance and support to them in their role?
- How could education and/or training be of assistance and support for foster carers?

In exploring these questions I plan to gather the views of a range of people involved in foster care. These people are sometimes called "stakeholders". They are:

- Foster Carers
- Training providers
- Department of Families Staff
- Staff from a community based service representing foster children
- Staff from a state foster carer representative organisation
- Staff from community based alternative care services

I am, however, especially interested in YOUR views and experiences, as a current foster carer.

What your participation will involve

1.   I am asking 40 foster carers who have been randomly selected in the Mackay Whitsunday region of the Department of Families to participate in one 2 hour interview. I will interview each foster carer, using a tape recorder, and I will ask you to talk in some detail about your perceptions of foster carer education, training and support and of what would be of most benefit and assistance to you in this role. I will also ask you about your ideas concerning what levels of support, payment, status and training are, or should be, available for foster carers.

2.   On the basis of the responses received it may be necessary to arrange a second interview with approximately half of the foster carers interviewed i.e. 20 additional

interviews of approximately one hour each. These interviews will also be tape recorded. The purpose of these interviews is to seek more detailed information about ideas, thoughts, opinions or statements that were made at the time of the first interview.

3.   The final component of the research, which approximately 8 foster carers will be asked to participate in, consists of two focus group discussions. At the focus group meetings preliminary research findings will be presented regarding foster carer education, training and support, and foster carers will be asked for their comments and thoughts regarding the relevance and/or usefulness of these findings to them in their fostering role. It is anticipated that each focus group meeting will take approximately 1½ hours.

If, as a result of your participation in this research, you believe that personal issues have emerged which require additional support, arrangements have been made for research participants to be referred to Queensland Health's, Child and Family Health Unit, Nelson Street, Mackay, at no cost to participants.
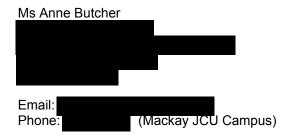
What will happen to your information?

All of the information which you provide **will be confidential.** This means that no identifying information given by you at the time of interview will be made available to anyone else. All information (including transcriptions of the taped interviews) will be stored in a locked filing cabinet, accessible only to me as the researcher. Please note that whilst confidentiality cannot be 'guaranteed' when participants have been part of a focus group all participants will be asked to sign a confidentiality protocol form prior to commencement of the focus groups. Additionally, the importance of the need for confidentiality will be discussed at the beginning of the focus group when establishing the group's norms and consensus regarding an agreement of confidentiality will be sought from all participants. Therefore, every effort will be made to maintain your anonymity in respect of any information you may provide.

The information will be used to develop an understanding of what would be of most assistance to foster carers in relation to their ongoing education, training and support needs. Your views will be compared to those of other foster carers to identify areas of similarity or differences among foster carers, and also between foster carers and other "stakeholders", including training providers and staff from the Department of Families.

What happens now?

I will contact you and you will be invited to participate in the research study and, if you agree, you will be asked to sign the attached consent form. This will confirm that you have been informed in detail about the research study; that your agreement to participate is freely given; and that you are aware that you may, if you wish (and without being asked to give reasons), end your participation at any stage, or decline to respond to any specific questions.

If you would like to ask any questions about the research before you decide whether or not to participate you may contact me as detailed below.

Ms Anne Butcher

Email:
Phone: (Mackay JCU Campus)

APPENDIX 'K' - INFORMATION SHEET FOR 'OTHER KEY INFORMANTS'

FOSTER CARER "EDUCATION, TRAINING AND SUPPORT": A RESEARCH STUDY

The Queensland Department of Families has created an opportunity for me, as a Departmental employee, to undertake doctoral research relating to the education, training and support needs of foster carers within the Department's Mackay Whitsunday Region. The expected outcomes of the study are to identify educational, training and support priorities for foster carers. The aim of the research is to benefit not only foster carers but children in foster care also. Furthermore, it is expected that the research findings will also be utilised to advance Departmental alternative care policy and practice.

With regard to foster carers, the key questions which the research will seek to answer are:

- What are the current levels of education and training attained by foster carers?
- What are the 'ideal' levels of education and/or training necessary for foster carers to undertake their challenging role having regard to the physical, psychological, emotional, and developmental needs of children and adolescents who have experienced some form/s of abuse?
- What are the barriers and incentives to foster carers accessing appropriate levels of education and/or training?
- Do foster carers think that additional education and training would be of assistance and support to them in their role?
- How could education and/or training be of assistance and support for foster carers?

    In exploring these questions I plan to also gather the views of a range of people such as yourself who I am calling **'other key informants'**. Each have been purposefully selected by me based on their knowledge and/or expertise. They derive from the following areas:

- Human Services Training providers (Tertiary, Higher Education and Industry)
- Department of Families Staff
- An organisation representing foster children
- Organisations representing foster carers
- Community based alternative care services
- Private Fostering Agencies

It is within your respective area above that I am especially interested in YOUR views and opinions as a 'Key Informant'.

What your participation will involve

4. One face to face tape recorded interview of approximately 1 - 2 hours. I will ask you to talk in some detail about your perceptions regarding the role of foster carers, as well as training and support for them.

    If, as a result of your participation in this research, you believe that personal issues have emerged which require additional support, arrangements have been made for research participants to be referred to Queensland Health's, Child and Family Health Unit, Nelson Street, Mackay, at no cost to participants. If this is not convenient then

alternative suitable arrangements can be made with a Queensland Health counselling service nearest to you.

What will happen to your information?

All of the information which **you** provide **will be confidential.** This means that no identifying information given by you at the time of interview will be made available to anyone else. However, it may be necessary to identify your agency and/or your professional standing depending upon which category of key informant you are within.   This can be discussed further with me prior to commencement of the interview to clarify any further questions you may have.   All information (including transcriptions of the taped interviews) will be stored in a locked filing cabinet, accessible only to me as the researcher.   Please note that whilst confidentiality cannot be 'guaranteed' when participants have been part of a group interview all participants will be asked to sign a confidentiality protocol form prior to commencement of the interview.   Additionally, the importance of the need for confidentiality will be discussed at the beginning of the group interview when establishing consensus regarding an agreement of confidentiality.   Therefore, every effort will be made to maintain your anonymity in respect of any information you may provide.

The information will be used to develop an understanding of what would be of most assistance to foster carers in relation to their ongoing education, training and support needs. Your views will be compared to those of other key informants and foster carers to identify areas of similarity or difference.

What happens now?

I will meet with you as we have already arranged and prior to commencement of our interview, you will be asked to sign the attached consent form. This will confirm that you have been informed in detail about the research study; that your agreement to participate is freely given; and that you are aware that you may, if you wish (and without being asked to give reasons), end your participation at any stage, or decline to respond to any specific questions.

If you would like to ask me any further questions about the research please do not hesitate to do so either by return email or as per my contact details below.

Ms Anne Butcher

Email:
                        Phone: (Mackay JCU Campus)