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Unravelling foster care and finding family support

Thesis submitted by
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ABSTRACT

Unravelling foster care and finding family support

The impetus for this study stemmed from a concern about a family-based care system in crisis with growing numbers of children with complex needs coming into the statutory care system and increasingly staying longer. Conversely, at the same time, there are limited care options and difficulties in recruiting and retaining carers. Given the term ‘carer’ is generally shorthand for ‘women’, this too spoke to my feminist principles and interest in women’s issues, particularly when noting the dearth of feminist studies on this topic.

Family-based care comprises both foster and kinship care and is the most common statutory care arrangement for children who are assessed as being unable to live at home because of abuse or neglect or the risk of abuse and neglect. It is female carers who predominantly carry the primary caring role in family-based care as altruistic volunteers, raising issues relating to gender, power, culture and money making it a logical but overlooked choice for feminist analysis. It seemed appropriate that I took a poststructuralist feminist approach into this study to learn more about the family-based caring role from the female carers perspective. Twenty female family-based carers in central Queensland joined me on this research journey. As well as wanting to discover more about their role, I had two other aims, which were to learn more about what respect and support meant from the female carers’ perspective given these two factors rate as priorities for carers, and to find out what improvements would make a difference for them and the children in their care.

I hoped to gain new and rich findings and utilised feminist ethnography with this in mind, moving beyond the researcher dictating the topic and questions and controlling all aspects of the research. Instead I engaged with the female carers through unstructured, in-depth interviews as well as being a participant in two carer support groups. This research strategy enabled carers to tell their story, in their way and in their time thus enabling new and rich knowledge about their experiences to emerge.

In terms of findings in this thesis, two complementary halves emerged during the study. The first half related to ‘what is’ in relation to family-based care in Queensland currently. In this part of the study narratives were deconstructed, revealing the dualisms, ambiguities and oppressions inherent in the current child protection system. However, striking new findings

also emerged in relation to the innovative, but largely invisible strategies carers use to navigate through the barriers inherent in the child protection system, leading to a new finding of *habitus* and carers having a 'feel for the game'.

The second half explored the 'what should be' where carers talked about their practical vision for more flexible and compassionate options of care that effectively foster both children and families. The 'what should be', in the view of carers, was a bridging of the gap between child protection and family support, through flexible and responsive choices for children, parents, carers and child protection workers alike, thereby breaking down current binary oppositional thinking. Carers coined their approach as one of also *fostering families,* showing how such an approach could work in practice and bridge the child protection/family support gap through an aspirational exemplar.

This study has a focus on Queensland and provides a contemporary picture of child protection and family-based care in Queensland with particular reference to the Queensland Child Protection Commission of Inquiry (QCPCI) of 2012-2013 and the subsequent report, '*Taking Responsibility: A Roadmap for Queensland Child Protection* (2013*).* The recommendations from that report currently being implemented as part of Queensland's *Stronger Families* child protection reforms make the findings in this study particularly timely and relevant. However, the unique design, scope and original framework for analysis of this study, and the subsequent rich findings, have significance and implications for further research and practice much more broadly.

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Prologue

As with the undertaking of any large project which tends to take on a life of its own (and 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, in the duration of this study. 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 there have been numerous name changes within Queensland government departments. As I commenced this research the Department for the care and protection of children in Queensland, the Department of Families (DoF) effectively 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 (DoC), taking responsibility for community funding and resourcing of prevention and early intervention services relating to child, families, youth justice and the broader community. Front line child protection workers in Queensland who were known as Family Service Officers (FSO) had their positions renamed and became Child Safety Officers (CSO); the title that will be used in this thesis. Towards the completion of the study the Department of Child Safety merged with the Department of Communities and Disability Services to become the Department of Communities, Child Safety and Disability Services (DCCSDS), but the title of front line workers child protection workers remains unchanged; that of Child Safety Officer.

For ease of understanding in this thesis the Department of Communities, Child Safety and Disability Services will hereafter be referred to as DCCSDS or the Department, Child Safety Services will be referred to as Child Safety, and Child Safety Officers as CSO/s. The Communities agency, now in DCCSDS will hereafter be referred to as Communities.

Another deliberate 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.

Acronyms and abbreviations

AASW	Australian Association of Social Workers
ACWA	Australian Community Workers Association
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ARACY	Australian Research Alliance for Children and Youth
ARC	Actions for the Rights of Children
CAFWAA	Child and Family Welfare Association of Australia
CAG	Consumer Advisory Group
CMC	Crime and Misconduct Commission
COAG	Council of Australian Governments
CPPQ	Child Practitioners Practice Group
CSC	Community Services Commission
CSCAC	Commonwealth Senate Community Affairs Committee
CSO	Child Safety Officer
DCCSDS	Department of Communities, Child Safety and Disability Services
DCS	Department of Children's Services
DFV	Domestic and Family Violence
DOC	Department of Communities
ER	Emergency Relief
FACC	Family and Child Connect Services
FAST	Foster Care and Advocacy Support Team
FCQ	Foster Care Queensland
FIN	Family Inclusion Network
FISH	Family Inclusion Strategies Hunter
FSO	Family Services Officer
GSNC	George Street Neighbourhood Centre
IFS	Intensive Family Support Services
JCU	James Cook University
NSW	New South Wales
QCOSS	Queensland Council of Social Services
QCPCI	Queensland Child Protection Commission of Inquiry

RAI	Referral for Active Intervention
SCSI	Standing Committee on Social Issues

Chapter 1: Introduction

This post-structural feminist study sheds new light on the 'what is' and 'what should be' in relation to family-based care. Family-based care comprises foster and kinship care and is the most common statutory care arrangement for children who are assessed as being unable to live at home because of abuse or neglect, or the risk of abuse or neglect. This study, based in regional Queensland, Australia, was conducted with 20 female foster and kinship carers utilising feminist ethnography. It sought to learn more about their lives and experiences as female carers, as told in their words, and on their terms.

Why focus on family-based care? Family-based carers (foster and kinship carers) are the mainstay of the out-of-home care system in Australia, with 93% of children in out-of-home care placed with family-based carers (Australian Institute of Health and Welfare (AIHW) 2015). The latest statistics, as of 30 June 2014, show diminishing numbers of carers across most jurisdictions, but conversely more children coming into out-of-home care who are more likely to remain in care for extended periods. Of the children in care there is a disproportionately high number of Indigenous children (AIHW 2015).

While kinship care is the first preference for placements in Queensland only 40.4% of children were placed with kin, and there was an overall loss of 299 kinship care households in 2013-2014 (AIHW 2015). Foster care households make up a higher percentage (51.6%) for children in placements in Queensland and they also encountered a very small loss in 2013-2014 (AIHW 2015). The situation is unlikely to improve given the difficulties in recruiting and retaining carers across Australia (Smyth and Eardley 2008).

It is not surprising that over the past decade, national reports and inquiries focused on child protection have identified an overburdened system. The system is struggling to meet the growing demand, generally not achieving good outcomes for children and frequently not meeting statutory obligations (Bamblett, Bath & Roseby 2010; Commonwealth Senate Community Affairs Committee (CSCAC) 2005; Community Services Commission (CSC) 2000b; Crime and Misconduct Commission (CMC) 2004; Des Semple Associates 2002; Ford 2007; Forde 1999; Murray 2003; New South Wales Standing Committee on Social Issues

(NSW SCSI) 2002; Queensland Child Protection Commission of Inquiry (QCPCI) 2013; Wood 2008).

Increasingly, children who are likely to have significant and complex needs are placed with family-based carers for an indeterminate period of time. Carers are now asked to manage a range of challenging behaviours- physical and/ or learning disabilities; and problems associated with mental health, insecure attachment and alcohol or other drug use- while all the time being under scrutiny by the statutory body responsible for child safety, natural parents, and other agencies. While family-based care is not necessarily the best option for all children, the paucity of residential care and treatment options in the last two decades means that family-based care has been, and remains, virtually the only option available for most children, posing problems for a limited pool of carers and increasing the likelihood of placement breakdown (Barber, Delfabbro & Cooper 2001; Butcher 2005; Farris-Manning & Zandstra 2003; Hillan 2006; MacGregor, Rodger, Cummings & Leschied 2006; McHugh, McNab, Smyth, Chalmers, Siminski & Saunders 2004).

It is little wonder that family-based carers in Queensland ask for respect and support, particularly from Child Safety Services, an agency within the Queensland Department of Communities, Child Safety and Disability Services. In fact, Queensland family-based carers identify respect and support as the two highest priorities for them in their caring role (Foster Care Queensland (FCQ) 2012). For this reason these concerns are a central focus in this study.

This study enlisted only female family-based carers in recognition that it is overwhelmingly women who carry the responsibility of the primary caring role, thereby underpinning the very complex and challenging child protection and out-of- home care system (Grimm & Darwall 2005; McHugh 2007; McHugh et al. 2004; Meyer 1985; Siminksi, Chalmers & McHugh 2005). Furthermore, these women form part of the system's uneasy triad, for it is typically women in the guises of natural mother, carer and worker who form, what can be, contradictory relationships to sustain the care of the state's children (Aldgate 1980; Finn 1994; Smith 1991, Smith & Smith 1990a). Family-based care raises issues relating to gender, power, culture and money making it a logical, but overlooked, choice for feminist analysis (Smith 1991). Moreover, little is known in regard to women providing long term family-based care and how they view their role (Broady et al. 2010; Daniel 2011). This research has sought to rectify this research omission.

1.1 Research Aims

Given the overall research goal was based on learning more about female family-based carers' views about their role it was not appropriate to pursue a linear, siloed approach to exploring family-based care. Rather, my approach was to move beyond the researcher dictating the topic and the questions and controlling all aspects of the research. Instead I engaged with female family-based carers through unstructured, in-depth interviews as well as through participation in two carer support groups. This approach enabled carers to tell their story, in their way and in their time thus enabling new and rich knowledge about their experiences to emerge. It should be noted that the use of the term 'carer/s' will be used as an acronym for family-based carers, encompassing both foster and kinship carers.

This research journey with carers was not an easy one. The ground traversed exposed and unravelled many contested, and hidden dimensions of caring, including dualisms, contradictions, anomalies, and tensions within the current system. However it also revealed the carers' resourcefulness, resilience and commitment to their caring role. The carers' commitment to children often extended beyond the statutory parameters within which they were mandated to work, thereby being an invisible dimension of care. Nevertheless the revelation of informal, practical extended care, inclusive of the child's family was an important one: not only children, but their families, benefited from this ongoing support. Carers also framed this type of care as an approach which potentially offers diverse options for the future. In light of these revelations, while the aims of the study and the methods of data collection (through interviews and carer support groups) remained consistent throughout, the scope and design significantly changed over the course of the study from what had originally been envisaged.

This is a thesis presented with two complementary sets of findings. The first half of the document explores the 'what is' with carers speaking about the child protection system, their role within the system and how that impacts on their interactions with other women involved in the foster child's life. This provided fresh insights, including more about hitherto invisible and 'hushed' dimensions of care. The second half explores the 'what should be' where carers talked about their practical vision for more diverse and compassionate options of care. The ‘what should be’, in the view of carers, was a bridging of the gap between child protection and family support, through flexible and responsive choices for children, parents, carers and workers alike, thereby breaking down current binary oppositional thinking.

This study makes significant new contributions in its unique narrative approach, research design, its scope and its original framework for analysis. The post-structural nature of this research gave ‘licence’ to explore, and deconstruct, the subjective experiences of carers, while at the same time enabling the construction of preferred discourses. The feminist overlay of this research contextualised carers’ personal narratives in relation to the political; specifically, relating to the statutory body responsible for child protection in Queensland. Carers deemed taking this stance added credence to their voice, particularly regarding implications for a reformed child protection system.

This study also provides a contemporary picture of child protection and family-based care in Queensland with particular reference to the Queensland Child Protection Commission of Inquiry (QCPCI) of 2012-2013 and the subsequent report, *Taking Responsibility: A Roadmap for Queensland Child Protection* (QCPCI 2013). The recommendations from that report are being implemented as part of Queensland’s *Stronger Families* child protection reforms, and have significant implications, both for women and children who require care, and for women who provide the care.

The aims of this research were three-fold:

Aim 1: To explore the role and the experiences of female family-based carers.

Questions:

- How do carers perceive their role?
- Why do some carers continue for long periods while a large number do not?
- What keeps carers committed and motivated in this role over time?
- What is it like to be a family-based carer?

Aim 2: To understand the dimensions of respect and support for carers, given that these two factors consistently rate as priorities for family-based carers.

Questions:

- What does respect and support mean to carers?
- What is the impact of a lack of respect and/ or support?

- What supports do carers use?
- What status do carers think they have?

Aim 3: To find out what carers consider is needed for improved outcomes for women who provide family-based care, and for the children in their care.

Questions:

- What do carers see as the current status of the family-based care system?
- What are their views on improvements that could make a difference?
- What do they see for the future in terms of family-based care?

1.2 Research Topic

The original title of this study was *Women who foster - is anyone listening?* The phrase 'is anyone listening' was taken from a female carer's interview and seemed apt for the study. However, in light of unexpected findings, the title changed to embrace new conceptual models of caring for children and families in a reformed system:

Unravelling family-based care and finding family support

1.3 Impetus and Influences

As a longstanding officer in the (now) DCCSDS (refer to prologue) in the Mackay/ Whitsunday region of Queensland, Australia I was privileged to be part of a research partnership between that department and James Cook University, Townsville, Australia. This research explored aspects of foster care to answer the question 'What makes a good foster carer?' A large survey of foster carers in the region was undertaken by James Cook University, and alongside this large study there was also a commitment to explore under-researched aspects of fostering.

My interest lay in a feminist study of women's perceptions of their fostering role and value along with their motivation and sources of support. Research to date has generally considered foster carers only in terms of marital status, family size, age and ethnicity, personality characteristics, motivation and values (Sellick, Thomburn & Philpot 2004). A number of researchers have pointed to the need for further research in such areas as fostering costs, placement trends, carers' response to stressful incidents, carer support, kinship care and recruitment (Bath 1997; McHugh 2007; Nutt 2006; O'Neill 1999; Sinclair, Gibbs & Wilson 2000a,b). Additionally, little is known about long term female foster carers and how they characterise their role (Broady et al. 2010; Daniel 2011).

This study was different as it did not define set topics and questions to which carers needed to respond. Instead, it allowed carers to tell stories about their experience of caring on their own terms and in their own time, thereby enabling a greater level of depth compared with other studies, with new and thick findings emerging. In the interests of reflexivity, I now share my personal and professional perspectives that provided the impetus for this study.

1.3.1 Personal Perspective

I have been a carer in many different capacities in my life. As a young person I was a carer for my mother following major health issues, and at 22 years of age, after leaving my paid work with the Telstra Corporation, I had my first child. For a ten year period, and with the addition of two children, I was a 'traditional stay-at-home mum' who also provided family day care for other children. My husband and I then became volunteer relief house parents for seven children in a family group home. This experience enabled the development of a two year close relationship with children and young people in residential care. During these two years I also provided foster care in 'emergency' situations in my own home.

Despite an array of experience in caring roles I found that skills and experience in this arena counted for little in terms of status and worth from most people. If a 'professional' was talking to me about children in my care I often felt that my views as a carer were not given a high value. It was my observation that, in meetings with a professional, where I was present as a carer, the professional's view generally prevailed, regardless of whether they knew all the facts pertaining to the child/ren in question. Indeed at times it seemed the professional's view prevailed, despite solid evidence or even good practice guidelines to the contrary. It is little wonder I came to consider that the status of the carer role was not highly regarded, a view which was reinforced many times with comments such as "So you are *just* at home?", "You are *just* a housewife?"

The deprecating tone of the conversation changed if people became aware I had some qualifications and was studying at tertiary level. "I just didn't realise, that's incredible" was often the response in a surprised, and often astonished, tone. This sometimes led to the question "So why are you doing this?" In other words, the tone of the communication tended to change at the point they saw me as more than "*just* a carer" becoming more inclusive and enabling me to feel a valued participant in discussions and decision-making.

Whilst on the one hand this was gratifying, on the other it was frustrating and demeaning of the important caring role I played. I did not want to be valued because I happened to be undertaking tertiary study but rather for my skills and experience in the critical role of caring for children. Despite accumulating significant knowledge and expertise over time I was never asked for my story or insights. It would appear there always has been, and still currently is, an alarming lack of status attributed to caring roles.

I returned to the full time paid workforce as a Queensland Government employee and moved to a management role. The comments I received from well-meaning people who had known me in my caring role reinforced my perceptions of the lowly status of carers. Apparently, I had redeemed myself through leaving caring and received comments such as "You have done very well, haven't you?"

From a personal perspective I was motivated to test my theories with family-based carers regarding this critical area of care. I had not found any substantial qualitative information regarding female foster carers so I wanted to hear the views of women and find out more simply because of their silence- there was such a lack of information, literature or even verbal anecdotes as to their views. As a carer I had experienced invisibility so I was also keen for female carers to have 'a say' and some agency about their caring role.

1.3.2 Professional Perspective

I had consistently heard, from staff and foster carers alike, of the difficulties in supporting foster carers. I had heard about the lack of resources to attract and retain foster carers, the difficulties in placing children/ young people with high support needs and the high expectations placed on both workers and carers that often cannot be met. In the departmental role I rarely saw meaningful opportunities in the foster care system for foster carers to have their voices genuinely heard.

A phrase that was common from child protection workers when carers complained about lack of support, recognition or respect was “We are here for the children, not the foster carers”. I had also observed that interactions between the Department and foster carers were predominantly between a female carer and a female worker. While there was a reliance on women to provide fostering there did not appear to be a high level of respect and support for the pressures family-based carers experienced. In addition there did not seem to be any feminist or gendered analysis of the family-based care role within the Department.

In my time with the now DCCSDS, I had the privilege of attending a number of national and international conferences in the area of child protection. Increasingly the voices of children and young people were becoming part of the presentations. I was also aware of practitioners and researchers greater engagement in participative research with children and young people in the system. As part of the research partnership between the department and James Cook University, colleagues including Michelle Moss (2012) and Wayne Daly (2012) have presented insightful and empowering findings in their doctoral studies focused on children and young people’s voices and pictures.

This emphasis on including the voices of children and young people at child protection conferences, and in research, is an important and positive step forward. However it highlights that the same cannot be said of the inclusion of family-based carers’ voices. Family-based carers are entrusted with the most vulnerable and challenging children in society but how often are they heard? My observation during my work and research from a departmental perspective is that conferences, forums and literature tend either not to include or to peripheralise issues as they pertain to foster care and foster carers. I would be remiss if I did not also add that I am very aware that voices and views of natural mothers and fathers as well as male carers, and family members, who also play a role in caring for children, are even more excluded.

When I attended conferences that had a child protection/ out-of-home care focus and there were no foster carers represented, I started asking organisers the reason. The question seemed to be invariably received with surprise, and sometimes sheer bafflement, as to why I posited the enquiry. Common answers included “Oh I don’t know. They most probably don’t want to be here.”, “They’d find it too difficult and it is outside their area.”, “They couldn’t afford to attend and it is a bit above them.” and “They don’t bother”. These responses showed scant respect for the very role to which society’s most vulnerable children are entrusted.

It seemed from these responses that professional workers were of the view that those who were responsible for these children had nothing to say and their views did not need to be heard. In contrast, from my personal and caring experience, I took the view that conferences addressing child protection and out-of-home care should endeavour to hear *all* issues and voices if they are to be truly representative and not exclude the very real issues foster carers have raised over time.

Finally, I also noted that the lack of recognition of carers carried over into other areas, including research. Moreover, I identified a dearth of information and statistics relating to family-based carers. All these influences provided a powerful impetus to explore the world of family-based care with female carers in that role.

1.4 Thesis outline

This research study with female family-based carers is unique in its approach, design and scope leading to potentially powerful, new and rich discoveries. Consequently, this thesis is constructed differently to most as it follows somewhat of a chronological path in sharing carers' narratives and at the same time threading through the story of the research journey and the findings.

This **Introduction** presents the influences for this research and makes my interest and agenda explicit. The aims, topic and key questions have been outlined, and lastly the structure of the thesis is outlined.

Chapter 2: Background and Context sets the scene for this study. It provides an overview of the history of child protection and out-of-home care from settlement to present day in Australia, and underpinning ideologies. The chapter provides a particular spotlight on Queensland, but also illustrates the crisis in child protection that is endemic across Australia. The gendered nature of care is also contextualised and there is exploration of what this means for women involved in the child protection system. An overview of what is known about family-based care is also provided.

Chapter 3: Rationale, Methodology and Process details the reasoning, principles and theory behind the methodology used. The organic evolution of the research process was unique to this study, in that it 'shared the wheel' with carers in all aspects of the study. The process is described in detail shedding light on the authenticity of a very different approach, and providing a 'road map' for the journey.

Chapter 4: Competing Discourses firstly provides a structural overview of the major site of power relating to child protection and family-based care in Queensland. The voices of the carers are then heard in what is essentially their review of how the ideal espoused in policy documents compares with the reality of what happens in practice. Ultimately, the deconstructing of the archetypal discourses concomitant with family-based care reveals the inherent divisions between this rhetoric and practice. It also provides context in relation to the often tense nexus between carers and the statutory body responsible for child protection in Queensland, Child Safety, also exposing a number of what I came to describe as 'hushed' discourses.

Chapter 5: Contested Caring focuses on the implications of the competing discourses as carers talked about their role and needed requisites to succeed in the contested field that is family-based care. The contested areas they viewed as impacting on their role in relation to Child Safety was also discussed, with carers talking about the characteristics of the CSOs exposing points of difference and again revealing more taboo or hushed dimensions of the caring experience.

Chapter 6: Compromised Support is essentially a chapter revealing how carers work with compromised support, exposing the many and varied strategies they use to navigate the obstacle course that is the child protection system in Queensland, of which many are invisible to all but the carers. It also reveals the provision of informal and extended support to children and their parents outside the boundaries of their mandated role.

Chapter 7: Complementary discourses uses the examples of innovative and extended care and the notion of fostering children and families revealed in the preceding chapter, exploring what that would look like in moving towards complementary discourses. This exploration was not constrained by thinking about the current system but rather explored a new concept that effectively moved beyond the current preoccupation of child safety and child rescue to one of thinking in terms of child and family wellbeing and family support.

Chapter 8: Compassionate Caring and Compatible Support grounds the ideas and new approach the carers had developed into an aspirational exemplar. Carers describe how such an approach could work in practice and align with current reforms in the Queensland context, through building on an existing model in the locality in which the research took place. This is what the carers called a "reality check"; a reflection of their wish for their voices to be heard and valued in what they saw as extending options and choices for care in order to benefit children, families, carers and workers.

Chapter 9: Conclusion and Implications revisits the aims of the research and provides a summary of the new findings. Contributions to theory and methodology are then discussed before outlining the many implications for policy, practice and further research stemming from this study.

Having introduced this thesis, the following chapter sets the scene and provides an overview of historical and current literature and research pertaining to family based care.

Chapter 2: Out of home care- background and context

"a concatenation of women's issues" (Meyer 1985, p.255)

Family-based care is embedded within separate child protection systems across jurisdictions in Australia. Women are the backbone of these child protection systems, and it follows that, from a feminist perspective, it was important to capture both the political and the personal facets of this care. This chapter sets the scene for that focus by providing background and context pertaining to child protection and out-of-home care in Australia, with an emphasis on Queensland, and the gendered nature of child protection.

This chapter firstly provides a brief historical overview of key developments in child protection and out-of-home child care from settlement to the 21st Century in Queensland. The contemporary challenges facing the state's child protection and out-of-home care system are then explored in depth. No analysis of the current Queensland child protection scene would be complete without a consideration of the findings, recommendations and reforms emanating from the Queensland Child Protection Commission of Inquiry (QCPCI) (QCPCI 2013).

The QCPCI identified "the most pressing problem for the out-of-home care system is that demand for places is outstripping supply" (QCPCI 2013, p.251). Consequently, the themes of 'demand' and 'supply' are examined in some detail, from the perspectives of children's needs and through examining elements of foster caring (*motivations, role, support, recruitment and retention*). Finally, this chapter closes by underscoring the part played by gender in the child protection space.

2.1 An Historical Overview

Settlement and the 1800s: a system is born

In Australia for most of the 1800s, the concept of the provision of 'child protection', as we now think of it, was non-existent, since children were considered the property of their parents (Liddell 1993). Consequently there was no need for the enactment of laws and policies to protect children from their parents (Fogarty 2008; Lamont & Bromfield 2010). By the end of the 19th century that was changing with non-government and voluntary child protection societies being established to rescue children from neglect or cruelty (Lamont & Bromfield 2010). ‘Boarding out’ (foster care) was becoming a preferred option (Liddell 1993) with support coming from a number of sources including Florence and Rosamund Davenport-Hill, British visitors, who published their views in 1875 promoting the moral and economic benefits of the ‘boarding out’ system for children who were destitute (Voigt 1986).

The child protection landscape in Queensland reflected national developments of the time. The state’s first orphanage school was established in 1865 and by 1878 there were four such institutions since “the 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, p.5). The growing numbers of children requiring accommodation raised questions about how to care for them and in the 1870’s ‘boarding out’ of children in foster homes was trialled to alleviate pressure on orphanages. As in other states of Australia, ‘boarding out’ was becoming more frequent in Queensland by the end of the 19th century, favoured by the then Inspector of Orphanages who considered providing children with a family was a good option (Department of Children’s Services 1979).

To this end, members of the Ladies Voluntary Visiting Committee chose children from the orphanages to place with foster mothers. The Ladies Voluntary Visiting Committees were small groups of “prominent middle class women of the area who also assessed the applications of prospective foster mothers” (Schofield 1971, p.58) and inspected the children who were fostered and reported to the department. The foster mothers “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’s Services 1979, p.20).

In Queensland there was a substantial difference between the circumstances of the women who were on the Visiting Committees (referred to as ‘ladies’) and women who fostered (referred to as ‘women’, ‘foster mothers’ or ‘females’) (Schofield 1971). However, it was assumed that the ‘lady’ visitors were “morally sounder” with a “superior knowledge of child care (even if single)” than the foster mothers whom the department treated with some distrust (Schofield 1971, p.59). The late 1800s also saw many children ‘hired out’ as cheap labour leading to exploitation by unscrupulous employers before legislation was passed to prevent this from occurring (Schofield 1971).

The 1900s: a system in growth

In the early decades of the 20th Century, numbers of children coming into care were steadily increasing in Queensland, invariably because of financial difficulties caused by the temporary or permanent absence of the breadwinner in the family (Schofield 1971). The 1900s saw significant fluctuations in residential care services in the state, commencing with eight services in 1900, twenty services in 1930 (Schofield 1971) and a peak of sixty one services in 1970.

By the second half of the twentieth century child welfare was on society's agenda. The medical profession's recognition of the 'battered-child syndrome' in the 1960s had fuelled media interest in child abuse (Liddell 1993). This media attention and the growing public awareness of the need for child protection were the drivers of change for governments which responded by establishing child welfare departments in all jurisdictions, bar Victoria (Lamont & Bromfield 2010). Societal expectations about child abuse also saw jurisdictions across most of Australia adopting mandatory reporting laws, and de-institutionalisation and permanency of care were now popular principles (Lamont & Bromfield 2010).

Deinstitutionalisation meant that in the latter part of the 1900s residential services were radically diminishing, to the extent that only 15 services remained in Queensland at the end of the 1990s (Crime and Misconduct Commission (CMC) 2004). The policy of deinstitutionalisation had left its mark on child protection and it was considered that this decrease in residential care would be more than compensated for by the community providing "foster mothers of sufficient quantity to care for all the dependent children admitted to the department" (Schofield 1971, p.110).

In the last quarter of the 1900s there was also a trend towards a legalistic and 'professional' approach to child abuse. Not only were physical and sexual abuse, and neglect, all included in definitions of what constituted abuse but emotional harm was being recognised as a form of abuse (Lamont & Bromfield 2010). In responding to these matters, concerns of over-inclusion, under-inclusion, capacity and service delivery issues were emerging across child protection systems, not only in Australia, but also in the United States and England (Lonne, Parton, Thomson & Harries 2009).

The overall trend in the 1990s in Queensland was one of increasing numbers of children coming to the attention of the statutory child safety agency of the time, but at the same time there were large fluctuations in notifications and investigations of child harm. Policy changes, in part can contribute to statistical variations (AIHW 2001). For instance, a decrease in both investigations and substantiations in the early 1990s was the result of a new framework being introduced in Queensland in 1992 to manage child protection matters as part of a differential response to reports of harm (Elliott & Sultmann 1998).

It is beyond the scope of this study to fully articulate the political, economic and social drivers of changes to families over time but it is clear that the traditional family was changing; no longer did the 'normal' family comprise of a mother, a father and two children. Single parent families, families where a divorce had occurred and re-blended families were now forming fabric of Australian society (Lamont & Bromfield 2010). These were both the cause and effect of other societal changes, with increasing:

- preference for smaller families;
- numbers of de facto relationships;
- divorce rates;
- women's labour force participation; and
- joblessness in families (Craig, Mullan & Blaxland 2010; Glezer 1997).

The lives of women (and families) were transforming for the better, and for the worse. One-parent families were usually headed by a mother, exacerbating what many scholars call the feminisation of poverty (Brady & Kall 2008; Gornick 2004; Misra 2002). While poverty in itself does not lead to abuse or neglect, it nevertheless makes it more likely, with long standing literature pointing to this fact (Callahan & Lumb 1995, Child and Family Welfare Association of Australia (CAFWAA) 2002; Cancian, Slack & Yang 2010; O'Donnell et al. 2013; Thomson 2003).

Indigenous families were also living with significant disadvantage. The 1970's saw the end of the unfair policies and statutes of the 1860's, which had permitted the separation of Indigenous children from their families. Over more than a century children had been removed due to the simple fact they had an Indigenous mother, thereby defining them as legally neglected (Kidd 2000; Douglas & Walsh 2013). While the injustices of the past were being recognised, the over-representation of Indigenous children on protection orders or in out-of-home care was being noted as a continuing concern (AIHW 2001).

As the century closed, family-based care had become the end point for ‘rescued’ children when parents were assessed as not offering the protection to their children by the relevant child protection statutory body (Silver, DeLorenzo, Zukoski, Ross, Amster & Schlegel 1999). Little was to change in the years to come.

2.2 The 21st Century: a system in crisis

The new century saw a continued reliance across the nation on family-based care (AIHW 2001). Queensland’s child protection peak body labelled “being subject to a child protection order and being in family based care” as “virtually synonymous” (PeakCare 2003, p.2). In 2015, as this study concludes, the same statement remains true with 92% of the children in out-of-home care in Queensland (2013-2014) being placed in family-based care, a percentage very much in line with the national average (AIHW 2015).

Numbers of children in out-of-home care continued to increase exponentially across Australia. Riggs (2011) provided comparisons of children living in out-of-home care nationally over a twenty year period (June 1990-2010), showing 12,406 children in out-of- home care in 1990; 16,092 in 2000; and 35,895 by 2010. Statistics for 30 June 2014 showed that the number has grown further and now stands at 43,009 children in out-of-home care (AIHW 2015).

Riggs (2011) makes the valid point that it is not the number of children *entering* care that is growing but rather the number of children *residing* in care, with children coming into care at an early age and staying longer. Statistics for 2012-2013, and 2013-2014, show this trend is continuing with 11,341 and 11,085 children entering care respectively in those years, but only 9,360 and 8,409 respectively being discharged (AIHW 2014; AIHW 2015).

It has been proposed that the ‘net widening’ of definitions of abuse is one of the reasons for the burgeoning volume of children in care. For instance, exposure to domestic and family violence was another element added to the growing list of what was deemed to constitute abuse in the early 2000s (Lamont & Bromfield 2010). There are two types of substantiated abuse in

Australia that now stand out from all others; they are emotional abuse and neglect (AIHW 2015). In Queensland neglect is the most commonly substantiated type of abuse (43%) followed by emotional abuse (36.2%), but there are variations across jurisdictions, with emotional abuse tending to be generally higher than neglect (AIHW 2015).

Prior to the 'net widening' of definitions of abuse in the 1980s and 1990s emotional abuse would not have been in the spectrum for consideration. The broadness of these two terms alone, and their absorption into definitions of child abuse, has significant consequences for workers in child protection and for family-based carers.

While legislation, government and non-government resources, structural and administrative systems vary across Australian jurisdictions, there are also commonalities. Most significant is the mounting evidence that out-of-home care systems across the country are in a state of crisis and urgent reform in a number of areas is required (Barber & Gilbertson 2001; CAFWAA 2002; CSC 2000a,b; Des Semple Associates 2002; Carter 2002; Curtis, Dale & Kendell 1999; NSW SCSI 2002).

Consequently, reforms have become commonplace for governments across all Australian jurisdictions, often following child protection tragedies which have become high profile cases, attracting much media attention. There has been criticism of the provision (or lack) of child safety services, and consequently governments often implement policy shifts (Smyth & Eardley 2008) and/ or launch inquiries. In Queensland alone there have been three major Inquiries and an audit over the last 14 years:

- *The Commission of Inquiry into the Abuse of Children in Queensland Institutions* (Forde 1999)
- *The Audit Report of the Queensland Government of Foster Carers subject to child protection notifications in Queensland* (Murray 2003)
- *The Queensland Crime and Misconduct Commission Inquiry into the Abuse of Children in Foster Care* (CMC 2004)
- *Queensland Child Protection Commission of Inquiry* (QCPCI 2013).

However, inquiries have not provided a 'silver bullet' to the growing child protection issues in Australia. Rather, it has been suggested, child protection inquiries have tended to focus narrowly on individual child protection systems and not consider, in a meaningful way, community level responses and their role in children's lives and safety (Jack & Gill 2010).

Some years earlier Ife (1997) contended that “public sector organisations seem to live in a state of almost perpetual reorganization” with announcements of “organizational shakeups” (p.62). The announcements are often accompanied by splits of departments or amalgamations so that the service can be more “efficient, and, targeted, with more paperwork requiring front line workers to collect ever more information and the worker and service subject to greater performance measurement and monitoring” (Ife 1997, p.62).

Dorothy Scott (2006) has likened the child protection crisis in Australia to a huge casualty department dealing with a flood of patients, the majority of whom would have benefited more by going to the local General Practitioner. So seriously does she regard the parlous condition of the child protection system that she calls it “the Titanic heading toward the iceberg at increasing speed” (Scott, 2006 p.7). Moreover Scott (2006 p.7) contends:

> It is illusionary to think we protect children by extending the reach of the statutory child protection system yet in the wake of child abuse tragedies that is exactly what tends to happen; a vicious negative feedback loop is established.

Child protection is now described as a ‘wicked’ problem because of its level of complexity and diversity, the inability of one organisation to solve it, and the disagreement on how to resolve tensions inherent in the system (ARACY 2008, p.ix). In Queensland, the child protection system has been particularly scrutinised in recent years with commentators describing it as overly proceduralised, with a risk-averse culture (Lonne et al. 2009). During the QCPCI the same lead author submitted to this Inquiry that the general approach of Queensland child protection had become:

- punitive and alienating;
- legalistic;
- managerialised; and
- forensic rather than humane (Lonne 2012, p.3).

There is now general consensus and concern that child protection agencies are increasingly risk adverse and therefore prone to assess families experiencing low income, domestic violence, and homelessness as ‘at risk’ rather than stepping in to provide support and resources (McConnell & Llewellyn 2005; Parton 2008; Pells 2012; Tomison 2004). Rather, a risk-averse approach tends to lead to the removal of children and reluctance to reunite them with their parents if the disadvantage does not change (Douglas & Walsh 2009; Lonne 2012; Lonne et al. 2009). In Queensland, the QCPCI concurred that the Queensland system was one which was under stress, noting:

> The inquiry found that the perception of a system under stress is justified. Over the last decade, child protection intakes have tripled, the rate of Aboriginal and Torres Strait Islander children in out-of-home care has tripled, the number of children in out-of-home care has more than doubled, and children are staying there for longer periods (QCPCI 2013, p. xvii).

The 'market' tensions challenging the current system are worthy of further examination, given the QCPCI (2013, p.251) also made the unequivocal statement that "the most pressing problem for out-of-home care system is that demand for places is outstripping supply".

2.2.1 Limitless needs and limited options

The overall goal is to keep children out of out-of-home care but Australia's child protection statistics for 2013-2014 are not encouraging in this respect either with the number of admissions into out-of-home care being consistently higher than the number of discharges. In 2013-2014 admissions dropped by 2% but this was accompanied by a drop of 10% in discharges in Australia (AIHW 2015) meaning more children remain in out-of-home care.

Moreover, children are staying longer in care. Queensland's figures reflect the national statistics with 82% of children having been in statutory care continuously in the year up to 30 June 2014. Of the 82% just under half (41%) had been in continuous care for more than five years (AIHW 2015). Additionally, national statistics for 2013-2014 showed almost three quarters (73% of children subject to an investigation, protection order and/or out-of home care placement were repeat clients in a previous financial year (AIHW 2015).

A continued worrying statistic is Aboriginal and Torres Strait Islander children remain over represented in the child protection and out-of-home care system. As at 30 June 2014 Aboriginal and Torres Strait Islander children were nine times more likely to have a Care and Protection Order and to be in care, than non-Aboriginal and Torres Strait Islander children (AIHW 2015).

However, care options are finite, and in Queensland, it has been identified that a lack of care options could result in a "child or young person being placed somewhere that does not match their needs or is a long way from their family and existing networks" (QCPCI 2013, p.251). Furthermore the Inquiry also noted "the costs associated with a prospective placement can sometimes preclude it even when it is in the best interests of the child" (QCPCI 2013, p.251). It is clear that while matching a carer to the needs of the child should be paramount, this all important factor is severely limited by a lack of options available (Brown 2008; Fernandez 2007; Strijker & Zandberg 2005; Tilbury, Creed, Buys & Crawford 2011).

Kinship care

Across Australia kinship care has moved to prominence as the 'placement of choice' over foster and residential care in line with the societal and policy expectations that children should be supported by their families. It is seen as preferable to other options to maintain the child's sense of family and belonging and avoid traumatic separations (Berrick, Barth & Needell 1994; Bromfield, Higgins, Osborn, Panozzo & Richardson 2005; Ehrle & Green 2002; Harden, Clyman, Kriebel & Lyons 2004; Winokur, Holtan & Valentine 2009).

In Queensland, Schedule 3 of the *Child Protection Act 1999* defines kin as "any of the child's relatives who are persons of significance to the child, and anyone else who is a person of significance to the child". It is the first preference of the Queensland Government to seek, and approve, kin to provide an out-of-home care placement for children coming into care. Despite this preference Queensland has a lower proportion of kinship carers (40.4%) to foster carers (51.6%), which is at odds with the general trend nation-wide (AIHW 2015). The state also has a significantly lower rate of kinship carers than the national average, with 34.6% of children placed in kinship care in 2012, well below the national average of 46.7% (QCPCI 2013). It would appear that these data will not change in the near future: there was a loss of 299 kinship care households in Queensland in 2013-2014 alone (AIHW 2015).

This suggests particular difficulties are being encountered in Queensland in attracting kinship carers. Some of the challenges identified by the QCPCI (2013) included some household members not wanting to go through the criminal checks to hold the necessary 'blue card'or being unsuccessful in the criminal checking process. The QCPCI (2013) also identified a lack of eco-mapping processes, with staff not feeling confident carrying out the process, resulting in an often narrow range of blood relatives being considered, with family options often already being exhausted.

The QCPCI (2013) found further difficulties in meeting the placement principles of responding to the care needs of Aboriginal and Torres Strait Islander children. Specifically, onerous paperwork; family members lacking personal identification; overcrowded housing with some already caring for children; language difficulties; wariness about government agencies; social disadvantage and worry about internal family conflict were among the barriers identified by the QCPCI (2013).

Given these challenges, it is unsurprising that kinship carers have a range of needs but they are less likely to receive the assistance and support they require than foster carers (Cuddeback 2004; Hunt 2009; Ivanova & Brown 2010). For the children in these placements, the evidence points to mixed outcomes (DoC 2011). On the one hand, kinship care presents a number of benefits for children including minimal disruption for the child (so buffering the effects of separation); the likelihood of feeling loved; maintaining contact with parents and having a more stable placement (Aldgate 2009; Shearin 2007; Cole 2006). However there are also a number of risks and potentially poorer outcomes for children in kinship care. These include safety issues; unsuitable placements may extend longer when compared to comparable foster carer placements; there may be hardship in the home with kin, and reunification may happen more slowly (Cuddeback 2004; Ehrle & Green 2002; Messing 2006). Clearly, whilst kinship carers may provide stable placements, in terms of longevity, these placements are not without risk (McHugh 2013).

Foster care

Foster care is seen as preferable to residential care because it is more cost efficient, less institutionalised and less prone to scandal (Sinclair, Wilson & Gibbs 2000a). However, sourcing carers to service this model is challenging, partly due to the nature of children now requiring foster care: a study by Osborn and Delfabbro (2006) identified that approximately 15-20% of children in out-of-home care have emotional and behavioural problems to a significant extent. Conversely, the pool of carers to respond to children with significantly challenging behaviours and/or special needs has been shrinking for some time (Bath 1997; Colton, Roberts & Williams 2008; Sellick, Thorburn & Philpot 2004).

Nevertheless, there has been an expectation that the most difficult children, especially adolescents with mental health, substance abuse, delinquent and other behaviour problems, will be able to be served through family-based care, and this compounds the difficulties of recruiting and retaining foster carers (Rindfleisch, Bean & Denby, 1998; Rhodes, Orme & Beuhler, 2001). In Queensland, the government has attempted to respond to the need for an increased response for children with complex needs by increasing the number of places for intensive foster care from 22 in 2004 to 586 in 2012 (DoC 2011a).

Intensive foster care has perceived advantages with being arguably the least restrictive out-of-home care option for children with high needs and having the added advantage of being more cost-effective than residential options (DoC 2011a) Furthermore, in 2013 the QCPCI made a number of recommendations to help mitigate the crisis in placement options in out-of-home care. These included requesting DCCSDS to "investigate the feasibility of engaging professional carers to care for children with complex or extreme needs" (QCPCI 2013, p.281), to develop a model for therapeutic secure care when finances allow, to increase the use of boarding schools and to develop and implement a trauma-based therapeutic framework for residential care services (QCPCI 2013).

Residential care

Evidence indicates that some children and young people placed in foster homes are not suited to this option and this leads to placement instability that is harmful for all concerned (Delfabbro & Barber 2003; Barber & Gilbertson 2001). Hence, whilst residential care is a less desirable option to the government in Queensland it is now recognised as a necessary one, acknowledged during the CMC (2004) Inquiry. On the CMC's (2004) recommendations residential care placements rose from 47 in 2004 to 653 as at 30 June 2012 (QCPCI 2013). During this period, the Queensland Government also funded additional accommodation in 22 therapeutic residential care places, 54 safe house placements, and supported independent living places (from 3 to 100) (DCCSDS 2012b).

2.3 Foster caring

With demand outstripping supply, it is important to understand what motivates women to foster, how their role and status is perceived, and what supports they receive. An overview of the literature pertaining to these elements provides a frame for considering the issues evident across Australia in recruiting and retaining carers.

2.3.1 Motivations

It is clear that the need to recruit and retain carers with the appropriate skills is a priority (Council of Australian Governments (COAG) 2009). In Queensland, the QCPCI (2013) summed this up in the following terms:

> …demand for places is outstripping supply, leading to what many describe as a 'mismatch' between the services assessed as suiting an individual and the services ultimately received by the individual (p.251).

Given the demand on family-based care, understanding the multiple and complex reasons why people choose to become foster carers is necessary for recruitment and support of carers. Literature points to a major motivation being to assist a child by providing them a safe and nurturing home (Randle, Miller, Dolnicar & Ciarrochi 2012). Other explanations have included:

- feeling a responsibility for a child
- wanting children but unable to have children of their own
- a mother wanting to be at home to look after natural children
- parents who want to fill the 'empty nest'
- wanting to contribute something back to society
- supplementing family income
- company for only child or increasing family size

(Andersson, 2001; Burke & Dawson, 1987; Thorpe, 1970; Denby & Rindfleisch, 1996)

In terms of incentives and disincentives for the maintenance of foster carers in the system, Himmelweit (1994) notes that carers in the 'care economy' tend to react differently from those in the ‘paid economy’. Responsibilities and doing what is right for those in their care often outweigh the offer of direct rewards and carers do not always see caring as real work. Butler and Charles (1999, p.57) extend this thinking, identifying that retaining carers was dependent on “recognising and managing the interlocking nature of tangible and intangible rewards”. The meeting of their emotional needs and expectations rather than giving tangible rewards could explain the retention of carers on a long term basis (Butler and Charles 1999).

2.3.2 Role

The role of the foster carer is not clearly defined by the agency and community (Pasztor and Burgess 1982; Smith & Smith 1990). It is a role within the child protection system which has long been fraught with ambiguity and contradictions and one of the difficulties for carers (Rhodes, Orme, Buehler 2001; Rhodes, Orme & McSturdy 2003).

The ambiguity extends to whether carers think of themselves as parenting the child, a professional who is working in partnership with the child protection system or a mixture of both. A number of studies have identified the mixed views carers have of their role (Broady et al. 2010; Butcher 2005; Hudson & Levasseur 2002; Kirton, Beecham & Ogilvie 2007a; Pickin, Brunsden & Hill 2011; Riggs, Augoustinos & Delfabbro 2009; Rosenwald & Bronstein 2008; Samrai, Beinart, Harper 2011; Smyth & McHugh 2006)

Carers are subject to having the quality of their services under constant scrutiny, knowing what they say and how they are seen by “the child welfare professionals can have negative repercussions” for them (Doyle & Melville 2013, p.74). They also know their care may be the subject of mistrust from workers within the statutory agency rather than acknowledgement and respect (Briggs & Broadhurst 2005).

Briggs & Broadhurst (2005) describe the complicated and demanding role of a foster carer identifying:

> Carers are expected to be on duty seven days-a-week and 24 hours-a-day and take distressed children into their homes at a moment’s notice for unspecified periods of time, handing them back without demur, when instructed to do so, irrespective of children’s wishes or their own. Foster carers are expected to manage and tolerate the emotionally disturbed, violent, destructive and sexualised behaviours

> of traumatized children and at the same time respect and maintain their relations with birth parents, however abuse or negligent they may be. In addition they have to cooperate with case-workers who are often young, recent graduates with no parenting or life experience and have scant knowledge of child development, children's disabilities or managing difficult behaviours (p. 25).

Triseliotis, Sellick and Short (1995) had previously made similar observations to Briggs and Broadhurst (2005) identifying the unclear role definition and ambiguity of expecting carers to love and care for a child while knowing that some day that child may go back to their family. They had also noted the contradictory demands and expectations and the ensuing emotions that are involved. While these two observations were ten years apart, they are indicative of the literature pertaining to foster care, which shows the same difficulties for the role over the last two to three decades.

It is no wonder that Sinclair, Gibbs and Wilson (2004b) described foster carers as being the ultimate community volunteers who do far more than ordinary parenting. In many respects volunteerism is not an apt description for the role of the foster carer because volunteers do not work 24 hours a day, seven days a week without respite (Solomon, 2001).

Despite the demands on them, Briggs and Broadhurst (2005) also noted that foster carers receive little training, support, information, inclusion in planning or recognition but are expected by child protection agencies to perform professionally in the face of children's challenging behaviours, abusive/neglectful parents and providing unplanned care for indefinite periods. A more deliberative and proactive approach that reflects teamwork is needed (McCartt Hess 1993).

Role ambiguity means foster carers see themselves as substitute mothers, setting up a 'good mother v bad mother' scenario between the foster carer and the mother (Smith & Smith 1990; Sinclair et al. 2000). Sultmann and Testro (2001) noted that there was a changing role for foster carers in Queensland from that of volunteer to that of partner. Submissions to the recent QCPCI (2013) indicate that the transition from volunteer to partner did not eventuate (Lonne 2012; Foster Care Queensland (FCQ) 2012). While professionals have a clear status volunteers do not. There are connotations that volunteers do not need training or pay and do it for charity as part of a caring society (Pitman 1997). The link is sometimes made between being a volunteer and being an ‘amateur’. However foster care is not ‘amateur’ work it requires significant skills akin to professional skills. Traditional foster carers were known as foster mothers who volunteered their home and received an allowance. The contemporary role involves being part of the case management of the child in care and working with the child protection workers and parents, thereby requiring a more professional approach (Butcher 2005; Kirton 2007; Smyth & McHugh 2006; Smith & Smith 1990; Solomon 2001; Wilson & Evetts 2006).

The issue of carer payment is a contentious one, for carers and politicians alike, resonating with the belief that if one woman cannot care for her child, another will and furthermore, she will provide care for the good of the child. Implicit in this belief is that there is self-sacrifice by the woman even if the child is not a family member (Smith 1991).

2.3.3 Status and supports

Daly (2012) and Butcher (2005), in their doctoral studies made the observation that child protection staff have a great deal of ambivalence towards family-based carers, and do not always hold carers in high esteem or see them as partners. This can often translate into negativity and disrespect in the Department’s interactions with carers (Carter 2004; Kirton, Beecham & Oglivie 2007b, Thomson 2007; Triseliotis, Borland & Hill 2000). Bebbington and Miles (1990, p.301) note that ‘hundreds of families are giving up fostering each year because they feel undervalued and unsupported”.

Smith and Smith (1990) attribute the lack of status, recognition and remuneration to the fact that fostering children is seen as ‘women’s work’ thereby leading to exploitation and trivialisation of the role. Inadequate foster care allowances, along with no payment for services rendered, has also been linked to the lack of status for foster carers, with carers tending to be regarded and treated as clients rather than service providers (Brown & Calder, 1999; Chamberlain, Moreland & Reid, 1992; Colton & Williams, 1997).

Support should not be viewed as a one-size-fits-all concept. Foster Care Queensland (FCQ) (2012) notes that support means different things to different people and different groups have different needs. As such, they view support needs should be separated when applied to foster and kinship carers, particularly in the contexts of Aboriginal and Torres Strait Islander or Culturally and Linguistically Diverse families and communities (FCQ 2012).

Moreover, Sinclair and colleagues (2000) argue that support should be “an imaginative, practical and prompt response to an accurate perception of a carer’s situation as the carer herself conceives it” (p.71). What is indisputable is that carers prioritise support as being more important than money and they have identified physical and emotional availability, respect and practical help by workers as a major factor in remaining a carer (Butler & Charles 1999; FCQ 2012; Fisher, Gibbs, Sinclair & Wilson 2000).

Case worker support is rated by carers highly in a number of studies. Stone and Stone (1983) researching factors associated with successful foster care placements found one factor was rated significantly higher than any other; “contact rapport building, and energy expended by caseworker with foster parents”(p.14). Fisher et al. (2000) noted that physical and emotional availability, respect and practical help by the workers were seen as major factors in carers continuing in their role. In their investigation of why carers cease caring, Triseliotis, Borland and Hill (1998) identified that lack of support from workers was commonly cited as a cause. Oppenheim (1992) notes that carers need different networks to meet different needs and something as simple as a regular phone call from a worker made a huge difference.

In fostering situations, support is often referred to in terms of caseworker support but in complex situations foster carers seek, and need, a variety of supports. Sinclair and colleagues (2000) and O’Neill (1999) in their studies noted that informal support is critical. Carers often rely on their social supports, and ‘weak tie’ relationships (Adelman, Parks & Albrecht 1987, cited in Albrecht & Adelman 1987). O’Dea (1989, p.5-6) defines social support as “relationships and attachments in our everyday lives which provide a sense of being cared for, loved, esteemed and valued, and a sense of belonging”. Weak ties include “the spectrum of informal sources of social support found within the community” (Adelman et al. 1987, p.127).

Clearly family-based caring is challenging work and significant events can erode the positive picture a foster carer has of themselves; a feeling of isolation and lack of support sets in and difficulties among family members may occur. “In such circumstances, the provision of effective support becomes a moral imperative, irrespective of any effect it may have on the recruitment, effectiveness and retention of foster carers” (Sinclair et al. 2000, p.107).

Placement endings for a foster carer can be difficult and when a foster carer has not been included in the preparation and planning of a placement ending the difficulties are exacerbated. The foster carer can be left feeling they are not part of a team, and sometimes policies are followed at all costs regardless of negative effects on children and foster carers. Carers generally want some follow up support after a placement ending and the lack of support leaves carers wanting social workers to know what it was like being a foster carer and wanting to be heard and valued by social workers (Riggs & Willsmore 2011; Strover 1996).

2.3.4 Recruitment and Retention

Given the inherent complexities and difficulties it is perhaps not surprising that while the need for out-of-home care has grown exponentially it has not been matched by an increased supply of family-based carers, rather there has been an increasing attrition rate of family-based carers (Colton, Roberts, Williams 2008). This has occurred despite the recruitment and the retention of family-based carers being critical to the delivery of effective family-based caring services (Sellick & Howell 2003). One of the reasons for the struggle is because of the volunteer nature of family-based care, and inadequate fostering allowances which leave many carers out of pocket (Bebbington & Miles 1990; Dando & Minty 1987; Kirkton, Becham & Ogilvie 2007; McHugh 2002; Pitman 1997; Sinclair, Wilson & Gibbs 2004; Triselotis, Borland & Hill 2000). Pasztor and Burgess (1982) also asserted that one of the key blocks to successful recruitment of foster carers is the lack of a clear role definition (and the accompanying lack of status), accorded by both the child protection agency and community.

In Queensland, the difficulties relating to recruitment of carers were graphically highlighted during the QCPCI (2013) which showed that despite a total of $80.6 million allocated between 2008-2013 to recruit, train and support additional carers and “Child Safety’s best efforts to promote foster caring, the recruitment of foster carers has become increasingly difficult”(p.261). Captured in a transcript during the QCPCI was a graphic illustration of the difficulties with Ryan (2012) recalling the outcome of a large recruitment campaign saying “… there were several thousand carers who sort of were entered through, I think 8900, something in that vicinity, applicants, of whom at the end we got just over 500 through, but by the time that process had happened we'd lost 500 carers at the other end. They had actually exited from being carers so the net gain was one or two carers in that period” (Ryan 2012, p.29-15).

Compounding the difficulties is a dearth of knowledge regarding the characteristics of foster care applicants (Orme et al. 2004), although it is recognised that there are a range of mitigating factors that contribute to the current crisis. These include a rise in two-parent working families, financial strain being involved for providers of care, a decline in volunteerism and an aging population (McHugh & Valentine 2011; McHugh 2013). Perhaps these are the reasons foster families are most likely to contain women who are older and not in the labour force (Osborn, Panozzo, Richardson & Bromfield 2007) and likely to be drawn from relatively socially and economically disadvantaged populations (Osborn et al. 2007). These characteristics and the increasing female labour force participation is likely to contribute to the continuing decline in the number of foster carers available to care for children as the current cohort of carers age and then exit foster caring altogether (Osborn et al. 2007).

2.4 Gendered child protection

Frequently overlooked in the concerns about child protection systems and the current crisis in out-of-home care is the inherently gendered nature of child protection work and family-based care. In the 21st century child protection work is still inherently gendered work which remains largely invisible (Davies, Krane, Collings & Wexler 2007). Featherstone (1997a, p.175) summarises the situation succinctly by saying the whole gamut of child protection work is undertaken “by women with women”.

Queensland Child Protection

In Queensland 89.1% of the 1,477 front line Child Safety workers as at June 2012 were female (QCPCI 2013). In the Queensland context, it has been suggested that Child Safety Officers (CSOs) have become locked into a particularly risk averse and forensic system with heavy child protection workloads and responsibilities, less than adequate supervision and insufficient resources that do not allow early intervention work to be carried out with parents (Healy & Meagher 2007; Healy, Meagher & Cullin 2009). It is not surprising that these predominately female CSOs report feeling unsupported, undervalued and bearing undue personal liability and responsibility (Australian Association of Social Workers (AASW) 2012). It cannot be said that the difficulties CSOs encounter are because they are female, but nevertheless they are the women who are bearing the burden that the AASW described.

Moreover, a workforce survey conducted by the QCPCI (QCPCI 2013b) highlighted CSOs' perceptions of a difficult work environment, compounded by a lack of training, supervision, resources and time. These statistics have relevance for this study showing:

- Just over half (53%) of CSOs had completed their entry level training.
- Of those, 47% found the entry level training helpful.
- 70% of all CSOs reported increased workloads.
- Just over a quarter (27%) reported an appropriate balance between administrative tasks and service delivery.
- Less than a one quarter (23%) felt they had enough time to spend with children and families to form a productive relationship.
- Less than half (44%) reported receiving formal supervision.
- Of the 44% receiving supervision, 55% reported that the supervision was primarily administrative (QCPCI, 2013b, p.3-4)

All this has an impact that results in high staff turnover where in Queensland in 2007 it was reported that 42% exited in the first year of employment and by the three year mark, 73% had left their positions (Healy & Meagher 2007; Healy, Meagher & Cullin, 2009).

Not only is the child protection workforce predominantly women but they are tasked with working predominantly with women, as it is natural mothers who overwhelmingly figure in interactions with the child protection system (Ferguson 2004). In the 21st century it is still 'mothering' as opposed to 'parenting', using the westernised ideology and construction of what motherhood constitutes (Scourfield 2003), which is the focus of child protection and female child protection workers focus on women's "failings as mothers", despite their encountering of "fathers (who) are present and want to be involved" (Mulkeen 2012, p.77, 80).

Natural Mothers

Mothers tend to still be held responsible for the safety and wellbeing of children in families living in poverty or struggling financially (Douglas & Walsh 2009). Neglect in Queensland rates as the primary reason 42% of children come into care (AIHW 2015), yet fathers are not assumed to be responsible for neglect but mothers are, because of the generally held assumption that mothers are the primary carer (Daniel & Taylor 2006).

Even mothers who are themselves victims of domestic and family violence are nevertheless likely to be seen as responsible for protecting their children (Humphreys 2007, Powell & Murray 2008). It has been argued that child protection agencies ignore the (generally male) perpetrator and focus on the mother's failure to protect, labelling the mother as 'bad' for not protecting their child from abuse (Douglas & Walsh 2009; Mulkeen 2012; Scourfield 2003; Strega et al. 2013). Mothers are therefore assumed to be the "perpetrators of neglect and intervention is usually targeted at them. Fathers, who might be the contribution to the problem or solution of neglect, tend to be ignored" (Daniel & Taylor 2006, p.428).

Family-based carers

Smith and Smith (1990) saw the child protection system as deficient in its goal of keeping families together and oppressive to women because it set up a 'good' mother-'bad' mother scenario between carers and the natural mothers (Smith & Smith 1990). The statistics show that of the 1485 approved carers in Queensland in June 2003, 1352 were female and 133 were male (CMC 2004). This is further evidence of the heavily gendered nature of family-based care (McHugh et al. 2004; Grimm & Darwall 2005: Siminski, Chalmers & McHugh 2005).

Having identified the high percentage of female CSOs above and now the equally high percentage of female family-based carers, it can be said that working in child protection, either as a CSO or a carer, is virtually synonymous with being a women. It is no wonder that Smith and Smith (1990) also saw it as being "essentially about relationships among women with the potential for the exploitation of foster parents because of the prevailing definitions of motherhood" (p.6).

Despite the challenging role, the research literature tells us there is still an emphasis on the family providing foster care and foster carer households tend to be patterned on the traditional and idealised model of family (Pascall 1986; Stehlik 1993; Testa & Rollock 1999). "A white middle-class heterosexual nuclear family model" is prioritised as the preferred foster caring household (Riggs, Augoustinos & Delfabbro 2007, p.64) and whilst there is no national dataset on female foster carers, in keeping with the idealised, traditional model of family there is a continued reliance on women providing the primary care role (Nutt 2006).

The reliance on females to provide family-based care is also reflected in research studies where the vast majority of respondents are female carers, and generally women at home (Sinclair, Gibbs & Wilson 2000). Moreover, findings from a study exploring the reasons given by people who do not become carers indicated that younger people, likely to be female and having children were the ones who were considering care in the future (Randle, Miller, Dolnicar & Ciarrochi 2012).

The contemporary family-based care role has inclusions that previously were not required such as supporting contact between the child and their natural family. Such contact is seen as playing a pivotal role in positive outcomes for the child and is also related to the possibility of reunification (Nissim & Simm 1994; Moss 2009; Fernandez & Lee 2011). To cope with the complexities of the caring role a number of scholars have proposed professionalisation of foster care may be one of the possible answers (Butcher 2005; McHugh 2007). The benefits for carers would include enhanced training, support and potentially remuneration (Butcher 2005; McHugh 2007)

Kinship carers are deserving of particular mention, given kinship care is the placement of choice in Queensland. As previously identified only 40.4% of children in placements in 2013-2014 were with kin (AIHW 2015), a percentage the Queensland government would like increased. It bears noting that kinship carers are predominantly older, single females (generally a grandparent) poorly educated, living in overcrowded housing, not in the workforce, caught in the low socioeconomic bracket and struggling with existing health issues (Cuddeback 2004; Rubin et al. 2008; Shearin 2007; Yardley, Mason & Watson 2009).

There is no doubt child protection and family-based care is inherently gendered and largely about relationships between women, and women of different socio-economic circumstances (Smith 1991). Finn (1994, p.382) noted that “despite the concern for the efficacy of foster care, little attention has been given to the complex and often contradictory relationships between women who are intimately involved in this system: birth mothers, foster mothers, and social workers”. These relationships do require more attention given that negotiating relationships, between this triad of women, is difficult and more than likely to be conflictual (Aldgate 1980).

Moreover, Meyer (1985, p. 255) referred to foster care, some thirty years ago, as a "concatenation of women's issues", meaning a series of issues inherent in the foster care system which particularly impact on women. Despite this there has been little attention on this particular aspect of children protection and family-based care.

Conclusion

This chapter has shown the chequered history, and prevailing ideologies, that have influenced child protection and family-based care in Australia over time, particularly in relation to Queensland. It also illustrated the crisis dimensions of problems within child protection and out-of-home care. The reliance on women in this complex arena has also been emphasised as have the dimensions of family-based care.

Chapter 3: Rationale, methodology and process

"Not everything that can be counted counts and not everything that counts can be counted"

(Attributed quote to Albert Einstein, US (German-born) physicist (1879-1955)

This exploratory research study evolved in unexpected ways and did not follow a singular, concrete path, or a path others had previously set, as it progressively shared the reins with female family-based carers, who became co-researchers in this research journey. This was not a value-free study and as such, this chapter firstly describes my axiological assumptions and the rationale for the methodological approach chosen. This is followed by a description of the theoretical paradigms, research strategy and methods pertinent to this study. Data collection and analysis are then considered, followed by an overview of the process journey. Describing this process journey and the role reflexivity played, is important, in and of itself, in addition to the role it played in contributing to new, rich findings. Finally the authenticity, ethics and limitations of the study are considered.

The study area comprised the Mackay/Whitsunday region comprising eight local government areas in north central Queensland: Broadsound, Belyando, Sarina, Mackay, Nebo, Mirani, Whitsunday and Bowen (see Appendix A for maps). Given the population distribution, the local government areas which were inland or rural did not have many foster carers. The majority of foster carers, caring for the approximately 120 children and young people in care, lived in, or near, the city of Mackay. A small cluster of foster carers were located in Bowen and there were a few who lived in the (then) Whitsunday Shire. The picture is one of family-based care being provided by carers who are in, or near, built-up areas on the coast of these local government areas.

3.1 Axiological Assumptions

Given this is not a value-free research study it is important to articulate my position, including my axiological assumptions (Creswell 2013) so that others may judge the authenticity and validity of this study. Axiological assumptions are the personal and professional values that are fundamental to me as a person, as a practitioner and, subsequently, as a researcher and influenced, in some way, all aspects of this research study.

Firstly, my professional education in community welfare, many years ago, and the accompanying principles underpinning that field of education and work, have been very instrumental in all facets of my life. This education emphasised core values and principles in the ways of respectful engagement with people and community, recognising the strengths in local communities, and the value of a community development approach. I have not had cause to waver from those principles even when working for significant periods of time in State government and managerial positions; for instance I believe these principles were of great value when tasked with developing Aboriginal and Torres Strait Islander polices or programs. The Australian Community Workers Association's principles I refer to are:

- Every human being, regardless of ethnicity, gender, beliefs, age, social status or other individual differences has a right to maximise his or her potential providing it does not infringe upon the rights of others.
- Every society has an obligation to provide for and deal equitably with all its members and to make extra provision for those persons who by reason of disability or misfortune are disadvantaged.
- The welfare and community worker in professional practice has an obligation to utilise all available skills and knowledge to promote the well-being of individuals, groups and communities.
- The welfare and community worker has a professional obligation to give clients all knowledge, information and skills, which will assist clients, and client groups to maximise their human potential.
- The welfare and community worker as a practitioner within complex social structures has an obligation to safeguard the human value of all persons encountered in practice (Australian Community Workers Association (ACWA) 2012).

To expand further on these principles, it is pertinent to articulate that I subscribe wholeheartedly to community development principles, particularly as they relate to Jim Ife's works. The principles by heading are provided below, drawn from Ife and Tesoriero (2006) with a full description contained in Appendix B:

- Ecology
- Social justice and human rights
- Local is important

- Process is important
- Global and local

I also acknowledge, and subscribe, to the ethics and principles contained in the *Social Work Code of Ethics* (AASW 2010) in working alongside, employing, teaching, tutoring and marking the work of social workers. These ethics and principles are also important as a significant proportion of literature pertaining to child protection is written from a social work perspective because child protection work is generally seen as work best suited to those who have a social work (or similar) qualification. A social work degree features as the (or a) dominant qualification for eligibility to be a child protection worker across statutory child protection agencies.

As such, the findings and implications from this study have particular relevance and implications pertaining to social work education, training, practice, supervision and research. I will also declare I have an interest, and affinity, with critical social work. Critical social work does not ascribe to dichotomies, instead taking a holistic approach to understanding and mitigating people's problems, linking the personal with the political. It promotes partnership, dialogue and social change while rejecting oppressive social processes and structures (Dominelli 2002; Healy 2000; Fook 2002; Ife 2005; Weiss-Gal, Levin & Krumer-Nevo 2013)

Last, but by no means least, it is important to identify myself as a feminist, and a feminist epistemology was the overarching framework for this study, as will be described below.

3.2 Methodological Rationale

In commencing this study I was conscious that the 'real truth' is often seen to be that which is measured, tested, proven, validated, generalised and accountable. The approaches taken to achieve the 'real truth' necessitate keeping an objective distance from the subjects of the research and do not allow the subjects to change the course of the research (Gibbs 2001). In this realm quantitative (positivist) researchers look for precise data, objectivity, and quantifiable measures, believing that there is a stable and ordered physical and social reality (Neuman 1997). This type of research approach tries to be value free, with no contradictions, and explanations that are congruent with observed facts so that replication should be able to occur (Neuman, 1997).

I noted the majority of research with foster carers tended to have a positivist epistemology with questions devised by the researcher and answers structured to reflect societally accepted versions of reality, family and society. Nutt (2006) has made comment on foster carers having no narrative rights, saying:

> Much of the information on foster carers comes either from large-scale questionnaires and surveys, or from a social service focus relying upon the opinions of the social workers to assess the criteria for successful outcomes for foster children. But social care departments and foster carers have different frames of reference. Perhaps it is because the views and perceptions of' social services staff are so dominant that those of the foster carers have often been overlooked and neglected. It seems that foster carers have no narrative rights and, as a result it is possible to piece together only a fragmented and incomplete picture. Foster carers are seen as tangential to the foster children (Nutt 2006, p. 13).

Gibbs (2001) has also observed “Social work research sometimes takes rigorous, scientific and evidence-based approaches and has a tendency to exclude the subjects or participants of research, from either acting in a co-researcher capacity, or from significantly influencing the course that research involving them will take” (p.28).

Contrary to positivist thinking which believes that quantifying aspects of female family-based carers lives is most important, I placed an emphasis on finding out “how women view their personal experiences of fostering” Moore (1991, p.6-7) including aspects which remain hidden.

I considered that this research study should focus on facilitating new and rich, thick findings. Stake (2010) refers to this type of finding as requiring the provision of abundant and interconnected details when writing about a theme (Stake 2010) which can lead to transferability. For me it also involved the hope to “highlight some of the issues, contradictions, and challenges in women’s care work with children, in general, so that at least we can begin to discuss them and acknowledge they are there – they are ‘real’ and they affect the lives of women and children” Moore (1991, p.6-7).

For me, positivist research was not an appropriate method to achieve these hopes but rather, qualitative research, which is not constrained by positivist structures and ideologies attempting to fit the experience of women into predetermined categories, opened the door of possibilities (Cameron, Frazer, Harvey, Rampton & Richardson 1992).

Hence, the compelling reasons for adopting a qualitative approach was the enabling of complex understandings of issues, the ability to take a collaborative and empowering stance, and the opportunity for stories and theories to be developed (Creswell 2013). This however should not be considered an easy option or without its own rigour as Creswell's (2013) working definition shows (and I very much discovered):

> Qualitative research begins with assumptions and the use of interpretive/ theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to people and placed under study, and data analysis that is both inductive and deductive and establishes patterns or themes. The final written report or presentation includes the voices of participants, the reflexivity of the researcher, a complex description and interpretation of the problem and its contribution to the literature or a call for change (p.44).

3.3 Theoretical Paradigms

Feminist epistemology was the 'scaffolding' integral to all aspects of this exploratory research study, for many reasons. Notwithstanding I identify as a feminist, a further impetus was the dearth of feminist literature relating to this important social issue. Adding further weight to the impetus was the lack of literature wherein carers' narratives were captured in an uncensored manner, and they themselves determined the topics of importance to them.

A feminist epistemology takes into account 'women's ways of knowing' and the observation that many women view the world differently from men (Neuman 1997; Reinharz 1992). Often males will emphasise competitiveness, being in control of circumstances and reliance on hard facts and data. Women, on the other hand, tend to emphasise processes, exclusivity, empathy and subjectivity (Neuman, 1997; Reinharz, 1992). Approaching this study from a feminist perspective placed me within the study, avoided objectification, was non-exploitive, collaborative and transformative (Creswell 2013).

There are many variations of feminist research which place women's experiences and their connection with social institutions at the centre but there is no one specific approach (Maynard 1998). Orme (2003) cautions about using the term 'feminist' glibly with an attitude of 'it's feminist because I say so' leading to "under theorising of both social work and feminism's contribution to it" (Orme 2003, p.135).

With this caution in mind, I will make explicit the paths I took as part of embracing this epistemology. I determined a predominantly *post-structural* feminist approach was a 'best fit'. I was drawn to this approach because it offered "a sympathetic theoretical ally" (Gavey 2011, p.185) for making sense of family-based carers' lives and some of their predicaments including their "complicated and conflicting desires and motivations" (Gavey 2011, p.185). Models based on rationality do not consider these aspects (Gavey 2011).

Post-structural feminists emphasise the power of subjective language that has a specific social and historical context for each person and through which actions reflect the meanings and values of the discourse (Weedon 1997). Meanings are viewed as plural (Weedon 2004) in this approach coming from the discursive and interactive processes that happen as part of everyday life (Davies 2000). The following chapter titled 'Competing Discourses' and Chapter 7 titled 'Complementary Discourses, are illustrative of the importance I attributed to this approach. These two chapters reflect the deconstruction and subsequent reconstruction of discourses that emerged during the study.

In this exploratory study with family-based carers I believed it was critical to show that discourses are more than just the interrelated words made visible; they are "practices that systematically form the objects [and subjects] of which they speak" (Foucault 1972, p.49). A description provided by Phillips (2000) aptly captures the influence of discourses:

> Not only are our identities impacted by social contexts, but we also construct our identities from those contexts and the competing discourses that circle within them. Discourses represent sets of prevailing ideas or cultural messages about the way things are and the way things should be…Our relationship to those discourses shape not only what we see, but how we see-what we imagine is possible and what we take for granted (Phillips 2000, p.16).

In adopting post-structuralism I was naturally guided towards feminist post-structural discourse analysis as my interpretive framework. This enabled me to make sense of the systems of power/knowledge, as Foucault referred to discourses (Foucault 1980) in the child protection and family-based care system. Moreover, how competing discourses played out in the carers' everyday lives could be captured and made sense of. Foucault referred to these as discourses-in-practice, or discursive discourses, which included "working attitudes, modes of address, terms of reference, and courses of action sufficed into social practices" (Gubrium & Holstein 2000, p.493-4).

Adopting this approach gave 'licence' to explore the subjective experiences of carers and embrace, rather than deny, multiple meanings and dualisms. Using a post-structural approach meant meanings could be deconstructed and "critical methods are directed towards breaking down taken-for-granted concepts and rebuilding them into new entities" (Sarantakos, 1993, p.64). Having such licence also facilitated new findings, particularly in relation to Bourdieu's "original conceptual arsenal" of habitus, field and capital (Wacquant 1998, p.220) These concepts are explained at length in later chapters, but it is pertinent to note Bourdieu's exhortation to be a "critical intellectual" (Bourdieu 2001, p.8) which paved the way, to transcend "the opposition between the individual and society (Bourdieu 1994, p.31). In Bourdieusian terms being a 'critical intellectual' meant I was committed to actively listen, critically appraise the nature of social relationships in the research space, expose taken for granted understandings (such as professionalism) and consider the impact of neo-liberalism (Bourdieu 1994, 2001, 2003).

A postmodern perspective was also applicable to this research in its challenge of the stance of 'privileged knowers' and its contention there is no 'one' truth (Wuest 1995). Postmodernism "gives heed to subjugated voices by developing epistemological and methodological approaches that challenge power balances in the research process and the dominance of empiricist approaches shored up by quantitative methodologies" (Orme 1997; Orme, 2003, p.143).

Despite taking a post structuralist and postmodernist stance for valid reasons I nevertheless did not subscribe to the notion that a postmodern perspective was a mutually exclusive concept to that of modernist one (Morley & MacFarlene 2012). I therefore took, what I will call, a 'moderate' post-modernistic approach. By this I mean I am not questioning that an empirical world exists but rather that the empirical world which positivists rely on as a basis of their research is problematic. Kvale (1995, p.21) argues "that a 'moderate' postmodernist position does not lead to the conclusion of extreme relativism. Rather, "while rejecting the notion of universal truth, it (moderate postmodernism) accepts the possibility of specific, local, personal and community forms of truth with a focus on daily life and local narrative".

Feminist, postmodernist and poststructuralist philosophical assumptions formed an integral part of my interpretative framework. I took the view that feminism should go beyond merely repeating and describing what women have to say which can "lead to individuation and fragmentation, instead of analysis. Feminism has an obligation to go beyond citing experience in order to make connections which may not be visible from the purely experiential level alone" (Maynard 1994, cited in M & Purvis, 1994, p.23-24).

There were also other theoretical perspectives that guided and contributed to the design, methodological approach and interpretive framework in relation to narratives. It could be said a triangulation of theoretical perspectives contributed to, and gave guidance, throughout the study. *Social Constructivism* gave me confidence in the use of in-depth, unstructured interviews with its focus on the participants constructing their own meaning of a situation about a specific context and for me to make sense of that meaning, and inductively developing patterns of meaning (Parton 2003). A feminist perspective has a dimension of transformation for participants but specifically a *transformative framework* picks up the notion of constructivism but goes further seeking to advocate action to assist individuals who are marginalised, in a form of participatory action research (Creswell 2013). Finally *critical theory* also held relevance with its perspective on empowering and transcending the constraints female carers currently encounter (Hadfield 2012).

This triangulation lent itself to the notion of creating a virtual feminist quilt (Koelsch 2012). Saukko (2000) said of her study with participants diagnosed with anorexia:

> the metaphor of a quilt draws our attention to the acute specificity of each local perspective and experience. Yet, it also allows us to explore the resonances and disjunctions between each specific angle and the ways in which anorexia bleeds into a vast array or other social issues or formulations…(Saukko 2000, p.313).

Quilt making has also been referred to as a metaphor for scientific inquiry (Flannery 2001) and for theory building (Warren 1994). Thus, my theoretical paradigms meant that this was an inductive study seeking new, rich findings. The initial plan could not be tightly prescribed with an emergent process critical to the exploration. The emergent process is discussed more fully later in this chapter.

3.4 Methodological Approach

Feminist ethnography was a natural choice given the theoretical paradigms overlaying this study. McNamara (2009) refers to feminist ethnography as storytelling that makes a difference and sees a "strong 'goodness of fit' between feminist ethnography and social work research" (p.65). It is a strategy that is inherently anti-oppressive and empowering (Dominelli & McLeod 1989; Featherstone 1997a,b; Featherstone 1999; Langan & Day 1992). Perry, Lyman and Anderson (2006) explain feminist ethnography as:

> A central tenet of this approach is that individual's experiences are socially organised, and as such, the research begins by examining the individual's experiences but then proceeds to explore how the broader social relations have shaped them (p.177).

Adopting a feminist ethnographical approach had several implications. Interviewing carers was one of the methods I had always envisaged even when this study was still an idea. In adopting this approach I would "gather data experientially, in context, and in relationships characterized by empathy and egalitarianism" (Stacey 1988, p.21). This meant I had to consider how I approached, and engaged, with family-based carers, in a way that diminished unequal power differentials and actively listened to them.

Narratives are an inherent part of feminist ethnography for obvious reasons. Epston & White (1994) argue there does not seem to be another mechanism, other than narratives, that encourages people to explore their experiences through time in structuring experiences, effectively giving a sense of lived time through which people give a sense of lives changing, beginnings and endings and in the 'telling' a chance to picture a future that may be different from the present (Epston & White 1994).

In seeking to find out more about female carers' lives, and to analyse the role and meaning of gender in their lives "women's personal narratives are essential primary documents for feminist research. These narratives present and interpret women's lives" (Personal Narratives Group, 1989, p.4). It seemed that to capture the carers' narratives I should not enter their space as the 'expert' researcher asking the questions. O'Neill (1999) notes that previous studies that aimed to explore the experiences of foster care placements often used semi-structured questionnaires. She saw these as inhibiting understandings of life in the foster care context to emerge fully, and called for other research methods to be used. When doing her research O'Neill (1999) found the use of even semi-structured questionnaires was unsatisfactory. She abandoned the questionnaire in favour of allowing participants to shape how they told their own narratives and in so doing be heard, thereby validating their experiences.

O'Neill's (1999) views regarding unstructured interviews resonated with me in seeking to hear carers' narratives and seemed a natural choice for this research. As already indicated, my feminist values aligned with hearing the female carers' voices. Narratives are an authentic means by which feminist researchers can facilitate understandings and meanings with women, thereby developing feminist theory while adhering to social justice principles (Reinharz 1992).

In adopting this approach, a single interview was never going to suffice. In my invitation to carers I stated that I anticipated two interviews would be needed, I wanted to use their words from the interviews in the study, and I would be sending them the transcripts of what they said and asking them for further comment (refer to Appendix D).

The unstructured nature of the planned interviews was quite daunting at first. It also meant acknowledging people create meaning of their life's experiences in every telling, and every telling may differ in highlighting some things and discounting others (Bruner1986). Plummer (1995) views story telling as a powerful tool since it is a social process with many players: the story tellers, those who have asked for the story, the readers who interpret them and in the telling and interpreting stories are capable of producing/reproducing and changing relationships/communities socially. Plummer (1995) sees "the power to tell a story, or indeed not to tell a story, under conditions of one's own choosing, is part of the political process" (p.109).

Another natural setting for carers, particularly relevant in terms of finding out more about support (an aim of the study) were two specific support groups available to them. I deemed that, with carers' permission, I would join the group as a participant over a period of time. Given I was also observing and sought the group members' permission to record, I identified my position in this group as participant as observer (Creswell 2013). The methods adopted as part of an ethnographic approach are detailed below.

3.5 Research Methods

This study comprised three methods of collecting data through:
A: Multiple, unstructured interviews with 20 female carers
B: Participant-observer in two carer support groups
C: Interviews with secondary stakeholders
D: A desktop Review

3.5.1 Part A: Individual interviews with female family-based carers

Sample: 20 female foster carers comprising:

- 11 current foster carers
- 3 kinship carers
- 2 Indigenous kinship carers
- 4 former foster carers

In-depth interviews with twenty female family-based carers who were, or had been family-based carers in the Mackay/Whitsunday region of Queensland Communities, Child Safety and Disability Services were undertaken (see Appendix A for maps of the region). Eighteen female carers in the study were in the Mackay locality (also reflecting the large pool of carers in that area) with one carer in the Bowen area and one in Proserpine (Whitsunday area). At the time of selection there were 121 female family-based carers in the combined geographic catchment area for this study. The combined area also takes in Whitsunday and Bowen, which are coastal communities located north of Mackay (115 and 200 kilometres respectively).

Sampling methods

Sampling was undertaken in two stages. The first stage was pre-planned and involved a purposive sample of 10 female family-based carers. The second stage was by way of snowball sampling after the commencement of the study, with a further 10 female family-based carers being added to the sample, bringing the overall sample to 20.

Purpose sample: Purposive sampling is usually not a preferred choice for researchers but it was appropriate for this research given it was important to have a broad cross-section of participants within a small sample (Neuman, 1997). Using purposive sampling enabled me to approach 'information rich' carers who came with a great deal of knowledge and experience relating to the family-based care role. Patton (2002, p.46) argues that there is logic and power in using purposive sampling because of the emphasis on in-depth understanding.

The selection criteria I used to select research participants were:

1. Approved foster and kinship carers who had a child placement at the time or in recent times; and
2. who had sufficient experience of the role to be able to provide an informed view related to the aims of the study; and
3. a cross section of carers regarding age, culture and location across the study area.

The first and second criteria were considered essential. In such a small sample group meeting the third criteria was always going to be difficult but was achieved in terms of a representative spread of carers in Mackay (eight), Bowen (one) and Whitsunday (one), and in terms of culture, but not in terms of age. Kinship carers were older than most of the foster carers and all but one carer were over 45 years of age. While this did not give a large spread of ages, it was a representative sample of carers in the region.

Selecting a purposive sample would not have been possible but for the staff within the Child Safety team in the Mackay/Whitsunday region of the Department of Communities, Child Safety and Disability services, as it is now known, and the local Shared Family Care Agency (now called Pathways). Pathways was the non-government agency in Mackay responsible for the support of family-based carers in the region. Child Safety provided a list of 25 names, and Pathways a list of 30 names of carers who met the criteria. The extra number of proposed names allowed for possible refusals but also to maintain confidentiality as to who was chosen in the final sample of 10. Both lists had many of the same names. My selection of the first sample of 10 carers was based on names that were identified on both lists and best met the selection criteria.

Following receipt of the names, I sent out information/consent forms (Appendix E) to 10 carers inviting them to participate in what was expected to be two interviews of approximately two hours. I followed up with a phone call. It was somewhat surprising but also reassuring that there were no refusals. In the information provided I also made a commitment to sharing transcripts and asking for further comments as part of the interview process. Carers indicated the inclusive approach of sharing transcripts, being able to bring up topics of interest themselves, and the fact it was not a one-off process encouraged them to participate.

Snowball Sample of 10 additional carers

During the first round interviews, several of the research participants named other current and former carers as being excellent sources of information saying they hoped they were included in the study. The suggestions were not solicited by me, but emerged spontaneously in the interviews. Carers showed a great deal of interest in advocating for those they felt should be included in the study. The majority of the names suggested resonated with those either already participating in the study, or with names provided in the lists from the two agencies.

However, there were also suggestions of including four former carers, who had recently left their fostering role. To ensure validity against the selection criteria for inclusion, I asked both agencies if there were any carers I should consider for my study who may have left. The names nominated by the agencies matched those suggested by the carers. The former carers were said to have a wealth of knowledge and experience related to foster caring and their knowledge and information would be valid given they had not long left their fostering role.

Given the potential richness of information, as well as demonstrating to carers their suggestions had been listened to, it was agreed by my supervisor that increasing the sample by 10 more carers would be beneficial but timeframes would need to be extended. Appropriate ethics approval was obtained (refer to ethics approval in Ethics section). On receiving all contact information, having already received contacts from the list of proposed names for the purposive sample, I phoned the potential research participants, at the same time as sending information about the study. All but one enthusiastically agreed to participate in the study. Most of the 'snowball sample' said they had been contacted by the carer/s who had proposed that they would have valuable insights, to say I might be contacting them, so my way was somewhat paved.

First round interviews (2003-2005)*:*

Carers were given the choice as to where the interviews took place. Eighteen of the initial interviews were in the carers' homes at their invitation, while one was in a park and one in a coffee shop. The first component of the initial interviews was designed to ensure carers understood the information I had provided about the study and were giving informed consent.

Carers took a little time during the first interviews to feel comfortable with the unstructured nature of the interviews, with some asking about what I really wanted to know. Carers did not immediately see themselves as being active participants in the research and were wary about how I was going to conduct and use the research given I was primarily known to them as a manager in the Department of Communities, which at that time was co-located with Child Safety in the Mackay service centre. Possibly for this reason I needed to reassure carers about confidentiality beyond the confidentiality statements that were on the information sheet and the consent form provided to them.

Carers clearly expected that I (as the interviewer) would come and ask pre-set questions and they would answer. Indeed, I had developed a list of themes/cues (Appendix I) with a view to facilitating discussions designed to explore the themes inherent in the aims of the research.

However, I immediately discovered that even referring to the pre-set cues/themes, had the effect of setting up a question (cue) and answer format. This felt as if I was establishing an unequal partnership and directing the interview. Obviously this was not in keeping with my feminist and ethnographical approach. Therefore, I did not raise the theme/cues unless they came up naturally as part of teasing out narratives as they evolved. Paradoxically, while great care had gone into developing these themes/cues, the organic nature of the research approach rendered them virtually superfluous and inadequate from the outset.

Regardless of their familiarity with me in my work role, all carers were interested in knowing more about me. In talking about being a mother and grandmother and having previously been in a variety of care roles I clearly ticked off some boxes that helped the female carers to feel more comfortable, which they were quite forthcoming in telling me. They also indicated they liked the fact I knew about Child Safety and the ways of government but that I was not a Child Safety officer. A further aspect that was appreciatively received, but with great surprise by the carers, was my offer to share transcripts of their interviews with them, and talk to them about my interpretations of what I heard in interviews and what I was writing during the study.

The commitment to include carers in all stages of the research study, and knowing more about me, resulted in carers talking much more freely and spontaneously after the first hour. I had anticipated, and given the expectation to carers, that the interviews would be one to two hours in duration. All but two interviews exceeded the two hour ‘limit’. Given the first hour was focused on explaining the process and explaining the research and them getting to know me and vice versa, this was not unexpected. On reaching the two hours I let carers know that the estimated time had been reached. While two carers had to go to other commitments all other carers expressed a desire to continue, which I accommodated, having left some leeway in my schedule with a view to transcribing. Showing flexibility in extending the timeframe of the interview was shown to be appreciated by carers, and was another step in building authenticity with them. The ability to be flexible throughout the study was one of the factors that contributed to building trust and credibility.

Second round interviews (2005-2007)*:*

There was some preparatory work leading up to the second round interviews, with the major item being the transcription of interviews. Since I had determined I should be the transcriber so I could immerse myself in the narratives, the timeframes were longer than first anticipated. The sharing of transcripts, with some areas of interest highlighted, was appreciated by carers. Even though some did not read the transcript, many did, and all viewed it as a sign that the research was reciprocal and they had a say in what was conveyed in the writing of the thesis. As in the first interviews, carers had the option of where the interview took place and how long the interview took. While I had assumed the longer interviews during the 1st round were because of the getting to know me aspect, I found that in the second round carers also requested an extension of time.

At the completion of the second round interviews, which I had envisaged in the planning of the study to be the final interview, several of the carers felt they had, or may have, more to say and asked for the opportunity to be able to do so in a last interview. Given the feminist ethnographical methodology I had adopted I agreed that it would be fruitful to ensure carers felt they had told their story. I therefore agreed to third round interviews with five carers, which were shorter and marked a completion for them. Other carers also made themselves available to provide comment if needed, in my writing of this thesis, given I was primarily using their words to do the talking. My ethics approval had included following up with carers to share transcripts and collect further comment so I agreed to share relevant updates and invite comment.

Additional interviews and informal communication (2007-2013)*:*

As has become evident, carers had now become an integral part of the study and were available for ensuring that I authentically and ethically conveyed their messages, in their words, and interpreted correctly. This led to the shorter third round interviews and follow up informal communication. The informal communication also at a stage in the research where carers had generated a number of options for a preferred future and talked about how it would look in Mackay (the city, all but two of the participants lived in). The two carers who lived outside the boundaries were happy with using Mackay as a place based example, since one was leaving the role, and the other was moving to Mackay in the foreseeable future. Interestingly, while 'çhanges/improvements' in their role was amongst my cues/themes (Appendix I) the preferred future carers envisaged was *beyond* their current role. Their preferred vision was quite transformative. How this influenced the study is described in more detail as part of the process journey later in this chapter.

3.5.2 Part B: Support Groups (2004-2006)

Group 1: Kinship Carers Group - 5 female kinship carers
Group 2: Carers Group - 5-10 female foster and kinship carers

Finding out more about support for carers was one of the drivers of the study. Women often use each other as support and support groups play an important role in female foster carers coming together to share and gain mutual support, so I sought to be ‘participant as observer’ in support groups in the study area, which would assist with gaining “insider views and subjective data” (Creswell 2013, p. 293). While a caution of this approach is that it can be distracting to record data while being an active participant (Creswell 2013) the group members, along with myself, did not find it so. I sought permission to tape the group’s interactions, which was provided, and once the recorder was on it was ignored. One of the conditions of taping was that I would seek the group’s permission with the use of direct quotes in the writing of the thesis, and this was diligently adhered to.

At the time of the interviews two support groups were functioning and scheduled to meet monthly. These were:

- the kinship carers group facilitated by departmental workers in Mackay; and
- a carers group facilitated by the Shared Care Agency (now called Pathways) in Mackay.

Other support groups within the region were identified by departmental workers as proposed, or had fallen by the wayside and were not currently functioning. The groups that were not currently functioning included a carers group in Bowen, a regular meeting between carers and the Manager and Regional Director of the department, and a group for carers who were caring for children with a disability. The reasons provided for support groups meeting, or not meeting, appeared to be related to resources.

Early in the course of the study there was a preliminary meeting of foster carers in Bowen facilitated by the Child Safety office in that location with a view to forming a carer support group. I was invited to what was the second, and last, meeting of the carer support group in Bowen, having previously expressed my interest. However, following the second group meeting, tensions between Child Safety and carers in that location were such that further meetings did not occur.

The CSO and Co-ordinator from the Alternative Care agency (now Pathways) who were the facilitators of the respective groups identified that considerable time and effort was needed to maintain such groups. Difficulties arose if resources were needed elsewhere in their agency, or there was not a commitment by carers to make the group work. Postponements of meetings were a regular occurrence and subsequently often long stretches occurred between meetings.

At the beginning of the study it was determined by the workers acting as facilitators for the groups that I could be a participant as observer in the groups for a period of six months, subject to the carers agreeing. The groups were comprised of exclusively female carers. The facilitators acted as gatekeepers in asking participants of the group if they were willing to invite me as a participant as observer. I was duly contacted to say all carers had agreed. The two support groups in question provided an excellent source of information particularly regarding support. Ironically, the composition of the two groups contained a high proportion of carers also participating as interview participants.

However the regularity of meetings varied immensely from the proposed schedules nominated at the beginning of the research. Over the nominated six month period, the departmental kinship carers group met three times instead of the six scheduled, due to postponements being a regular occurrence due to other demands on the facilitator. Consent was provided from the facilitator and members so I could participate in the six meetings as originally intended but the period extended from the anticipated six months to just over one year.

The Alternative Care support carers group over the same year only held four meetings. The changed schedule was also due to demands on the worker who acted as facilitator and also what they saw as a disappointing response from carers, with an attendance of four to seven carers. Again, with consent from facilitators and members I participated in 6 meetings as originally intended, but the period extended to 20 months.

3.5.3 Part C: Secondary Stakeholders Input (2005-2013)

The primary focus of this study was on hearing the voices of female carers. However, I also sought the views of some secondary stakeholders about different aspects of the study, as they related to the emerging findings. Stakeholders included:

- President, Foster Care Queensland (FCQ) (two interviews).
- Foster Care and Advocacy Support Team (FAST) representative (two interviews).
- Facilitators of the Departmental and Share Care Agency support groups (informal discussions during the period of my participation in the support groups)
- Family Day Care Co-Ordinator (one interview)
- Manager, George Street Neighbourhood Centre (two interviews)
- Manager, Family Support Team, Department of Communities (one interview)

I talked to FCQ, including the FAST representative, in 2006 and again in 2014 formally. I also had occasion to talk to them informally at different times over the period of the study, where they sometimes directed me to additional information about carers. An example of this was the provision of their FCQ Submission to the QCPCI. They supported the study with up-to-date information about family-based carers across Queensland in both face-to-face discussions and phone contact. They also provided in principle endorsement of the findings in the latter stage of the study. In a similar way, the facilitators of both support groups also shared comment and information on an informal basis.

Face-to-face interviews with George Street Neighbourhood Centre and the Family Day Care Co-Ordinator were only initiated late in the study, to talk about the emerging findings relating to carers' ideas of a broader caring role bridging the statutory and non-statutory sectors, and the workability of such a different approach. The Manager, Family Support Team, Department of Communities was also interviewed face-to-face late in the study in relation to the QCPCI findings, their relevance for a reformed child protection system and the investment being made in Queensland.

The facilitator's of the two support groups were not interviewed formally, but provided a great deal of informal information, These views were incorporated within the thesis and contributed to the analysis relating to discourses.

3.5.4 Part D: Desktop Review of the QCPCI, and implementation of reforms

One of the commitments of this study was to link findings at a personal level to the political and policy (Queensland government) directions, specifically in relation to Child Safety. At the commencement of the study this was not a large ask, but late in the study the QCPCI, and the resultant report, recommendations and implementation of reforms warranted regular desktop reviews, and consideration of the implications for the findings generated from this study.

3.6 Data Collection

The data I gathered included:

- Tapes and transcripts of interviews of the experiences and views of the women I had interviewed.
- Notes and/or tapes of interviews with secondary key stakeholders relating to support
- Notes and/or tapes recorded at support group meetings.
- Journal entries reflecting thoughts, perceptions and ideas as they developed from the formal research.
- Log entries of comments pertaining to the study from informal contacts and discussions.
- Expanded literature review, recorded in a card system, hard copies and computer.
- Submissions, transcripts and reports from the Queensland Child Protection Commission of Inquiry

As much as humanly possible all interviews and subsequent discussions with female carers were taped. Given there were a great deal of informal or unsolicited conversations by phone or face to face after the formal interviews to provide further feedback or input, it was occasionally difficult, but a small recorder accompanied me everywhere for much of the study period. I also recorded my participation at support groups on tape and the interviews I had with secondary stakeholders.

Currency of knowledge regarding Queensland government trends, in particular the QCPCI, was primarily through computer searches. While the female carers in this study were concerned about having their voice heard first and foremost, they also wanted their voice positioned in a contemporary way that aligned, or could align, with the directions by the Queensland government. This became particularly relevant late in the study given the QCPCI and reform process.

3.7 Analysis

Data interpretation and analysis during this study did not comply with one strict approach and indeed was a 'messy' and evolving process. This was made more so with constant revisits of transcripts by not only myself but also the carers. I was immersed in the data, having transcribed the recordings myself; a time consuming and painful process, but ultimately worthwhile in facilitating rich findings.

While I did not have one purist approach to interpreting and analysing the data, Foucault's feminist post-structural discourse analysis, was a major contributor. Analysis began early with coding of emerging data as it was collected. Early analysis of emerging data is something that Charmaz (2000) views as a necessary hallmark of grounded theory, and indeed it did support the emergence of a significant, new theory.

Preliminary colour coding of common themes was undertaken during the first round of interviews. I progressively coded after individual interviews and then the codings were progressively enhanced and analysed, as I interacted with the data. Notes and log entries which reflected progress, ideas and concepts were also analysed and analytic memos written to pull the coded data and the abstract thinking of my logs together.

My interpretive framework, guided in analysing the '*whats*' and the '*hows*' of what was happening in family-based carers' everyday lives, as viewed from their perspective. I found in the interpretation and analysis of the narratives, I was not as interested in the 'why' in the traditional sense but capturing "the discursive formations that both form and inform the shifting realities…and contrasting extant social forms with the "birth" of new ones (Grubrium & Holstein 2000, p.495).

There was a continuous juggling act to make sense of the interplay between discursive practice and discourses in practice; Grubrium & Holstein (1997) label this as ‘analytic bracketing’(Grium & Holstein 1997). This allowed the dichotomies, as well as acknowledging the contradictions and dualisms.

The dualisms formed a picture of the layered complexity of issues for carers and their sometimes changing views on the same subject. In fact, the views which were being expanded, clarified and teased out by the women themselves were important in their own right and needed to be considered in that way. I reverted to manually drawing out and analysing (bracketing) the layers of the narratives more accurately reflect the complexities in the life of a woman who chooses to provide family-based care, including the power differentials at play. The quote below epitomises the juggling act I referred to above, as I sought to understand:

> …how language games, [in this particular institutional discourse], operate in every day life and what games are likely to come into play at particular times and places. In Foucauldian terms, it leads to alternating considerations of discourses-in-practice on the one hand and the locally fine-grained documentation of related discursive practices on the other (Gubrium & Holstein 2000, p.500).

It was not only the data I was constantly analysing but also my role in the research. Reflexivity is an integral part of feminist research (King 1994) as well as ethnographic and post-structural research (Koch & Harrington 1998). I had reason to constantly analyse my biases, agendas, values, principles and frameworks during the course of the research, despite this becoming somewhat uncomfortable at times. This involved continual reflection and self-analysis to look at how I was using my own experience and how my dialogue with participants influenced the research (Koch & Harrington 1998).

The question as to whether this was ínsider’ research also warranted consideration as to the benefits and risks. If insider research is with a group the researcher belongs to and outsider research is when the researcher does not belong Breen 2007) then the answer is not clear. The fact that I had previously been a carer certainly broke down some barriers, and my knowledge of the family-based care system in my departmental role also helped, as did the methodology and approach utilised. However, I did not have currency in the lived experiences of a carer so I was not a total insider, but nor was I a total outsider. Some scholars have argued that the role of researcher is more aptly described as a continuum rather than an oppositional dichotomy (Breen 2007; Hodkinson 2005). I would concur, as I struggle to say to what degree I might be considered an ‘insider’, but would consider that I became more of an ‘insider’ as the research process evolved. There were a number of pivotal changes in the research design, scope and process that impacted on the analysis and these are described below.

3.8 Research Process

This research was as much about the process as the product. It was a study that resulted in a great deal of learning, not only about the female family-based carers who participated in the study, but also about myself. In many ways I was as much a participant in the research as the family-based carers who privileged me with their time and knowledge.

There were a number of emergent themes, both expected and unexpected. It is pertinent I write about some of these as they provide context to the chapters that follow, and greater clarity in relation to the interpretation and analysis of the finding. They also have relevance in relation to the authenticity of the study.

A particularly profound ‘lightbulb’ moment for me may hold some cautions for other researchers attempting a similar study. This related to me working in a managerial role in the DCCSDS while undertaking this study. It took me some time to realise the personal impact of working within the same government agency that also had responsibility for the female family-based carers participating in the study. As someone who takes great pride on reflective practice and research, based on the values and principles I have previously espoused, I experienced, what I can only describe as, a significant ‘wake up’ call.

At that time I became very concerned with the number of apparent contradictions and anomalies that had emerged with significant portions of the carers’ narratives being out of scope. Preliminary coding had seen me dissecting narratives and excluding portions where carers talked at length about the child protection worker or the parents (rather than themselves) in an attempt to keep with a principle of not taking the spotlight off the carer role as has happened in previous research studies.

I raised these concerns with my supervisor. I wondered if I would have any new findings and felt somewhat frustrated that carers were not inclined to talk about themselves. My supervisor gave what proved to be invaluable advice; she urged me to revisit and immerse myself in the taped interviews and transcripts with a mandate not to draw conclusions but to listen in order to let the study's truths emerge.

Through this exercise of simply listening, surrendering to the carers' narratives without preconceptions I had several epiphanies, which I duly discussed with the carers. We agreed the study needed to be transformed to reflect:

1. The 'contradictions'. I had been concerned about the very real dualisms, tensions and complex layers that constitute home based care. The fact that these 'contradictions' started emerging during second round interviews was not a flaw but rather multiple truths being shared as trust and rapport was established. Like all of us, every carer had their own truth/s and unique circumstances and situations that are fluid.
2. The 'whole'. With the best of intentions, I had segmented and compartmentalised narratives. However, carers wanted their narratives grounded in the context of what they experience, and hope for in relation to vulnerable children in their community. They valued the freedom to reveal, and unravel, the multiple challenges in their current role before visioning how a better future would look in their community.
3. New boundaries. My concerns about including aspects that were outside the statutory child protection boundaries were seen by carers to be invalid. The carers chose to talk about those aspects and it was inappropriate, given the approach I had chosen, to decide to segment their narratives. Allowing the carers to determine some of the direction also meant veering into exploring what I will call an 'aspirational exemplar' where carers wanted their ideas for a preferred future, grounded into an example of what that could look like locally. Essentially, the carers' suggestions comprised a broadening of boundaries in a reformed and more compassionate child and family support system, which was one of the many unexpected facets of this study.

This process, in and of itself, shows the effectiveness of the research approach and methodologies. It still remains to be said that I discovered (with considerable shock) that for some time I had been oblivious to the degree to which I was subscribing to the structural imposts of the department I was working in, and in my initial coding and writing up of themes

I (and carers) somewhat reflected a bias which research aims to moderate at the very last. Arguably research can never remove an element of subjective bias.

More belatedly than was optimal, I realised that my position within the Department was not compatible with doing this study justice, to the point I asked for a suspension of the study, while I considered my options. It was only when I chose to leave DCCSDS late 2012 after being a long term employee, that I fully comprehended the impact of working in a government department while conducting this research; particularly as this research shines a generally critical light on many policies and practices of the Department, albeit it also offers valuable findings and options relevant to DCCSDS.

It also has to be said that I was unprepared for the carers' unequivocal focus on Child Safety Services, the system that is responsible for the statutory care they provide (a focus that is evident in the following Chapters, 4, 5 and 6). I had expected that with adopting an unstructured approach carers would talk about themselves more fully. I was quickly dissuaded away from this naïve expectation. While rich findings were made, they were in relation to the nexus with Child Safety, the ensuing relationships and ultimately it was about the children in their care.

Indeed, while carers appreciated the opportunities a feminist research approach provided for them, they conveyed an uncomfortableness about the terms 'gender' and 'feminist' and did not want to explore the notion of gendered care explicitly. Despite this they nevertheless related their closeness to other female carers, the significance of their mothering role, their wish to engage with female CSOs in a 'warmer' way, and the difficulties in relationships between them, the natural mother and the female CSO. There was a kind of subliminal feminist awareness even though they had been affected by the bad press given to the term 'feminist' and thus preferred to avoid it.

Another interesting part of the research journey was talking to carers about 'what should be' regarding improvements. This proved an initial stumbling block with most carers seemingly locked into returning to talk about the issues within the child protection system as it is and expressing their pessimism that positive change could, or would, ever occur.

Paradoxically, this was at the same time carers were also openly sharing positive examples of working with natural mothers (and fathers) and extending care post reunification, outside the boundaries of statutory family-based care. I was fascinated by the stories of extended care, and those relating to the resourcefulness of carers in how they navigated through systemic barriers. I duly conveyed the strength of these stories to carers and suggested it was an opportunity to think 'blue sky' and what would care look like in a perfect world. While it took some time for some carers to embrace this new way of looking at the future, once they did there was a wholesale transformation in the subsequent discussions about what improvements would look like, and more stories of innovative care coming to light.

Chapters 7 and 8 capture this transformation and the subsequent ideas. Another aspect of this transformation was carers wanting to have them grounded and written in a manner that the research could be applied as mentioned above. Hence an exemplar was developed to illustrate how the ideas could translate into a new, place based model. The exemplar was based on a neighbourhood centre in Mackay, where most of the carers lived. I had some ambivalence initially about the carers' choice, given I had previously worked at the neighbourhood centre, and embrace community development principles. I wondered if I had inadvertently led carers to that conclusion, but a review of transcripts and conversations told a different story, so I can confidently affirm that the carers led that particular positioning of their ideas without influence from me. The concepts contained in Chapters 7 and 8 have a particular applicability locally and at State level, but also hold relevance nationally and internationally.

The process by which the exemplar was 'put together' also bears telling, some of which will be fully described in Chapter 7. To explain is also to note that while carers showed concern about confidentiality regarding the study from me (as they should) they showed no such concern sharing with each other. They quickly knew who was in the study and would talk between each other. This also had relevance for the study with a significant number of research participants participating in the support groups I was also part of, and which in the latter stages of my involvement acted somewhat like focus groups.

Four carers emerged as the leaders of this process and it could be said they emerged as co-researchers with me. They were the natural selection by the other carers, who used them as a 'mouth piece' on occasions. They became the primary source of providing updates to others (by mutual agreement) particularly when I moved from the region after completing all interviews and group sessions. Having mentioned that the research participants were generally older, two of the carers have passed away since my time with them. This obviously had a profound impact on myself and other carers and this has provided a further impetus to complete this thesis in order to honour the privilege these carers gave me to hear their voices.

3.9 Authenticity

This post-structuralist feminist study needs to meet different criteria of authenticity to that of a positivist research study. There are various opinions on how authenticity or validity is attained in qualitative research. Angen (2000, p.387) suggests an interpretative study requires validation based on "a judgment of the trustworthiness or goodness of a piece of research". She also advances the view that research should have a "generative promise" (Angen 2000, p.389) raising new possibilities, questions and dialogue. It should have a transformative value that fosters action and change (Creswell 2013). Some scholars refer to the importance of the researcher soliciting whether the research participants consider the findings and interpretations credible (Ely, Anzul, Friedman, Garner & Steinmetz 1991; Erlandson, Harris, Skipper & Allen 1993; Lincoln & Guba 1985; Merriam 1988). Lincoln and Guba (1985, p.314) view checking of data, analyses and interpretations and conclusions with research participants as "the most critical technique for establishing credibility". Erlandson and colleagues (1993), along with Lincoln and Guba (1985) and Merriam (1988) also contend that rich and thick descriptions that enable the reader to make their own decision regarding transferability is important. The clarifying of a researcher's position, biases and assumptions that impact on the research, the shaping of the approach and subsequent interpretations is another criterion that should be made explicit (Merriam 1988) in order to evaluate the authenticity and validity of a study.

On all counts above, I believe this study can be said to have met these criteria providing a great deal of relevance and transferability for those wishing to generate new and in-depth understandings of this particular social issue.

3.10 Limitations

This study was undertaken across a small geographic area with a small sample of women. The unstructured nature of the interviews, and the unique relationship that developed between myself and the study participants would not be replicable, but would be transferable with valuable learnings in regard to the approach and methodologies used that have relevance for future research.

This was an exploratory study, guided by the research participants; as such there are topics and themes contained in this study that may be seen to have warranted further exploration, which did not occur.

The approach taken in this study also necessitated a great deal more time than I had anticipated. The length of time most researchers can devote to a study is usually more time limited and the time factor of this study would have to be considered if a researcher was considering transferability.

In trying to stay true to an organic and open process, I did not collect some additional information that may well have provided further context and strength to the findings, such as composition of family members, income levels, numbers of children currently in care and patterns of care provided.

Additionally, given the small number of kinship carers in this study, and their deference to foster carers to provide guidance and comment late in the study, some caution is warranted when interpreting analyses relating to kinship carers.

3.11 Ethical considerations

As a research student with James Cook University the change of sample and timeframe meant a second ethics application to encompass the larger sample and longer timeframe. The following is the Ethics Approval granted by James Cook University's Ethics Committee; Ethics Approval number H:1798. The approval bound me to abide by the guidelines of the Ethics Committee and the National Health and Medical Research Council's 'National Statement on Ethical Conduct in Research involving Humans'.

Written informed consent was gained from all participants in the study. I explained fully to research participants the nature of the research, and provided an information sheet, ensuring they were giving informed consent and knew they could withdraw at any stage and measures would be taken to ensure confidentiality and privacy. Relevant information sheets, consent forms and letters of support are attached as Appendices C-K.

In writing the thesis I use many verbatim quotes and also vignettes provided by carers. To ensure confidentiality throughout the report, pseudonyms are used for all carers' names. The quotes and vignettes, which identified the circumstances surrounding an event, open the opportunity for a reader, particularly a departmental worker, to suspect who the interviewee was that gave the information. I asked interviewees in these circumstances for permission to use particular quotes or vignettes. However the duration of this study has meant that with high turnover of CSO staff that risk has virtually been negated, to the extent that some carers gave permission for use of quotes they had previously requested not to be used.

While some data and information provided, with direct quotes, does not need interpretation, some did. The multilayered complexity of responses relating to certain topics necessitated an interpretation by me and I endeavoured to check my interpretations with participants where there may have been some doubt as to the extent I had understood the meaning of what they had told me.

A key ethical consideration for me was maintaining confidentiality for the female carers participating in this research. However, as explained above, this was not a constraint carers felt applied to them in relation to talking amongst themselves.

This research coincided with other research occurring with carers in the region; a study by Anne Butcher and a large study, involving an ARC grant, by James Cook University. As a safeguard for participants, the availability of confidential, free counselling services was sought in order to ensure the wellbeing of carers if the interviews evoked emotional distress. Counsellors from a private counselling service and from Community Health (Queensland Health) agreed to provide counselling on a non-paying and confidential basis should it be required.

The interviews did evoke emotion and occasionally some distress but the offer of further assistance on four occasions was declined. The carers stated they felt supported by the opportunity to talk freely without judgement being made and saw talking to me as safe.

3.12 Conclusion

In this chapter I have provided detail about the epistemological, theoretical and methodological rationales along with explanations about processes relevant to the research journey. The rationales relating to shared decision making and the description of key processes that occurred provide context to the chapters that follow where the findings of the research are revealed. The findings from this research commence in the following chapter where the competing nature of discourses in child protection and out-of-home care are explored.

Chapter 4: Competing discourses

Competing discourses are an inherent part of the home based care system and the location is "fraught with contradictions and ambiguities" (AIHW, 2002, p. 3).

The context, background and literature pertaining to child protection and family-based care contained in Chapter 2, has already drawn attention to the many stressors in the system. This chapter marks the beginning of the research findings. The findings commence with female family-based carers elaborating on some of the inherent competing discourses they encounter, focusing on how their rights and responsibilities are adhered to in practice.

The chapter commences with a description of the Queensland child protection context, locating the major 'site of power' as identified by the carers. The practice issues are then explored, with carers comparing and contrasting how their rights and the 'ideal' expressed in policy documents stack up in what they experience in practice. Using the words of Liz, a long term foster carer, this is *"us giving the system a review for a change"*.

This chapter denotes the starting point of a research journey which progressively revealed different dimensions of the family-based care role. The words of the female carers in this study are conveyed verbatim (as much as possible). Unless otherwise stated the persons attributed to the quotes are the foster carers (with names changed). Where the quote is attributable to a kinship carer or former carer this is indicated.

4.1 Queensland context and sites of power

Despite years of constant change in child protection in Queensland carers in this study unequivocally located one persisting 'site of power'- the agency that holds the ultimate power to *"giveth and taketh away children"* (Laura). Sue summarised it as the agency that:

holds the strings... it's a bit like being a puppet on a piece of string… they say who we get, for how long, who visits and when, how much information we get, all the time looking over our shoulder... but we walk our way through… at times it seems a mine field - other times it is OK (Sue).

The holder and wielder of such power is (as at 2015) Child Safety, positioned in DCCSDS (refer to prologue). The type and use of power wielded by Child Safety has a major impact on families (birth and foster/ kin). Numerous changes in terms of government structure, policies, rhetoric and practice during the period of the study only served to strengthen the view of carers.

A summary of structural changes in Child Safety in Queensland follows, providing the 'scaffolding' for understanding the discourses revealed and deconstructed in this study.

The 10 year timeframe of this study commenced at a time when the CMC Inquiry (CMC 2004) concluded and subsequently, on the recommendation of the CMC, the then Department of Families was split with a new department named 'Child Safety' created on the recommendations of the CMC. The CMC's intention was to establish a "revitalised commitment to child protection" exclusively focused on children "for whom the government has statutory responsibilities" (CMC 2004, p. 90). As mentioned in the prologue, front line workers moving to the new department had their title of 'Family Services Officers' (FSO) changed accordingly to 'Child Safety Officers' (CSOs).

Following recommendations from the CMC a new administrative reporting system, the Integrated Child Management System (ICMS) and actuarial risk assessment tools (Structured Decision Making (SDM)), were introduced to support Child Safety officers in their work.

It was only eight years later, in 2012, that the Liberal National Party (LNP) came into power with a landslide victory. The change of government, as so often happens, heralded another restructure of government departments. Child Safety now joined with Communities and Disability Services to form a new Department of Communities, Child Safety and Disability Services.

Departmental restructures notwithstanding, the new LNP government launched another Inquiry, the *Queensland Child Protection Commission of Inquiry* (QCPCI) in 2012. Its report, *Taking Responsibility: A Roadmap for Queensland Child Protection*, was delivered in March 2013 with all 121 of its recommendations accepted by the Queensland Government (QCPCI 2013). Implementation of the recommendations has seen significant reform in Queensland since then and, at the time of writing, it is clear there are more changes forthcoming. It is in this contemporary context that this thesis is positioned, making the findings both timely and extremely relevant for policy and practice.

Another dramatic political reversal occurred this year, in March 2015, when the State Labor Party (Labor), in an unlikely election result, was able to form a minority government. Reassuringly though, the QCPCI recommendations have received bipartisan support and the reform process has continued unabated and with the new government's full support.

However, regardless of the structural changes impacting on the Child Safety agency during the course of this study, the responsibilities for child protection and out-of-home care remained solely with that entity. Therefore the 'line of sight' for carers, and their narratives, regarding the 'site of power' remained consistent throughout the study.

The role of Child Safety, is protecting children and young people from harm or who are at risk of harm, and whose parents cannot provide adequate care or protection for them (DCCSDS 2015). Carers saw that as their sole role, nothing more and nothing less than protecting children, as is illustrated in the following quotes:

The name says it all. Child Safety (pause) that's their focus; that's why they changed their name from (long pause) I think it was Family Services... or Families. Anyway something like that but they changed it to Child Safety a while ago to only deal with the child safety stuff, not us, not families (Sue).

Child safety, child protection. Same thing… like they are Child Safety and that's what they are about but they quote 'the Act' in training and I think that is called Child Protection. They talk about child protection too so it's the same thing, it's about children and what comes from intakes (Karen).

A quote from Val, kinship carer, summed up the general view of carers as child protection being *"all things Child Safety"*. As to the constant changes, carers conveyed a fatalistic acceptance of change being a constant in government departments, policies and procedures, even joking about taking bets as to when the next name change or department change or direction would occur. Reducing numbers of children in the child protection system has always been the driver for system changes, yet the three quotes below depict the overall scepticism of carers regarding the effectiveness of such changes:

I don't even know why they bother with changes all the time. Things don't get better. It's all done without asking those who count whether it will work. It's all top down. It can't be expected to work if they don't really understand on the ground stuff (Cheryl).

They try to bundle all the bad things into a box and then come up with simple answers. It doesn't work that way. It isn't simple or about numbers and that they don't seem to get (Anna, kinship carer).

I love *(sarcastic tone) it when they sprout things about the difference it will make. It means more rules, more expected of us* (Marcia, kinship carer).

These views align with Ife's (1997) contention that there is a misguided belief that certainty and solutions can be gained by the splitting and combining of government departments, which inevitably result in ever greater administration, management and accountability mechanisms.

Carers identified a number of dualisms in their interactions with the department, attributing the root of the problem to the child protection system itself. At the same time they expressed strong criticism of CSOs who then tended to take a techno-rationalist approach. Gloria referred to this approach simply as being *"the opposite of what a social worker should do"*. Other views included:

I get it that they can't keep on top of everything. They spend more and more time doing admin stuff that they are now required to do, but it's us and the kiddies who bear the brunt (Rebecca).

(Following criticism of an individual CSO) *but then they are all just swamped with child protection matters; trying to keep up with everyone ringing up and having to do something with the calls. If they don't and something happens we all know what happens; it's front page news. I am not making excuses for them but just saying that pressure seems to play on them and they are so scared about something going wrong. But then it falls back on us when they are dealing with the stuff coming in, they don't always do all the rest that's needed once the kids are in; the day to day stuff the kids need like signing off on stuff, doing the reviews, and* *planning for one who was leaving care. That's what makes it hard for us… particularly for new carers who aren't used to the system* (Gloria).

It is sadly ironic that reforms emanating from the CMC Inquiry (CMC 2004) which were intended to provide a focused approach to children at risk, accompanied by a range of administrative tools designed to assist front line workers do not appear to have been successful. Instead carers talked about a generally *"cold, unfeeling"* (Dianne, former carer) that has adopted a *"one size fits all"* (Ashley, kinship carer) approach, despite rhetoric to the contrary.

Additionally, it also seems that the tools designed to support workers and achieve better outcomes for children has not been realised. A doctoral study conducted in Queensland 2006-2009 assessing the effectiveness of the Structured Decision Making (SDM) tools concluded "the SDM tools aim to improve decision making, promote consistence in decision making and target the children most in need of intervention but, in short, it was found that the tools were not achieving any of these aims" (Gillingham 2013, p.430).

Melanie, an experienced foster carer of 20 years, who exited fostering late in the study but stayed an active research participant providing review and guidance, described the situation for case workers saying:

I think it's hard for them (CSOs) they are focused on keeping kids safe as they see it. But they have their standard rules and do things by the book so there's no come back on them. They don't see the whole picture or even if they do they rarely bend. Do I blame them? Yes and No. It's really the system that's the problem. It doesn't take into account that ***everyone*** *is different and* ***every*** *circumstance is different by making things all 'standard'. That's the word they used with me if I asked anything out of the ordinary, 'we have standard procedures' which means they apply the same rules to every case even when it comes at a cost for a littlie. See the standard stuff keeps them covered in terms of the kids being kept* ***safe*** *but then that can mean it's not about what they (children)* ***really*** *need and what will* ***really*** *help them.*

Carers lamented what they saw as a gradual move during the course of the study towards CSOs keeping a professional distance, in an attempt to manage their many competing demands. Alongside their criticism was also considerable empathy and sympathy for the difficult situation they felt CSOs were caught in, and a view that most CSOs "*want to work with us* *differently if they could*" (Rebecca). The reality, as they saw it, was CSOs sometimes inadvertently resorting to directing and demanding *"so the right box can be ticked and they can get on with other things"* (Marcia, kinship carer) rather than *"taking the time to get the whole story and weigh everything up"* (Karen). Dianne, a former carer, made the point strongly:

I certainly struggled with some of the young case workers when they stuck to the book at all costs and just didn't get the whole picture and what it takes to bring up a child. But I definitely don't think most want to work that way. They weren't being rigid for the sake of it. They felt they had to do things by the book the way they are told, to make everything standard, the one size. I know because some even said that to me during my time when I questioned the rule. It wasn't their choice but how it had to be otherwise they could get into trouble for breaking the rules but that wasn't how they wanted to work. Some, particularly the ones that stayed longer as our CSO, were willing to bend and work with us. They were the good ones.

Nevertheless, good will and intentions do not change the picture painted by carers. Foster Care Queensland (FCQ) (2012) echoed the carers' sentiments regarding a risk adverse environment in Child Safety. They submitted to the QCPCI that:

> It provides no pleasure to report that following the CMC inquiry we have witnessed a system that has become more risk averse with staff forced to 'cover their butts' due to the risk of retaliation from both within and outside the system. This, at times, has led to decision making that may not be seen as child centred with the result that the child has been subject to systemic harm that should not occur (FCQ 2012).
>
> While making this statement FCQ acknowledges the work undertaken by the vast majority of staff who appear to be striving for the safety and wellbeing of children while managing and navigating a system that lacks integrity and that at times stifles their greatest of efforts to undertake child centred practice"(p.3).

Scholars, Lonne, Parton, Thomson and Harries (2009) similarly stated that Queensland had "progressively moved to a managerialist, top down, centralised structure and discourse regarding child safety assessment and a forensic approach to working with families" (p.8). Lonne (2012) later submitted to the QCPCI that child protection in Queensland had "become overtly "punitive and alienating, legalistic, managerialised, risk-adverse and forensic rather than humane" (p.3).

Such an environment has created a breeding ground for competing discourses and a disconnect between what is espoused by Child Safety and what the reality is in practice. The dualisms, contradictions and ambiguities that exist are the basis for this chapter showcasing examples where fundamental carer rights that were *"meant to be gospel"* (Colleen) were too often *"just swept under the carpet"* (Colleen). The *Child Protection Act 1999*, and the *Statement of Commitment* between DCCSDS and the foster and kinship carers of Queensland (DCCSDS 2012a), will be used to illustrate what Child Safety espouses carers have the right to expect in their role.

4.2 Best Interests of the child

The main principle in the *Child Protection Act 1999* is that the "safety, wellbeing and best interests of a child are paramount" (5A, p. 22). This principle is repeated in the *Statement of Commitmen*t (DCCSDS 2012a) between the Department of Communities and the foster and kinship carers of Queensland.

Carers fully supported the "best interests of the child" as a paramount principle that should be adhered to, but their observation was that the term was often used glibly. Fernandez (1996) underscores the carers' perspective noting that the term is often used without consideration of what it means for an individual child or that the child's views and wishes were not taken into account (Fernandez, 1996).

Carers expressed strong views about a range of anomalous situations in which they had been involved where the 'best interests of the child' had not been served in their view. They felt the term was used *"all the time to justify their* (Child Safety) *decisions and actions"* (Sue).

Jenny spoke about what she saw as narrowness in the application of the concept:
*It's not **just** about the child's safety for us (foster carers)- it's about their (children's) life and what's best for them, but at the end of the day the department will decide on set things and tick boxes to see if a child is safe and that decides if a child comes in or goes back to their parents.*

Tunnel vision it is. They don't take into account everything they should. Sometimes they will listen to our view or the child's view but that is by no means guaranteed. They keep quoting to us that it is all in the child's interest but they've got worse at paying attention to what is truly in their interest.

Laura echoed the views of most of the carers in talking about the number of occasions when carer's views were excluded. Carers make the point that they live day in, day out with the child in question and have an intimate knowledge of what is in their best interests. Laura described a particular occasion noting that it by no means a 'one off' occurrence:

I had a call where she (CSO) *told me what was in the case plan. I hadn't been included. Some of it was fine but it fell well short of what Kelsie* (foster child) *needed. There were also a couple of things she had said she would really like and (that) I knew would make a difference for her self-esteem and confidence. One was joining a basketball team and that meant fees, uniform etc. Basically anything I said didn't count, even though I was putting forward Kelsie's views. I even said at one point "Talk to her, you haven't included her." but it made no difference. I actually said "What about her wellbeing and what she needs?" They said the plan had her best interests and wellbeing in mind. They said it would be a concern if I was going to be decisive... no that's not the word ... it was a word like that but it meant I was difficult.*

I: Divisive?

That's it. I gather it meant difficult. Yeah, you're nodding. I think they often consider just the basics and the budget and not the child always, ***even though they say they do****.*

Laura's quote brings to light two particular themes of note. The first is the statement *"even though they say they do"* which was a particularly strong sentiment echoed by all carers. In other words, there is a wealth of difference between what Child Safety say it does in comparison to what carers' experience happening in practice.

The second theme that became apparent was Laura's concern and advocacy for Kelsie's wellbeing being so easily interpreted, and dismissed, as being 'divisive'. Laura had seen herself as acting in line with the *Statement of Commitment* (DCCSDS 2012a) which states it is a carer's responsibility to "advocate on behalf of the child or young person for the resources and services required to ensure their full potential is reached" (p.6). Unfortunately, the receiving of disparaging comments by CSOs, as in the case of Laura, was conveyed as a regular occurrence for carers. This was one of the many reasons carers referred to often feeling generally disrespected and receiving a lack of support.

Overall, there was very little confidence shown by carers in the ability of the department to "*practice what they preach*" (Jenny). This was particularly highlighted during a Kinship Carers' meeting after the facilitator, a CSO, spoke about planning and support undertaken by the department always being in the child's best interest. Val, an Indigenous kinship carer, responded to her, and the broader group, *"Saying it don't make it so"*. Val's simple response was met with spontaneous nods, "yeahs" and laughter conveying the group's unanimous view that what the department said should always happen was not always implemented.

Another factor that carers attributed to the child's best interests not being served related to managerial and/ or budget dictates often determining, or at least influencing, what was included in a case plan. FCQ (2012) notes that that it is not only the state of the budget but also the philosophical views of a particular manager which shape care plans, and there is a view that carers should 'foot' some of the cost out of their own pocket. Sonia's statement below illustrated that carers sometimes experience decisions being altered based on Departmental budget considerations:

We all agreed what Ian (foster child) *needed but then they* (Child Safety) *got nervous after the meeting and she* (CSO) *told me it wasn't all essential. She also told me off the record that the budget was in the red with Child Related Costs and they had been ordered to bring it into line so some things had to go. I went to her concerned about whether he had dyslexia and asked if he could go to a specialist to check. His teacher and I had seen enough that we thought it could be the problem. He was having trouble reading and writing and then he was acting out. It was a pretty expensive specialist appointment, and with follow-up if diagnosed so I was asking for client related costs. She simply told me outright there wasn't the budget for it, they had blown their child related costs. I don't think she was meant to actually tell me but at least she was honest* (Sonia).

Often carers face a situation where they need additional money to provide something for the child to avoid being out of pocket, and it is in the child's best interests. However carers made it clear that it was not that simple even though it might meet the child related costs criteria. They view requesting additional client costs as involving *"a big rigmarole"* (Jenny) and feel they are often made to feel greedy, so for them they weigh up the *"pros and cons before I ask"* (Karen). FCQ (2012) says it is everyday expenses including medical, dental, travel, school fees, recreational fees and child care costs which are the major issues carers are concerned about. FCQ (2012) note that approval or otherwise of additional child related costs are at the discretion of each individual Child Safety managers, so decisions vary.

4.3 Working in partnership

The excerpts above also relate to a major divide between the public discourse and what female carers experience in practice in regard to the much touted concept of working in partnership.

The departmental discourse on 'partnership' leads the introduction in the *Statement of Commitment* (DCCSDS 2012a) describing the document as an agreement that "reflects a partnership approach, and respects the rights and responsibility of all participants" (p.3). It goes on to say that in so doing it aims to fulfil the requirement under the *Child Protection Act 1999*, section 7(j), which requires the Chief Executive to "promote a partnership between the State and foster and kinship carers, and recognise the integral part played by foster and kinship carers for children (DCCSDS 2012a, p.3).

The *Statement of Commitment* also champions good outcomes for children and young people in care through the establishment of partnerships "that promote and ensure equitable effective communication based on mutual respect and recognition" (DCCSDS 2012a, p.3).

Despite these explicit and unequivocal statements from Child Safety, carers in this study felt they were often treated as far less than partners. At the same time, the experienced foster carers in this study conveyed they find ways to equalise the power differential; something that will be explored more fully later in the thesis. Kinship carers particularly felt there was often mistrust and they were *"watched just like as if we are their clients"* (Frieda, kinship carer).

Instances that shaped this attitude were showcased in Kim and Rebecca's anecdotes below:

She (CSO) *raced in and raced out as part of a visit to Janice* (grandchild) *but before she left she quickly gave me some* ***directions*** (sarcastic tone) *most of which made sense but one absolutely didn't. It didn't take into account some other things going on in Janice life but as I opened my mouth I was shut down. Great partnership huh?* (Kim, kinship carer).

I got told off because I hadn't picked up the phone during the morning when she phoned and 'It could have been important.' she said. It wasn't important but honestly! I did bite back saying I figured it was OK to go to my doctor's appointment and not answer the phone in the middle of it. To be honest I did see the missed call but I figured if it was important she would have left a message or phoned back... which I said to her. She didn't like it and said she shouldn't have to. It doesn't faze me too much now… them thinking I need to be at their beck and call kinda like a client at times but it doesn't make it right (sarcastic tone)(Rebecca).

Rebecca also added that while it no longer fazed her as it used to, new or potential carers found Child Safety extremely difficult. Foster Care Queensland (FCQ) (2012) concurs with Frieda, Kim and Rebecca stating that there "appears to still be a culture in existence that treats carers as clients rather than professional partners in the child protection continuum" (p. 9). Despite official rhetoric regarding working in partnership there are few examples of this happening (Triseliotis, Borland, & Hill, 2000).

These experienced foster carers identify that there are good partnerships and productive relationships but they do not develop easily. The important message these female carers felt had to be heard was that the quality of the relationship was dependent on the individual CSO (and carer) and the values, experience and skills they brought to the relationship, as opposed to Child Safety supporting and facilitating good partnerships. Liz emphasised this point, and also made the valid comment about staff turnover impacting on the building of a relationship saying:

I've had good case workers but it really depends on them as a person. Nowadays they don't get paid to work with us or parents for that matter. It's all different. So it is the luck of the draw if you get a good one or not for the kids. With staff turnover the children and I don't generally have a CSO stay for that long so that doesn't help.

4.4 Right to be valued

Being valued is identified as a right within the partnership principles in the *Statement of Commitment* (DCCSDS 2012a). This means 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” (DCCSDS 2012a, p.7).

It is noteworthy that at the beginning of this research study, for a limited period, a Regional Director in the department was instrumental in leading the way to impart a feeling of partnership between Child Safety and the family-based carers in the region. During this time, a number of research studies pertaining to family-based care were being undertaken with carers, and conferences, forums, and events related to child protection and family-based care were being held. Additionally the Regional Director instigated regular morning teas with carers facilitating their direct access to him on those occasions.

There was a strong research culture within the regional office of Child Safety with a number of staff involved in studies, and events such as regular research breakfasts encouraged an environment of inquiry and honest dialogue between the department and carers. This had a positive impact for carers. At that time Vivian, a kinship carer, said *“We are lucky here. We get listened to and our opinions are heard. It makes a difference”.*

Gloria agreed, saying:

He (Regional Director) *has done a whole lot for us. It is nice to know we can have a say. And look at this (this research study) it is so great to be able to talk and not be confined or feel I have to say the right thing, or what the general department thinks is the right thing. The direct contact with the Regional Director - that’s rare but it is great. There’s not the gatekeeping in this region that others get. We have forums where we can have a say.*

There is no doubt the feeling of being heard, particularly by the key decision maker in the region, was appreciated by the carers and was seen as supportive of their role. After that particular Regional Director had left, along with the completion of large research studies, opportunities for being heard lessened. The impact of this change was evident in subsequent interviews and follow up discussions with the same carers, who conveyed a far less positive message. Gloria said:

If I am so valued how come I am often not listened to? Our current CSO is good so I might get heard but often I don't even get that opportunity now. There's not the opportunities to get my say across about what's happening for Susan and John (foster children). *I am not even sure they want to hear it. It's like it is OK to give us these young ones that have so many needs but then they* (Child Safety) *act as if we don't know a thing or what we say can't be right or we get left out of decisions that we should be part of. Sorry about this language but you asked if it is hard so I will tell you straight- it makes me feel like shit.*

I: You talked about 'we' sometimes. Are you talking about foster carers in general?

Oh Yeah. It's not just me. A couple of us were talking about it the other day and believe me we feel the same. We were joking we should sing that song to them 'What about me?' or maybe just play Shannon Noll's version at top volume.

Vivian, kinship carer, also reflected a change of heart regarding being heard by the department. Vivian now complained of:

Not being listened to. They don't hear me. We've got another CSO and given we have a (expletive) family situation - oh better make that 'dysfunctional family' for the record - it takes a while to understand. There's no-one that I can go to directly who understands. It's not like before.

The change in attitude evidenced in Gloria and Vivian's narratives as support diminished was also reflective of comments by other carers. This diminishing of opportunities not only related to the influence of the one Regional Director and the conclusion of research studies, but also coincided with increasing intakes and growing workloads for Child Safety staff. Intake work, and a focus only on children (not families or carers) was seen as the real work and "the real work has to come first" (informal quote from a CSO).

The importance carers place on inclusion and support was very evident in these narratives. The changing views of carers is illustrative of the fact that discourses are not static and greatly influenced by external factors. In this case it was the extent of support delivered.

For the duration of the study Indigenous kinship carers lamented there were no Indigenous CSOs or CSOs that had a good understanding of Indigenous history, culture and family. Understandably Indigenous kinship carers did not feel valued. Val, Indigenous kinship carer, reflected on this saying:

It makes it hard cos they're not one of us (Indigenous). *They don't have any that are. These youngies, never been short of a meal or a dollar, never had anything to do with us* (Indigenous people) *and how we do family, what we've gone through* (history). *I'm happy when they don't visit or contact us really, but yeah I need some support.*

In talking about partnerships the majority of female carers made reference to instances where their extensive knowledge and experience had been devalued and/ or dismissed. This was in line with the previous example Laura gave where she was accused of being divisive, a term she didn't understand but whose meaning was clear to her because of the tone and how the message was delivered.

As well as a lack of respect about carers' knowledge and experience Karen spoke about what she perceived as the CSOs lack of knowledge and experience:

I was talking to the CSO about Monica's lack of progress and delays in meeting milestones for her age group and she said I was worrying myself about things I didn't need to and couldn't be expected to do anything about… to leave that to them in their case planning. Honestly! She hadn't listened and acted as if I had no idea about what children should be able to do at certain points. It was later I realized it was actually her that didn't understand early childhood milestones and closing down our conversation meant she didn't have to continue the discussion.

Rebecca also spoke in very similar terms further highlighting the lack of a respectful partnership, saying:

She said 'we do value your input' and then proceeded to say 'But you've got to remember we are qualified and the professionals; we're paid to make the hard decisions'. Nothing like a backhanded compliment saying 'But we'll pay lip service to what you want to say'. The irony is this came from someone who had recently come on board from first year teaching, she told me, and I could see she was struggling but she clearly didn't want to work hand in hand. I think she was scared to be seen by me as not knowing everything. As a teacher she was most probably in control of her class. This is a whole different ball game. What's more she was single, clearly had limited life experience, even though she had taught school for a year, I gather, but said it wasn't her thing and moved to Child Safety to work more closely with children and families.

Rebecca's reference to her particular CSO struggling and coming from different life circumstances was a common reference. There was also a general view that CSOs often lack good engagement skills and foundational knowledge in certain areas. Rebecca suggested one of the reasons for this, which was the diverse array of disciplines that are now accepted by Child Safety; an issue which is discussed in more detail in the following chapter.

4.5 Participation in decisions and access to timely information

Another principle contained in the *Statement of Commitment* (DCCSDS 2012a) is the right of carers "to participate in the decisions affecting the lives of children… and have their knowledge and opinions inform decision-making processes to ensure the best interests of the child" (p.7).

Carers spoke in quite passionate terms regarding the importance of their inclusion, and that of the child in care in decision making. They felt that their inclusion made for better decisions and helped the understanding and 'ownership' in carrying out required actions, such as visitation or medical care. Despite this, Goddard and Tucci (2008) contend that carers are often seen as peripheral to service delivery and as such case planning for child care rarely incorporates their views. When this is the case, they feel aggrieved by the exclusion. Rebecca's example highlights this point:

The CSO said I didn't need to be at the meeting and the family was. She said some things were private matters between them and went on to tell me what they had decided. When I asked *questions about a change to the contact day, and tried to explain why it wouldn't work, I was cut off and told that it was decided. It was as if she just thought I was about to be difficult but I wasn't.* (Laughter) *It was actually a real no brainer and would have been* ***so*** *easy to change at the beginning. But since I was told it was decided and I couldn't even get to say why it wouldn't work out, I sat back and then nearer the time left a message for her* (CSO) *to decide what I should do because basically it was a clash between the day and time of the contact with a programme she* (foster child) *was on. The funny thing is it was the CSO who had said Katie (young person) had to go to the programme. I made sure Katie was going but she* (CSO) *didn't know when it ran. I could have told them at the meeting or she could have listened to me when I tried to explain. Such a simple thing. Ok, maybe it was a bit petty to set her up* ***but*** *that's what you get when you don't listen.*

Rebecca's example demonstrates her degree of frustration at being excluded which resulted in the small 'power play' with the CSO. The nature of Rebecca's 'power play' was not an isolated example and reflective of carers attempting to maintain some power in the relationship. On reviewing the transcript of this particular anecdote Rebecca's initial reaction was to phone and ask that it not be used because "*it makes me look really unprofessional and petty".* However after a conversation about the overall message the anecdote conveyed Rebecca said *"Yeah go ahead, use it, this is what actually happened and they need to know it affects us."* at the same time noting she was glad of the protection afforded by confidentiality.

Access to timely information in order to provide quality care to meet the needs of children was viewed by carers as imperative. The *Statement of Commitment* (DCCSDS 2012a, p. 9) states carers have the right "to relevant information at all stages of a placement" about a child".

Good information sharing is an integral aspect of a partnership yet carers could pin point many occasions where timely or necessary information was not forthcoming. Consequently, they particularly felt aggrieved when 'confidentiality' was cited, glibly in their view, as the reason they were not provided with needed information. Good information sharing was an imperative for good care in their view. Michelle, former foster carer, summed it up saying:

They love that word 'confidentiality'. Particularly the newies (new CSOs). I understand the importance of privacy and all the rest ***but*** *foster carers need all the information they can get when they are caring for that child 24/7 and on top of that in contact with the parent. They're* *the ones living with the child and they should feel the department wants to support them and give them information. The new carers particularly struggle with not knowing a lot of stuff about the child.*

Carers pointed out they are the ones the Department has entrusted the child to so they felt that CSOs should go to great lengths to provide all the information and support at their disposal. The irony of the situation, as several carers brought up was they ended up with all the information anyway, deeming it pointless for information barriers to be raised in the first instance. In Laura's words:

They sometimes quote confidentiality when I ask for more information or I find out something from them (children) and ask the CSO why I wasn't told. They say that I don't need to know family details and I get that but quite a bit of the time it would have really helped me to know part of the bigger picture, mainly for the young ones but also it would help with their visits (parents). Instead we have to work it out ourselves and usually we end up getting the information anyway one way or another.

4.6 Right to feel supported

Support has been named as the key priority for carers along with respect. The *Statement of Commitment* (DCCSDS 2012a) identifies the right for the needs of the carer's family to be recognised and respected and for carers to have easy access to timely support including emotional support and counselling during a matter of concern or a traumatic event. The *Statement of Commitment* (DCCSDS 2012a) also identifies the right of carers to be able to access and be supported through a complaints process that is "fair, just, equitable, informal and quick" (p.8).

While the *Statement of Commitment* (DCCSDS 2012a) talks about recognising the carers' family, carers did not feel that this happened as a matter of course. Carers particularly felt their male partners should be considered a resource. Other research concurs with that view. Gilligan (2000), for instance suggests recognition of what male partners contribute is needed along with support, and training that is more responsive to their needs. A general attitude was it would be good to tailor some training and support for others in the family who also provide support and to find ways to hear their voices as well and understand the role they play in helping.

I mother and he fathers but we do it as a team together. We do different things but I'm the glue holding it all together. He's like the invisible man though - I'm the one they go to but it would be good if he got a bit more recognition for what he does. It's not just me (Cheryl).

Carers also talked about the support they receive from their older children, including their grown up children, primarily daughters, who helped with the caring role. They felt that family support should be recognized. Frieda, kinship carer said:

*The older girls (*of the family*) help out big time. I don't think that is acknowledged enough… I know others that are the same. They come in to look after the littlies in an emergency or if something is on. When I am sick there's no-one else who can pick up the things that have to be done.*

Financial Support: Financial support is provided as a Care Allowance, which is a contribution towards covering the costs for a child in care. At the commencement of the study carers identified issues with the level of the Care Allowance and delays in payments during first round of interviews. These issues greatly dissipated during second round interviews and further discussions, as a consequence of a significant increase in the Care Allowance. The increase was a direct result of the CMC Inquiry, which incorporated a number of child related costs into the allowance (e.g. outfitting), under a new system of Care Allowances which factored in the Consumer Price Index (CPI) (FCQ 2012).

These inclusions meant that carers no longer had to apply, and often fight, for child related costs to anywhere near the same extent as previously. This was found to be extremely positive by the carers in this study. Only two carers, Liz and Sue, identified that the enhanced allowances were in fact misleading since the inclusions made them look more substantial than they were. They also noted *"it's still a contribution and they don't guarantee it will cover all their costs"* (Sue).

All carers appeared to recognise that the allowance was not pay for their services. They also made reference to the allowance looking *"like a lot till you realise how much these kids cost"*.

However they reflected that *"a lot do think what we get is pay"* (Kim). By "a lot" they gave examples of CSOs using the term 'pay' rather than 'allowance', along with family and friends. In the case of CSOs Jenny quoted a CSO saying to her

... that I got paid to cover everything he needed and it was surprising that I would be asking for more.

This appeared to be a fairly typical reaction from CSOs resulting in carers speaking about *"weighing up whether it was worth going through the mill to ask for the money needed"* (Dianne, former carer).

Foster Care Queensland (2012) continues to make the point that the Department of Communities, Child Safety and Disability Services is the legal guardian and volunteer carers should not be out of pocket for the children they are entrusted to care for. Foster Care Queensland (2012) also notes from their survey of carers that most are concerned with the timely reimbursement of Child Related Costs, without feeling they have to return to Child Safety and beg. In other words when they do not get reimbursed in a timely manner for what they are entitled to receive they are forced to go back to Child Safety and ask again.

Emotional Support: Emotional support is listed as a right and this was an area that carers were particularly keen to talk about, more so than financial support, reflecting that family based care involved a veritable *"roller coaster of highs and lows"*(Michelle), often *"even more than normal mothering and that's emotional enough"* (Anna, former carer). Interestingly, carers did not acknowledge the general support, and access to resources and services that CSOs do provide. Their focus was on what was not provided; the aspects that contribute to the 'roller coaster' as Michelle worded it. Placement terminations were seen as a major contributor to this 'roller coaster'. Lilly gave a striking example of the emotional toll in this situation saying it was:

... heartbreaking, truly it was (catch in voice). *I told her* (CSO) *that mum was still using* (drugs) *and nothing had changed. They said she wasn't and they had tested. But she* (mother) *had 24 hours' notice and you can get things out of your system in that time. Anyway it was a disaster. We barely had time to say a proper goodbye the way it happened. She* (foster child) *had been with us for two years so it was heartbreaking. What's worse is it didn't work out but they*

(Child Safety) *wouldn't give her back to us even though we said we wanted her* (significant pause while carer dabbed her eyes but chose to continue)*… Sorry, yes I want to tell you, it's just I get upset thinking about it even now because she (child) must still think we didn't want her back and we just gave them up and that's not true. They* (CSOs) *put her with someone else because 'we were too attached' and we 'had become emotionally involved'. They used the words 'defensive' and 'biased' about my reaction. Dear God though, what did they expect? It was stupid to expect mum was going to miraculously sort herself out without any help or that the kids would cope with going back and then back into care again with someone different. I know she is struggling because I know their new carer. I mean* ***come*** *on!!*

The full impact of this termination of placement became evident when Lilly (and her family) exited fostering approximately fifteen months later. While Lilly continued to be a voice within the study she cited this particular termination and what she experienced as a lack of understanding and support as the primary (but not sole) reason for her exit. Lilly's example illuminates the emotions involved for carers, particularly if the termination of the placement is not well planned and supported and the reunification fails. Carers spoke about the showing of emotion, particularly negative emotions, as being uncomfortable for CSOs with the result they (carers) are too often ignored or criticised.

Riggs and Willsmore (2012) used the term *disenfranchised grief* regarding the lack of recognition by child protection case workers of the emotions carers experience when unplanned terminations of placement took place. Certainly, disenfranchised grief around terminations was overwhelmingly evident in this study.

Receipt of a Matter of Concern (allegation against a carer) regarding their care, frequently elicited a response from Child Safety that did not take into account the stress and distress that ensued for carers. In Queensland a Matter of Concern is any concern that has been raised in relation to the quality of the care provided to a child who is in out-of-home care where a breach of the required standards has been indicated. Unfortunately, it was a case of *"it's not if you have a complaint against you, it's* ***when****"*. I queried this with the department and they confirmed that it is likely that a carer will receive some form of allegation about their care at some point.

Yet another area in which carers felt their emotions and views were disenfranchised, and possibly criticised, related to difficulties with contact and visits by the parents of the child. One such example was shared by Jenny who was particularly keen to have the full transcript documented rather than an abbreviated version I had initially thought would be adequate. Legitimately, Jenny wanted her views to be laid out in her words about why carers find it sometimes difficult to work, and be honest, with CSOs, Jenny's vignette captures the layered dimensions of an interaction with the department whereby:

They told me to calm down and that it wasn't professional behaviour. But seriously what would you do? It was Friday (the day before the scheduled trip). Jane (young person in care) had been the one who came up with the camping trip - it worked out well because there was no sport on that weekend for all of them. The frustration was they hadn't asked her what she wanted to do or involved her in any way. I was saying exactly what I knew she would want me to. I was heated because they had already told the parents it would happen and they were coming up from Rocky (Rockhampton, four hours' drive away). The timing mucked things up for all of us. All the kids were so upset that night and Jane felt it was her fault. We talked about other weekends but sport makes it hard. But wait for it… here's the icing on the cake… they didn't turn up. That's right they didn't make it - no phone call; nothing. We just waited all weekend - we tried Crisis Care because of course the department was closed and that is the weekend 'go to' number we have. They said they could not check to see if the parents were coming and to ring the department on Monday if there was a problem. It was basically an awful weekend. I rang on the Monday to ask what happened and she (CSO) said she didn't know but would talk to the parents. We didn't hear any more. When I asked if they could check in with Jane and us prior to arranging it and if they could make efforts to make it happen so it didn't devastate Jane I was asked not to be difficult about the parents visiting; 'resistant' was the word used. You've got to love the words they use. They really make you feel like crap and the only thing I was doing was trying to ensure the workers took steps to make sure the parents knew the impact on Jane if they didn't turn up and that some work was done with them. It's better to tell them what they want to hear most of the time and leave out the bits that are best left out if you know what I mean. (The carer then checked that the interviews were confidential and no-one would be named before continuing). If you say that the parents upset her you are seen as difficult and not wanting to have them visit. So in other words it is mad to be honest - it is better not to tell the workers anything they don't want to hear - that way they leave you in peace and they are happy. It is like we are all happier not identifying the issues. The policy *about connecting with parents is fine in one respect but it is different strokes for different folks if you know what I mean. Take Jane… she does want contact with her folks but on her terms after all they've done. That's not how it works though. The department decides when the parents phone or say they want to visit that it has to happen **now**! That's without talking to Jane or me or anyone else. Doesn't matter what Jane has planned - it is presumed that she wants this. In one way she does but not like that. I ask you - how do I not sound off when things like this happen?*

4.7 Responsibility to encourage relationships with child's family

Jenny's statement above provides a good introduction to the sometimes fraught nature of parental visitation. The *Statement of Standards* in the *Child Protection Act* 1999 stipulates that 'the child will be encouraged to maintain family and other significant personal relationships'. The *Statement of Commitment* (DCCSDS 2012a) states carers have a responsibility to "encourage ongoing relationships with the child or young person's own family in a way that is safe and non-threatening and consistent with the current case plan" (p.6).

Previous research (Cleaver, 2000; Scott, Neill & Minge, 2005; Sinclair, Wilson & Gibbs, 2004a) indicates a growing trend of increased contact between children and families and while most accept the importance of this, it is often a stressful part of their role. While carers agreed contact with the children's birth families was generally wanted, and needed, by the child/ren in their care they also they spoke at length, and passionately, about the stress and difficulties that often accompany it. They made it clear that it was one thing to understand and support a principle but quite another to translate the principle into practice, particularly when there was inadequate support in place to resolve issues that arise. Indeed, a recent study of foster carers' views on contact found that two-thirds of carers wanted help in managing contact (Austerberry, et al. 2013). Sonia's view certainly endorsed the need for support:

There's no support to make it work. Miraculously it is meant to be good for everyone, just because it happens. But for Susan (child) *it just stirs things up. S*he didn't ask to be in foster *care and wants to be at home. Mum clearly has problems and barely acknowledges me so each contact is hideous for all of us. I tried talking to her CSO but she just said it was good visits were occurring and to give it time. That doesn't help any of us.*

There was a general view the department did not understand the time and effort required of carers in planning and making time for contact and visits. A graphic example was provided by Frieda at a Kinship Support Group which was not taped (due to recorder malfunction) but recorded in my notes, hence Frieda's words are not presented verbatim.

Frieda's example was of maintaining the contact between her daughter and her granddaughter who was in her care. Frieda shared with the group how tired she was after driving 35 minutes each way twice a week for approximately nine months to ensure contact as arranged was maintained. Visits involved Frieda waiting outside for the duration of the visit, which could be as short as 15 minutes if her daughter was having a bad day (details omitted at request of carer), or as long as two hours if her daughter was having a good day. When asked by another group member why her daughter could not share some of the travel and visit at her place, Frieda explained her daughter no longer had a car, and even if she did it was not certain she would make the trip. When talking about her own health and tiredness she said to the group that while she considered they, meaning members of the group, 'got it', Child Safety did not. Frieda went on to say that she considered the department just thought visits happened and when she talked to them about how tired she was and the expense of petrol, they congratulated her on her efforts to ensure contact and to keep it up for the sake of her granddaughter, ignoring the cost to herself.

Foster carers generally considered that many of the arrangements were not optimal for the children in their care. Carers saw the need for more inclusive planning involving all parties about contact and visits, but their reality was that this was by no means guaranteed. Laura spoke of the difficulties of a particular arrangement in the following terms:

It's difficult. It's awkward. It's inconvenient. I've got her children and I have to drop the children to the Service Centre (Child Safety) *for a supervised visit and then pick them up. It all feels really yuk. I saw the mother with the worker and she gave me the look of death which I didn't appreciate. It can't be a good visit for anyone and I did think afterwards - if I was the mother and I saw who had my kids and I didn't know them, I wouldn't be happy.*

Cheryl spoke of her frustration on behalf of the young person in care when they were not consulted regarding a visit. Her anecdote reflects a lack of dialogue between carers and the department and poor support relating to a visit, another common theme of carers. Cheryl said:

It was such short notice. I don't know if the department forgot to let me know till the last minute or the visit was organised at the last minute- either way they didn't ask if it suited Heidi (foster child) or our family. They also never seem to ask Heidi what she wants in terms of her mum visiting. It had been, oh I don't know, about three months since the last visit. I know all the yada yada about parental contact, and absolutely agree with contact but given how long it's been, visits should be organised to be of most benefit to Heidi and set up with some consideration to us and sensitivity to Heidi. When it's not, everyone gets pissed off and the whole thing is awkward at best and downright awful and upsetting at worst… Anyway I was told mum wanted contact on that day and it would be the afternoon and that's how it was.

I: How was it?

Definitely awkward with Heidi asking why she hadn't visited. I don't know that much about mum but while I was brassed off about the arrangement she seemed to be genuinely glad to see Heidi and was a bit teary.

Difficulties are compounded when the department is seen as not being open to hearing problems about the contact or visits, with several carers identifying "*If I raise problems about the visits I am automatically seen as not supporting them*" (Gloria). Carers all felt they were likely to be subjected to some degree of blame from the department if the scheduled visits or contacts did not go to plan. Melanie reflected on a situation where Lisa, the young person in care, wanted to vary visits:

Lisa (young person, 13 years old) *had told me and her CSO that she doesn't want to see her* (mother) *at that time. She didn't mean forever but she (mother) was using again and that brought out the worst in her. Lisa had told her on the phone that she only wanted to see her if she is clean. Lisa didn't think she was, and nor did I, so she wanted to call off visits for a time to make a point to her mum. I was told not to influence and visits are a right. I was **not** influencing and I told them to talk more with Lisa. Surely she had the right to have a say. She was old enough to really know what she wanted. She loved her mum so it wasn't like she was* *cutting her out but making a point. It made no difference. I am sure they thought I was the one making the decision.*

There was a unanimous view that the Department put the responsibility on carers, but without adequate support, placing greater emphasis on contact happening rather than the quality of the contact and problem-solving. Anna's anecdote below is representative of many. Anna, former carer, said:

I was asked how visiting was going. When I started to talk about some of the issues, I was told not to be negative and that I should support the visits. I never said I didn't support the visits but that is how it was taken.

This 'shut shop' mentality carers encountered from Child Safety became particularly problematic when intimidation and disagreements escalated during visits. They particularly spoke of their difficulties in handling aggressive fathers, further exacerbated when CSOs themselves were clearly uncomfortable and reluctant to "deal with the dads" (Michelle).

4.8 Support to child and family for reunification

Carers did not feel that sufficient support was provided to either the child or their birth family despite the *Statement of Commitment* (DCCSDS 2012a) that support will be given to the child and their birth parent for the purpose of reunification, if that is the suitable option. Carers noted that while reunification was said to be the preferred path, children were staying longer and there was substantial drift in care as carers left the system or placements weren't a good match and children were moved to different carers.

They saw it as absurd that Child Safety no longer supported the child's birth parents, once the children came into care, following the recommendations of the CMC Inquiry. The Australian Association of Social Workers (AASW) (2012) concurs with this point of view. Their members have advised them that they are prevented by the system in engaging and working with families (contrary to the education and ethics of their discipline).

Child Safety workers also identify they lack time to work with children and families. A *Child Safety workforce survey report* (QCPCI 2013b) commissioned by the QCPCI indicates less than one quarter of respondents felt they were able to spend sufficient time with children and families to form productive relationships.

Carers also drew attention to the lack of family support services to assist families in the study region and also made reference to what they saw as Child Safety's lack of knowledge about non-tertiary services that were available. While carers were very child-centred, they frequently acknowledged, and advocated for, families' needs for support, to prevent children coming into the system in the first place and to prevent re-notifications. This extended to supporting young people transitioning from care. Cheryl and Colleen respectively talked about the difficulties saying:

There's other services, like George Street Neighbourhood Centre up the road, that I told one mum to go to when I had her bubs short term, who can help families but new workers (CSOs) don't know about them and what they do. It's not part of their role and they are too busy anyway to do things with the parents.

Well services like that don't come under Child Safety, they are family support. They are not tied in with Child Safety so Child Safety don't know about them or what they can do to help families and kids. It's not part of their job. Worse! There's not a lot of services as it is to help keep families out of the system.

Carers were correct in identifying the lack of family support, and it is pertinent to note that there has been significant underinvestment in family support services across Queensland. This lack of investment in prevention and early intervention, but increased investment in the Department of Child Safety, has led to the child protection system in Queensland being "skewed heavily towards the statutory end of the continuum" (QCOSS, 2012) as indicated at the beginning of this chapter. This is not a new phenomenon; in 1990 Smith and Smith identified the system was deficient if the espoused goal was to keep families together. Likewise, in 1996 Parton (p.5) asserted children and parents, "feel alienated and angry, and there is an over-emphasis on forensic concerns, with far too much time spent on investigations, and a failure to develop longer term coordinated treatment, counselling and preventative strategies" (Parton 1996, p.8).

This lack of support for parents resulted in many situations where the carers are considered ‘over attached’ but in contrast they simply view it as wanting the best for the child/ren. Sonia articulated her experience saying:

I don’t know what they thought had changed. Yeah mum had cleaned up a bit (drugs) and was in her own accommodation and that’s why Amanda was returned. But mum told me she wasn’t getting any help now the (drug) program had finished and she even told me she was scared about being able to pay rent and getting stuff Amanda needed on the pension she was on. It’s madness returning kids holus bolus when parents are still struggling. Spells disaster!

I: Do you know what happened in this case?

Yes and No. Mum did struggle. Veronica, that was her name, did phone me for Amanda to say Hi because she was missing us. I talked to her twice and Veronica said it was tough with no car and making ends meet. She had some colourful words for what she thought of Centrelink I can tell you. I told her to hang in there but the second call she said she had a friend down south she might move in with because it was so expensive here. I don’t know what happened from there but I know they moved on because the phone number I had come up as disconnected and one weekend we did a drive by and saw cars in her driveway and they weren’t cars any friends of hers would have, and she had no family that I know of.

Carers felt that the general lack of support for parents meant that parents (and children) faced significant problems regarding a timely and/or successful reunification, saying:

It’s essentially a no-brainer. If these mothers don’t get support, and they are also high needs, then how are they going to get their young ones back or if they do, how are they going to stop the same cycle happening again? It’s madness. (Colleen).

There’s not much done with parents. We (carers) need to make sure visits with the parents happen but there isn’t support to make it good for anyone. Mind you, there’s often not a lot done with these kids either. There’s no time I guess. Doesn’t bode well for giving these children back. (Rebecca).

4.9 Recruitment and matched placements

Carers contested the view that Child Safety recruits sufficient carers and ensures matched placements. Furthermore carers continually reflected a concern for the future of statutory care with an emphasis on family-based care believing there was no longer a pool of carers (shorthand for 'women') in the community willing to devote their lives '24/7' to the unpaid role. Michelle spelt out the difficulties as she saw them:

I don't get why they think there are all these mothers who are willing to do what we do. Times have changed. This is way harder than it used to be and we have 'big brother' looking over our shoulder the whole time. Most need to work now and can't afford to be home all the time devoting their time to foster children.

Michelle's views were echoed by others. Additionally, carers emphasised that they thought new carers were "coming in on false pretences" (Sonia), not understanding what was involved. In general they felt that a misleading picture was created. Other comments related to this included:

A lot of them (carers) don't know what they are in for. They are thrown in the deep end and don't cope. Most are scared off even before that. They drop out, even before they finish the process to be a carer or in the first year. (Laura)

I was told not to alarm the new ones (carers) *but as a long standing carer I think they should hear and be aware of not just the good but the bad, and the ugly and then they know what to expect. I reckon they appreciate it. Forewarned is forearmed!* (Jenny)

Carers also expressed concern for what they saw as very narrow options available when placements were being decided, noting that almost exclusively *"a child is in care or out of care, there's no in-between"* (Melanie) and: *"it's us or nothing"* (Cheryl). Additionally, the current limitations, along with difficulties recruiting and retaining carers, have an impact on matched placements. Karen expressed a universal view of carers saying:

They say when they try to get new carers that they match the child with the family but that's rubbish. They have trouble finding carers so it is whoever agrees to take the child at a minute's notice; suited or not. If it is a teenager it's worse for them (Child Safety) *finding somewhere. What's worse is even if we say yes we often don't know all the information about them which makes it hard for them* (children) *and us.*

Carers feel the pressure is transferred to them to provide a placement, particularly when it is seen as inappropriate or they do not have the capacity. Sue talked about an instance where she had inside knowledge and knew it would not be appropriate:

There is a lot of pressure to take on extra kiddies. It is hard to say no, even when it is clearly not a fit with our family or our current children. They get annoyed when you say no. I was told once that I was expected to be able to take extra children because I was a foster carer and they said they knew I had room. This extra one in that case I already knew about from previous carers. She was a young person with a lot of problems and I had very young children. Just a recipe for disaster for all of us. In that case I didn't have a problem saying no because it wasn't right for anyone.

The pressure on family members is immense with kinship care being the preferred placement option for Child Safety. This particularly impacts on grandmothers who are expected to care for their grandchildren out of love. Gillian, Indigenous kinship carer, talked about the difficulties for her:

It was just expected I take on Lonnie and Beth full time like; I'm the grandmother and I wouldn't want them going to strangers or to white people; that's what they said. They're right and I love them but I was really worried about my hip and the blood pressure thing and looking after them full time like. They said there would be support. There aint really; not when you need it. It's expected 'cos it's family that it will be easy. It's not. I have good days and bad days.

4.10 Kinship Care

The Department states that where a child or young person requires a placement, kin will be considered as a first option (DCCSDS, 2012). Kinship care has been promoted on the basis that, taking into account cultural identity, placements with family reduce the trauma of being placed in out of home care (Paxman 2006).

As referred to in the Introduction, despite the emphasis on kinship care the latest statistics for Queensland indicate that in 2013-2014 there was a major exit of kinship carer households. Moreover, the QCPCI (2013) noted that the difficulties with recruitment and retention also related to a lack of support for kinship carers, particularly when compared to support received by foster carers. This was highlighted by the QCPCI (2013) report, identifying that in 2012 34.6% of children in care had been placed in kinship care, while the national average for that year (47.6%) was significantly higher. This difficult position for Queensland, is further compounded by the fact that, as in my study, kinship carers tend to be generally older grandmothers, on low incomes, and in variable health (DoC 2011b) as reflected in Val's story:

I never expected to be looking after anyone at my age. Then Jenny (daughter) *went off the rails; ya know out partying with drink and the like. Rita* (granddaughter) *wasn't looked after. It was a matter of us looking after her or her going to a stranger and we couldn't have that. It's tough cos of my age and some days health wise I notice it (significant pause) but I wouldn't have it otherwise. Rita is a good kid and we love her but it isn't easy.* (Significant pause, pulls out tissue and dabs her eyes) *I don't know what will happen if Jenny* (daughter) *doesn't straighten herself out or my health goes. Sorry, I get upset when I think of what lies ahead.*

Kinship carers voiced particular struggles. They spoke of the challenges of being more than a grandmother, but not the child's mother and how their role was different to that of foster carer. They felt that the complexities of the family relationship and their circumstances and needs were not understood or taken into account by Child Safety. A participant in the Kinship Carer Group (not an interviewee) said:

Gosh! If someone had said to me a couple of years ago I would be looking after the little one and not putting my feet up and being a grey nomad I would have laughed at them and said "no *way" but here I am. It is hard but I wouldn't want her to go into the system, it's best she is with me* (grandmother). *It means she knows she is loved and has family still with her but it does take a toll. My health isn't what it was and with my daughter feeling I have taken over visits aren't good and the rest of the family all has a different opinion. Yeah! We're (*kinship carers*) different. The workers need to realise that and family circumstances are all different. This* (support group) *is great because we understand each other and we can talk freely. We are just about all grandmothers and none of us expected to be repeating our mothering role at this stage of life… you can't even say it is mothering - it's not - but it is - hmm I don't know if there is actually a word for it. I love my Freddie but I wish it hadn't come to this.*

Foster Care Queensland (2012) sees one of the solutions, to placing children in kinship care, as timely 'eco mapping' of family of origin and assessments to understand the family dynamic. Eco mapping encourages a broader picture of who is considered family. The QCPCI (2013) noted that eco mapping was not being carried out in a timely way, and staff were not skilled in undertaking the eco mapping process, potentially limiting options for the child or young person. Foster carers' motivation differs from that of kinship carers in that kinship carers spoke about accepting, rather than actively choosing the primary caring role. Kinship carers in the study were mainly older grandmothers. While these grandmothers spoke of love and commitment to their grandchildren they also added that it was an obligation they felt they had to make. Theirs was not an easy path.

4.11 Discussion

In essence this chapter reflects the difficulties that are occurring at the nexus between family-based care and the Child Safety agency in Queensland. The blunt assessment of carers was that the system was significantly deficient in its enacting of their rights and responsibilities with *"big differences between what is said and what actually happens"* (Sonia).

One of the aims of this study was to understand the dimensions of respect and support for carers given that these two factors consistently rate as priorities for family based carers. It was not my initial intention in the writing of this chapter to explicitly focus on that particular aim. However, carers thought differently and their narratives have graphically documented the many areas where respect and support is not forthcoming. This has once again highlighted the importance that these two factors play in their lives as a female carer. While this is not a new finding, it does beg the question as to when child protection agencies are actually going to respond appropriately. It would seem this is something that should be seen as an imperative if the continued decline in family-based carers is to be halted.

It will require a change in the perceptions of CSOs in regard to female carers it would seem. For example, while emotional and relational aspects of practice may be emphasised in social work education (Cooper 2005; Ferguson 2005), and these aspects are clearly important to carers, indications are this knowledge does not translate into practice in statutory child protection agencies. The reality would seem to be that practice is now dominated by a managerialist, procedurally driven system that has a discourse of rationality (Ferguson 2005). Carers certainly felt that that continuous reforms, and bad press, have intensified anxieties in child protection work resulting in defensive practice (Munro 2011). Lonne (2012) viewed the rational-technical approach CSOs are using more as a defensive response to manage the anxiety about risk, as opposed to managing risk in itself, and again carers showed they were in agreement on that point.

The defensive nature of Child Safety, with all its problems, was shown by carers to create a number of silent or 'hushed' discourses because carers deem it to be unsafe to broach certain subjects. I felt privileged in this research study that carers felt there was sufficient trust and authenticity to share the narratives they usually *"keep close to our chest"* (Val, kinship carer) or that were usually *"shared just between us* (other carers)" (Sue).

Carers are asking for a reversal of what they see as 'colder' and more detached relationships and an associated lack of support. A more appropriate approach warrants the call for relationship-based practice to sit alongside child centred practice (Thomson, & McArthur, 2010). Carers do not appreciate what they believe CSOs see as a suitable professional distance (Kirkpatrick et al. 2007). Rather, they think such an approach is inconsistent with building trust or openness (Trevithick 2003). They want their voices genuinely heard as well as the subjective realities relating to their role (Fisher, Gibbs, Sinclair & Wilson, 2000; Ruch, 2005).

What was implicit in this chapter, and will be explored more fully later in the thesis is the apparent lack of understanding of what 'care' actually entails. It would seem that family-based care, and by association, female carers are undervalued. While carers did not refer to ethics per se, they did question the approach of some CSOs who they thought were often less than professional and ethical.

As I conclude this chapter, in keeping with the contemporary positioning of this thesis, I need to acknowledge that very recently, in mid-2015, Queensland released the *Strengthening Families Protection Children Framework for Practice* (DCCSDS 2015). This framework is focused on enhancing the response by Child Safety and contains language that is quite inspiring, strengths based and inclusive of families, which bodes well for the future of working relationships between departmental workers and carers, as well as with families, children and young people. This will necessitate CSOs who have become accustomed to making decisions for others, changing their practice to include others.

However, regardless of inspiring language and the quality of the new framework, it is pertinent to refer to history, as carers continually did, regarding the lack of success of previous reforms. Previous policy shifts have been often instigated yet little has changed and policy changes have not achieved their intent.

While the new framework will not be known to many of the carers, the veteran female foster carers interviewed in this study have an abiding interest in the system delivering what it promises. Hence, they have noted that overworked, poorly trained and inadequately supervised CSOs cannot deliver quality services and work with them (children and families) in the way that is expected. Likewise they contend that under-supported carers, particularly new carers, cannot be expected to provide ongoing quality care when faced with a myriad of competing discourses and lack of support.

For this reason when considering the potential for this new framework to make a difference it is pertinent to refer to the issues clearly identified in the recent *Queensland Child Safety workforce survey report* (QCPCI 2013) (detailed in Chapter 2) that provides irrefutable reasons that professional support for CSOs will need to be in place for the needed cultural changes to occur.

Having examined how policy and practice impact on carers, the following chapter looks at carers' perceptions about their role and what they saw as the required attributes to be successful in the caring role. The next chapter also elaborates further on the understandings of the role by Child Safety and the characteristics of CSOs which contribute to contested relationships.

Chapter 5: Contested caring

"the competing demands, conflicting expectations and differential access to power and resources structure the contested terrain of foster care in which these women may find themselves competing with one another to serve the 'best interests' of the child" (Finn 1994 p.385).

The previous chapter provided insights into some of the competing discourses related to family-based caring at the system level. What emerged in that chapter were some of the dilemmas carers encounter. In working with and within the child protection system, they are in effect, caught between the private and public. They are not equal partners yet not a client or the natural parent, but entrusted to parent (Nutt, 2006).

In terms of this system/ household interface, Nutt (2006, p.106-7) referred to carers as having "one foot in each camp…secure in neither; theirs is a precarious existence". This chapter then explores this "precarious existence" to which Nutt (2006) referred. In doing so, carers' perceptions of the family-based caring role and the personal requisites they deem essential to carry out the role, are described. Carers then speak about the contrasting expectations and understandings Child Safety appear to have regarding the family-based caring role. They also identify, and make comment on, the impact of working with CSOs who come from very different life situations from the majority of the carers (and parents), explaining why they so often feel like they are *"singing from a different song sheet"* (Sonia). Lastly, to further illustrate the contested nature of family-based care, study participants discuss two remarks they frequently receive from CSOs ('over-attachment' and 'needing to be professional').

5.1 'Our role'

One of the aims of this research study was to find out more about how carers perceived their role. However, carers generally felt that defining their role was difficult, if not impossible and were unable to provide a clear definition. In making this point foster carers talked about their ambivalence regarding their title of 'foster carer'.

This nomenclature was adopted some years ago when the term foster **mother** (parent) was changed to foster **carer**, in acknowledgement of the role of the natural mother and to reflect the temporary nature of fostering placements. Foster carers did not immediately talk about their unease with the latter title. Indeed, initial interviews indicated carers understood, and agreed with the change. Some carers even drew attention to the title, as in Jenny's case where she said *"Just checking that you are clear that we are carers, not foster parents"* (Jenny). However, carers later revealed considerable ambivalence about the title, voicing what became the dominant view which was that foster **mothering** was a more accurate description of their role.

Carers' initial reluctance in raising their uncertainty about the role stemmed from knowing that the use of the term 'foster mother' was seen (in Sonia's words) as being *"strictly taboo" by Child Safety. Grace confirmed that "We are not allowed to say we are foster mothers" (Grace) and Anna, a former carer, recalled that "it was a slap on the wrist if I even hinted I was a foster mother".* She then laughed and added *"we can't use it but they (CSOs) often do".*

Kinship carers felt particularly intensely that the title 'carer' was not a fit with care of their grandchildren, nieces and nephews. At the same time they acknowledged that Child Safety *"needs to call us something other than grandparent"* (Kim, kinship carer). Val, Indigenous kinship carer, pointed out:

I'm not a carer. I am her grandmother… and in the day to day stuff her parent I guess. I am family so it's hard with all the department's mumbo jumbo and lingo. It's not part of my world.

Vivian also conveyed a similar sentiment to Kim in speaking about the difficulties of understanding the 'rules' of the Child Safety system:

I hate it when they say that. The kids don't need to know that we can't just be family 'cos of all the departmental stuff. It's hard enough as it is without asking me to know all the rules (Vivian, kinship carer).

Frieda, Indigenous kinship carer summed up the general view of kinship carers simply saying *"I'm family".*

Kinship carers appeared to know very little about the *Standards of Care* (hereafter referred to as the Standards) in the *Child Protection Act 1999* they were required to meet, but were very aware the quality of their care was scrutinised and *"they* (Child Safety) *look over our shoulder"* (Frieda, Indigenous kinship carer). In Queensland the Standards hold carers accountable for:

- maintaining a child's dignity and rights;
- ensuring children's physical, health and emotional care, material and cultural needs;
- guiding their behaviour;
- providing opportunities for their social and recreational pursuits; and
- maintaining family relationships.

Foster carers referred to the Standards quite frequently but kinship carers did not. Training is not compulsory for kinship carers in Queensland and kinship carers in this study had not accessed the training. So it was somewhat understandable that they may not have known about the Standards to which they were accountable. At the same time FCQ (2012) notes that more kinship carers than foster carers receive Matters of Concern, creating difficulties for both Child Safety and the kinship carers themselves.

Despite referring to the 'mothering' nature of the role, both foster carers and kinship carers ensured that they distinguished their 'mothering' role from that of the natural mother. Given the emphasis carers made about this point, three excerpts are provided below which capture the essence of these views:

We are not meant to say this but really parenting, mothering is what we do. It doesn't mean that I think I am their mother but mothering is about being there all the time through thick and thin, putting up with all the shit, oops sorry. Mothering means hanging in no matter how bad 'cos she cares, ***really*** *cares and always looks to make things better for a child* (Cheryl).

Let's be honest, when you have had these kids for any length of time and short term orders are getting renewed and time is going by, you are parenting. Attachments have been formed and that is going to happen. Saying I am parenting does not mean I think I ***am*** *their mother, but I* ***am*** *mothering all the same. They love their mum* ***but*** *they love me too* (Rebecca).
I am ***not*** *saying I am trying to replace their mother- I wouldn't- but that doesn't mean I can't love them and treat them like I do my own and that is a parenting thing. One of them (CSOs) said 'You are not their mother, you are not their parent, you are their carer and need to show*

some detachment.' … the Department tells us to use parenting skills and then puts restrictions on it. It's comical though 'cos they will tell us to treat them as one of our own at other times. It depends what suits at the time. You get used to it after a while (Sue).

The notion expressed in the last quote by Sue of *"you get used to it after a while"* was an oft used phrase by foster carers throughout the study, an indication of a level of tacit expectation and acceptance about the anomalies they encountered in their role. In contrast, kinship carers did not express the same sentiment. Noteworthy was the fact foster carers also regularly qualified the remark of getting used to inconsistencies, with a caution that potential, and new, foster carers *"aren't going to put up with what we have"* (Anna, former carer).

An area of agreement between foster carers and Child Safety was that their family-based care responsibilities exponentially exceed that of any normal job and require a form of specialised parenting. Colleen, former carer used the term *"mothering plus"* when talking about the role while Michelle described the unique features of the role as:

Doing all the things a mother does except more. A mother doesn't have home visits by other parents and departmental staff. A mother usually doesn't have people looking over her shoulder and checking on what she is doing. A mother can work but I couldn't really with the demands. She can go to the gym or out with the girls; I couldn't really.

Common to both foster and kinship carers was agreement that the statutory caring role intrinsically required the equivalent of non-stop, superhuman parenting. Liz described:

Needing to be almost a perfect mother in a sense. That is after all why they (children) are given to us. We are held accountable … see I catch on to the departmental lingo… for their day-to-day care… against their standards. It's their education, health, mental stuff, sport, behaviour and all the rest we have to get right. We're it and we can't smack, raise our voice, complain, take a break… you know all those things a normal mum does with their kids. I'm not saying we should smack or yell but I am saying if any one of us so much as makes a slip we can expect the department to be investigating and there to be hell to pay.

Michelle, former carer, reflecting on her fostering experience also talked about being required to provide exceptional parenting saying:

The best way of explaining what my role was is most probably trying to be a super mum. At least that was what was expected and that is what I tried to achieve. I generally think I did a good job and I guess the fact I am in contact with some of my kids, and parents say I did but it was a god damn tough role I tell you. I say that now but I most probably wouldn't have acknowledged it was so tough when I was in it all. Good luck to those who followed me, I say.

Similarly Anna, spoke proudly as she reminisced about her past role as a carer, noting the total commitment that had been required of her:

Lucky I really wanted to do this role because it did require my all. There was no stopping if I was sick or having a bad day. I loved making a difference to kids who really needed a stable family and that's what kept me going but I look at it now and wonder how I managed at times. In a weird way it was people saying 'How do you do it?' that kept me going for so long. I was seen as looking after all these extra children with high needs and doing what others couldn't manage or weren't willing to take on… I was proud of that and I ***absolutely*** *tried to make sure I did it to the best of my ability every single day.*

Other foster carers also spoke with pride about trying to attain 'supermum' rank. At the same time they felt the 'supermum' status was tenuous at best and easily eroded when a Matter of Concern was made so *"heaven forbid we slip up or they think we might have"* (Sue).

It has already been noted that there is a high probability that a carer will be subject to a Matter of Concern at some stage. Carers recognised, and agreed with, the requirement for Child Safety to follow up allegations about their care (Matters of Concern). However, they asked that due process was followed, that they were treated with respect and not judged before all the facts were known, and that they were advised of the outcomes in a timely manner. These were all elements that had been absent in past Matters of Concern investigations in the interviewees' experiences. Carers highlighted the difficulties, and impact on them, if the process is not handled well:

You have to be careful because if you get a complaint it can change instantly… one minute you are a good carer and the next you are not. You can be treated as if you are guilty before you are heard. It's awful. You start questioning everything you do. Still I have been lucky I have only had the odd one (Matter of Concern) *but coming into fostering you have to expect it. It* *doesn't mean that it isn't devastating even when it is proved to be malicious or unfounded* (Melanie).

I ***wasn't*** *told it was all over* (the Matter of Concern). *I* ***had*** *to ask them* (Child Safety). *They didn't even apologise but just said I never had anything to worry about. That is definitely not how I felt when they were grilling me… I felt like I was accused and in court. If only they could have seen what it did to me… what it does to all of us (carers). I got through the days but it was on my mind all the time. I was in quite a state and agonised about it. I even cried myself to sleep which so unlike me. I wondered if anything I did was right* (Sonia).

Kinship carers, particularly Val and Frieda (Indigenous kinship carers), struggled with what they saw as undue rules and scrutiny, after raising their own children and often caring for other grandchildren. Val commented:

They (Child Safety) *come and see me and tell me I should be doing things differently but they don't get how we do things. We don't do family like them but they don't understand. I know they think I'm not doing it right. Never thought I'd be told how to look after my own at my age* (67 years).

The last quote from Val highlights the fact that kinship carers, and particularly Indigenous kinship carers, did not talk about trying to be a 'supermum'. Instead they talked in terms of *"getting through"* (Kim, kinship carer) and *"just doing the best I can"* (Frieda, Indigenous kinship carer). They saw themselves as being *"a very different kettle of fish"* (Gillian, kinship carer) to foster carers. They spoke about the difficulties in being both mother and grandmother and having Child Safety in the picture. Gillian, kinship carer talked about these difficulties, commenting:

I won't lie. It's tough. I'm not just their grandma now, I have to do all the day to day things their ma should do. Then there's all the stuff that comes from them (Child Safety) and what they tell us to do.

Some kinship carers questioned if they should be held to the same requirements as foster carers, or at least in the same way, with Frieda, Indigenous kinship carer saying:

I don't reckon some of the rules they talk to me about should apply to us but heck (laughter) I'm not game to tell them that. I'm just busy trying to keep the family together cos it's caused a lot of trouble.

5.2 'the job description'

Carers emphasised that carers needed a total commitment to the child/ren in care. They saw this as a foundational requirement for the provision high quality care. Foster carers demonstrated this wholehearted commitment referring to their role as a *"vocation"* (Sue), *"a calling"* (Liz) or used words to the effect that *"I knew this was what I was meant to do"* (Gloria).

5.2.1 'You do it for love'

There were three dominant themes in relation to what it takes to continue in the caring role. The first was love, the second was total commitment and the third was sacrifice. Their passion fostering was evident not only through their narratives but in their tone and body language.

While I cannot hope to capture the nuances I observed in my interactions with carers, I have highlighted the comment by Liz, which encapsulated the compelling, universal view that a key attribute for a carer was that she ***"has to have a lot of love"***. Where kin was concerned, kinship carers considered that *"love goes without saying"* (Gillian, kinship carer).

However, this view is not shared by the Department overseeing care. Thomson's (2007) study exploring CSOs' perceptions of foster carers found that CSOs expected carers to be child-centred yet detached from children when required, have pure motives and be non-demanding. There was no reference to love by the CSOs in Thomson's study. Likewise Child Safety policy documents relating to family-based care do not include the word 'love'. Butcher's (2005) doctoral research also found that academic 'experts', when describing the important attributes a good foster carer should have, also did not nominate love as a needed attribute.

Interestingly, while society expects natural mothers to show love for their children it would seem that this does not translate in terms of Child Safety considering that family-based carers should be able to show a similar emotion, even if many of the children had been in care for a considerable length of time. Carers talked about often receiving manifestly defensive reactions from CSOs if they express love or strong emotion about a child in care. Consequently they learnt quickly that *"it's best not to mention the 'L' word. They* (Child Safety) ***really*** *don't like it"* (Rebecca). Karen expanded on this view of love being a 'taboo' subject saying:

I am careful talking about them (children) *and it depends on the worker. I once said something like 'I love her to bits' and that caused a lot of grief even though she had been with us for three years. Generally speaking they don't like us using words like love or showing any… passion… I guess you could say. I've learnt to keep cool, calm and collected* (laughter) *when talking to them… that I **know** they like.*

The fact remains that carers believe love is important is attested to in the following quotes from Cheryl, Anna and Gloria's interviews which further emphasise the importance foster carers placed on love:

You've got to have a lot of love. That's what all kids need and the kids we get- even more (Cheryl).

They (CSOs) don't seem to understand that these children need nurturing and love- they just talk in terms of the child's safety- they (children) need to know that what they have left is not what it should be like (Anna, former carer).

I couldn't do this without loving children. It would be just too hard if love wasn't there (Gloria).

Mine is not the only research to make this observation: the importance of love was also strikingly illustrated in the study by Thorpe and Westerhuis (2006) of 115 family based carers in the same Mackay/ Whitsunday region in which my study was conducted. These researchers (Thorpe & Westerhuis 2006) found all of the carers in their study rated love as being the most important attribute carers required to fulfil their role. Additionally, Daly's (2012) study with children in care also noted that children identified a carer's love as an important attribute for carers to have and positive child outcomes have been facilitated by a carer's love and understanding (Brown & Calder 2000; MacGregor et al. 2006).

It is paradoxical that the love carers and children say is important is the very thing that Child Safety ignores and at times criticises the carer for. Nevertheless, it remains an aspect that carers believe contributes to longevity in the caring role despite the many difficulties and sacrifices. A further quote from Rebecca highlights this point as she posed a rhetorical question *"Why in God's name do I continue when so much shit goes on?"* which she then answered with a self-depreciating laugh *"Because I'm nuts, but gee I love them* (foster children)*, I love making things better for them"*. Kim endorsed Rebecca's view saying *"if we didn't love caring for kids why in the world would we do it?"*

Joking about being mad (or words to that effect) to want to do the role was common. Thorpe (2005) even titled a paper she presented at a conference about her study with carers with a quote from a carer which started with "you've got to be crackers…" (p.1). Given the importance both children in care and carers place on love being a needed attribute, with carers saying it contributes to their resilience it is both paradoxical and problematic that it is not recognised by Child Safety as a valid aspect of caring rather than a taboo topic.

5.2.2 '… and not for money'

McHugh (2007) notes that the responsibilities of fostering often rule out the possibility of work full time and some fostering agencies prefer or request that a carer is not in paid employment. Several scholars have also noted that those carers that do work usually have part-time work rather than full-time (McHugh et al. 2004; McHugh 2007; Sinclair, Wilson & Gibbs 2004).

Carers are placed in a position where they have to put aside their own financial, and at times physical and emotional wellbeing, to provide specialised mothering and nurturing to extra children in their care. In my study they downplayed sacrificing what another person would reasonably expect as a right, including receiving only a contribution towards meeting the direct costs of children in care with their services being regarded, in the words of McHugh (2007), as "a free or no cost item" (p.73).

A point categorically made by foster carers was "we're not doing it for the money". In making clear that caring was not about financial reward carers often appearing to distance themselves from the subject. They gave a clear indication that they felt, as Nutt (2006,) described, "money undermines their care status" (p.66). Carers operated from a different set of values and motivations, seeing the intangible rewards of making a difference in a child's life as the driving force that continued to re-energise them. Sue and Gloria conveyed this clearly saying:

It's about the smiles you get, small improvements in the report card, gradual changes in behaviour, watching them score a goal for the first time... money doesn't come into it (Sue).

It's all about the kids and making a difference... even when it's hard... that's our thanks (Gloria).

Carers do not benefit from the benefits of paid work such as superannuation, holiday and sick leave, lunch breaks and access to computers. There are no such things as free evenings or weekends of leisure. Furthermore they expect, and are expected, to provide to the government, their home, car and other facilities free of charge.

The lack of remuneration for services provided in family-based care is in stark contrast to the accepted practice in other children's services such as family day care, child care centres and residential care. While the pay levels in those other services are generally low, it still remains that the staff are recompensed for their services, unlike family-based carers (Finn 1994).

However, despite carers foregoing a lot to do this '24/7' fostering role they conveyed a tacit acceptance of the sacrifices they made, seeing them as simply part and parcel of the role and a condition that all carers needed to accept. They spoke in ironic terms that the sacrifice was not an aspect Child Safety advertised or talked about when recruiting:

The ads make it sound so inviting…helping a child and all. I don't think new carers coming in have any real idea of what they will be giving up ***and*** *just what they will be required to take on. It's not something they* (Child Safety) *are going to advertise is it? It's a matter of learning how to swim* ***real*** *fast and not getting hit by too many waves.* (Rebecca)

This unspoken acceptance became very apparent in relation to the notion of paid work after a significant proportion of carers and members of the support groups, particularly kinship carers, referred to *"welfare not stretching far these days"*. Others also spoke about difficulties *"making ends meet"* (Michelle) and *"not having enough for everything needed"* (Freida, Indigenous kinship carer).

Other studies in regional Queensland (Butcher 2005; Thorpe and Westerhuis 2006) have shown that the majority of female carers were on very low incomes. I did not ask about income levels specifically in this study as two other studies had asked that question of carers. Most of the carers themselves declared they did not have much household income. The subject was only discussed by carers in relation to providing for the children in their care; never in terms of how it could benefit them personally or the sacrifices they had to make.

A vignette provided by Jenny demonstrated the *"juggling act"* (Grace's term) that is required to meet the needs of the child/ren in care. Jenny's vignette also encapsulates many of the attitudes of other interviewees and harnesses major themes previously discussed in this thesis:

They generally need so much more now - take Jane; her teeth are a mess and the school dental clinic will only do so much. She's also just shot up all of a sudden and needs shoes, clothes the lot. She needs some camping gear for a school trip. Because we didn't want to uproot her from her school and the extra help she gets there I drop the other kids off and traipse across town to her school. It all adds up and being the age Jane is, she doesn't want just any clothes or shoes you know- they've got to be the same as the others are wearing… It all adds up!

I: But you do it?

Yeah stupid, eh? (laugh) *But I love the lot of them (foster children and natural children). I do the petrol dockets, I shop when they are marking things down in the supermarket, I get left over bread from a friend who owns a bakery, I look at all the specials and the like.* (long silence) *Um, I don't think I am meant to say that I do it because I love them am I?...I know I am a carer but you can't do it without some of this* (hand over heart). *I don't say that in front of the workers- they'd think I was trying to take over from her mother or I had an 'unhealthy attachment' as I was once told when I said to a worker a bit tongue in cheek something like "I just love her to bits"… Anyway since no-one will really know who is talking* (after checking for a second time that she would not be identified) *I try to do the same for Jane as I do for the others. They* (workers) *can play with words as much as they like* ***but*** *it is a sort of mothering isn't it, cos only a mum does their best for* ***all*** *their kids …* ***and*** *I do do without things so they all get what they need… I don't go out, I go to St Vinnies and Lifeline for some of our stuff, I buy cheap shampoo and the like… that's a mother-type thing and no-one can say it's not. It suits the department really… that's when the department is happy- ya know- when they don't* *have to dish out or deal with us… cos they can say we are coping fine. But to come back to what I was getting to at the start- my own don't have the same needs or costs- even though they still cost too.* (Later in the interview) *By the way for the record* ***I do know*** *I am not the natural mother. I am not trying to be, that doesn't mean though that I don't… love her… sorta in a motherly way… I just wanted to say that.*

Despite this 'juggling act' in terms of budgeting, carers saw engaging in outside paid work as generally incompatible with the fostering role. The commitment to providing full-time care in the home setting was such that, not surprisingly, only two carers identified they worked on a casual basis *"if it (work) fits with them* (family) *to make it a bit easier"* (Grace). Liz, for example, helped with her husband's business from the home. Karen explained some of the constraints saying:

I can't really work because I have the school drop offs, pick ups, after school activities and school holidays. I also have all the other things that come with having a child who has a lot of needs. John (foster child) *was suspended for a while this year and he had special tests arranged by the school during school time. I am not even counting things like the case worker wanting me to bring him in or wanting us for a case review. Work doesn't fit.*

Outside work was also seen as something *"that they prefer we don't do"* (Rebecca). The 'they' in this case referred to both Child Safety and Pathways (the Shared Care agency). Despite the strong conveyance of both sacrifice and altruism, several carers nevertheless contrasted their situation to that of the CSOs saying:

Look they (workers) are paid, they are given cars for their work, they are paid while they have holidays and sick days, they are given computers at work- they have got it good compared to us. We get none of that. (Melanie).

I reckon they should stay at a carer's place to see what it is like. They wouldn't last a minute. They've got a nine-to-five job and weekends off and holidays and all that. When the going gets tough they can go home at night from the job. I couldn't. They haven't been in our shoes so they don't get it... can't get it (Lilly, reminiscing after exiting caring).

An analysis of this theme indicated that carers were not coveting fewer hours and better conditions but, yet again, seeking recognition and acknowledgement by the same child protection workers of the complexity and demands of their fostering role. Carers considered the Department expected them to provide their services with little assistance, and this was particularly so in relation to requests for client-related costs. Cheryl received this message in unequivocal terms, with the CSO saying:

'Wouldn't you provide that for your own children?' when I asked for petrol expenses for running the two (foster children) to their school which was quite a way away from our home and my children's school. I am willing to do the drive so they are not uprooted from their school but apparently I am also meant to foot the additional cost.

In the previous chapter carers mentioned weighing up 'the pros and cons' of asking for child-related costs. Rebecca expanded on some of the reasons for this hesitancy, noting that Child Safety deterred carers from asking for what they were entitled to for the children in care:

It's not always what they say… although there is that too… but mainly it's the look, the tone and the never-ending questions if you are asking for extra money to cover costs to do with them. They say things like "So you really feel that you need this money to pay for the sports gear". It makes it sound like I am selfish and should have paid for it myself and that I should have the money somehow without going to them. It makes it sound like it's not about the gear that he needs (Pause and then) *Grrrr! It* ***does*** *make me mad. It's not about me… I was told it was an eligible cost so I asked for it but they make it seem it is about me. It's hard to explain. It's just that they act as if you shouldn't ask and that talking about money is a dirty word. I just hate it when I do have to ask. I really try not to.*

Carers also showed some pride in managing on a tight budget and did not want to dwell or reflect on their own disadvantage, despite this becoming ever clearer to me. Their views were always along the lines of:

It isn't about me. It's all about the children. It has to be. As long as I can manage I will do it. I have a hundred ways to stretch a dollar and I don't mind missing out on some things (Sue).

There are times when I wish I could contribute more. Financially that is. Jim doesn't make a big salary. We love kids and I have always been a homebody so this is the choice we made. I sometimes work but it is very hard to work even part-time with the children. What they need is me here when they need me so it does mean we're on one income most of the time. That's generally fine though. I don't need fancy things and they (children) *get what they need if it's within my power. When I do work juggling everything is hard so in lots of ways it is better all round for me not to work* (Cheryl).

As also mentioned previously, while foster carers talked about the intangible rather than the tangible rewards, they expressed a different view when discussing attracting and retaining new carers as illustrated in this excerpt of Melanie's transcript:

Something has got to change or there won't be anyone to care for any children. Look at most of us. We are grandparents ourselves or a lot older than most mothers. We are not going to be around for ever and then what's going to happen? The new ones aren't going to accept any (expletive) *crap* (laughter) *like we have to. Hmm that's language I tell the kids not to use but it does describe the deal we get don't ya think?*

Carers unanimously expressed a view that there was no longer a pool of women who were available to take on the role for *"no money and a lot of grief"* (Michelle, former carer) and questioned the future of family-based care if things did not change, as illustrated below:

It's a worry because there just aren't the foster carers out there. I mean there are so many pressures now on families and young ones starting out. It was different when I started (fostering)*, we could make ends meet without me working but things are different now* (Anna, former carer).

I don't know what is going to happen – I can't keep doing this forever but there's not enough of us…who's going to look after the children... but then who's going to do it for nothing with all the grief that comes with it (Sonia).

Highlighting the ambivalence carers have relating to the subject of pay were a series of quotes from Laura on the subject, made over a period of time, commencing with the initial interview in which she stressed the importance of altruism:

It's above love and making a difference. I don't do it for money… you wouldn't… it's all about the kids and that's why we do it. It should never be about payment. If we were paid there would be more putting their hands up to do it for sure… but they would be out for the money not the kids… it shouldn't be about payment. It's ok for them (the Department) *they start at nine or whatever it is and finish at five and have their weekends. We don't. They get paid to do their stuff. We have to grovel to get the kids sporting stuff paid for. It's like they think we shouldn't ask for anything… just do it out of our pockets… and we do* (long pause) *but it's not right is it?*

A follow-up discussion with Laura after she perused her transcripts added further dimensions which related to wanting respect and recognition for the difficult role:

It just would be nice if they understood and we got treated like equals. Recognition of what we do would be nice. I don't talk like them (CSOs) *and use big words or cover things up in words but I know they wouldn't last a minute doing what I do ...I am good at what I do and that's looking after these two* (foster children). *I know what's involved...I live it every day … they don't. A little recognition isn't too much to ask. It's mainly the small things; politeness, respect and some concrete stuff to put us on the same footing. Some sort of payment for what we do would be nice. If what they say about working in partnership is true we should be equals… you wouldn't ask them to do it for nothing. Like I said I am good at what I do and I don't think there are too many that will put their hands up for this 'cos it's hard. You do need to be good- skilled is the word they use- well I am. What's that worth? Apparently nothing!*

I: This was the situation with nurses once. They thought that nurses who volunteered should not be paid because it would attract the wrong sort of girl but in the 1890's they received pay.

Really! Hmmm- can't imagine nurses not being paid. It's weird when you think about it isn't it? I mean I ***do*** *think we should get something- we deserve it- fostering should be worth something… but* (long pause) *I don't want to change the main thing being the kids… people do need to do it for the right reasons.* (long pause) *But when you say that, it is weird that here I am doing round the clock care for absolutely nothing from the Department that says we look after the most vulnerable children.*

Another discussion took place at Laura's request after she had reviewed a second transcript and made further comment:

Oh gosh it sounds like I don't know what I am saying. I didn't mean to contradict myself. Yeah I believe that if they paid carers then the wrong person would want to do it and then what would happen? I am sorry I sounded off in the second interview. It was a bad day and when you work hard and put your heart and soul into it day in, day out, it would be nice if they recognised that in ways that they do for the paid workers… or at least be understood and respected for what we do.

I: At a personal level do you think it is deserving of pay?

Well yeah… really it is, but of course but it will never happen and what would they pay us? They won't want to know because it will cost them and put us on a different footing. It suits them the way things are. That's why it is never talked about… oh the matter of payments for the kids is at times, but that's not a hard one 'cos it is clear as the nose on your face that they should be increasing them... they know the costs and given the kids need things they do look at it. They also often give with one hand and take with another though. But pay! I don't know really… it would be good in a way but I certainly wouldn't be the one to raise it and I don't know who would. They would think we were in it for the money. I just don't know. I still worry about the wrong type of person doing it for the wrong reason but on the other hand… gee it would make a difference and maybe help get carers and help the kids. Still! What's the use of discussing it? They will never pay us –and I guess we are women at home anyway most of the time.

The questions about payment, particularly when linked with the debate about professionalising foster care, deserve fuller attention. While this study could not hope to do the topic justice, some of the issues relating to professionalism are explored below, and in the concluding discussion.

5.3 'They don't understand'

Carers perceived that some of the lack of respect and support they received from Child Safety was because the Department did not have a clear understanding and valuing of what *"what it takes to do this role"* (Lilly) family-based care. Carers believed this was evidenced by a range of mixed and contradictory views regularly conveyed to them by Child Safety. Remarks made by CSOs to carers, or the tone used by CSOs, was often interpreted as disrespectful, and often carers made a comment to the effect of "*they may not have meant it, but….."*.

Sonia described conflicting messages from Child Safety in these terms:

Look, I don't think the department, let alone any of us, are really clear what they want us to be to these kids; parent or carer. It changes… like one day they are telling us to make sure we treat the them the same as our children and parent as we would our own and that attachment is the key. At the same time we can't make basic decisions like we do for our own, sleepovers, trips and the like. But it changes if something is wrong or the department decides they are going home. Then they tell us we should be professional and not get emotional. Apparently attachment is no longer an issue and we shouldn't have any feelings.

Dianne, former carer, reminisced about the uncertainties that she saw as inherent in the role saying:

Nothing is certain in fostering- absolutely nothing. There was no normal week like you have in your job. I never knew what the week might bring with the ones (foster children) I had or who else they (CSOs) might approach me to take, or how long some of the ones I had would be with me. ***Actually some things are certain from their point of view- they believed I should jump when they phoned and not ask too many questions.*** *They are under pressure all the time, those workers, to get placements for those coming in and there are not too many of us really so it was hard all round. Then they often rushed things or ignored things when the kids were in care and then sometimes the botched rush to return them home. I am not saying things never worked out or there was never a good worker but the system when I left was in dire straits, I reckon.*

I have highlighted one of the statements by Dianne as reinforcing the perception carers held regarding the lack of partnership and often being treated more like a client who was expected to follow the department's dictates. The lack of joint understandings about the role frequently created situations where both parties came away feeling misunderstood and ill dealt with. The following vignette illustrates the mixed messages, along with some of the intransigent stances that ensue:

I made sure they knew how I felt. I let them know in no uncertain terms that I was not going to rearrange the trip to Brissy (Brisbane)- *it tied in with other things we needed to do- just so they* (Alice's parents) *could come up now* ***they*** *had decided without anyone talking to us. I said 'Sorry but you are going to have to make different arrangements'. Ya know they didn't budge and they said they were disappointed I was not considering Alice as I would my own and that I didn't put her welfare before my own* ***leisure*** *arrangements… that's right… unbelievable!! It was like we hadn't included Alice in the trip; but we're 'being selfish' – we're 'obstructing parental contact'- they 'expected more of me as a foster* ***mother****'...yeah that's what they said. How would you feel?*

I: foster mother?

Yeah foster mother (laugh) *they use that term sometimes when they want to use the guilt trip knowing it will press a button but we're not allowed to. It's the opposite when children go back to whoever… then we are foster* ***carers*** *who should be professional and not make a fuss. Heaven forbid we show emotion and connection then… actually they said there was no need to raise my voice in this instance and that I was expected to be more professional about visitation so it's a no win.*

This excerpt illustrates the point previously made- that while foster carers are rebuked for using the term 'foster mother', CSOs sometimes reverted to the term themselves. It also further illustrates the angst carers experience when there is a lack of inclusive and timely communication and planning, and an absence of respectful listening and understanding of the emotional commitment involved in the caring role.

5.4 'They're not like us'

Carers frequently talked about the differences in life experiences between them and the CSOs with whom they worked, conveying a deeply-held view that they often found it difficult in working with CSOs *"who were **so** different from me"* (Michelle, former carer). They considered these differences were regularly noted *"by not just us…* (but) *the mothers… the parents as well"* (Sonia). Carers considered it was important to have these *"spelt out"* (Liz) in this thesis because the personal attributes of CSOs were on the list of 'undiscussables' with Child Safety.

Carers also wanted it made known that there were sound reasons for their openness about the issues they encountered, to avoid *"anyone reading this… (thinking) we are just having a whine "* (Lilly). Sue spoke to me in the presence of Liz and Gloria immediately after a support group meeting. Her colleagues agreed with Sue's sentiments:

*It sounds like us having a gripe and I guess we are. **But** it's because we don't get the opportunities to lay it out… to say what we think… so I know we are all taking this* (study) *as that chance. What we are saying does need to be out there. I think we've all cringed when we've read our interviews because we sound so critical. But honestly if it's not out in the open how do we move on and change things to make things better for all of us. The CSOs are in as much of a hole as we are… we know that. We don't want to attack them… we generally like them as people, and there are some good CSOs but it's the system. Look how many leave so how do things get changed if there's all this stuff that gets hidden and swept under the carpet?*

Age

All but one carer in this study was over forty five years of age so it may be unsurprising that all carers mentioned the youthfulness of the average CSO as being problematic at times. A sample of anecdotes is provided below to highlight some of the difficulties in communication:

I swear to God they (workers) *get younger and younger. Straight out of university and most of them with no life experience. It made it hard because they didn't get what I was talking about* (Colleen)

This young thing, just started she had, says to me 'Now I'll get you some material on behaviour which should help. Often it's all about being consistent, calm and understanding.'… I just looked at her… I couldn't **believe** *it. I had told her Ann was covering her arms and the marks looked like she was harming herself. I'd told her about other behaviours that were concerning and out of the ordinary... mental health stuff that needed more than me managing her behaviour and she* (CSO) *was acting like it would all be OK if I just read something… God help us all is all I could think* (Michelle).

It is difficult sometimes 'cos we talk at different levels… a different language. I have been with her just about every hour and I call a spade a spade. So when I said Helen was mucking up to her caseworker and told her what she was doing she told me to talk more nicely about Helen… words coming from a young thing who has no idea what is involved in caring and what's more doesn't want to know or understand what is happening. She just took the view of 'Oops she's not talking nicely- I'll record that'. So there was no help with Helen and no decent chat… any support went out the window…lucky it's my granddaughter, there's not much they can do is there? (Vivian, kinship carer)

Implicit in these quotes were concerns about the lack of experience, knowledge and skills commensurate with the CSOs younger age that then impact on CSOs *"singing from a different song sheet"* (Sonia). Sonia reflected on the difficulties of trying to establish common ground and understandings in the following excerpt.

Accordingly carers felt a tension when a much younger worker in an authority role *"dictates to me about something they have no experience of"* (Karen). Carers are not the only ones to have raised these aspects as issues, with Douglas and Walsh (2009) also identifying a myriad of difficulties for mothers, which resonated with carers.

Socio-economic status

Carers also drew attention to what they saw as CSOs coming from a *"privileged background, not like us or the parents"* (Laura). They believed this caused problems in the planning towards reunification, where the likelihood of a successful reunification is diminished if CSOs do not have a realistic view of supports that would be needed by the parents:

They don't get it. They don't know. She said they planned for Shane to go back to mum but she (Mum) *needed to get decent accommodation and do a parenting course and show some responsibility. While I hadn't liked what Shane had missed out on, I did ask whether she* (Mum) *was going to get any practical help with rent, given the cost of accommodation in this town. I just got a strange look and she* (CSO) *said it was up to mum. I have found this in the past, the CSOs don't understand how hard it is for some of these mums. They need help if they are going to get their kids back. Here's the catch though, us carers are seen as the ones who are resistant to the kids getting back with their parents because we bring up the issues.*

Carers referred to the mainly middle class and upwardly mobile CSOs, noting the staff turnover at Child Safety with CSOs often *"using the position as a spring board"* (Liz) before leaving or being promoted. Jenny talked about *"a rotating door of CSOs with new ones thrown into the cauldron"*. The general view was it was immensely difficult for a CSO to provide needed support for children in care when they themselves (CSOs) need training and assurance. Carers definitely had some sympathy, noting that the CSO job was one which *"burnt them out"* (Sue) and *"no-one wants to stay in it for too long"* (Frieda, kinship carer).

'Child Illiterate'

'Child illiterate' was a term coined in an informal conversation with Liz, and refers to CSOs who did not have experience or knowledge about early childhood. This was a particularly hot topic, particularly when many of the CSOs they had been allocated had been new graduates, without children, and without any training/ education in child development and child mental health as reflected in the following comments:

If you haven't had kids yourself- or had nothing much to do with them- and I ask you a question about a particular behaviour that you aren't equipped to answer, then say that you aren't the best person to answer. Don't hide behind bureaucratic mumbo jumbo (Rebecca)

It's like a badge of honour that they have to be seen to have an answer and it has to fit with the rules- you do get the odd worker that is great, that will listen to all the circumstances and then make a decision based on the situation, but most are young, inexperienced and under pressure.

They will stick with their original decision too, even when I query and give very clear reasons why the decision should be changed (Liz).

If you asked the young ones: 'Well I have got a three year old and I would expect that they can do x, y and z and they can't, so how do we help?' and they (worker) *have no understanding what a three year old should be able to do, how will that get into their case plan for help- easy answer is, it won't!… I don't think they* (workers) *get training as part of their social work thing on child development and expected behaviour and milestones, health and the like and that's what we deal with day to day* (Sue).

White

This thesis has already noted that Indigenous kinship carers lamented the lack of Indigenous CSOs. They also ensured that the difficulties of working with CSOs were noted saying:

These social worker types are just… white… in all ways. I mean they don't get our ways or our family. We don't bring up our kids like they want us to. Why do we have to do things the same? I don't get it…and they don't get me (Frieda, Indigenous kinship carer).

Interestingly, non-Indigenous kinship carers, and some foster carers also made similar observations noting that the concepts of professionalism and good parenting were based on the very western concept of a nuclear family that is meant to cope despite adverse circumstances. Laura said:

They are all sort of white Australian workers… they don't get different nationalities and that we might have a whole lot of people at our house… 'cos I come from a big Maltese family. A CSO came in and family was over and asked me how often they were there and did they have Blue cards… how embarrassing in front of them… wrong time, wrong place.

5.5 Contested Messages

Carers saw these differences in life situations, and understandings about the role, playing out in the many mixed messages they received. They particularly raised being required to welcome a child into their family *"and treat them as you would your own"* (Karen) only to be then told not to get *"too attached"* (Sue) or asked *"to be more professional"* (Anna, former carer). It was the latter two themes that carers particularly wanted the opportunity to talk at length about to "*give our side*" (Rebecca).

5.5.1 Over-attachment

Thorpe and Westerhuis (2006) and Tomson (2007) have identified difficulties regarding attachment issues for foster carers. Both studies indicate Child Safety staff have a concern about carers becoming over-attached and being unwilling to relinquish care (Thorpe and Westerhuis 2006 and Thomson 2007). Thomson's (2007) study quotes a child protection worker saying "some have attachment issues, you know they have had the child for so long… they don't think the parents are good enough" (p.342). Carers were aware of such views, because they are regularly conveyed by CSOS. However, they see remarks about 'over-attachment' as inappropriate, and at odds with what is what they are told at other times. Liz's view was there were contradictory messages and actions by Child Safety:

The department wants us to build strong attachments to these children but then often turn around and tell us off for doing just that essentially. They talk about us nurturing, and for us to help children meet their potential, treating them as our own, helping them to overcome the impact of abuse and so on. I can almost quote from the training and the CSOs. So we ***do*** *just that and bond with the children. Then we… and the children… are expected to switch it all off and break the bond. Ninety-nine percent of the time children go back to parents who will* ***not*** *be able to provide for all the things that we were told* ***had*** *to be in their case plan because they needed it. They don't seem to consider the child having another attachment cut off when they go back, remembering it's likely they've been with us for quite a while.... or about support for the parents. Child Safety go from needing to give us money to provide for this child in ways obviously a parent on welfare can't… what I want to get through for this story to be told is we are not the ones who first of all said the child needed better care and more than the parents could provide but we are often seen as the* ***over attached*** *carer when we bring that up when they are talking reunification to parents who are still struggling without help. I do get cranky that they think that it is us simply us wanting to keep the child… bear in mind I have been part of one absolutely horrific reunification and seen plenty of others that didn't work out and were* ***never*** *going to.*

Carers consider that where reunification was concerned they were advocating for the child, and sometimes for needed support for parents. The contention was that no matter how logical and legitimate their concerns were they invariably encountered a defensive reaction, with an automatic assumption by CSOs that it was simply an ‘over attachment’ issue on their part.

Carers also thought that the length of time that children had been in their care needed to be considered, something that was becoming ever more relevant given children were staying in their care longer, saying:

It’s more than likely they’ve been in care with us for quite some time, and we are talking years… so there is a strong attachment. The longer they’ve been with us the harder it is to cut all ties and that’s what they seem to expect. So there is emotion and upset. They (Child Safety) *seem to think we look down on the mums but it’s just that if we’ve got the children involved in all these things and when they go back they will not have any of them, so how can you raise that when those things have been in their case plan? They’ve given us money to make sure these kids have what they need. Mum’s not going to get that money is she? She’s going to struggle, but there’s no in-between in all this, and so suddenly mum gets the kids back, on a pension and no help and we can’t help according to them* (Child Safety) *so to put it bluntly, yes I am attached and am doing a better job of looking after the kids than mum will do… given the way things are. Do I think it should be different? Yes, but this is reality so yes I do kick up when everything has not been considered.*

All carers in the study had at least one child who had been in their care for twelve months or longer. The contentions regarding children staying in care longer are also borne out in statistics released by the QCPCI (2013) which showed the length of time children had been in care at time of exit in 2002-2003 and 2011-12. Children in care:

- for five or more years increased from 10 per cent (2002–03) to 17 per cent (2011–12)
- for two to less than five years increased from 13 per cent (2002–03) to 28 per cent (2011–12)
- for six months to less than two years had increased marginally from 27 per cent (2002–03) to 31 per cent (2011–12)

- for less than six months decreased from 50 per cent of all exits (2002–03) to 24 per cent (2011–12). (QCPCI 2013, p. 38)

However, carers did not rule that that they were a few carers who may dispute about the child being reunified for the wrong reasons, but they emphasised this was more the exception than the norm:

the odd carer, who ***really*** *shouldn't be a carer, that is, fostering for what I think are the wrong reasons, will argue to keep the child because they will lose the allowance and child benefit when the young one leaves. That's the odd carer and we shouldn't all be branded with the same brush. What we say should be listened to carefully not automatically dismissed* (Cheryl).

Carers often included concern about the challenges, and needed supports, for parents, in what they saw as setting up for failure all round:

There's usually no money, no job, maybe not a place to live, maybe not a car… not to mention the drugs or drink or getting hit around. I get really cranky when they (Child Safety) *talk reunification and I* ***know*** *mum and sometimes dad have the same problems… It's just setting up for failure but if I complain and I have, they all* (Child Safety and parents) *think I am being difficult because I want to keep whoever it is at the time… and I am '****over attached****'* (sarcastic tone). *In actual fact I am trying to think about all of us 'cos the parents aren't getting any help with their stuff. What's worse is when the so called expert I am talking to doesn't have life experience or a clue themselves about parenting and yet she's making life altering decisions. You're a mum! Imagine these mums getting their kids back holus bolus when they've got their own issues and so have the kids and there's* ***no*** *help. Recipe for disaster all round. When you've been around a while like I have you get to know the likelihood of the families coming back into the system and I can't tell you the times I have been proved right.*

Dianne, former carer, also described what she saw as the same irony, asking a rhetorical question in a similar vein to Grace's statements. She too asked how many times carers' cautions had been borne out through failed reunifications, yet these concerns were never acknowledged and to the carers' knowledge, learnings had not been drawn from them.

It always stunned me how often they didn't plan well or they didn't take into account some things about the parents. When I said anything that didn't support the move, I was usually told I was too attached. That way they didn't have to consider my views and dismissed them. I would just love to know how many failed placements there are and how many times ***exactly*** *what we have said ends up happening. But that will never be recorded and they usually don't give the children back to the original carer… but we did talk and know which children come back. It's one of those things where the department* ***was*** *always right and we were wrong. They never go back and think about that and see we are often just trying to prevent the likelihood of another breakdown but they won't think about that.*

Parental support and failed reunifications

The carers' contentions regarding a significant number of 'failed' reunifications would appear to be supported by the latest statistics from AIHW (2015) which indicate that just under three-quarters (73%) of children in 2013-14 in out-of-home care were repeat clients. This strongly suggests that the current system is not meeting the needs of children or parents and lends considerable weight to Dianne's remarks.

What is contributing to this? According to the carers, the lack of support parents receive was a grave concern. Lilly commented *"I'm not Einstein but if they* (Child Safety) *don't help them* (parents) a*nd there's no-one else to help, the writing is on the wall"* and then asked *"How is that being too-attached?"* Carers were also concerned by what they saw as CSOs often having very limited understanding of the practical support needs of parents and a lack of awareness about local services that could assist families. Gloria, speaking in quite passionate terms, said:

She (CSO) *said 'It's not our job to support families, she will need to show us she can cope on her own'. I couldn't believe it.* ***Seriously****, what do they think will happen! Mum has big ups and downs- mental health stuff so hasn't got a job or a car and barely keeps her accommodation. It will be a* ***miracle*** *if she maintains her rental in this climate* (mining boom) *and there's no-one* (expletive) *helping her* ***but*** *apparently she needs to show them she can cope. This is an absolute recipe for disaster and Joe* (foster child) *will pay the price… we all will actually 'cos it's going to devastate me him going and devastate mum when it doesn't work out and Joe will have attachments cut left, right and centre.* (Looking at me and giving a teary laugh) *Welcome to my world of fostering.*

Kim, an Indigenous carer participating in a Kinship Carers Group also spoke in quite heated terms about the lack of support for her daughter:

I said to her "You know Suzy (mother) *needs help, what are you doing for her?" She said "It isn't our job". I ask you what the* (expletive) *is their job?*

The lack of respect, support and options was revealed as relating not only to the carers but also the parents. Carers lamented the inflexibility of a system where a child is either totally in the care system or totally out of it with nothing in between. They referred to the absence of options whereby they can stay in a child's life (with parental consent) post-reunification, to share the care, when appropriate. Gloria and Jenny talked about the need for differential responses and shared care arrangements in the following terms:

I don't know why anyone thinks these children can just go back to circumstances that were responsible for them coming into care and that things will be different when nothing has been put in place to make it different. Trouble is kids are either with us or they're not. I mean it's not like they will let them transition home or let us all sort out an arrangement that might work with us being a support or someone else helping them (Gloria).

Court cases drag out and children stay with us longer. There's a lot said about attachment but apparently not when a child goes back to their parents. Not even when children ask if they can still see us or stay. It is a shame it can't be more flexible and then none of us would feel we are in a competition for the children, which is what it is like now (Jenny).

5.5.2 Professionalism

This term appears to have become one that is used indiscriminately to mean different things, depending on the circumstance, as will be shown below.

CSO

As became the pattern during this study, carers commenced with talking about Child Safety and the CSOs, having particular concerns about what they perceive as a regular lack of disrespect for them and their role and unprofessionalism on the part of CSOs. Melanie captured the general sentiment of carers saying *"They may be the professionals but they don't always act professional"*.

The CSOs use of demeaning or devaluing comments has already been raised but carers felt the meaning of 'professionalism' for CSOs needed to be spelt out more clearly, especially in light of what carers saw as regular examples of demeaning remarks. Foster Care Queensland (FCQ) (2012) underscores the carers' contentions about demeaning comments capturing carer-supplied quotes from CSOs from across Queensland. These quotes were included in FCQ's submission to the QCPCI :

Just remember you're the carer and we don't have to listen to you
We know carers are only in it for the money.
The apple doesn't fall far from the tree (FCQ, p.9)

The last quote was one received by a kinship care and which FCQ used to demonstrate the nature of what is said to carers on a regular basis (FCQ 2012). Riggs (2008) also noted demeaning comments from statutory agency staff being a problem for carers across Australia. Likewise, McHugh (2007) identified factors contributing to a difficult relationship for carers included "lack of communication and support… not being believed, having workers go back on their word, (and) not being able to talk to anybody when serious problems arose" (McHugh 2007, p.193).

The general ethos of the Department was questioned by the carers in relation to supporting a genuinely professional approach. Instead, issues were compounded because *"it doesn't usually pay to complain, you get branded as difficult"* (Sue). Even if a carer does air the issue *"it will still get pushed under the carpet, and go nowhere"* (Gillian, kinship carer) and potentially create difficulties for the carer. Sue went on to say she saw the department as *"experts at shutting us down with anything that implies criticism, even if it is warranted and they know it"*. This reinforces the reason carers embraced the unstructured approach of this study because it enabled an airing of the tensions and anomalies.

Sue posed some rhetorical questions about social work and professionalism:

If they are more concerned about doing all the departmental stuff right, then that means they are not always doing the right things by these young ones, who are all different. That doesn't fit with the social work stuff and how they should be working, does it? So how can they say that's professional? What does professional mean anyway?

Sue's quote mirrors Parton's (2003) argument that, when risk management dominates front-line social work, it becomes more about making a decision that is defensible to the bureaucracy, rather than right for the child. There is no doubt that professionalism nowadays involves working with ambiguity and uncertainty.

Respect

Respect, as always, was seen as the overarching factor that would make a crucial difference and engender a different approach. Sue, reflecting the universal view, made the comment *"If they respected us... what we do... they would support us"*. Certainly the wish for acceptance, understanding and talking through things with Child Safety was palpable in interviews and can be gleaned, overtly and covertly throughout this thesis. Carers views often aligned closely to literature relating to the professional-client relationships in child protection where the relationship was all important in creating change. De Boer and Coady (2012) related that such relationships are basically about good "human relations in general – treating others with kindness, respect and dignity; being honest and genuine; and striving to understand and work collaboratively" (p.41). This quote captures the essence of what carers were requesting in their relationship with Child Safety.

Anne Butcher, a colleague who worked in the child protection statutory system, conducted her doctoral research regarding the training of foster carers (Butcher 2005). In her thesis Anne acknowledged that she had entered the research with an ambivalent view of foster carers due to some negative professional experiences. She notes that she suspects other child protection workers hold similar attitudes due to comparable experiences (Butcher 2005). She further identifies that her research "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" (Butcher 2005, p.25). The solution she sees is less pressing workloads allowing time to developing relationships based on mutual respect (Butcher 2005).

My observation and perception in working alongside child protection workers is similar to my colleague, in that I believe that heavy workloads and a multitude of stressors significantly impact on workers leaving insufficient time for the building of supportive and understanding relationships between carers and workers.

However, it would seem, based on the results of the workforce survey (QCPCI 2013b) detailed in the preceding chapter, that reduced workloads for CSOs might be more aspirational than possible.

Foster Carers

A range of scholarly publications have advocated for caring to be a more professional role acknowledging that the needs of the children coming into care and the expectations on carers exceed those of a basic parenting role; require greater level of skills, support and training, and call for suitable remuneration (Borthwick-Duffy, Widaman, Little & Dyman 1992; Chamberlain, Moreland & Reid 1992; Corrick 1999; Kirton 2001; George & van Oudenhoven 2002; Hutchinson, Asquity & Simmonds 2003; Kirkton, Beecham & Ogilvie 2003;; Waldock 1996; Reichwein 2003; Hilpern 2004; Butcher 2005; McHugh 2007).

Carers were in full agreement that foster care had become increasingly more complex. They attributed this to the numbers of children requiring care combined with a lack of placement options, the diverse range of needs with which children present, requirements for increased contact with parents and the demands from Child Safety.

Things have changed. More kids with more problems. It's not like one of your own… you've got to give so much more to these kids and think about a whole range of different needs and parents are part of your life and so is the department. It is more professional but at the same time it is still mothering at the end of the day (Sue).

There's a whole lot more that's about abuse these days. If a child is neglected or there is DV they come to us where they wouldn't have in the past. There's a whole lot more things the department looks for and that brings them to our door. It is a more professional-type role… it's like I provide professional mothering…how does that sound? (Sonia)

Just as they considered the term ‘professionalism” lacked in clarity as it applied to CSOs, they thought professionalism as it applied to them was a confusing topic. In part this was due to the CSOs usage of the term. In the same way they were labelled ‘over-attached’, carers were told to be ‘professional’. The concepts were sometimes conflated as in Melanie’s case when she was told *“it’s all about being professional, you can’t get too attached”*. It may be an easy put down for CSOs to say a carer is not being ‘professional’ but it is also an inappropriate use of power in a controlling rather than enabling way. It also detracts from the needed discussion regarding professional foster care.

The confusion was graphically illustrated in a conversation at a support group where I was a participant as observer. The conversation unfolded after a carer directed a question towards me asking what I thought professionalism meant. For the purposes of this vignette – ‘I” is myself as the participant-observer, ‘FC’ relates to foster carers with numbers representing different carers and finally ‘KC’ represents the one kinship carer who participated in the discussion.

I: I think it reflects that your roles are so much larger now and the range of needs is more complex. Caring is more than just parenting, it takes extra skills and so it is seen that those aspects should be recognised with caring seen to be more professional.

FC1: *But without pay or other things workers generally get?*

I: I think pay and resources are part of the discussion about professionalising home based care but at the moment it relates more to acknowledging the skills required and what could support you in the way of training… and other things that will help you in what you do.

FC1: *So they don’t think we are professional now?*

I: I believe a lot think you are doing work that should be seen as professional so yes they do think you are professional now.

FC2: *It's not really clear is it? So why don't they talk to us?* (laughter from group). *What about Joy over there who's got her grandson? Joy, do you want to be a professional?* (more laughter)

Facilitator: I don't think any of us are clear but it does mean that they know you do a tough job.

FC3: *So would respite carers be professional?*

FC4: *Don't worry about it. It's not going to happen. It's like 'partnership', they say it but that don't mean it happens. It's just the same.*

FC1: *Yeah you're right. I guess we will hear what they decide and they put us in the same box even if Joy (*grandparent) *is different to say me* (long pause, laughter).*OK this is too hard I say we have a coffee.*

KC: G*ood because I don't get any of it…*

Morning tea dialogue

FC5: *You know it sounds like it is assumed we are not professional but they* (CSOs) *are. I don't think they always are. Often they don't know early childhood stuff, or how kids behave and they don't like me telling them. They need training too on some of this stuff.*

FC4: *Yeah but the way they talk is as if they know everything. Heaven forbid we can offer them something useful from our experience... especially when a lot of them have never parented, never had anything to do with drugs…*

FC5: *And the rest. I agree totally, totally! But what's annoying is when they try to talk down to me. What I do is ask them a question about behaviour or whatever it is and you know if they flounder, or close up shop that they don't know much. If they are open it is fine but it is a worry when they don't know but try to bluff.*

KC: *They don't get us* (kinship carers) *that's for sure.*

FC1: *But there's a lot at stake for them to show they are professional, at least in their mind.*

Foster carers in the study generally felt they were professionals at caring while kinship carers did not like the term applied to them. The peak body for foster carers, FCQ (2012) also argues that foster carers are professionals and it is treating them with contempt to say that they are seen as something less. The same organisation (FCQ 2012) suggests that the current culture which sees them as less than professional only compounds the inability to recruit to the ranks of carers.

5.6 Discussion

Based on the findings above it is clear that there are divisions between the lives of carers and CSOs. One could be forgiven for sharing the view of Baines, Evans and Neysmith (1992) that the type of approach Child Safety is taking is a "male and scientific professional model (that) helped to devalue and discount the science of an ethic of care"(p.40). There is no room for 'love' in this approach and Morley and Ife (2002, p.69) propose that "there seems to be a tendency in professional discourse deliberatively to avoid the word 'love' even where its use may be both appropriate and obvious".

Lost is relationship based practice (Arney and Scott 2010), and the qualities of empathy, respect, genuineness and optimism. These are aspects indicated by research to be important when engaging with vulnerable families, and yet they are lacking in child protection practice according to Arney and Scott (2010).

This chapter also found that CSOs are underprepared and lack support and training in relation to working with carers and children. Carers noted that greater support and training for CSOs was needed which should include, as Thomson (2007) suggested, reflective supervision and acknowledgement of the ambivalent relationship between the two parties. Paradoxically there are similarities for both CSOs and carers in feeling unsupported by the child protection system with both needing "better preparation and support for their respective roles" (Thomson 2007, p.344).

This chapter has further built a case for Child Safety to relinquish the stance of formal 'expert' professional (Green, Gregory & Mason, 2006). The interviewees felt, as did Freud & Krug (2002) that many CSOs want the same thing: to *"just talk normally one woman to another who both want the best for them* (children)*"* (Anna, former carer). However this would need colleagues and management to value "personalised professional relationships" (Reimer, 2014, p.329).

Users of services have repeatedly identified the relationship they have with the worker is the most highly valued aspect of service, and it has been acknowledged that the quality of the relationship has a large bearing on outcomes for clients (Chu & Tsui 2008; Chu, Tsui & Yan 2009; Ward, Turney & Ruch 2010). This is because it involves interest and belief in the person, acceptance, support and belief in change and non-scripted responses, trust, caring, understanding (Allen & Potten, 1998).

Carers also related a similar message about the importance of their relationship with CSOs. In the spirit and importance of the "quality and value of the experience" (Parton 2003, p.3), carers in this study valued conversations where they could talk about what was happening for them. The ensuing conversation allowed them to make sense of their experience, and from this consider options for change, coping and control. Building an understanding relationship is hard, especially when they feel much of what they say gets *"swept under the carpet and dismissed like I was silly for bringing them up"*. For carers already faced with Child Safety practice where often *"what they say and what they do are two different things"*, personal differences add to the recipe for conflicted relationships between the two groups.

This chapter has opened doors on the challenged and challenging relationships between CSOs and carers, highlighting the difficulties for both in working in such a constrained and regulatory environment. It might be assumed that carers find it virtually impossible to navigate through some of the difficulties highlighted in this study. However the next chapter reveals the strategies carers use to find their way through and around the barriers. It also introduces the contrasting, but interrelated, perspectives about contact with parents. Not only the concept of 'mother blame' but carers' views, and practice, of extended care and support to children and their families are explored.

Chapter 6: Constrained support

"the competing demands, conflicting expectations and differential access to power and resources structure the contested terrain of foster care in which these women may find themselves competing with one another to serve the 'best interests' of the child" (Finn 1994 p.385).

The previous two chapters have focused, and shed new light, on the competing and contested nature of relationships between family-based carers and Child Safety, reflecting the dominancy of themes related to that particular nexus. The exposing of multiple barriers for carers poses the question as to how carers navigate through such a complex system. This implicit question is responded to in this chapter with carers revealing a 'Pandora's box' of overt, and covert, strategies they use to mitigate the inherent tensions they encounter within the system, and in their relationships with CSOs.

Also revealed in this chapter, is a significant component of invisible care which carers provide outside the parameters of statutory mandates, including after reunification, to children and families. This care seems at odds with the initial findings of tension between carers and parents regarding contact and visitation. Indeed, carers also talk more about 'mother blame', but along with blame they also show compassion. Finally, a significant, new finding relating to *habitus* (Bourdieu 1977) emerges from these revelations, which will be explained and discussed later in this chapter.

6.1 Navigating around the constraints

Carers preference was always to engage with CSOs in personable, open and honest interactions, hopeful of building a relationship that met the 'ideal' espoused by Child Safety; that of an egalitarian partnership. Indeed, a point carers wanted highlighted was the major benefits for the CSO, carer, parent and most particularly the child when that occurs. Rebecca described one such partnership:

Lesley was great. Lesley was her case worker for oh about 18 months or something. She came in new but she took the time to listen to me, to Shawn (foster child) a*nd even my kids. She kept* *to her visits and we actually had the case review when we were meant to. We were having a problem with his mum and visits. It was pretty yuk. It wasn't working out for anyone. Instead of jumping to conclusions that we didn't think mum should visit, Lesley listened, then talked to Shawn and then all three of us talked about how it could work better... around the kitchen table just like we do as a family. It wasn't all formal. From there things happened. Lesley gave mum a ride to the next visit at my place and we all sat round the table again and talked to mum about how it might work better and asked her what she thought. Shawn said to his mum he didn't like visits straight after school and he didn't like them here* (foster carer's home). *It worked out great. Shawn had started playing rugby on a Saturday with Simon* (son) *and I was there helping out with the barbeque. We agreed I could pick Mum up and she could watch him and then spend time with him at the park while I finished helping with the barbeque - so after his game they got a burger and drink and then wandered off to watch my one* (Simon) *or the other way round depending who was playing first. Sometimes they wandered off to talk or to the play area that was close. That was fine by me. She didn't come all the time but it sure broke down barriers... for all of us. Now, while mum is not up to have Shawn back she does feel OK about visits to our place- heck we invite her to barbies and things like Shawn's birthday and other big things in his life and ours for that matter. Lesley reckoned she learnt a lot working with us and I reckon I helped her understand that you can't just see things at the superficial level about us carers and that we are worth listening to. It was great having her and we were so sad when she moved on. But even then she made sure she explained to Shawn and said goodbye to all of us and told us who the new CSO would be.*

Rebecca commented that the particular CSO was outstanding but while others may want to work in the same manner, they often cannot due to heavy workloads and support does not rate as the pressing priority. It is pertinent to reiterate the views of carers that CSOs were not required, or supported, by the Department to work with carers post the CMC Inquiry of 2004. This was largely a result of transitioning support for carers to a non-government Shared Care Agency. Carers found the agency to be helpful and supportive, but nevertheless they still looked for respect and support, particularly when it related to the child's case worker in Child Safety. A number of carers quoted being told by CSOs that "we are here for the children, not you", when attempting to talk to the CSO or impart information about the child.

With the current constraints in mind, carers revealed the strategies they used to navigate through what can be a *"minefield"* (Jenny). Maclay, Bunce and Purves (2006) note that when support is not forthcoming from workers, carers develop their own informal supports and become more confident and innovative, coping better, becoming more assertive and thereby being less willing to comply with child protection workers' demands.

Foster carers spoke in proactive terms of *"handling the department"* (Sue), "*getting around them*" (Liz) and *"fastening things up and cutting out the garbage"* (Laura). They demonstrated an extensive knowledge of the Child Safety and local service system, along with a capacity to problem solve and work with multiple stakeholders that would make any Community Development worker proud. However, most of what carers shared in this study, relating to the ways carers manage the system is not openly shared with the Department. Lilly commented that *"most CSOs wouldn't have a clue what we know, what we do or how we do it"*

The following vignette shared by Sonia, a foster carer of 15 years standing, provides an excellent example of how foster carers demonstrated their networking skills to achieve a desired outcome for the child in care, without Child Safety being "*any the wiser*" to use Sonia's words:

Sonia's Vignette

Fred's teeth really needed work; his breath was foul and he had rotted teeth. The teacher had sent him to the dental clinic. The clinic wanted him to have extra work and they couldn't do it. I took him to our dentist to check everything out and I let the department know what was needed and how much. They questioned the need for the work and complained that I took him off my own bat. Mum visited at the same time and he let her know about his teeth and she had a go at me at not letting her know. It's not like I had the work done without telling anyone. I simply took him to get an idea of the work and the cost to help so I could let everyone know and hurry things up. The bottom line was, as it often is, I had the school and dental clinic asking me what was happening and saying the work was important and them (Child Safety) *and mum telling me it wasn't my responsibility. Child Safety pointed out that I was not his parent and they were the guardian. This is fairly typical. What Fred needs gets pushed aside as we all argue about who should do what and what I shouldn't do. Sometimes it seems hopeless but if you know the ropes then you work it. I've been round for a while and I also knew the school teacher pretty well by then so I said to her "Look if you want this to happen don't look at me - get on the phone to John (*Manager) *not to the worker but to the Manager". I said "Better still* *get Brian* (the school principal) *to ring and say how concerned he is and ask when the main work on Fred's teeth will be done. Man to man - principal to manager - that will work where you and I won't have a good chance".*

I: How did it turn out?

Yeah fine – most of the dental stuff was done. Not all, but I am happy with what was done as he isn't embarrassed now. You learn that it's no use confronting the department head on most times - you'll lose! That's what I say to carers who are still there. "Pick your fights, pick your targets, try to keep it impersonal – the minute you are emotional or you raise your voice most times you've lost the argument before its even been heard".

This vignette epitomised how experienced carers, such as Sonia, navigate through "the competing demands, conflicting expectations and differential access to power and resources…" (Finn 1994, p.385). It also demonstrates how foster carers will covertly change the power differential and move from feeling powerless through "going underground" (laughingly said by Sonia) to get something that they consider was needed for a child's wellbeing. Furthermore, they often downplayed the resourcefulness of their actions saying, as Sonia did *"I didn't think about it, I just did it".*

In contrast, while kinship carers also talked about, or confirmed strategies that they used, they spoke more in terms of using strategies as coping mechanisms, with Val saying it was *"to survive"* (Val), and with that in mind *"not to rock the boat"* (Frieda), and just to be seen to be *" toeing the line"* (Kim).

As was often the case in this study, when one carer decided it was safe to share an aspect of care that was generally invisible or taboo, it seemed that others followed. Indications were that the informal, and very active, grapevine between carers benefited this study. Whatever the reason, by the completion of the study a veritable treasure trove of covert and overt strategies had been shared. The main themes are now described:

6.1.1 Using informal supports and networks

Using informal supports and networks is a well-known strategy to obtain support (Sinclair, Gibbs & Wilson 2000a,b) as has already been evidenced in carers' narratives. Carers utilise their informal supports in many and varied ways but the important element seemed to be the unconditional, non-judgemental aspect from someone who *"just gets me"* (Sue) meaning the carer did not need to go into convoluted explanations or reasons about needing the support. They knew the person would be there for them in the way they needed them to be. Jenny said:

Thank God for family, friends and other carers. The ones that understand and are there to give a helping hand without giving the third degree. The Alternative Care Agency is good too. In the hustle and bustle though it's the ones who understand and can be there that keep me going when things are tough.

A vignette showcasing the importance of informal supports was one shared by Grace after she did not receive a timely response from Child Safety. Grace was faced with a highly emotional 14 year old foster child (John) who had gone on what Grace described as a *"destructive tantrum"* coinciding with what should have been school drop offs. Grace talked about how she worked through it when no one from Child Safety or the Shared Care Agency (the non-government agency funded by the Queensland government to support carers) was available. She started with a phone call to Joyce, a mother whose daughter was in the same class as her daughter and whom she knew drove her daughter to school. They had become acquainted and had previously helped each other out on occasions. In this case, despite already dropping her own daughter off, Joyce returned to pick up Grace's children.

A second call was made to Grace's husband, Tom, despite him being a little distance out of town doing work. Tom duly dropped what he was doing and came home. His presence clearly gave Grace both emotional and practical support, as they talked to John and combined to clean up the damage. Tom then took John to school. Grace said:

I was lucky I had Tom. It was just good he dropped in and John listened to him. It was better Tom took him to school and the teacher didn't ask for an explanation- sometimes when it was me they did; or maybe I thought I had to explain. It also helped that we all cleaned up and had a chat… John could see we were a unit, if you get what I mean.

Grace then rang another foster carer to *"talk to someone who gets it. We even laughed about it - that's what gets you through"* which showed yet again the importance of social supports. As in Sonia's example above, Grace conveyed that her problem solving was a result of *"kinda going on remote control so it worked it out... that's what it is about… that's what you have to do"*.

6.1.2 Going to a higher level or experienced worker

A 2011 Australian study found that even though carers may have a new worker they will often ring a former worker, who is likely to be more experienced and that this resulted in carers spending less time than otherwise in resolving problems (Forbes, O'Neill, Humphreys, Tregeagle & Cox, 2011).

Foster carers in this study certainly used this strategy, having worked out the workers they were more likely *"going to have a sensible discussion with"* (Melanie), in order to get the quickest resolution to a problem. Going to a previous worker, the team leader and the manager were common strategies:

I say the worker is not available and 9.999 times out of 10 that's right so I ask for the team leader or manager and say something like "they would really want to know about- whatever the particular thing is - I know how busy they are but could you put me through so I have met my obligations. The obligation thing works… I don't feel bad cos they do need to know or I do need an answer (Gloria).

It pays to know who's who in the zoo if you know what I mean… it's no good going to the CSO if she doesn't know the kid and doesn't know the ropes properly herself. What do I do? Well I know the team leader pretty well cos she used to be the case worker and was pretty good and she has stuck round so has seen most things now. Ages ago when we had a crisis I actually got her direct number that I was meant to immediately forget about cos you are meant to go through the main number... anyway I ring that. It's no longer her number actually but I simply say 'Sorry!' and 'I must have been put through wrongly. Could you please connect me to Ashley?' They think I have been put through so I usually get connected to her (Sue).

On the important stuff I go straight to the manager. I reckon I have paid my dues and so when a big decision needs to be made I phone and say something like 'I need to be put through to Frank (Manager) *straight away please'. Because Frank sometimes asks me to talk at foster care and CSO training generally* (laugh) *they figure when I use that tone and say I need to put through that he has asked me to phone so they do it. He'd have to make the decision anyway so it saves time* (Liz).

6.1.3 Telling 'little white lies' or 'fibs'

Also revealed in these anecdotes is the willingness to tell 'fibs' to get to the right person. The telling of 'little white lies' also applied to the deliberate strategy of simply telling Child Safety what the carers believed the departmental staff wanted to hear.

She (CSO) *asked me how I thought the review meeting had gone. She was clearly looking for me to say it was good. I can't say it was really bad because Jake wasn't included and Lauri's* (his mother's) *views didn't even come up. In the meeting I had been asked about what I thought but I wasn't really listened to if you know what I mean. I was asked because she thought she should but in reality she had pretty much already worked out what was going to happen and we simply agreed. It wasn't the worst meeting I had been too and Jake, Lauri, me and the other kids can all work with it so I said to the CSO that the meeting had been good. It was what she wanted to hear* (Sue).

I was actually asked by the Manager what I thought about my CSO and the contact by them with the children. I could have asked him which CSO and what contact? We have had two CSOs this year so far and haven't had the review we are meant to have. However (smile) *I just said it was good. That's what he wanted to hear and that is exactly what he said 'That's what I want to hear'* (laugh). *I wasn't going to get offside with him. He's actually an OK Manager and I want him to be there if I do need him to listen. If you are seen as a whinger I don't think you get listened to, even if you have a reason to whinge* (Cheryl).

6.1.4 Getting a male partner to call

Another strategy that was spoken of by several carers was getting their male partner to phone the department. Carers suggested that a phone call from a male was more likely to be connected to relevant staff than they would be. This speaks to carers' perception that they lacked status, and this appeared to be associated with gender, with CSOs responding more quickly to a male than the female carer. It also has implications regarding lack of respect and support. Sue and Cheryl spoke about:

I have found that getting Fred (husband) to phone gets a more prompt reaction than if I phone. I sometimes get him to phone and then if he gets the worker he says "Here comes Sue now - I will just put her on and she can explain (Sue).

If I know it is going to be tricky I get John to be there as well. It is amazing but they talk differently and will address things to him and listen to what he has to say even though I have said the same thing to them previously. It often works (Cheryl).

It also shows that men are a resource in their own right. Carers definitely did not undervalue their worth and often referred to the difference it made to have their partner there, not only for them, but the children.

6.1.5 Not telling the department

The strategy of 'omission' appeared a constantly used strategy with a view to avoid a convoluted process or a possible refusal about something. In other words, carers selectively chose what they shared with the department, after assessing whether it was safe to do so. Sometimes this was a deliberate tactic, such as recognising the 'taboo' topics and avoiding them. At other times this strategy was instinctive and automatic. Examples included:

There are some things it's not worth telling them. We are meant to advise if the children are at someone's place over a certain time or we have to get someone else to look after them. There's the whole Blue Card thing for people who come regularly to your house. At the same time we are often told to treat them as we would our own. Well! Our own go over to their mates, or are looked after by someone else (pause) *do sleep overs and all that. So, if I am confident they will be safe and it is a normal thing for any young person then I don't bother ringing the department. It saves a lot of rigmarole and embarrassment for the kids. Telling the kids I have got to get permission or tell the department when they may be with their friends isn't fair to them* (Gloria).

It's hard to keep to scheduled visits when it's your daughter. How do you keep to that? As long as she's not off her brain I'm not going to tell them (Frieda, Indigenous kinship carer).

Sometimes I don't tell them (Child Safety) *things... it just happens that way…they visit or phone and I don't get to say much... sometimes I think later thank God I didn't mention it cos it would have meant they would have gone on and on about it* (Vivian, kinship carer).

Kinship carers shared a number of instances where they opted not to let the department know because it would cause what they considered undue scrutiny and difficulty for the family. I do not have permission to use some of the examples, due to their concerns of anonymity in a small sample and the view that without the full context and understanding of cultural and family nuances, kinship carers could be seen in a less than flattering light.

In essence, this strategy of 'omission' was in itself a use of power, much like young people not telling their parents everything, although the carers did not view it that way. Yet, it was clear that if carers felt Child Safety or the 'professionals' would not give them agency they found ways to claim it themselves, in a similar way to a young person seeking ways to claim self-efficacy.

6.1.6 Not criticising the worker or the system

The safety net of anonymity in this study enabled carers to offer a critique of the Child Safety. However they noted that there was defensiveness if they did so openly without this protection.

Nevertheless, carers were willing to *"go into bat for the kids"* (Kim, kinship carer) and risk possible censure, when a child's wellbeing is at stake. However, they generally talked in terms of it *"being safer not to rock the boat in any shape or form"* and several considered *"there is a price to pay"* for advocating for a child. The price they referred usually meant being censured, but there was also a suggestion that they would not be offered other children, or would be excluded from planning, if they spoke out.

Accordingly they thought:

It pays to fly under the radar. It's best not to be seen to criticise them or the department in any way. They immediately get so defensive and discussion is just shut down. It's not worth it. In saying that I will go in to bat when their (children's) *wellbeing is at stake* (Cheryl).

… they said it was disappointing I was being so negative. They say that sort of thing if we dare to raise an issue about their approach, or contact visits that aren't working. They don't talk it out; they change their tone and make it seem I'm the unreasonable one without even finding out more or hearing the whole story. I learnt early to watch what I say that's for sure and it just became second nature (Dianne).

I am careful what I say not to upset them because it can easily turn into a battle of sorts. My greatest wish is that they (the department) *weren't so scared about something going wrong so they shut down anything that suggests they are wrong. The stupid thing is we all want the same thing for these kids* (Gloria).

I also found that in talking to Child Safety colleagues about the study and some of the findings I also encountered the same involuntary defensiveness. Despite colleagues acknowledging the system was flawed their reactions reflected a sensitivity to any perceived criticism (even if it was offered in a spirit of collegiality). This is perhaps understandable, after being continually subjected to "having bullets fired at us from all directions" (informal comment from a CSO). Indeed, both carers and myself, at times were uncomfortable with exposing the flaws, knowing how this might be seen as yet another personal attack on well-intentioned and hard-working CSOs doing their absolute best in difficult circumstances (Lonne 2012). However, much of what carers' revealed was not only to emphasise that they needed greater support and respect, but that CSOs also needed and deserve the same. It would be hoped that the child protection system would support genuine professionalism which is open to hearing the issues from all parties and working in partnership to create the best possible outcomes for children. The *Stronger Families* reforms offer some hope in this direction.

6.1.7 Not asking for support

Carers have previously noted that they think twice about whether it was worth asking for support and this was often in relation to client related costs. Even though they have a right to ask, they found having to explain in detail and being questioned, sometimes felt like *"an interrogation"* (Sue). Below, Michelle and Laura respectively talk about their views about asking for client related costs:

You have to weigh up whether it is worth it if you are asking for client-related costs. Again it depends on the support of the CSO and what they are like but sometimes it's better to just pay ourselves rather than go through the process and often the drama if they don't agree (Michelle).

They have preconceived notions about what they should pay for. In one case I went to them to ask for support for child care for Sandra (foster child). *Sandra was on her way to going back to her mum and I genuinely thought if Sandra had child care and it could be kept up when mum got Sandra back it would be so much better for both. Mum wouldn't have the whole burden and there would be role modelling and Sandra would get interaction with her own age group and they have educational programs. I honestly,* ***honestly*** *went with the best intentions for Sandra... and mum I thought. I came away feeling selfish after being told that would be double dipping and I was getting an allowance to look after her so I could pay if I wanted a break, but they would need to know what was put in place. The allowance covered all the basics but the child care cost would have meant us dipping into our money, which at the time we couldn't do as we had all the insurance and car rego coming up. Anyway I learnt and I will sometimes not ask for help if it is going to be a saga. Oh! By the way Sandra went home and mum struggled and I heard she was back in care. Now I'm not saying child care would have sorted everything but it would have helped combined with other support for mum and Sandra* (Laura).

This is congruent with the Thomson's (2007) findings in a study of child protection workers' perceptions of foster carers in regional Queensland where there was some disapproval if carers were seen as demanding about financial resources. There was criticism if carers "always had their hands out for money" and for some this extended even when carers were seeking payment for items to which they had automatic entitlement (Thomson 2007, p.341).

6.2 Navigating outside the shores

The narratives shared by carers illustrated their understanding of systemic constraints which prevented supporting parents. However, compassionate relationships between carers and parents can, and do, occur given time and opportunity. Indeed, this study identified care arrangements extended to children and their families beyond the course of the mandated statutory care arrangement.

This is an important finding and three vignettes showcase the phenomenon of carers providing support to children and families in ways that were not only practical and caring - but previously undisclosed. Given the invisibility of such shared care, delivered without any mandate or supervision, carers firstly hesitantly gave permission, and later enthusiastically, to provide the examples in full and verbatim.

The first vignette from Liz evolved over multiple discussions during a four year period about a particular young mum and her baby. It is instructive in that it shows the initial blame, then compassion, followed by support as part of a fluid and evolving relationship.

6.2.1 Liz and support of a young mother with a baby

First interview

I have had a few babies on short term orders. One straight from the hospital because it was too risky to let mum out of hospital with the baby. Better these bubs are safe, they don't ask to be brought into the world.

Second Interview (five months later)

(talking about the mother whose baby had been brought into care from the hospital after the birth). *She's such a young mum and all by herself, no job, no home, she'd been using and that's why bubs came to us… you know the scenario. How can she look after bubs! From what I gather she doesn't have a hope of looking after her and I don't know if she even wants to. She's not turning up to all her visits because of transport she says.*

Unscheduled discussion at Liz's request (nine months later)

Liz requested to talk to me after reviewing her transcript of the second interview:

That bit about the mum and bubs, it turned out to be a good news story after all. Once I got to know her and kinda broke through the tough girl image, she opened up to me. She did have transport problems. I worked out that I could swing her way after school drop off, to save her a bus trip and walk… you know what buses are like here and she had no other transport. We bathed bubs together, fed her, changed her and talked. No-one had really looked at what she needed in practical ways. I know the system and have been round so kind of made it my mission to make sure she did the right things the department would need to see. I even became a mouth piece for her with some services and with the department. She got bubs back. She keeps in touch.

I: Your support helped?

Oh yeah but she should have had support earlier and it is a shame that bubs couldn't have gone with her from the hospital ***if*** *she had had help and somewhere to stay first off out of hospital. Shame someone couldn't have done what I did without her and bubs getting so upset at being parted and of course it's tough when bottle feeding is then a 'have to' rather than mum breast feeding if she wanted to and creating that bond. Still they have bonded and I am proud of her.*

Phone call recorded over 'open line (Twelve months later):

Liz phoned after I had emailed the quotes I was using of hers for this thesis, saying:

I may as well tell you the whole story since we are putting it out there and I know this one is going in (written in the thesis*). So here's the last bit. My daughter Felicity met Mandy early on and they got on. It actually helped break down some barriers early on cos Felicity had just had a bubs and was calling on me for a bit of help. Anyway what I haven't told you was that Mandy crashed here sometimes when she visited instead of going back to the caravan that she was in. The department would have had a fit. Best they don't know some things. Once reunification has occurred it has nothing to do with them. Mandy and Sandra* (baby) *know* *there is still an open door if they need it. Now to the bit about Felicity, they are still in touch and Mandy will turn to Felicity if she needs to, or even to have a chat about their babies. I reckon between us we have kept her pretty clean* (drug free) *and in her flat. We drop off groceries if it's a tough patch but she's linked her in to George Street where she can get emergency funds but also take bubs... not really bubs now, Sandra's nearly two years old, to playgroup and talk to someone if she needs it. She feels safe in asking for help and she's just started a child care course at TAFE and George Street arranged child care at no cost to her so she can do it. Good things do happen hey. It's all about support, right time, right place. It's not that it has been all smooth sailing but when is looking after kids ever smooth sailing particularly if you're a young, single mum on welfare? OK now it's the end of the story, honest* (laughter by both of us).

The relationship between Liz, Mandy and Felicity has no time limit. In essence while Liz did not extend her care under any mandate or model it does resemble that of a shared care model called *Mirror Families* (Brunner & O'Neill 2009) a model in Victoria, which will be described in greater depth in the following chapter. Mirror Families builds extended family connections, around vulnerable families, which can play a significant part to support parents and help with children's development. This model is about "how a 'village, or extended family, can be created for each child so that lifelong (and beyond) supportive relationships can be established and nurtured" (Brunner & O'Neill, 2009, p.4).

6.2.2 Karen and post reunification support

This second vignette very much illustrated the informal and spontaneous response to needs that often happens. In this case Karen saw it as an extension of the care she had already provided. She did not think twice about it, even though she had other children in care and was exceptionally busy. Karen's story entailed:

..the two (children) *went home. They* (parents) *had got a rental and he* (dad) *had some labouring work; it was casual work but it convinced the department it was OK for the kids to go home. Before that they were basically all over the place and the kids hadn't been getting to school and if their car worked and had petrol in it that was a miracle. But I could see they were really going to struggle.*

I: Struggle?

Oh, young parents, two kids one after the other, no money behind them, no family and no idea of how to manage two kids. They said themselves they didn't really have a clue. It was them that told me what was going on for them. The department didn't. He'd been in care himself and she had been tossed out of home when she fell pregnant so it isn't a recipe for success is it? Anyway we were told the kids were going back and that was that. I asked about what help they were going to get and it was nothing really. I asked if I could stay in touch and was told it mightn't be the best idea as the parents needed to demonstrate they were capable of parenting adequately and with the children no longer being fostered my attention needed to be focused on Lisa (long term child) *and any new ones. In changing over with the kids I couldn't help myself, I asked mum if she would like to stay in touch and have a hand. She jumped at it. He* (dad) *was a little reluctant and I get that cos he said 'We don't need* (expletive) *lectures on what we are meant to be doing!' I just laughed and said I needed every bit of help I could get when mine were little so if I could do anything to help I was happy to. They wanted to know if the department had asked me to and I said to them that the department had nothing to do with it and in fact had suggested it wouldn't be a good idea. I know, I know, that I maybe shouldn't have said that but it sure sold them on staying in touch, thinking that the department had nothing to do with it and that we were going to do it without their knowledge. Sorry this is getting a long story isn't it? It's just there are good things we do that get lost in all the issues.*

I: You stay in touch?

Oh yeah. What's more I rang a friend who works occasionally at the Neighbourhood Centre near them as a family support worker and asked if there was anything that might help them. I knew they didn't want to go anywhere near the department so had to convince them they were 'anonymous' just like anyone else using the centre and they could get some help. I wasn't sure they would actually go so I picked up mum after the school round one day and went in with her. My friend knew I was coming and I had asked her to try to break down the fear that mum had. Sally (friend) *made sure we timed it when a playgroup was on so there were lots of parents. Yeah it's worked great. They got some initial ER* (emergency relief), *Fiona* (mother) *sat with the playgroup on that very first visit, and was really happy she wasn't treated as 'dysfunctional'; that's what she said. To cut a long story short my friend sorted out some child care so Fiona has a break but there's role modelling for her and the kids, on other days mum goes to* *playgroup and she also went to a young mums group that was held, and has gone to a budgeting workshop. My friend says she's one of the good news stories and says she is going great guns.*

Karen went on to say in an informal conversation later with me that she diffidently ventured saying something at a forum to Child Safety staff about staying in touch with children after they went home, and wanted to talk about ways carers could support families. She spoke of feeling disappointed by the response by representatives of the department, that is, while contact could happen, it wasn't generally something they would support because carers weren't social workers or family support workers and it could risk the child re-attaching to family. Karen also related that she was approached after the forum by her current CSO who wanted to check she 'wasn't doing anything untoward' in staying in touch with children who had left her care without telling them. Karen said she felt guilty but she 'fibbed' and said 'no' to the CSO, but justified it in saying she did not think it untoward because it worked for the family so it wasn't really a 'fib'. This is another example of using 'little white lies' on the basis that the end justifies the means.

6.2.3 Laura and post reunification support

Laura's story somewhat resonates with Karen's, also helping out the children and the parents after reunification. Laura spoke about receiving a call from a *"fairly frantic mother"* a short while after the children in question had been reunited. Laura said *"the first call was to say they were scared the school was going to report them again as they were having trouble getting the kids to school. Their rental was on the other side of the river from school. The car battery had gone flat and petrol was an issue. Laura went on to say that "They really didn't know how to handle money and there wasn't much to go around. Maybe they were partly at fault but I knew they were right about Education and Child Safety having their eyes on them".*

On the occasion in question Laura packed up a baby in her care and went and picked up the children to get them to school. She joked that *"dad had to get left with the car because I didn't have enough seats"*. I found it particularly interesting that Laura had gone to such lengths on this occasion, even accompanying the mother into the classroom *"so they wouldn't get in trouble cos the school knows me"*. She added that she just *"hoped to hell that they didn't mention to anyone in the department that I was still involved"*.

I asked what she meant by this being a *"first call"*. She responded by saying that she had told the mother and father to ring if they got in a fix and they did, but it wasn't often needed. She explained that she knew about the bus subsidy scheme and had made sure they got it so the children could go to school at no charge. In so doing, Laura did not just support the family in filling out the application but *"finding out that it left just down the road from them at 8.15 and would get in at 3.35"*. Laura obviously went to some trouble to support the family on a number of occasions but she shrugged it off when I made that comment to her, saying that it was nothing and easy enough for her to do.

It was interesting to hear how in the cases of the carers above opinions can, and do, change and friendly relationships can be formed with the parents, particularly the mothers. Information makes a difference and often it is not information that comes from Child Safety but informally from the child or the parent themselves. Grace talked about an example where the young person in care explained about her mother's circumstance, changing Grace's perception of the mother. Grace explained how the information was provided and how that helped:

I really thought her mum didn't care. I have been told there had been domestic violence that had affected Casey. I thought mum had chosen him over Casey so was really annoyed for Casey when visits didn't go to plan and Casey got hurt. But then Casey told me that mum had moved out but was really struggling. I got a different picture. I rightly or wrongly talked to mum about her circumstances and realised she didn't have transport, was staying with a friend and had found a casual job bar tending and sometimes her shifts overlapped or she was doing extra shifts to try to get a bond to establish herself. Shame I didn't know earlier as we were at odds with each other. This is where there are good news stories you know cos I could tell her how to go about getting help with a bond and where to go for some support. .

I: How did you know?

From another carer, she's actually the FAST (Foster Care and Advocacy Support) *rep, and been round for ages. She had been through it with another mum and knew where mum could go for some support.*

By the conclusion of study, indicative findings were that these informal relationships offering practical and emotional support, particularly at times of crisis to children and families, were not unusual. Interestingly, others have noted aspects that are seen as beneficial in relationships between workers and parents: such as the attentive and non-judgemental nature of the support and providing for the parents' immediate crisis needs in practical and emotional terms (Fernandez & Healy 2007).

Additionally, as in the case of being successful in navigating through the child protection system, carers felt a sense of achievement in this extension of caring to include parents. This also gave them a sense of pride and served to re-motivate and build their resilience. While carers were driven by altruism to provide support to children and as such were very child-centred, the findings of this research study demonstrate that this humanity can be extended to families.

In the case of extended care, outside the parameters of Child Safety, carers enjoyed the freedom to offer support as needed, when needed with no organisation dictating how care should be provided, for how long or being overly risk averse. While they identified that Child Safety appeared to often view extending care after reunification as not being beneficial for the child, they felt the building of an informal and friendly relationships worked well for everyone, particularly the child.

6.3 Mother blame

In exploring the relationship between carers and parents it is important to firstly acknowledge an enduring theme that came through in carer's narratives was one of mother-blame. A common refrain in this study was one of ***'I can't understand why she won't put her children first'***. Where domestic violence had occurred a frequent postscript was ***'I can't understand why she wouldn't leave him'***.

I have put these comments in bold and presented them unattributed since they were heard innumerable times during this study. These utterances were not isolated to carers, but also came through strongly in interviews with secondary stakeholders, and informally with friends, colleagues and community members (including from colleagues in child protection and family support).

Carers were often at pains to point out that it was Child Safety that firstly allocates blame. This resonates with the research literature: ‘Mother blaming’ is not a new term, and has been used by some scholars to describe the nature of child protection work (Davies and Krane, 1996; Caplan, 2000; Featherstone, 1997a). In my study, an informal comment from a CSO that “a mother needs to protect her children; that’s the bottom line” was reflective of a shared view conveyed to me by both Child Safety and carers.

In the eyes of carers, the very fact children enter statutory care arrangements after they have been assessed as being at risk of, or having experienced, abuse automatically assigns blame to parents. Clearly parents have been assessed as not being able to adequately care for their children - a role to which foster parents are devoted. I must caution, though, whilst I have used the term ‘parent’ it is primarily the mother to whom carers assigned the responsibility of protecting their child as will become evident in this chapter.

Having established that foster carers strive to achieve a ‘super-mum’ status it was perhaps understandable that carers frequently drew comparisons between their care and the care the mother had provided:

These kids come into care cos their parents can’t look after them properly and sometimes a lot worse. They may not have a house or a decent place for the kids to live. That isn’t going to change any time soon. They don’t have a job and not likely to get one cos they haven’t had schooling and don’t know about parenting so the kids are being dragged up and then there’s the drink and the drugs. The list goes on. All the same a mum has a responsibility to put her children first. They don’t ask to be brought into the world (Anna, former carer).

For carers their sole mission was all about:

... making things better for them. With us they have their own room, decent food, they get to school, they have a case plan and a health plan. They don’t get those things with their parents. I know it’s not popular to say but it’s true- what we can provide their parents can’t (Karen).

This unwavering focus on the child's needs did not include knowing a range of information which would help them understand the child's and parents' perspective and situation, as illustrated in Chapter 4. Foster carers were not told whether the child had been the subject of an 'at risk' assessment or whether a case of actual 'substantiated harm' had been established against their birth parent/s. It was also common that carers would not receive information about what the child needed from their care. A general, simplistic view of the child's situation by carers was summarised by Kim who said:

They come to us with a whole variety of needs because their parents aren't fit to look after them basically. That's the bottom line (Kim).

The extent of the blaming parents appeared to be exacerbated or diminished depending on how successful contact or visitation was, and what supports were available to mitigate issues arising during these potentially tense times. When contact was particularly problematic, with no support to resolve the issues, carers clung to blame, for reasons they perceived as valid. Michelle, former carer, revisited a particularly difficult situation saying:

You expect some change of behaviour because contact stirs up emotions. But in one case he would come from visits saying things like 'Dad said you hate him and you are keeping us away from him'. This wasn't one-off stuff; it was after every contact. I wondered if it was him kinda acting out but I listened in to a call... and yes I know I shouldn't have, but I wondered, and yep dad was really playing on his kid's emotions saying the most awful things. It was designed to really pit the poor kid against us to get even I guess. The one being hurt was Alex (foster child). *I didn't want to bag dad in front of him, partly because I was a bit scared of him* (dad) *myself, but I let the case worker know of my concerns but nothing was done. I reckon she was scared about talking to dad too.*

6.4 Compassion for mothers

Further illustrating the multi-layered dimensions of carers' views of parents was blame and compassion being present. Despite the 'blame game' being very apparent in carers' references to parents, carers nevertheless appeared to uphold the sanctity of the love between the child/ren and their parents and I was surprised by the high value carers placed on this affection. They generally saw the love of parent to child and vice versa as sacred, even if they often prefaced that sentiment with a comment along the lines of *"even if they don't deserve it"* (Lilly). Jenny and Grace's comments below encapsulate the importance carers placed on the concept of love:

Kids love their parents and you have to be careful not to do anything that would harm that, even when it's tough. Their parents are still their parents (Jenny).

Her mum is her mum. Mum may have problems but I know she (mother) loves her in her way and she (child) *loves her back. When mum's off her head it's not good but when she's OK we make it work* (Grace).

There was only a single occasion where a carer said the ties with the parents had been irretrievably severed. That one instance was the result of such extreme emotional, physical and sexual harm to the children in question that it caused the children themselves to withdraw allegiance to their parents.

While one of the dominant themes of the study remained carers' apportionment of blame to mothers, carers also showed an understanding of Queensland's 'preventive-surveillance' approach. They were aware that needed support and resources were not made available to struggling families. Rather, carers knew, it was likely that Child Safety would view the child as being at risk and so remove them from their family. (Douglas & Walsh, 2009). Carers expressed some ambivalence regarding the approach saying"

I know… we all do… that it's bizarre that the way kids get support is to be reported to Child Safety. It may be nuts that they will pay heaps for the kids once they are with us and not before but that's the way it is (Sonia).

It's weird when you think about it. We get them (children) *only after the fact. We are assessed as suitable to care for these children once they figure harm has happened but we can't help them earlier or when they go home. It's just so narrow. It would be good if we could help earlier* (Grace).

Carers acknowledged the disadvantaged circumstances families find themselves in, and recognised that there was a lack of support to assist families to overcome their disadvantaged circumstances. Additionally, they conceded that Child Safety is a statutory system ill-equipped to respond to the underlying causes of what brought the children into statutory care. Narratives included:

It is hard for her and others like her. We've got a house and car and she hasn't. Once you are in that sort of hole it's tough to get out with rents what they are, and she's most probably never worked, so yeah it's tough. She's also got all of us (carer and department) l*ooking at her. There's not a lot of help out there but she does know we care. We don't lord it over her* (Gloria).

It's OK to say they (families) *should get support but the reality is that they don't or it's not there to get. At the end of the day the children have to be kept safe. It's not fair maybe but that's the way it is. I think sometimes the in or out thing doesn't help.* (Rebecca).

It's kinda weird isn't it? The kids will get support if they are reported to Child Safety and come into care where they get round the clock support from us and others. They wouldn't get it if they didn't come into care and they don't get it when they go home. Unfair, I know, but it is exactly why I argued at times when they talked about children going home because the support aint there (Lilly).

We get an allowance to get the basics for them and I admit I sometimes wonder why someone hasn't spent money earlier to get them family support. Instead they wait till they end up with us. It is a bit strange and if they go back home their parents won't get the extra help they need.

It makes it hard for the family at times cos they see that their kids are now getting their dental done or they have clothes they didn't have before, or they get taken to school and they know, and we know, that they wouldn't get that at home… I know I said before parents need to do more and I do still hold to that but I know they often just can't afford it. Do you know what rents are at the moment? High aren't they? How does a single mum afford it?

Carers expressed frustration when CSOs said they did not work with the family. Some saw it as a choice rather than a policy direction. This also led to adversarial discussions and misunderstandings between carer and CSO, particularly when talking about a child being reunified as cited in the previous chapter.

Carers also spoke about time, opportunity and information being key to developing a caring relationship with parents and CSOs alike, combined with information. A vignette which exemplifies these aspects came from Sue. The different discussions with Sue regarding domestic violence and her view of mothers whose children were in care because of that scourge evolved over time:

First Interview

DV (Domestic Violence) *seems to be getting worse and I have had quite a few (children) because they* (mothers) *wouldn't leave and the police called Child Safety and Child Safety bring them into care. It's beyond me why they won't leave for their kids' sake. As a mother I can't fathom it.*

Second Interview: 6 months later

(after revisiting her comments from the first interview) *Hmm. Let me explain a bit more. That was a bit of a knee jerk comment. Not every case is the same. Some cases you can see this has happened over and over again and you do blame mum for not getting the hell out of Dodge with the kids. Look I do know it's not that simple and often the mum and the kids still love dad and you wonder why and sometimes mum and the kids need more support. Like a few months ago I had a short termer because of the DV. Alexa's* (young person in care) *mum was often late for visits or changed them and I was getting really cranky as I knew how much Alexa wanted to be back with her, particularly when Alexa said her mum had other things she had to do. I actually said something to her mother when she turned up. That's when she let me know she had been trying to use some of the time when her partner knew she was visiting to look at what it would take to move out without him knowing or finding them. I hadn't realised and from what she said she was getting no real help because she didn't know where to go. I felt really bad because she was trying and she was scared. I actually phoned up a service with her who could help. It didn't happen overnight but it did happen that Raylene got Alexa back but she did have to jump through a lot of hoops. In that case she really did need help earlier and support without the blame. She and Alexa are doing fine now. I still follow what's happening, you know on Facebook and she phones or I phone. Sounds a bit like I am contradicting myself doesn't it? Sorry. But I guess there are different circumstances and it would be good if we knew so we could help more in cases like that one.*

During the course of the study, Sue's view that *"it's beyond me why they won't leave for their kids' sake"* was echoed by other carers. This sentiment I found to be a common one of carers, but also noted in informal discussions with the Department. Indications were that overwhelmingly, myths about domestic and family violence (DFV) abounded, based on a lack of training and information for all stakeholders. This is a concern because the child protection-DFV nexus is a fraught one and numbers of children coming into care because of DFV related abuse or being seen at risk of such abuse has escalated (Humphreys 2007).

One of the benefits of the approach I took into the study allowed the multiple layers of carers' discourses to be heard. If I had maintained a one interview stance for instance with no follow up afterwards I would have maintained that 'mother blame' was alive and well and the study would not revealed the accompanying compassion. Moreover the regular instances of carers extending informal support to parents would also not have come to light. These layers are obviously very important to identify and understand in terms of building relationships.

Narratives change in the telling, and the same may be said of how relationships develop. Interestingly, when I talked to carers about this mix of blame and care, they did not see them as contradictory. They did not deny blaming the mother but emphasised that does not preclude them from caring:

I do think mothers should put them (children) *first and I do blame them when it gets to the stage the children are brought into care. But each family is different so when I say that it doesn't mean I don't want to help; say, a mother who hasn't had anything easy and doesn't know things can be different. You have got to remember too the official line is 'it's about the children not the parents, and that's where our focus is'. So we don't talk about what we often do with parents* (Rebecca).

I am not going to say I don't feel blame when a shell-shocked child is rushed to us. That doesn't mean I can't or won't work with the parents as best I can. I've already told you how difficult visits with parents can be, but over time or when I get to know more about the situation it can be OK. Heck, these kids generally love their parents and I don't think any carer wants to have the kids feeling we (parents/carers) *are at odds* (Gloria).

6.5 Discussion

It was both a privilege and disturbing to have carers expose and discuss the invisible nature of how they provide care and continue in the role, shaping the realisation of the extent to which carers view the Queensland child protection system as hindering egalitarian, caring partnerships.

A fascinating finding was that despite carers feeling that Child Safety held all the power, carers were very resourceful in finding a way around what they perceived as barriers, reversing or changing the power differential that they perceived exists. This was usually in order to *"get what is needed for the kids when the system doesn't"* (Sue). Additionally, as has been shown throughout this thesis, while there were a number of 'taboo' subjects clearly, as Liz articulated carers *"get really good at knowing what you can say and what you can't to the Department"*.

I was initially somewhat bemused when carers, after sharing these strategies, often struggled to articulate how or why they did something, explaining it away as *"it just is"* (Sonia), commenting "you just learn what to do differently when you have been burnt" and Rebecca simply summed it up saying *"that's just what I do"*. The concept of *habitus* (Bourdieu 1977) makes sense of these comments and strategies which were seen by carers as *"just second nature"*.

Bourdieu explained habitus as being "history incarnate in the body, in the form of (a) system of durable dispositions" (Bourdieu 1994, p.115). These dispositions are embodied in perception, thought and action, which are developed in response to the social structures and conditions encountered from birth. In childhood habitus is "laid down in each agent" (Bourdieu 2003, p.81) and will continue to reverberate throughout their life. Habitus serves to give a sense of what is expected of us, providing, what might be termed, loose internal guidelines, in which each person can still strategise (as the carers have shown they did), and adapt and innovate to respond to situations arising (Garrett 2007). As carers also demonstrated, habitus does not always operate in conscious ways but often in a pre-reflexive way but with an implicit, practical logic as a 'feel for the game' is developed (Bourdieu & Wacquant 1992).

Habitus has an intimate relationship with what Bourdieu called fields. A field is "a structured social space, a field of forces" (Bourdieu 1998, p.40) and through life different, and multiple fields also impact on each person's life. So while, foster carers are influenced by their past and see their care as a calling, they are also caught up and defined by their position in the social space of child protection. In this space they continually struggle to reconcile the differences between 'habitus' and this 'field' or to put it another way, 'feel' and 'the game'.

Bourdieu also had a great concern about the impact of neo-liberalism for "those in contact with the social professions, the social and economically marginalised" (Garrett 2007, p.237). Bourdieu viewed the impact of neo-liberalism as having a significant negative impact on social workers (and other human service workers) whereby they:

> must unceasingly fight on two fronts: against those they want to help and who are often too demoralized to take a hand in their own interests, let alone the interests of the collectivity; on the other hand, against administrations and bureaucrats divided and enclosed in separate universes (Bourdieu et al. 2002)

Bourdieu's views have relevance for the CSOs who have been working in a progressively more managerialist and economic-rationalist department, while trying to serve the interests of the child, and now, in the 'new world' of reforms, also the family. Peillon (1998, p.223) saw workers, such as the CSOs, operating in a political field which could result in them exercising their power in a way that can produce "stigma, negative symbolic capital for their clients". This means, despite the centrality of 'respect' for each person in social work, CSOs have time pressures as they work in a regime that requires quick thinking and concrete outcomes (Garrett 2003; Bourdieu 1998).

Also relevant to child protection and family-based care, is Bourdieu's pluralistic approach in advocating that multiple perspectives and voices needed to be heard, with a commitment to genuine listening rather than merely giving "distracted and routinized attention" (Bourdieu et al. 2002, p.614). Bourdieu's emphasis on hearing each person's voice resonates with a major theme of this research; that of carers needing to have their subjective experience of mothering (by proxy) and likewise that of the struggles of the natural mother, heard. Davis, Krane, Colling & Wexler (2007) contend that when the child is the client, and not the mother or family, the system is not set up to hear the voices and issues of the mother, and this is underscored by Bourdieu's contentions.

There is no ethical framework in place that acknowledges the divisions currently in the system. Therefore there is a lack of supports to enable women involved in the child protection system to reach mutual understandings, and to facilitate a kinder dialogue between each other. The constant focus on the child and their protection deviates from framing practice within a bigger picture of citizenship and ensuring that everyone's voice is heard. In this regard, I warm to Carol Gilligan's *Ethic of care* which talks about the aspiration of living together.

> As humans, we are responsive, relational beings, born with a voice and with the desire to live in relationships, along with the capacity to spot false authority. Within ourselves, we have the requisites both for love and for citizenship in a democratic society. These capacities can be encouraged and developed, but they can also be traumatized or stunted (Gilligan, 2014, p.90).

While social workers do have a Code of Ethics they should abide by, their supervision within Child Safety is not professional supervision pertaining to social work. Furthermore, with the more numerous qualifications available to become a CSO a workforce survey showed that only 18.1% identified as being a social worker (QCPCI 2013). This figure could be slightly misleading because social workers may have other qualifications and also be captured in the 14% who identified as having multiple disciplines Supervision, if receive it, is mainly administrative in nature (QCPCI, 2013). However, this contextual information frames the difficulties for CSOs (and carers) when an ethical framework is absent from their practice.

Such a different mode of thinking would enable CSOs to explore the complexity of any given situation or context with mothers (and carers). The new Queensland child protection *Framework for practice* (DCCSDS 2015) contains frequent references to family, which bodes well, given the lack of support to families evident during the course of this study, indicating there may well be positive changes about to happen.

The following chapter contributes to a different mode of thinking by exploring 'what should be' in relation to complementary discourses and holistic models of support for children, carers, parents and workers alike.

Chapter 7: Complementary discourses

Let's quit kidding ourselves that rounding up the usual suspects in an attempt to solve the problem of the child welfare system is really going to work…Nothing short of rebuilding the child welfare system is going to be satisfactory (Hughes 1997, p.23).

This chapter introduces a focus on exploring the 'what should be', and ideas for moving towards complementary discourses. This exploration forms the complementary second half of my thesis and aligns with the final aim of my study. It answers the questions: what could enhance the lives of women who choose to provide family-based care, and what would improve outcomes for the children in their care?

In this chapter carers explore a new approach, building on their powerful examples of extended care presented in the previous chapter. Their proposals take the notion of family-based care beyond the statutory realm into a broader vision of child protection, inclusive of prevention and early intervention

Given this widening of views, some preliminary context is provided in relation to prevention and early intervention, with an emphasis on Queensland, establishing the 'scaffolding' for the discourses that follow. An exploration of 'what should be' then follows, with ideas and proposals proffered by carers, including that of a new paradigm relating to *fostering families.*

7.1 Prevention and Early Intervention

This thesis has had a primary focus on statutory child protection to this point, but there has been overwhelming acknowledgement, nationally and internationally, regarding the need to support families and balance statutory services and non-statutory family support services (Lamont & Bromfield, 2010). This recognition is not new, in 1995 Scott noted:

> …child protection services are merely one component in a complex web of child and family services at the primary, secondary and tertiary levels of prevention. The child protection service is heavily dependent on this broader infrastructure of statutory and non-statutory services (p.85).

Increasingly risk-averse child protection agencies are prone to assess families experiencing low income, domestic violence, and homelessness as 'at risk' rather than providing support and resources (Lonne et al. 2009; Lone 2012; Parton 2008). Pells (2012) makes the point that child protection is responding to the symptoms of interpersonal violence and hoping to 'beat the odds' as opposed to 'changing the odds'. This tendency leads to the removal of children and reluctance to reunite them with their parents if the disadvantage does not change (Douglas & Walsh 2009). It also results in affronted and distressed parents, distrustful of the child protection system (Family Inclusion Network (FIN) Townsville 2012).

In 2009, the Council of Australian Governments (COAG) committed to a national framework, *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009- 2020* (hereafter referred to as the *National Framework*) (COAG 2009). The *National Framework* (COAG 2009) advocates for a public health model, which has a greater emphasis on supporting families early to prevent abuse from occurring. In this approach, professionals, families and the community are involved in offering a variety of systems for the protection of children (Higgins & Katz 2008). The *National Framework* (COAG 2009) promotes a move from a system which merely protecting children from abuse to one of promoting both the safety and wellbeing of children.

A number of studies which have indicated how important the characteristics of the child, family, carer, child protection worker and agency are, as determinants in predicting either positive or negative outcomes for children (Farmer 2004; Triseliotis 1989, 2002; Wilson, et al. 2004). Clearly, no child protection agency can function effectively in isolation, and just as a public health approach recognises that no one strategy in isolation will provide the solution to child protection dilemmas, neither will a single policy in isolation. For instance, to reduce the financial vulnerability of families a policy mix with a focus on improving their economic resilience is required (Bradbury 2003; Gauntlett, et al. 2000; Stanley, Eadie & Baker 2005).

A broader systems approach is called for, and this point was made strongly by the peak bodies in Queensland (PeakCare 2012; QCOSS 2012) to the QCPCI. QCOSS (2012) in their submission contended:

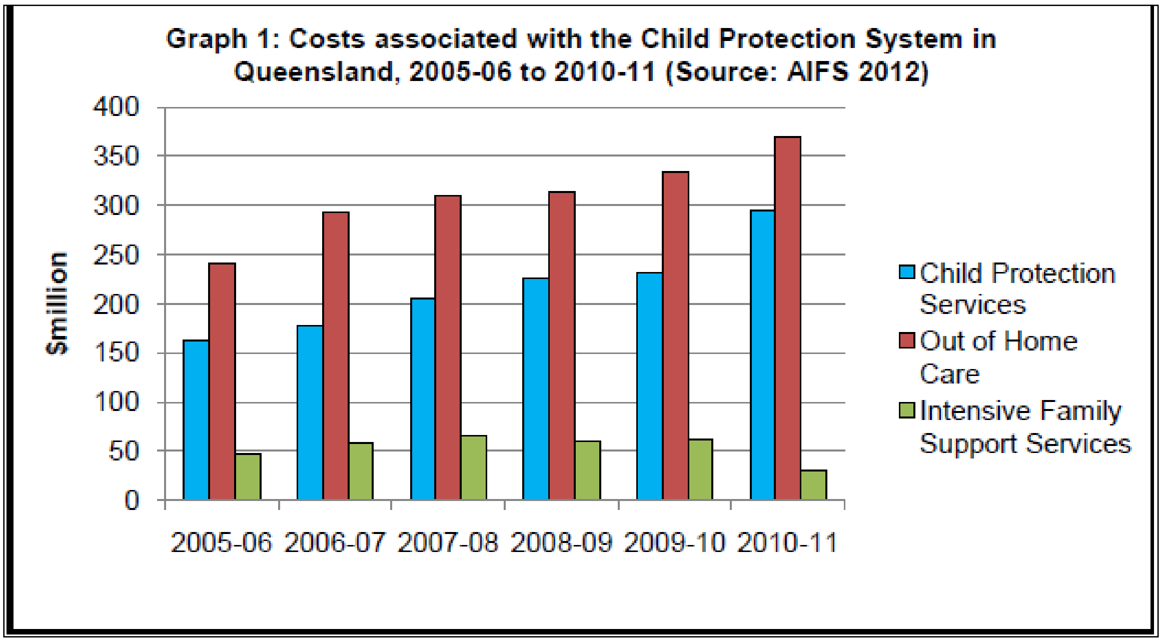
> the child protection system must be redesigned to place greater emphasis on prevention and early intervention (and) must include interventions aimed at addressing core social determinants, such as education, employment and housing (p.2).

PeakCare (2012) made the point:

> The reality is that without comprehensive, accessible universal, early intervention and intensive family support services, the gateway to accessing the services to which children and families are entitled or which address particular vulnerabilities will remain by default, and in reality linked with being notified or, worse still, multiple notifications to the Department of Communities, Child Safety and Disability Services (p.15).

In setting the scene for this chapter, it is pertinent to identify that Queensland has not invested in prevention and early intervention to the extent that other jurisdictions have, over the last few decades. The intent was there; in 1999 the Forde Inquiry recognised the need for a more balanced child protection approach and recommended $103 million per annum be invested for prevention and early intervention services for at-risk families. The unfortunate reality, only revealed during the 2012 QCPCI, was that a mere $40 million per annum had been invested and of that amount only 30% of the new funds had been allocated to prevention and early intervention (QCPCI 2013).

The lack of investment in prevention and early intervention was further compounded in 2004 when the Queensland CMC Inquiry recommended significantly increased investment be allocated to the newly formed Department of Child Safety and the tertiary end of the child protection continuum. This proved to be at the expense of stronger support to families to mitigate the risk of them coming into the system. Graph 1 below illustrates the disproportionate investment in Queensland with child protection services and the out-of-home care system receiving ever increasing investment and conversely, a lessening of investment for IFS services in 2005-2006 and 2010-2011.



(Queensland Council of Social Services (QCOSS), 2012)

7.2 Changing opportunities for child protection reform in Queensland

There are rising numbers of children in care but only 20% of notifications to Child Safety result in a substantiation (QCPCI 2013). Referrals where there are concerns about children should not be labelled 'child protection' without good reason and it should be acknowledged that the needs of the child and his or her family are often inseparable. Carers share this concern, as has been voiced several times in this thesis, that parents need support sooner rather than later.

The recent QCPCI recommendations fortunately heed this view, as reflected in the title of the reform program *Stronger* ***Families*****,** which puts the needs of families in the spotlight. This is in stark contrast to the recommendations of the previous Queensland CMC Inquiry of 2004 that, with the best of intentions, blatantly located Child Safety business as only with children, exclusive of their families.

Illustrating this broader focus under the reforms has been the *Strengthening families: Protecting children Framework for practice* which was launched on 10th of March 2015 with practice principles for Child Safety identifying:

- We always focus on safety, belonging and wellbeing.

- We recognise that cultural knowledge and understanding is central to children's safety, belonging and wellbeing.
- We build collaborative working relationships and use our authority respectfully and thoughtfully.
- We listen to the views of children, families and communities and involve them in planning and decision making.
- We build and strengthen networks to increase safety and support for children, young people and families.
- We seek to understand the impact of the past, but stay focused on the present and the future.
- We are rigorous and hopeful in our search for strengths and solutions.
- We critically reflect on our work and continue to grow and develop our practice (DCCSDS 2015).

Families involved with the child protection service system have said that it makes a significant difference when they are treated as human, there is a connection and they are listened to regarding their circumstances (McArthur, Thompson, Winkworth & Butler 2010). This augurs well then, for the new Queensland *Strengthening families: Protecting children Framework for practice* (DCCSDS 2015) which moves Queensland towards complementary discourses which would include opportunities where the professional and parents link with an intent to find out and respond to difficulties the parents are encountering.

Solution based instruments are part of the new 'tool box' for CSOs under the new *Framework for practice* (DCCSDS 2015) to assist CSOs engaging with parents, from a strength's based perspective through a dialogical relationship', a term coined by Friere (1972) which emphasises searching for truth together, as opposed to one dominant truth being imposed on the other. Ife (1997) also called for this type of relationship seeing it as one where the questions or issues at hand are raised and discussed in an equal partnership, rather than the worker coming with preconceived notions of the problem and the framework for addressing it. It also presumably means CSOs considering the social disadvantage that is a factor for vulnerable families and its impact on parenting practices (Ghate & Hazel 2002). Given the AASW (2012) has said the social workers in child protection have identified the need for more prevention and early intervention services and there is increased investment under these reforms, albeit commencing from a very low threshold, there are some encouraging signs.

7.3 Moving beyond what is

The preceding chapter revealed the extent to which carers will go to in order to provide the flexibility and responsiveness of care they believe is needed for the child in question. This included, on many occasions, supporting parents outside the parameters of Child Safety or as Colleen, a former carer expressed it *"us flying under the radar"*. The most important factor is not that care occurred outside the statutory system per se, but rather the indications from carers that this type of informal and practical support has significant benefits for the child in question (as well as for the carer and parents).

It would seem an extension of care by carers does play a role in potentially mitigating the risk of children and families re-entering the system. This is important to note given national statistics for 2013-2014 that "1 in 37 children received child protection services, with 73% being repeat clients" (AIHW 2015, p.viii). Informal, practical support to families by experienced volunteers who are skilled in working with children and families would seem to offer enormous possibilities.

Carers unequivocally thought that genuine, major reform should encompass the broadest definition of child protection, inclusive of family support. Carers referred to previous reforms as ultimately only *"tweaking around the edges"* (Liz) and as such *"we haven't seen improvements for us or the kids"* (Sonia), while also viewing reform as a huge mission. Melanie used the analogy of the mission as one of trying to *"move the Titanic"*. Other carers spoke in similar terms saying:

A real shake up... a whole different way of thinking and that hasn't happened yet. I seriously doubt it ever will (Gloria).

Ya know what, they know all this and have done for ages but they continue on and say we are worried about not having enough carers. We can tell them why they aren't getting carers but they don't want to know. You know yourself that we have asked and asked for more respect… more support and all that… but honestly it's not going to happen is it? Not without a huge change (Grace).

A number of things should happen but they won't. It should be all about making things genuinely better but a brain transplant by the powers-that-be isn't going to happen in my lifetime (Karen).

The carers' tangible cynicism, also evident in Chapter 4, was shared by secondary stakeholders and departmental staff (in informal discussions). This is a result of a history of previous reforms not realising their intended aim of improving the circumstances of children.

At first, the pessimism of carers considerably influenced talking about a preferred future, as detailed in Chapter 3. However, as also described in that chapter, some carers took a 'lead' also utilising informal group processes which helped transition carers from an entrenched distrustful position of change towards a transformational process and thinking. One of the pivotal occasions was a conversation at a carers' support group meeting, approximately 18 months into the study. All participants at the meeting were coincidentally interviewees in the study (which was not unusual). Additionally, the facilitator (who was filling in) was the CSO who normally facilitated the kinship carer group, and was highly regarded by carers. All participants were by now well acquainted with each other and a trusting relationship had been developed.

The group was held a short time after I had spoken to two of the members about their stories relating to extended care and they had effusively talked about the benefits for children (as well as for parents and themselves). In the discussions I had also raised the seeming impasse relating to improvements and queried if asking about how care would look like in a perfect world would be preferable to talking about improvements in family-based care. One of the carers involved with that discussion spontaneously initiated the following conversation:

FC1: *I know we've gone over and over it (the issues) but things aren't going to change are they? They haven't for all the years I have been fostering. You (looking at me) said when we met I can think outside the system if I want and think about… what did you say?* (referring to the previous discussion).
I: What would it look like in a perfect world? That your thinking needn't be only in terms of the current system…?

FC1: *Yeah, yeah that was it… and I thought* (looking around at members of the group) *we need to think ahead for those coming through* (carers, workers and families) *and how things should be. That's what we need to do. Agreed? Let's tell them what should happen. God! We've been around long enough, we should know. We're just too used to them telling us how it has to be…we can tell them how it should be. Yeah?*

FC2: *Maybe… but they won't like us talking about 'outside' stuff that they don't control.*

FC1: *They won't know who said what anyway and I reckon some will be really pleased because they want things to be different and we've talked about better options being in place… it'd mean we wouldn't be at loggerheads. Don't ya reckon?*

CSO Facilitator: *Do you want my two cents' worth?*

FC3: *You're going to tell us not to go too far aren't you? You're not going to tell them (*other Departmental officers*) though eh?*

CSO Facilitator: (Slight grimace) *Actually no, just the opposite. You've got a chance to say what you think and what should be different in this study. You've said you've already shared things 'outside the box' as you put it so go ahead, I say. You're not the only ones that want it to be different, more collaborative, so I'm with you. Honestly if this is your opportunity to put forward what it should be like and you've got the safety net of confidentiality- go for it.*

FC1: *Really? Good on you, not all CSOs would say that but thanks.*

CSO Facilitator: *So what do others think?*

FC2: *I know I'm going to talk about making caring more flexible and more support for those coming in* (newly recruited carers)– *more choices and not just for those in the system. You know I am still in touch with Melissa and Alex. It's mad we're told not to… oops* (looking at the facilitator)

CSO Facilitator: *It's OK. It's your group and what you've said stays in this room. I know some of you stay in touch after they've gone home. I understand it… remember I've been a carer.*

FC2: *That's why you get us.*

FC1: *I've already talked about fostering mums and bubs anyway. For me it's things like that, family support stuff too and… yeah supporting after reunification. Gee whiz who knew it? I guess we* ***foster families*** *too when we do this stuff.*

FC2: *Yep. OK you don't have to convince me anymore. You're right you know we kinda do* ***fostering of families****… as you say, who knew? Not even us apparently. We usually bitch about the visits when they don't work but don't talk about the ones we do help and get close to.*

FC3: *Ditto. The good news stories about how we work with families doesn't usually get heard. They've heard our gripes now they can hear about the ways it can be good… better for everyone. Reckon we should go for the Nobel Peace Prize next* (laughter and high fives looking over at two carers who had not spoken). *What do you think?*

FC4: *Yeah, yeah I'm with you but you're the talkers… but guess what? I have already told her* (referring to me) *some of this anyway so I'm one ahead of you* (giggle).

FC5: *Umm…It's not that I don't agree but this is all outside the rules now really so…*

FC1: *…that's the point. We are saying what should happen, what would make things better and working in the rules doesn't, it's too inflexible. It's our chance to say how it should be*

FC5: *Okay, okay…I'm coming over to your place* (to FC1) *on Thursday aren't I? Can we talk a bit more then? Just making it clear I am with you but just a bit worried about any throwback on us.*

FC1: *Sure but we're on a winner I reckon.*

The idea that stemmed from this group conversation, and other discussions, assisted carers to embrace the fact that they could vision what they wished to happen. The idea that carers, of their own volition, often do foster children and their families, was 'badged' by carers from that point as a *fostering families* approach. It was interesting for me to watch, and record, the process and ideas generated, as carers moved from a stance of reluctance to enthusiastically seizing the conversation about a preferred future. The most striking feature in this change was their willingness to include families as part of a new approach, albeit in the interests of the children; an aspect that was not evident earlier in the study.

Some carers went back to a particular transcript to point out why more flexible caring options were needed. Michelle, former carer, phoned to talk about a section of the transcript from her second interview where she had talked about a reunification saying:

I knew she was going to struggle. It's such a shame that there couldn't have been some transition and we could have been still available to have him (foster child) w*hen needed and he could have continued some of the sport and activities we had set up. That way mum wouldn't have had the pressure of having him full-time straight off. At the time I told the CSO we were happy to still run him to some of the sport knowing mum couldn't and she wouldn't be able to afford some of things we had. No award for guessing what the answer was… so there's got to be something in-between, like even part-time care or care when things get hot for the parents the kids can come back 'til things smooth out.*

Michelle's phone call was not taped so the following is my recollection from notes taken at the time. Michelle drew my attention to her previous quote, and using the term *fostering families* she talked about the possibilities of a different response. Given Michelle (as a former carer) had not been at the support group meeting, I asked how she had heard about the term. In yet another example of the informal mechanisms carers used to share and generate ideas during the study, Michelle advised that there were carers (in the study) with whom she still met for coffee. She said that while they usually used her to debrief, now they talked about the study. Returning to Michelle's reason for phoning, Michelle elaborated on what she saw as a more optimal response. She suggested extending client-related costs, or part of the allowance they would have paid to her, in order maintain some of the leisure activities put into place for child, so assisting the reunification.

However the main consideration for Michelle was why coming in to care, or conversely leaving care, had to be an all-or-nothing approach. The current model means children are almost exclusively brought involuntarily into 24/7 statutory care and leave in the same manner, with a total detachment from the carers with whom they are likely to have established strong bonds.

Michelle saw both entry and leaving care as effectively harming attachments children have built. She thought it was exceptionally difficult for a mother to suddenly get her child back, and equally challenging for a carer to have the child leave, especially after spending a considerable period of time together.

It was a more flexible approach that carers wanted in situations such as Michelle described above. In their view this was necessary to meet the diverse needs of children and provided more options for Child Safety, thus avoiding some of the current difficulties for all concerned. Carers emphasised that stability for the child was imperative, but they thought this could involve multiple people in their lives, especially if they were all focused on the child:

Lots of families have grandparents, aunts and uncles, good friends and so on who can give a hand. Lots of these mothers… and fathers… don't (parents known to Child Safety). *They don't have supports that will get them out of a hole. Some will never get out of the hole, or don't want to, but some can if the support is there… but at the very least support should be there so the kiddies and young ones don't feel pulled from pillar to post. These aren't small problems they* (parents) *have you know and there's no easy answers and one answer mightn't be right for the next one. There's room for more people who care in their* (children) *lives* (Melanie).

Fostering families in the carers' view was premised on having practical choices for all involved in seeking to respond to the diverse needs of children (and families). For instance, providing transport, changing and feeding babies together, going to an agency or school to support the parent are activities a significant proportion of foster carers do now, and of course kinship carers also do. Carers are exceptionally good at these tasks.

In contrast carers during the course of the study vividly showcased the difficulties in the lives of children and their parents; mothers and children impacted by domestic and family violence, and mental health and drug and alcohol issues, against a backdrop of unstable accommodation, income and employment. They referred to parents, particularly single mothers, experiencing regular crises talking about *"when she doesn't keep up her meds"*, they *"drop off the wagon", "he's back in her life but it looked to be fine for a while"* and *"she couldn't afford the rent so she's been chucked out"*.

A deficit which has been exposed elsewhere (Lonne 2012; Morris 2012; PeakCare 2012; QCOSS 2012) is the paucity of family support services funded to respond to crisis or conversely to provide on-going support for families with enduring needs. This paucity could also have contributed to carers extending their care to continue to help the child and their family.

The three excerpts below highlight the congruence of carers' views regarding this point:

The reality is that each child, situation, family… including us (foster family) *is different. You can't just bundle everyone and everything in a box.* ***Everyone*** *needs more choices and resources to meet their needs… it should all be about what the kids need and not about putting them with just whoever is able to take them. They* (children) *need options, we need options, parents need options... and the workers definitely, definitely do* (Liz).

I have had lots of kids and there are those that absolutely needed to be in care and stay in care. Lots of times I think they leave it too late bringing them (children) *to us. Other times they leave them with us for so long and then try to send them back to parents holus bolus upsetting the applecart again… and there's more... sometimes* ***if*** *there was support I wonder if it would have been best for them to stay with mum. So what I think needs to be said and for them to understand is there is no* ***one*** *right way…there's got to be a lot of choices for these kids and families…* (Gloria).

I think it is reasonable that when a child asks if they can still see us or visit us after they go home (post-placement) that we should try to make it happen. Once they go home it is up to the parents and not the department anymore. Remember we have all lived together for usually quite some time and if we are going to use the department's favourite word 'attachment' there is just that. It's not fair to break it yet again (Jenny).

Carers also talked in terms of young people needing to be looked at *"as a different kettle of fish"* (Rebecca). Anna, former carer, shared an anecdote which illustrates the common dilemma of a carer trying to respond to a young person's unique needs, and highlights the need for age-appropriate responses for young people, stressing again that one size does not fit all:

It's a shame there's not more help and different choices for the young people. They often don't want to come to us, meaning a family so different from theirs and they want to do their own *thing. I know foster care is usually the only thing available but these young ones want and need more independence. At the same time they need some… supervision… or guidance, but not think that's what it is if you take my meaning... A good example is what happened with John. We felt pressured to take John who was oh about 16 because there was nowhere else. The saving grace was my son* (Gavin) *who was flatting but around a lot. Gavin missed my cooking and doing his washing, and just being with us, not that he would admit it* (giggle). *Sometimes he would crash for the night here. Well! The point is where John was just pushing us to the limit he would chill with Gavin. He thought Gavin was cool. Gavin would take him to his rugby games, on his bike, and to the beach. They even went camping… oh maybe scrub that bit because we didn't ask permission… oh what the heck leave it in. Anyway John still had problems but we gave him leeway including seeing his mum or contacting her when he needed to outside of the scheduled visits. Oh I may as well tell you it all. It was only going to be a year or so when he was out of the system anyway so we did bend the rules if it felt best for John... and us. What was the point of banging our head against a brick wall trying to make him fit into our family with our rules? It worked for all of us but only because we made it work between us all.*

In writing about carers embracing the opportunity to think more broadly, I should add that a review of transcripts also highlighted a number of ideas had already been raised prior to the support group meeting, referred to earlier. One example was *"a disjointed brainstorm"* as Rebecca called it on reviewing the transcript, but it captures the essence of a *fostering families* approach. This excerpt was provided in a short, third round interview, in which Rebecca talked about her hopes regarding helping children and families in a different manner, including supporting them so statutory care was not the end result:

I have always thought about how to lessen the panic and upheaval for the young ones. Yeah, I know sometimes it is necessary to rush kids into care with the speed of light, but often it's not. We could support workers who feel the case is on the borderline. What if we could provide support to the children and family and link… or get the family to other supports? There would be a relationship and they would know we were there to provide practical support which would help stop their children coming into care. It's not fair to anyone when a little one is dropped off suddenly. A lot of us know the services around here and could be very useful.

It remains to be emphasised that carers did not view these options from a blindly optimistic standpoint, noting that:

Look some (parents) won't want a bar of us, and some of us might be chockablock with kids in care and can't help once they have left… or might not want to, but I honestly think that all of us want what's best for the kids and if there can be different ways we can help each other… by that I mean the CSOs ***and*** *the mothers* ***and*** *us carers, it would make for a very different kind of relationship* (Laura).

7.4 *Fostering families*– weaving the threads together

The options in relation to foster or kinship care that are about to be proposed are not ones that are contained on Queensland government's website, nor articulated in any recommendations under the *Stronger Families* reforms. However, the ideas align, and resonate, with the intent of the child protection reforms in Queensland. Likewise, as will be shown, they also link to a number of established and successful models.

Jenny's description of flexible, transitional care aligns with a care model called *Support Care. Support Care* is a foster scheme in Bradford, England that offers part-time care for families when they are in crisis (Howard 2000). In establishing the program the intention was to allow greater flexibility in foster care arrangements and to avoid unplanned placements as well as supporting families when planning a return home from care. It sets up a different dynamic with workers listening to parents about what they need in terms of help and all parties engaged in setting up the contract as to how it will work (Howard 2000). The emphasis of this model is flexibility and responsiveness to a wide range of requests, in recognition that individual needs are different for parents, children and young people (Howard 2000). Such a program may well have been beneficial in the circumstances Melanie related:

The best thing would have been if Natasha and Ashley (young person in care and her mum respectively) *had got support earlier. Ashley has episodes when she has to go to hospital if she doesn't take her meds or she has a bad reaction if she mixes the legal with the illegal… drugs I mean. Sometimes she seems better but she told me it took ages to diagnose her mental health issues and to cope she turned to alcohol and drugs. So sometimes she is on the rails* *and other times she's not. I think if she could have had help earlier and kept stable housing and people could have helped with him and maybe taken him when she wasn't up to it the drink and drugs wouldn't have come into it as much. I reckon, when she's good, he could spend more time with her but that's not how it works.*

Another model of support that resonates with carers' suggestions is that of *Mirror Families* which operates in Victoria and South Australia (Bruner & O'Neill 2009). This model is premised on the assumption that vulnerable families often lack extended family connections who can play a significant part to support parents and help with children's development. This model is about creating a village or extended family for a child that will provide a lifelong (and beyond) supportive relationship (Brunner & O'Neill 2009). An adaptation of the model was successfully piloted by Odyssey House in Victoria as part of a child-centred specialist early intervention service for families who were affected by parental alcohol and drugs (Tsantefski, Parkes, Tidyman & Campion 2013).

Shared Family Care is yet another model that has some possibilities for the type of support carers believe will provide great choice of compassionate and flexible care options. *Shared Family Care* is a program that has progressively been adopted throughout the United States (Price & Wichterman 2003) and is about fostering the whole family. This model bridges a gap between in-home and out-of-home welfare responses. Programs can differ but each have five core components. The first component involves mentors who will guide and support parents who still retain the responsibility of caring for their children. The mentors could also serve as an extended family in the same way as *Mirror Families* described above. The second component is carefully considered matching; something critical to the success of the relationship between mentor and family. The third component is the development of a Rights and Responsibilities Agreement between each member of the mentor and client family so each is clear and in agreement with each other's rights, responsibilities and expectations. The fourth component is a treatment focus, given the challenges the client family is facing, and is about establishing a Family Support Team and providing wrap-around services as part of an individualised family service plan (Price & Wichterman, 2003).

Carers also talked about often needing a mixture of supports that often need co-ordination to meet the needs of a child. *Shared Family Care* has a component of *Wrap around support* but wrap around support is also considered by the New South Wales Department of Community

Services (NSW DoCS) as necessary, in its own right, to achieve quality and stable placements with a view to optimising outcomes for children in care (NSW DoCS 2007). While the original term related to children with significant disabilities, mental health or behavioural problems it now generally refers to individualised packages of service to respond to the needs of a child after assessment and planning (NSW DoCS 2007). While NSW DoCS refers to wrap around support being for children in care, arguably, it should also relate to parents being able to access the same wrap around support if needed to prevent their child/ren coming into care.

Carers who fostered babies short-term particularly talked about the possibility of *Mother and baby fostering*. They saw the benefits of sometimes having the mother and the baby in the home to support both. Liz had previously shared that this was something she had done informally on occasions. While there are many mother and baby programs nationally that would also be supportive, it was specifically *Mother and baby foster placements* that carers thought was needed. The program in question operates within a North West London Fostering Consortium, where both the mother and baby are supported in a foster carer's home, and has been found to be generally very successful for both mothers and babies (Adams & Bevan, 2011). Carers also raised their experience of female adolescents in care, or transitioning care, being very at risk of having an unplanned pregnancy. They felt a *Mother and baby foster placement* would support very young mothers, particularly those who had experienced a placement themselves, *"if we could support them then maybe we help to stop the pattern where their mother had been in care, then them but they don't want their baby in care"* (Sue and Liz in joint discussion with me).

The *Kids Friends Mentoring Program* (Pine Rivers Neighbourhood Centre 2015) responded to carers feeling that young people in care needed different responses. Anna's example of the young person in care where her son acted as a mentor, struck a chord with a number of carers who talked about the children and young people needing a friend, someone they could talk to confidentially but who could also take them to leisure activities. The *'Kids Friends Mentoring Program'* is one such programme. In Queensland it operates from Pine Rivers Neighbourhood Centre and supports children between the ages of six and 16 years of age who are living with one parent, living with illness or disability, experiencing difficulties and who simply might benefit from another adult in their lives (Pine Rivers Neighbourhood Centre 2015). This program links young people with what might be termed a 'resourceful friend' as part of the Neighbourhood Centre's community work approach. The term 'resourceful friend was coined thirty years ago by Bob Holman (1995) in Scotland, when community social work was a stronger presence. The Family Inclusion Network in Townsville has published an article talking how being a resourceful friend assists parents who have children in care (Thorpe & Ramsden 2014).

A care option that is neither an out-of-home, nor in-home, but one carers saw as important in the support of children and families was that of formal *child care*. They found it ironic that Child Safety appeared to have an aversion to paying for child care for a child in care whereas they saw it as a positive and viable option saying:

Family daycare or child care centres are definitely one of the answers. Child care is normal for a whole lot of families but Child Safety doesn't seem to see it as an option. For us it would mean some carers could also work and care... just like normal families. But it's more than that… if the kids were in child care or family day care they could continue on after going back to mum... support all round. What's more (laughter)*... I'm on a roll now… why can't it be used when mum's not coping or not looking after the kids properly* ***before*** *coming into us (carers). Sometimes that would work for mum and she and littlie would have role modelling that would help them. Here's the* ***but****... they* (Child Safety) *would have to pay and they don't want to... even though it could mean they would have more carers or they would save the little ones coming in or staying in care... wins all round, eh?*

I like family day care and there could be specialised day carers. Heck I wouldn't mind being one. There would be extra training but I'm talking about trying to stop them coming in to the system.

Despite not having been initially envisaged, the option of day care as a part of the *Support Care* model in Bradford UK, was found to be "an invaluable resource, particularly when a school exclusion threatens to overwhelm an already troubled home situation" (Howard 2000, p.97). Day care being part of a particular model of support was a concept that appealed to carers who said *"that'd be useful for us, or parents actually"* (Cheryl). Kinship carers also liked the idea of having some day care particularly if it was part of a program that understood some of the difficulties happening for them, the child/ren and the parents. Gillian, kinship carer simply said *"Gee wouldn't that be great?"*; a sentiment echoed by Kim and Vivian (both kinship carers). Frieda and Val, Indigenous kinship carers, also liked the notion of day care but only if *"they understood our mob"* reflecting the need for any program to be culturally sensitive.

Carers talked having a program where children who do not have grandparents or aunts could have that type of support. Given many carers were grandparents they understood the value of this type of support to parents and children alike. Foster carers commented on the lack of social supports for many of the families who came into care, including that of grandparents saying:

Sometimes a grandparent provides that support at just the right time in the right way. It's not a set thing. It is just there. For some of these mums who struggle with the house and the kids a grandparent might be just what is needed. It isn't Child Safety. It's normal isn't it? I think that is kinda what I am to Melissa and Alex (mother and ex-child in care).

While carers generally spoke in terms of offering care to parents they also raised the models as also supporting carers who needed some informal support available when needed. Kinship carers particularly liked the idea of having informal support available. In Victoria, the Centre for Excellence in Child and Family Welfare Inc (2006) promoted the benefits of recruiting 'resource families' to support foster care, in a model they called *Families Helping Families.* This model, instead of recruiting only foster carers in a one dimensional manner, takes a capacity building approach utilising the assets and capacity of the community to volunteer to provide practical support to foster families or vulnerable families.

More than one carer talked about *home visiting* and helping out parents *"after all, parenting is what we are good at"*. Dianne, former carer divulged she contributed some of her time to home visiting with her local neighbourhood centre as part of the *'Good Beginnings Program'. Good Beginnings* is a volunteer home visiting program, based on social justice and equity principles, to support vulnerable children and families in an "holistic way, to reduce their vulnerability, strengthening the community as a whole" (Family and Community Services 1999, p.1).

While the carers' narratives regarding flexible arrangements have been loosely aligned to various models that are utilised in other parts of Australia or internationally, the approach is not exclusively about <u>one</u> program but a suite of options similar to those identified above. Nor need it relate to only statutory family-based care. Jenny's quote clearly conveys the notion of prevention and early intervention support being in the mix, as well as post re-unification support:

I think we do have to think about the whole family situation, before they come into care, when they come into care, and after they leave care. That's why there needs to be a whole lot of different options and support so we can all do that. At the same time I don't think we can get away from the fact that we also need good out-of-home options and always will, particularly if there is not enough family support out there. Sometimes children just have to come into care. But it's all about trying to make sure the child has the family and supports they need, wherever that might be. They ***always*** *need to be put first.*

It should be stated that the exploration of models above were generated after I linked carers ideas to already established models. This was not an exhaustive list of models, and the generation of models should be viewed in the context of another set of options that complement the 'traditional' foster care role which would remain a critical option. For carers it was about the availability of choice for placements and support being available.

7.5 Recruitment and retention

Carers considered there would be major benefits for recruitment and retention of carers, using a looser definition of carers, if such a flexible toolbox of options was available:

It's a no brainer. We all know heaps of people put their hands up to be carers but then back out when they realise what's involved. If they could foster in different ways that suit them… and the families, then it's a win-win surely? (Liz)

Liz also spoke of the benefits for all concerned:

Take into account we (carers) *are all different and our circumstances should be taken into account if that can be linked to different types of care that would suit everyone… some carers and those thinking about fostering don't want to do full-time fostering. Also do all children need full time care? It would cause less frustration if it wasn't either/ or and we could all work together on how to support these children. Children wouldn't feel ripped away from their* *family without a say. I think if we could genuinely help each other without the red tape and be flexible about what each child needs it would be so much better* (Liz).

Liz also commented about the number of people who said to her they were interested in caring but did not realise what it actually meant. While Liz said they backed away at the notion of providing full-time care and being at the beck and call of Child Safety, she commented they were good people who could help children and families in other ways.

Liz's statement about people saying they were interested in fostering was one that that is worthy of comment from my own experience. During the course of the study innumerable people, primarily women, said to me "I have often thought of fostering". This comment came from a broad cross section of women of diverse ages, skill sets, employment and family circumstances. Basically, whenever and wherever I mentioned my research I began to expect someone to express a spontaneous and unsolicited desire to help children. I started making journal entries about the responses and a sample of these include:

- *I've always thought about fostering.*
- *It would be good to help others- how would I go about it?*
- *I really like the idea of helping children but couldn't do it full time*
- *I'd really like to do something like that.*
- *I'd like to make a difference but not sure if I could fit it in with work.*
- *I'd be happy to help young mothers with their babies.*

One example that demonstrates the possibilities for future recruitment was a very experienced Child Health practitioner talking to me over lunch at a superannuation seminar we were both attending early in 2013. Narelle shared that she was taking a redundancy package in the near future because she was very disillusioned with the direction of Child Health. Narelle, in her late fifties, said the redundancy package was a good one allowing her independence. Narelle talked about still wanting to make a difference in mothers' and babies' lives. She was enthusiastic about the direction of my research in relation to *fostering families*, particularly the concept of mother and babies programs.

> It is so essential to help mums early and not be judgmental. It makes the difference. I like the idea of still helping mums and bubs through a service and maybe even having mums and bubs stay – is there such a thing yet? I am wondering about a consultancy as well or just volunteering. Trouble is I don't want to do it through Child Safety I think it is far better to support mums early.

This quote is taken from my written notes and has Narelle's permission for inclusion. The discussion with Narelle further illustrates the range of options people may be interested in providing. The desire of many to enter at what is the non-statutory family support end, of the helping children and families continuum, would create a great deal of community response it would seem.

I consequently formed the opinion, echoed by carers, that there is a large pool of social capital that could be harnessed under an approach such as *fostering families*. During the QCPCI (2013) there was also the indication that many responding to foster care recruitment drives often only want to do part-time or provide respite care, which were not the primary needs for Child Safety (QCPCI 2013). It would seem a great deal of community capital gets lost in recruitment drives that could make a difference in a child's and parent's life.

Carers saw an opportunity for some of the people who cannot commit to full time fostering to be usefully engaged with children, carers and parents. While policy makers are aware that they are not keeping the interest of many who initially inquire during public recruitment campaigns, as graphically illustrated during the QCPCI (2013), there appears to be no concerted effort to change recruitment processes. Carers insisted change was crucial, with Colleen, former carer, saying bluntly *"if we can't do things differently then the whole thing (fostering) is screwed. There won't be carers"*.

7.6 Discussion

The *fostering families* approach received validation from the Family Inclusion Strategies Hunter (FISH) in Newcastle, New South Wales. The FISH group comprises practitioners and managers engaged in work with families affected by the child protection and out-of- home care systems (Cocks 2014). A forum was held, inclusive of parents who had interacted with these systems. The Forum considered a *fostering families* concept had validity, and made a recommendation of “Fostering families– not just the child” (Cocks 2014, p.11). The ideas stemming from the forum were in keeping with the ideas generated from this research, of fostering the whole family, shared care and an aunts and uncles program (Brennan & Crowe 2002). The ideas also resonated with the Family Inclusion Network Townsville (Thorpe 2008) where parents are asking that they are ‘worked with’ rather than ‘worked against’.

It would seem that parents in the family inclusive networks are requesting such options, so perhaps now in Queensland, the time is right. Lonne and colleagues (2009, p.101) have called for a “new conceptual framework that values the lived experience of children, their families, and their communities” and an approach of *fostering families* is very aligned to such a call. Furthermore, the approach provides diverse options for care heeding Delfabbro, Osborn & Barber’s (2005, p.18) contention that it is necessary “to move beyond ‘arbitrary classifications’ such as residential, home or foster care, and instead focus on the dimensions of care that may be most useful in differentiating between programs”.

A *fostering families* approach also responds to the caution of Delfabbro and colleagues (2005, p.18) that the matter of child placement should be premised on what will “work most effectively to meet the needs of all children and young people in out-of-home care. Increased care options spanning the tertiary <u>and</u> secondary sectors, under a fostering families approach, certainly would respond to this caution. Perhaps the words of a carer saying *“the tail should not wag the dog”* (non-identified comment at a support group meeting) is apt, in conveying the criticality of having multiple options to meet the needs of children and families. This would seem to be self-evident given the current lack of care options results in poor matches for child and carer alike, and an increased likelihood of placement breakdown (Brown 2008; Fernandez 2007; Strijker & Zandberg 2005; Tilbury et al. 2011).

This notion of a continuum of support starting with prevention and early intervention aligns with O’Donnell, Scott and Stanley’s (2008 p. 325) contention that “if there is a real commitment to protect all children, then supporting families and children before they reach the point of being abused and neglected should be a priority”. It also recognises that families with complex needs have not been adequately responded to and yet they are expected to provide for their children with insufficient resources (Morris & Featherstone, 2010).

Certainly a broader range of supports at the prevention and early intervention end of the continuum is in line with a public health approach, with the tertiary end being a “last resort and the least desirable option for families and governments” (Council of Australian Governments 2009, p.7). A public health approach would also include greater flexibility of options, such as increased in-home support and different configurations of shared care arrangements.

It would seem timely to think about:

- Customised responses recognizing the diversity of families
- A community based model, still with child protection agencies as a lead, but in partnership with the justice system and other agencies so children who may be in need of protection are provided prevention and protective services
- Families and communities play a greater role as helpers in working in partnership with other stakeholders to protect children (Waldfogel 1998).

‘Fostering’ in a reframed model would encompass both dictionary meanings of the term. Firstly, to “encourage the development of something (especially something desirable)” (Oxford Dictionary 2015) and secondly to “bring up (a child) that is not one’s own by birth” (Oxford Dictionary 2015).

The ‘families’ part of the term also deserves some definition, and should be taken to mean the network children have that constitutes family for them. While Child Safety does not generally consider carers and their family a part of the child’s family, under this approach children may well include carers as part of their family network. Carers made the point that *“it could include us, we become like an extended family”* (Anna, former carer). Anna conveyed she still maintained some links with children and families, even after ceasing formal foster caring, but did not share details.

Talking with carers about a much broader concept of caring saw the breaking down of oppositional binaries and bridging of the child safety-family support divide. Carers used very different terms when talking more generally. Given they were talking about a broader notion of caring they stopped using the term ‘child protection’ as much. Indications from this study are that ‘child protection’ is a dichotomous term which draws a line between a child and their family (Fernandez 2003) and automatically alludes to children needing to be protected from their parents thereby setting up an unhelpful child versus parent scenario (Turnell and Edwards 1999). As evidenced above, carers talked about earlier support for families and early support has been identified as a preferred term by parents involved in the Townsville Family Inclusion Network rather than early intervention (FIN Townsville 2012). In this new space of reconstructing discourses carers also discussed the vulnerabilities and needs of families rather than the dysfunctionality of families; another preference expressed by parents in FIN in relation to references to their families (FIN Townsville 2012).

At the point of concluding this chapter and moving to the penultimate chapter, carers felt that in this research their views had been heard in relation to the entrenched and generally hidden or hushed issues within the statutory system, as had their ideas for multiple choices for stakeholders, under a *fostering families* approach. The final step left, and the focus of the following chapter, was capturing carers' views of how a *fostering families* approach could look, and work, in their local community of Mackay, Queensland. This was not a pre-conceived aspect of the study, but emerged as carers sought to position their ideas in *"the real world as something that can be done"* (Melanie) and in so doing show *"we can be part of a whole lot of solutions"* (Liz).

Gloria and Liz referred to positioning their ideas in an exemplar as *"putting the icing on the cake"* in bringing the research journey full circle. Hence, the following chapter captures their ideas in a version of an exemplar format, as to how such a concept could realistically be incorporated into *"the real world"* (Grace).

Chapter 8: Compassionate caring and compatible support

"Where knowledge is gathered wisdom should follow" (whakatauki proverb)
It's not just about what we know, it's about what we do with it (Young, McKenzie, Schjelderup, More & Walker 2014:137)

This penultimate chapter builds on the *fostering families* approach, borne out of the ideas of carers in my study. It answers the implicit question: how would *fostering families* look in practice? At the beginning of this thesis carers revealed a truth in their flippant admission that they had done their own review of Child Safety as part of participating in this study. This chapter now captures the carers' review of the broader network of service responses available to children and families in the Mackay community to ground their contentions of 'what should be' in an aspirational exemplar. Their desire to develop an exemplar demonstrates the importance of a recurring theme in this thesis: the need for rhetoric to be translated into practice, because otherwise as Gloria said *"what's the point?"*

While the exemplar was constructed by carers prior to 2013, after which time here has been significant change in the child protection arena in Queensland, the concepts contained in the *fostering families* approach remain just as pertinent. In fact, the options proposed in *fostering families* would appear to be an integral fit with the new vision of the Queensland Government for child protection, and the accompanying *Stronger Families* reforms.

These reforms, including the *Framework* (DCCSDS 2015) and funding investment, form part of this chapter's description of how *fostering families* could become a reality. This fulfils my commitment to carers of grounding their proposals in the contemporary context of trends in child protection. Little did any of us realise the extent of change that would occur so late in the study. The place-based nature of this exemplar, set in Mackay, in north Queensland, is obviously very specific of necessity. However, the considerations contained in the exemplar have relevance and meaning across all jurisdictions involved in child protection reforms, as well as those seeking innovation in family support responses for vulnerable children and families. Of necessity, the exemplar, as was the carers' wish, very practical, including resources and investment.

The *Stronger Families* reforms, if the rhetoric is to be realised in practice, will need to respond to place-based differences and capacities, allowing for local innovation. The carers' ideas about the availability of a range of care options go beyond the options recommended by the QCPCI (2013) as previously mentioned, but are extremely pertinent in relation to choices of responses for children and families alike- and, one could conclude, for carers and CSOs too.

8.1 Bridging the gap between child protection and family support

In talking about an exemplar and how it could look, carers particularly focused on the family support component. Their main reason related to the lack of support for natural parents, particularly mothers; without such support carers believed nothing would change in relation to growing numbers of children in care, who are staying in care for longer. Building on the notion that some carers already extend care to children and parents in an informal way, the suggestion was that the provision of this type of more informal support could be provided within established family support responses as a practical solution. This then would provide an opportunity for other children and parents to access and benefit from this type of support.

In the carers' view the broader, and more flexible, roles inherent in the *fostering families* approach would not only attract an extended range of potential carers, but also enable carers to provide post-reunification support as part of a package of support, based on the needs of children and families. They were unequivocal about that type of support sitting outside the Child Safety realm, while also seeing a linkage between the two, described more fully below.

Certainly, a core component of the *Stronger Families* reforms and the findings of this research emphasise the need for family support to be considered as an essential part of the community's response to vulnerable children. The carers' vision of multiple choices in caring for children (and families) has equal, if not more, importance in the secondary family support space than it does in the statutory out-of-home care domain. For this reason, the exemplar is particularly focused on a neighbourhood centre that provides a range of supports to children and families, from a universal entry point through to Intensive Family Support (IFS) services. The construction of the exemplar illustrates how a conduit between statutory care and secondary support/ care need not be merely hypothetical and aspirational, but offers possibilities in reality.

There are fundamental differences between family support and child protection. In Queensland, child protection work is usually the work of Child Safety, and is of a statutory nature. In contrast family support is generally undertaken by the non-government sector and is non-statutory in nature. A comprehensive definition of the different dimensions of family support is:

> Family support is about the creation and enhancement with and for families in need, of locally based (or accessible), activities, facilities and networks, the use of which will have outcomes such as alleviated stress, increased self-esteem, promoted parent/ care/ family competence and behaviour and increased parental/carer capacity to nurture and protection the children (Hearn 1995, cited in Fernandez 2003, p.12).

Strengths-based and empowerment perspectives are implicit in family support responses, and clearly the language of 'support' reflects this stance (Fernandez 2003). The contrast with child protection is evident in the line drawn between the child and their family, whereby 'protection' implies there is a threat existing in the child's life and when that is removed, no intervention need occur (Fernandez 2003).

However, presenting the exemplar focused on a neighbourhood centre and family support is not to emphasise the dichotomy that currently exists, but rather the possibilities of moving beyond the current experience as Maluccio and Whittaker (1997) have advocated in the past:

> There is an urgent need to move beyond either/ or thinking and try to ascertain what we have learned from this initiative and what remains as questions for future knowledge building efforts (p.5).

The choice of a non-government agency in the community for the exemplar was based on the carers' personal knowledge of the agency. Several carers had used the agency in one form or another for support for themselves or as a referral point for a mother. Carers who had not used the agency were aware of it agreed on its appropriateness for the exemplar. Most importantly for carers who had utilised the services of the centre- for themselves, their children in care or in referring the natural mothers to the centre- they had found it to be warm, accessible and responsive.

As part of the investment under *Stronger Families* ($406 million 2014-2019) 20 locations across Queensland have been targeted for increased investment relating to Family and Child Connect (FACC) services, and IFS services. FACC services constitute the new non-government dual pathway services which will provide valuable triage and advisory services, with a CSO and a domestic and family violence specialist included in the staffing of every FACC service. Supporting the FACC services will be new IFS services which will be able to respond to the referrals from the FACC service. The FACC service is designed so that Child Safety is not the first port of call for families. It is particularly these two aspects that will be focused on in relation to the carers ideas and will be more fully considered in the following chapter.

8.2 A different approach – how would it look?

The centre is George Street Neighbourhood Centre (hereafter referred to as ‘George Street’ or ‘the centre’). A Neighbourhood Centre Review (DoC 2011c) undertaken by the Queensland government identified the centre as delivering a range of holistic services in an integrated fashion along a continuum from universal to targeted and intensive services. Stanley and Kovacs (2003) have written of the advantages of a universal entry point- being unobtrusive in the community; easily accessible to (in this case, the limited) public transport; and near other facilities where people do ‘normal’ business, thereby lessening the likelihood of stigmatisation, and helping increase participation.

George Street’s mission is based on a proactive community development and well-being approach embodying the values of empowerment, social justice and respect (George Street Neighbourhood Centre (GSNC) 2015). It aims to be an innovative community hub modelling best practice to strengthen and build sustainable and resilient communities (GSNC 2015).

The Co-ordinator of George Street, as one of the secondary stakeholders, spoke with pride about the capacity building approach that is fundamental to the centre, which she pointed out, included a different way of looking at families and parents and the problems they were encountering. She talked at length about the difference in the approach undertaken by George Street as opposed to the Child Safety approach, and talked about the programs they deliver to demonstrate the difference. The centre focuses on what is happening for the family that is impacting on their capacity to parent. This departure from focusing on the family structure in favour of focusing on family practices has been advocated by proponents of family support (Morgan 1996; Featherstone 2004; Morris 2012). The approach reflects the notion that we all give and receive care given we are all interdependent on others. This resonates with an ethic of care and the idea that intervening in a family's life with experts delivering short, time limited services focused on only one aspect of the cause of the families struggles is not an effective response (Featherstone & Morris 2012; Featherstone, Morris & White 2014; Katz & Pinkerton 2003) .

George Street operates from two sites within a three kilometre radius in East and South Mackay suburbs, north Queensland. Although the centre receives funding from a range of sources, the primary funders are the Queensland and Commonwealth Governments. George Street also trains, supports and utilises a large contingent of volunteers, and according to a Mackay Departmental representative, as at June 2015 there were approximately fifty such volunteers.

8.3 Supports that make a difference

While George Street offers an array of programs which will be described below, of particular interest to the carers were the three family support programs offered: Referral for Active Intervention, Good Beginnings Home Based Family Support and the Child and Family Hub. Whilst also noting the importance of the other offerings at George Street which also support families, it was primarily family support services at this centre that the carers wished to align the *fostering families* approach. Hence these three services will be a particular focus in this chapter.

The first of the three family support programs is **Referral for Active Intervention (RAI)**, which provides an IFS service for children and families who have had involvement with, or are at risk of progressing into, the statutory child protection system but are not currently in need of child protection. The RAI service is of particular interest because new investment for IFS services under the *Stronger Families* reforms, is anticipated to enable establishment of an enhanced IFS response in Mackay. The new (yet to be established) service will have the same guidelines as does the RAI service, and in fact, any IFS service across Queensland.

However, the RAI service in Mackay is also an anomaly as an IFS service, since it only receives funding of $133,526 per annum (as at June 2012). This provides for one case manager/ family worker with an expected caseload of 24 families per annum. The Co-ordinator of George Street told me she supports the RAI worker on initial visits, given there is no second worker, to ensure responsiveness to the client, but also as a safety consideration. As will become evident, the funding silos impact on centre's staff, but they choose to work flexibly and collaboratively in order to meet demand.

This was not the only anomaly when compared to other IFS services. For instance, it has never received brokerage funding, unlike the other ten larger RAI services across Queensland, further limiting the service's capacity to support families. A three year evaluation of the RAI initiative showed that the flexibility of brokerage enabled the other ten RAI services to provide practical assistance that was tailored to meet each individual family. It also enabled the RAI services to engage other services that they could not provide, such as counselling and support for parents with mental health problems (DoC 2010).

As an acknowledgement of the importance of flexible funds to support families, the new investment for IFS services across 20 sites in Queensland will have access to brokerage resources. Tender specifications for what was the first tranche of new IFS services in 2014-2015 (DCCSDS 2014) state that up to five percent of the IFS budget can be allocated to brokerage. The tender specifications also stipulate "brokerage funds are strictly to be used in respect of families experiencing serious concerns about the safety and wellbeing of the children; this pool of funds is not to be used as a substitute for emergency relief for families in need who do not have serious or complex concerns" (DCCSDS 2014, p.21). The restrictive conditions on the provision of brokerage raises the question as to whether this is a precursor to rules and regulations again triumphing over the laudable sentiments expressed in the reform declarations.

While practical in-home assistance was provided by the other larger RAI services, this too was another anomaly with the RAI service at George Street being unable to fully implement that component of support due to the low level of funding. However, the Co-ordinator described how George Street creatively found a way to provide in-home assistance through another funded program operating from the centre, Good Beginnings.

Carers were particularly interested in the provision of practical support. The RAI three year evaluation (DoC 2010) found that practical in-home assistance such as coaching with shopping, cooking, cleaning and modelling parenting skills was helpful, with families commenting that no other service had provided them with the level of hands-on and home-based assistance that RAI services did.

It was in this aspect of practical support where carers in this study felt that their skills and experience could be utilised as part of the RAI service. They also viewed this type of support as something which many community members would, and in fact already do. The Co-ordinator noted the interest expressed by community members who are looking to provide that type of flexible support. This is in addition to, families, particularly younger mothers looking for practical support to help them with their parenting. However, while the will is there, the resources are clearly not.

The second of the three programs is the **Good Beginnings Home Based Family Support Program (Good Beginnings)** which as identified above, works to complement the RAI service by providing home visits. The model is solely reliant on trained volunteers who offer support, friendship and practical assistance to families in stressful situations, after the one co-ordinator assesses concerns. Volunteers undertake a training program before visiting families generally on a weekly basis, to engage with families to discuss difficult issues and work with them to achieve their goals. The volunteers aim is to be friends to children and their families and assist in practical ways.

The sole Co-ordinator of Good Beginnings is kept busy, not only overseeing the home-visiting program but also facilitating the **Mothers Empowered** program run by mothers for mothers. This program aims to further promote community connectedness, friendship and learning opportunities for healthy living (such as nutritional advice, cooking demonstrations, physical activity and gardening skills).

Like the RAI initiative, Good Beginnings operates from a scant funding base, with funding of $166,967 per annum (as at 30 June 2012) to cover staff and operations. Dianne, former carer, spoke at length about Good Beginnings, and both she and the Co-ordinator noted the program could do much more but it was limited by having a sole worker (the co-ordinator) who needed to train, support and supervise the volunteers. Both Dianne and the George Street Co-ordinator emphasised that recruiting volunteers was not an impediment to program delivery. Indeed there was a pool of carers, and others who enquired constantly, to be volunteers. However due to the limited coordination there were also referrals for the service that they were unable to be met.

As in the case of the RAI services, carers thought the practical support of this program was underestimated and hoped that *"the powers that be"* (Grace) would see the sense in supporting families in this way. Dianne spoke effusively about the service:

That program is great… very needed… I was a volunteer after I left fostering for a while and then other things came up, but I'm keen to go back. I liked the way it was about practical stuff, the stuff the mum in particular needed. It's no damn good doing things that is beyond them. I'm all for parenting programs but not if they can't get there or have the understanding or reading ability to keep up with the others in the group. If their parents never did what the program was saying then it doesn't make a lot of sense to them. I kinda role modelled it so they got it. I went to the supermarket with them, I could show them how to prepare meals that cost practically nothing… that kind of thing (Dianne, former carer).

Dianne also referred to the much warmer, and egalitarian, partnership that she had experienced with George Street when undertaking the volunteer role, which was in contrast to the relationship which she had with Child Safety when she had been fostering. She drew attention to the Manifesto of the Good Beginnings program (Appendix K) but referred to it as being the overall mission of George Street as a whole. Certainly the community development approach George Street adheres to supports the principles within the Good Beginnings Manifesto, in that the centre also responds to structural issues rather than locating personal blame, and has flexibility in seeking solutions and looking at the potential for change. The Manifesto (and the guiding principles for George Street) has a focus on working with families, not only to improve personal wellbeing, but to also overcome, or mitigate, some of the inequities many families face. There is a much less defined power differential in the Centre's relationships with clients. The Manifesto was included, at Dianne's request as an appendix to illustrate the difference in the approach to that of Child Safety.

Cheryl termed the approach Good Beginnings takes as being *"a bit like helping your neighbour"* and her comment reflects the overall view of carers in my study that, while they identify and focus on the child in their care, parents also need support, something carers can sometimes provide. Under the reforms, they saw George Street and trained volunteers being able to provide this form of practical support with families. Carers are comfortable helping, in practical ways, those with whom they have become friendly; as in the 'helping the neighbour' analogy to which Cheryl referred.

An interesting observation by Dianne, supported by other carers, was that the volunteers recruited for the Good Beginnings program could be engaged more broadly. Dianne suggested that carers could provide also provide services family-based carers who needed help, offering options of respite, day care and practical help to them as well. While time did not permit a fuller exploration of these ideas, the potential for bridging a number of gaps between Child Safety and family support is clearly evident.

The third program funded for family support services is the **Child care and Family Support Hub** which connects families with early intervention resources and strategies. It aims to prevent any issues or challenges from escalating, recognising the importance of having a clear integration between developmental children's services, family support and early intervention services. Three playgroups, including a multicultural group, are also run each week. Grace, a carer in my study, talked about utilising the playgroups at a time when she had a toddler in care, and the benefits she had gained. She said she has since referred a number of natural mothers towards these groups:

Playgroups are really handy for any mums to just get together, the kids can play and mums can chat and share info… and gossip (laughter). *I went to them at one stage when I had a toddler for a while and it was good. I didn't declare I was fostering… I didn't have to and that is the good thing about playgroups because it doesn't matter who you are you can feel normal and know other mums also struggle, don't get sleep, cope with the tanties* (tantrums) *and all the rest.*

It should be said that as carers talked about George Street, and I was clarifying points with them, they found the different titles of the programs confusing and argued for greater integration of the various services, *"reducing all the titles that just confuse everyone"* (Rebecca). Given workers help each other out, working across programs to meet needs it sounded like an imminently sensible solution. However, while it may be sensible I was told that it is not possible under the current funding regimes and funding ‘silos’, since each program has its own funding requirements. In the case of Good Beginnings, it is jointly funded by the Commonwealth and Queensland Governments, making such a suggestion impossible. Yet clearly, for George Street, there is a significant draining of time from the George Street co-ordinator’s point of view, as she made mention of the numerous reports they have to complete, generally every quarter, for each and every segment of funding.

While carers focused on the family support program they also felt that the other programs delivered by the centre were immensely beneficial and acted as extra support for families when, and if, needed. These programs included:

The **Early Years Health and Wellbeing program** which delivers services in four specified schools in the Mackay region. This program links families with local services and resources that provide support in relation to the health and wellbeing needs of children and their families. It includes parenting support and responding to parents’ needs through the delivery of workshops on topics such as nutrition, child safety, behaviour management.

The **Indigenous Mothers Group** responds to the support needs of Indigenous mothers focusing on the health and well-being of women and their families. It builds self-esteem, connections and positive family activities. Val, Indigenous kinship carer, providing some feedback on the exemplar said:

Yeah I’ve been there (George Street). *Went with my niece… to the mother’s group ‘cos she didn’t want to go on her own. It was OK. They didn’t look down on us and that’s the most important thing…yep that’s really important.*

The **Indigenous Parenting Program** also complements the mothers group, providing parenting support using the Indigenous Triple “P” (Positive Parenting Program) approach.

Supporting programs for mothers are also delivered utilising visiting staff and include:
- Australian Breastfeeding Association
- Child Health Hearing Checks
- Newborn Baby Health Checks
- Antenatal Clinics

An additional service is the **Mackay Toy Library** which is available to anybody who wants to borrow toys for children in their care. No funding is received for this service and it is staffed by volunteers.

There is also a range of financial supports available at George Street which include:

Emergency Relief, referred to as the Intake and Referral Program, connects people, particularly those experiencing financial hardship, with the resources and help they need to address their identified needs. The worker who allocated emergency relief funds can assist with improving financial capacity and resilience through dealing with immediate financial difficulties in a way that respects the dignity of the individual and encourages self-reliance.

Carers talked about the need for flexible funds, such as the Emergency Relief funds that George Street administers. They also noted that child-related costs could be reframed to be more flexible in relation to responding to the needs of children and their parents. Carers viewed practical support at the right time to be a critical element in supporting vulnerable children and their families. This could be realised through the IFS funding under the *Stronger Families* Reform Program, which is inclusive of brokerage funds with the potential to enhance the overall response to families.

The worker administering the Emergency Relief program fortuitously has access to the Financial Counselling service operating at the centre. This is a bonus for the workers and users of the service alike, since financial counselling can help to address the underlying causes of families' financial crises. The **Financial Counselling Service** delivers financial counselling, support, information, options and advocacy to individuals and families experiencing personal financial difficulties due to circumstances such as unemployment, sickness, credit over commitment, family breakdown and credit dispute. Basic budgeting workshops are provided on a regular basis.

Also assisting those who are struggling is the **Mackay Community No Interest Loan Scheme** which provides individuals and families on low incomes an opportunity to apply for an interest-free loan for the purchase of essential household goods. In some cases a loan may also be approved to meet health and education needs. It also goes without saying that for families struggling with poverty this scheme provides a means to be able to get needed white goods and similar essential items, they could not otherwise afford.

George Street also provides a **Multicultural Community Program** giving information, referral and support and a **Migrant Settlement Program** which delivers services to increase knowledge, independence and access to services. Also showing the diverse nature of services offered at the centre is the **Consumer Advisory Grou**p (CAG) which gives people who use mental health services, and their carers, a greater say about the way the services operate.

All these programs attempt to work together seamlessly like a *"kinda one stop shop"* (Sonia) so that they, carers and parents, could have a range of needs met *"straight away without a big rigmarole"* (Sonia). The idea of a timely and unified response without *"a big fuss"* (Colleen, former carer) was seen a very important factor in engaging and children and mothers when they approach the centre; a point particularly emphasised by the carers.

Carers liked the fact that George Street did not have Child Safety oversight. Jenny, for example, noted that families liked to *"stay right away from Child Safety"*. However, they nevertheless thought it very important that George Street was still a key stakeholder in the family support and child protection service networks in the local area. Linkages with potential referral agencies were valued, and carers' views included:

*They know who's who in the zoo. They ring up and say someone needs help and they're listened to. It's important they can do that but they have financial help, health help, family support, playgroups and all that, all in the one place… that's what's needed. We, or the mums, don't have to run around to get help. They know the child care centres, they know Housing, they know Child Safety. All those things are important to help u*s (Liz).

A key theme of this thesis has been one of carers wanting respect, and the importance of respect was a point that emphasised by the Co-ordinator of the centre. Those carers who had utilised the centre either for themselves or parents in care echoed the Co-ordinators view. This was in contrast to how they felt they were generally treated by Child Safety. The non-stigmatising entry point of George Street was deemed an important element in engaging mothers:

Mums feel OK about going there because it is a place anyone can go to…they don't stick out. Even though they can't do everything they do have a lot going on and can help… or know who can help… without making mum feel like she's hopeless (Jenny).

Carers also noted that many of their ideas equally relate to providing earlier support so families are not reported to Child Safety as well as having an importance in children and parents receiving support post-reunification:

There's got to be the support for foster carers and more support for the really hard end where disability or young people needing extra care that will be ongoing… absolutely. But the idea is to stop kids coming in right? Or to get them back to mum and whoever? (rhetorical questions). *There has to be so much more happening. Mum has to think she is supported not just blamed. I've talked about George Street, eh? I really like the workers and there's help there for the mums especially. I don't now but I used to use the toy library or called for a bit of health advice* (Sue).

Sue's quote alludes to carers also needing support in terms of services at the same time as she was talking about the support of natural mothers. Receiving support that could be flexibly negotiated dependent on the needs, whether that be in times of crisis or ongoing support was an important factor. In Sue's case this is reflective of the *Families Helping Families* (Centre for Excellence in Child and Family Welfare 2006) model where a support person/carer from the centre could equally be a resource for a foster carer or a natural mother. It may also be that other more intensive family support was also offered at the same time, or equally that informal, practical support was ongoing without other services. A major factor was support coming from an agency that was not subject to Child Safety's scrutiny or mandates. Liz said:

The beauty of this is there's no one right way and it is about what the children and their mum needs, whatever that is. There's no expert deciding without first listening to what's happening and big brother isn't looking over everyone's shoulders. Each family is different and it makes sense that there needs to be different supports. It might be some help with transport, to go with her to help fill out the forms or to help with the kids. It's like an extension of Good Beginnings but it could be more too.

8.4 Investing in making a difference

It should be said that the choice of George Street on which to base the exemplar was made simpler because of the paucity of neighbourhood centres and family support services in Mackay. George Street is one of only three organisations who are funded for IFS work in Mackay. The two other organisations are restricted to families who are referred by Child Safety, whereas George Street is not constrained by this stipulation, which was a major selling point for carers.

The lack of services in Mackay reflects the fact that Queensland has under-invested in universal and secondary family support services to date. The QCPCI noted that since 2000 instead of funding family support (and other secondary services), resources have been directed to the tertiary system; a system which has, as previously highlighted, grown increasingly risk-averse and forensic (QCPCI 2013).

As has already been remarked on, while George Street is a good example of an integrated hub, which is well-linked with the broader Mackay community and services, each program is historically very lowly funded. This low level of funding is something the 2015-2016 *Stronger Families* reform budget does not fully take into account in relation to Mackay. The tender specifications (DoC 2014) for IFS services, under the reforms, refer to the intention of transitioning families from the new IFS services (once clients are deemed to be functional) to generalist and universal services. However, as has already been illustrated, there is a lack of generalist and universal services, and the services there are ill-equipped to respond to increased demand, given their low base of funding, leaving families potentially stranded after a time-limited IFS intervention. Grace summed up a very pertinent point that carers made:

If the support's not there for the kids… or the mums… when they need it, then it's not going to work (Grace).

Given this chapter is focusing on the practical application of a *fostering families* approach, it is also pertinent to look at investment for Mackay under the child protection reforms. Mackay falls into what is the third (and last) tranche of investment for receiving FACC services and new IFS services, with the Mackay services expected to be established early 2016. The funding for Mackay is combined with that of five other locations; Brisbane, Mount Isa-Gulf, Cairns and surrounds, Cape York and Torres Strait (DCCSDS 2015). The investment for all six locations is stated to be $4.5 million for six new FACC services and a further $3.8 million for new IFS services in the 2015-2016 financial year. The exact funding configurations of what each location will receive are not known at the point of concluding this thesis.

What becomes immediately apparent is that there is greater investment in the FACC services, which essentially are triage services, than the IFS services which will be the key referral point for the FACC service. As the $3.8 million is to fund six locations, the amount for each location may not be sufficient to meet the high need for IFS services for vulnerable families, diverting them from contact with Child Safety.

The focus of the exemplar is primarily advocating for a bridge to be built between child protection and family support. There would still be a need for the statutory family-based care role, but there would be greater choice in care arrangements across a broader continuum. In this respect the QCPCI has recommended Child Safety has a greater capacity to work with families, providing appropriate support, under an intervention with parental agreement or a directive or supervisory order with appropriate support services (QCPCI 2013). The Queensland Child Practitioners Practice Group (CPPG) has made a response to that recommendation noting that if capacity were to be enhanced, suitable support services would need to be available across Queensland (CPPG 2013).

Thus, this is where a *fostering families* approach, if implemented, could enable a genuine consideration of the needs of the family and tailor a mutually negotiated response with the family, including the possibility of ongoing support if needed. An informal discussion with a Departmental local representative saw possibilities for a combination of services delivered by both George Street and the UnitingCare and Pathways IFS services (which are strictly only for statutory clients). This would provide greater possibilities for supports for families, as well as providing Child Safety with enhanced options. However, innovative change will need both political and departmental will to embrace the concepts. The *fostering families* hypothesis, received support when tested with secondary stakeholders, with FCQ agreeing in principle, but noting the need for stability in any care arrangements.

Both carers and secondary stakeholders were total agreement that children and families, as well as CSOs, would benefit immensely from having access to increased options and a diverse range of carers. The ability to respond expediently to crisis situations through to planning enduring support for children and families would, in the carers' view, reap dividends for all parties. Carers noted that greater flexibility and recognition of the different needs of children should firstly be reflected in statutory out-of-home care, including the family-based care role. The QCPCI recommended that the feasibility of professional foster care be explored with a view to responding to children with particularly complex needs. Generally speaking carers endorsed a trial of this type of model if a range of other options and supports were also made available.

8.5 Back to Respect and Support

However, the carers' main caution remained the same when considering how Child Safety might respond:

Doesn't matter about what they might try. Unless they respect and support us, retention is going to be a problem.

This research almost came full circle, but in the 'new' world they viewed support as including training but if there were a broader range of responses they saw training as applicable to both CSOs and carers. They acknowledged some needed to be separate but they saw overlaps.

There's mental health stuff, drugs and alcohol, DV (domestic violence)*, early childhood stuff, behaviours… the list goes on… and working with parents. We* (carers) *need information but so do the CSOs coming in. Why can't there be joint training…if we are going to be partners that is?* (Cheryl)

We need information when we need it. If I have never had a child with mental health issues then I need good information about what that means, what I can expect, what I should do etc. etc. Unless the CSO knows about children with mental health issues herself then we both kinda need some expert to guide us. (Liz)

This need for access to expertise for carers and CSOs alike on particular issues was a common theme. These longer term foster carers had not focused on training to large extent during this research, possibly because of their experience and knowledge. They generally included training as one of the needed supports for new carers. They also wanted to be more involved in the training of CSOs. Given the lack of understanding by Child Safety about the practicalities of their role, they also thought their skills and knowledge should be recognised with carers training CSOs more often than currently happens and a regular suggestion was one of *"they should have to do a day or two at home with us"* (Melanie). Grace reflected the carers' wish for collegial discussions in talking to Child Safety regarding support and training:

Unless we talk to one another we are not going to get good understandings. They need to respect our knowledge and experience. They need to talk to us about what we need in relation to training – not just decide for us. I know I have asked and asked for training about difficult behaviours. In the end a teacher linked me in with the child psychologist they use and he very kindly made time to provide advice.

Grace's comment also alludes to a desire to also share their expertise related to specialised mothering to enhance the knowledge of CSOs. Liz felt that *"they don't even look at how we can help"* as they are seen as *"the foster carer at home with the kids"* (Jenny).

They also felt that new carers in this broader frame needed greater variety, and regularity, of training and mentoring opportunities. Their ideas for training content were wide-ranging, inclusive of dealing with difficult behaviours, child development, engaging with families, mental health, domestic and family violence, alcohol/ drug abuse and poverty. This could provide for a better understanding of the issues parents face and which children have seen and/ or experienced.

There's a whole lot of things that we often have questions about but with staff changes it is debatable who might have the answer about a behaviour problem, for example. New carers have a hundred and one questions... they sometimes ring me hoping I have the answer. There needs to be regular opportunities to get needed knowledge. It might be different for a kinship carer… or for a respite-type carer… but a foster carer who's 'active' (open to taking more children) *or who has the really high-end kids will need specialised training like the workers should get* (Sue).

If carers are to be truly inclusive there needs to be training and support around the issues with contact and visitation and just linking with families that helps everyone understand each

*other's viewpoint. I am not meaning training where we are talked at, or talked down to, but where we can ask questions and use scenarios that we can talk throug*h (Grace).
I reckon new carers… and workers actually… should have a mentor type person who is experienced and knows the whole picture and can help carers and workers talk about the issues and work them through (Sue).

They also felt training in aspects of respectful engagement with them and with parents would be important. Carers have spoken about the need for locally-based responses and relationships in working with children and families that are supportive, flexible, respectful, and trusting. This raises the need for training and supervision of CSOs to conceptualise professionalism as connected not separated (O'Leary, Tsui & Ruch 2013).

While foster carers spoke in very proactive terms about both providing, and receiving support as part of a *fostering families* approach, kinship carers simply wanted additional informal and practical support. It has to be the right support for the particular family and cultural circumstances. Kinship carers' request was for a range of culturally appropriate options, including Family Group Conferencing with Frieda suggesting *"call the family… all the family together and let us work a few things out"*. Family Group Conferencing was originally devised in New Zealand and has been found to be generally very beneficial for family members (Connolly 2006, 2007; Merkel-Holguin, Nixon & Burford 2003; Walton, McKenzie & Connolly 2005). The reliance on older, single grandparents as the sole carer in kinship care would be reframed, as appropriate to each situation with a range of shared care arrangements between family members or a particular family supporting the carer.

8.6 Discussion

Carers viewed the major strength of a *fostering families* approach as not ascribing to just one model, but rather a flexible suite of choices, tailored to the needs and circumstances of each child and family. A practical illustration of how this could work was evident in the preceding chapter where Liz spoke about providing informal, and unsanctioned, care for a mother as well as her baby, with the mother staying at her place occasionally. In a *fostering families* approach, based on the needs of the child, Liz's actions could be a formal, sanctioned option, as would a variety of shared care arrangements, and in-home practical support to families.

With child and family wellbeing in mind, carers believed such an approach could ‘pull the threads’ together for complementary, congruent and compassionate practice based on the local strengths of the community, without creating a whole new ‘fabric’ of systems and services:

It’s about genuinely working together. It will never be perfect because none of us are but the possibilities are there. If you know what’s available… or more exactly how to work it so things happen and do away with all the red tape… How hard would it be for Child Safety to start talking about shared care stuff that could be at our place or mum’s place, full time, part time or just when needed?... Openness and flexibility and listening to what mum needs that will help her. (Laughter and wink) *I’ve already told you I help out a bit like this on top of the full-time stuff. There’s family support stuff involved that isn’t or doesn’t have to be Child Safety related… so things are happening but they just don’t know it.* (Liz).

The current recruitment dilemma would be considered in a different frame. Carers suggested that interested applicants for foster care could also be offered different options under a *fostering families* approach, if they withdrew on the basis they could not provide full time care. Potential carers would be assessed in terms of their location, family circumstances, capacity, skills, interests and willingness to engage with family members. Building a pool of carers, female **and male** (carers’ emphasis), and have diverse family circumstances, cultures, and ages would enable matching to the needs of children, young people and/ or vulnerable families. Generally carers thought that recruitment for the George Street family support services would be still carried out by that organisation separate to that of the non-government agency recruiting for foster carers. However, they saw a great deal of ‘cross-pollination’.

Again, these are not new concepts. It is nearly twenty years since Pease & Fook (1999) advocated for flexible alternatives that require non-prescriptive moral deliberations in reconstructing a shared ethical discourse and reflectively engaging with vulnerable families, including alternative ways of being and of doing. Yet Pease & Fook’s (1999) contentions seem particularly pertinent at this crossroads in Queensland with the *Stronger Families* reforms taking shape. Thorpe (2008) has also argued for child protection to focus on building bridges with parents whose children are in care, or may be at risk of coming into care. Similarly, Lonne and colleagues (2009, p.100) support “ethical, value-driven and relationship-based practice that is grounded in and facilitative of, neighbourhood and community-based social care systems”.

This exemplar comprised a child-centred but family-focused approach, with the intent to provide vulnerable families with support when risk factors are in danger of outweighing protective factors (Moore 2008). The model embraced the principles of community development, allowing for self-determination, advocating for respectful and equitable partnerships between all the key stakeholders and agencies, and acknowledging the strengths and diversity of the local area (Young, McKenzie, Schjelderup, Omre & Walker 2014).

The *fostering families* exemplar also responded to the need for integrated approaches, and celebrated the value of secondary non-government services. It embodied what has been written elsewhere, including Lonne and colleagues (2009, p.159) who identify the need to develop a "comprehensive system of integrated agencies and processes that build child and family well-being, foster helping and caring connections between people, and thereby develop safer, healthier and more sustainable neighbourhoods and communities".

As this study concludes, all eyes are on the 'planets aligning' with good luck and good management (Humphreys et al. 2010) hopefully leading to the principles articulated in the *Framework for practice* (DCCSDS 2015) actually being translated into practice. The major themes important to carers that have been consistent throughout this thesis would be for CSOs to now be supported by their management to engage in a more friendship like manner (Reimer 2014) which would be "characterised by an egalitarian approach, recognition of a common humanity, mutuality, and reciprocity (Doel 2010; Ribner & Knei-Paz 2002; Turney 2010) and a focus on connections rather than separations (O'Leary, Tsui & Ruch 2013). They also acknowledged that CSOs were in a position where they felt they had no choice but to follow managerialist mandates and in following these mandates they had become more distant, rigid and 'cold' but did so to avoid negative ramifications from management (Cooper 2010; Doel 2010; Freud & King 2002,).

Reform will necessitate adopting a different view of professional boundaries that is relationship based and inclusive (O'Leary, Tsui & Ruch 2013 and extends to including others in decision-making (Davies et al. 2007). For carers, the ability to be a 'resourceful friend' (Thorpe & Ramsden 2014) appealed to them, with the concept embedded in the *fostering families* approach as did the chance to genuinely match the children's needs to the care arrangement.

The possibilities are indeed endless but require skilled practitioners, particularly social workers overseeing, and supporting a cultural change for CSOs, in line with what Hugman (2003 p. 1035) refers to as "postmodernity and social work with a twist" in what could termed be a "critical postmodern approach". Such a practitioner would appreciate the competing perspectives, and the fluidness and plurality of these, while bearing in mind power differentials inherent in the system (Hugman 2003). These aspects are critical it would seem, if practice is going to change and more particularly for that change to be sustained.

In keeping with the dominant themes of the study, the focus has been on change occurring top down, in particular within Child Safety, and support of CSOs. Carers viewed this as a necessary first step. There needs to be cultural change within Child Safety with support for CSOs to engage in inclusive and collaborative practice, as carers' believe they want to, otherwise it "*will be business as usual*" (Melanie). The nature of this exploratory study opens up many questions for further research, including that of professionalisation of foster caring, and receipt of pay for services rendered. These are difficult discussions to have with carers given the constraints of the current space they are in, where they tend to fall back on what they have always known and done. However, the approach of this research enabled the time and opportunity for carers to show that they can, and do think strategically and humanely, and they do more than is usually realised in this respect. If the anomalies, dualisms and contradictions currently inherent in the system can be minimised, and respect and support begins to be an ingrained part of practice, with practice principles actually being practised, I would contend that the discussions about care and carers, including recruitment and retention would be very different.

This research reaped new and rich findings in a way I never envisaged in commencing this study and I feel very privileged by the trust carers gave me. The next, and concluding chapter, considers these findings in relation to the aims of the study and the contributions the findings make, as well as their implications for policy, practice and research.

Chapter 9: Conclusion

"Unless someone like you cares a whole awful lot, nothing is going to get better. It's not."
(Dr Seuss)

This chapter concludes an exploratory research journey with female family-based carers. The chapter contains three sections, with the first reiterating the aims of the research and providing a summary of the findings that emerged associated with each aim. The contributions this thesis makes in terms of theory and methodology are then identified, followed by the implications of this study's findings in terms of policy, program practice and research.

This chapter essentially provides a summation and final demonstration of the benefits of utilising a unique feminist ethnographic approach, which shared control and power with carers regarding the scope and direction the study. Thus, the findings below regarding the carers' role, dimensions of respect and support and ideas on improvements are also unique, exposing many of the hitherto invisible or 'hushed' facets of care, including that of extended care to children and families outside the statutory family-based role. This was particularly so in relation to the nexus between carers and the child protection system, which in Queensland specifically meant Child Safety and the many CSOs who are allocated to support and monitor children in their care. While an unexpected focus, it yielded new and exceptionally rich findings, shedding new light on the vexed, and seemingly intransient issues inherent in child protection and family-based care as it is, while offering some innovative solutions in relation 'what should be'. While this research study had an unapologetic focus on Queensland the findings nevertheless have significant relevance and implications for research, policy and practice more broadly, as will be shown.

9.1 Aims and summary of findings

The study's findings in relation to its three aims are discussed.

9.1.1 Aim 1- the role and experiences of carers

The first aim of this research was to explore the role and the experiences of female family based carers. I sought to learn more about how female carers perceived their role, what it was like to be a family based carer and why some female carers continued for long periods but others did not. Given the research participants selected for the study all had/or previously had considerable longevity in the role, I was also interested in discovering more about what kept long term female carers committed and motivated over time.

This study found that the female foster carers' identity and sense of agency in particular, was intrinsically tied to the care they provided for their foster children. This may be unsurprising given the social construction of 'child rescue' in child protection and the subsequent child-focused construction of family-based care. Nevertheless I had envisaged that in adopting a feminist ethnographic research strategy I would learn more about the persona and individual aspirations of female carers. I was quickly dissuaded of that notion finding carers generally loath to talk at any length about 'self', personal aspirations, or personal disadvantages associated with their role, and perhaps it goes without saying they were also uncomfortable with the terms 'feminist' and 'gender' being totally focused on their caring role and the specialised mothering that entailed. Conversely, carers enthusiastically embraced a feminist research approach, and their narratives subsequently provided further evidence, and findings, related to the gendered nature of child protection and family-based care along with their continued expectation that women are responsible for the primary care of children.

Foster carers altruistic commitment to foster care was worn somewhat as a badge of honour as they provided what they saw as specialised mothering to the children in their care. The requisites they viewed as most critical for the role, and essential for staying in the role, were love and emotional commitment, and a willingness to accept the sacrifices the role required. Unsurprisingly, carers also categorically emphasised family-based care was not about money. Indeed, the topics of money and sacrifice, as they related to their care, were ones they preferred not to speak about to any extent. Paradoxically, they did talk about both those topics in advocating for greater resources for new carers, speculating that (but not articulating why) new and potential carers would not be prepared to be as altruistic as they were, and they should not be expected to be.

As indicated above, the major topic throughout this study was the carers' relationship and interactions with the Queensland statutory agency of Child Safety. Carers took the opportunity offered by the unstructured nature of the interviews, to expose the inherent flaws within the system that impacted negatively on them. They described, in detail, the difficulties in providing care when they encounter a significant number of major ‘fault lines’ where their espoused rights, including partnering with Child Safety, are not met in practice. They therefore provide care to the most vulnerable children in an environment of competing ambiguities, contradictions and anomalies. Further compounding the difficulties for carers is a defensive and risk adverse child protection agency, whereby carers identified it was self-defeating to raise their concerns, no matter how valid they might be

Against this backdrop, carers struggled with the perceived distance they experienced in their relationship with Child Safety, and the female CSOs they work with, rather than the open partnership they sought. For these reasons carers viewed the child protection system being an intrinsically ‘cold’ and inflexible system which effectively shut down opportunities to have their views heard.

Unsurprisingly carers viewed their role as ambiguous and ill-defined with mixed messages being received from Child Safety as to what was required of them. While carers deemed love and emotional commitment as critical requisites for the role, they spoke of love and emotion amongst the ‘taboo’ areas when talking to CSOs. Moreover, they also saw their very different life characteristics, compared to an average CSO, contributed to misunderstandings between carers and workers. Despite both carers and workers patently wanting what is best for the child in question adversarial situations arose.

Another of the many paradoxes in this study was that carers also conveyed sympathy, and empathy, for CSOs. They viewed the average CSO as a young woman, thrust into a complex and over-burdened role. Moreover, these young CSOs were seen as beholden to ‘masters’ who demanded a techno-rationalist approach (Lonne et al. 2009, Lonne 2012) with parents and carers. Such an approach does not allow for a respectful, and ‘dialogical relationship’ (Friere 1972).

While I found out more about what it was like to be a family-based carer, it was also made clear to me there was no one definitive answer with each carer having different circumstances, and the answer could vary depending on what was happening with the children in their care at any given time. However, overall the term ‘challenging but emotionally rewarding’ come nearest to encapsulating the view expressed by foster carers. For kinship carers the term ‘draining but provided because of love for kin’ would come closest to conveying what it was like for them.

9.1.2 Aim 2- Respect and support

The second research aim was explore what respect and support meant to carers, what supports they used, and what status they considered they had. This aim was unfortunately easily answered. I use the term ‘unfortunately’ because the study found an implicit lack of respect and support for carers, within the current child protection system. This was identified by carers throughout the thesis, particularly in the exploration of competing discourses (Chapter 4) and contested caring (Chapter 5).

The general message emphasised by carers was that the child protection system is one that does not intrinsically have respect for each person at its core, despite their policies in relation to carers (and families) stating otherwise. To back up their contentions carers provided examples where their views were often unheard, dismissed and/or demeaned. They consequently felt excluded, un-informed and, more often than not, were treated more as a client rather than a partner more often than not.

While emphasising the general lack of respect and support they receive from Child Safety, carers also conveyed an understanding that the CSOs themselves also did not receive needed support in a manner that would enable CSOs to practice in a more collegial manner. Carers also recognised the lack of support provided to parents when reunification was meant to be the goal. They noted their concerns were often taken as being ‘over attached’ to the children in their care, a claim they disputed.

This study found that despite the many complexities and constraints carers encountered foster carers were by no means overwhelmed. Interestingly, they described the innovative strategies they used to navigate around the constrained support they receive (Chapter 6). Strategies used ensure Child Safety is often none the wiser regarding many of the covert strategies as carers tell Child Safety what they want to hear, omit details, and tell ‘little, white lies’ if necessary. Invariably this is done in order to provide facets of care that they believe is in the best interests of the child in care and to survive in the role.

Interestingly, as described in Chapter 6, carers invariably expressed surprise on reviewing their transcripts about some of the strategies indicating they sometimes did not think about their actions, often they were just second nature. The intuitive and often unconscious ways carers navigate around barriers was a particularly striking finding, explained by Bourdieu's (1977) concept of *habitus*. *Habitus* was described in detail in Chapter 6 as a concept that provides greater understanding about the learned dispositions (attitudes, skills, habits) that are embodied by carers and how that influences their intuitive 'feel for the game' (Bourdieu & Wacquant 1992).

Bourdieu's concept of habitus also makes sense of the power differentials carers spoke about frequently. Carers felt that power was purely in the hands of Child Safety, and at times it was used coercively and inappropriately. This often contributed to an overall sense of powerlessness by carers, and a perception that Child Safety holds them in low esteem. However, carers did demonstrate they often gained power by the strategies they used, albeit they exercised many of them covertly. Indeed, they will go to great lengths, including care they provide outside the mandates of Child Safety, if they feel it would benefit a child.

Interestingly, carers generally felt the strategies they used did not change the power differentials, still maintaining that Child Safety held all the power and status in the relationship. Whilst overall that may be true, the examples shared by carers suggested they did exercise power when utilising these strategies, even if they are used by kinship carers as a coping and survival mechanism. Carers did acknowledge that they gained satisfaction when a strategy, covert or otherwise, worked. This constituted a success in their minds because it helped make a difference in a child's life, as well as making their life easier, given the convoluted processes, or 'rigmarole' as they termed it, when they approach Child Safety.

Basically successful negotiation of the system in this way presents an alignment to carers' original motivation to foster, which is part of their *habitus*. Indicatively it would seem that the successful playing of the game increases and/or reinforces confidence and commitment and re-energises motivation to continue to fostering. The resultant resilience and re-motivation also appeared to be a factor when upsetting situations, including Matters of Concern, which are just 'part and parcel of fostering', led them to question whether to continue to foster. One carer summarised the importance of being able to feel and say *"well this may be difficult but I* ***know*** *I make a difference so I will see this out"*. With 51% of foster carers leaving fostering in 2011-

12 in Queensland identifying ‘Child Safety-related reasons’ as the attributing factor (FCQ, 2012) it is an important aspect to consider.

Kinship carers should not be considered as being in the same circumstances as foster carers. Kinship carers are in a difficult situation where they cannot countenance surrendering care of their kin and felt obliged to continue caring no matter what. For them, there was no element of choice; the love for the grandchild/ren in their care overrode all other considerations, and would seem is taken for granted by Child Safety where needed support is not forthcoming. Kinship carers, and especially Aboriginal and Torres Strait Islander kinship carers, did not convey the same degree of *habitus* or confidence in working around the constraints of the Child Safety system in the way foster carers did. This could be a consequence of the unplanned nature of care involving family. Kinship carers did not want to be overly involved with Child Safety and keenly felt the power differentials and expectations. While they desired support, they felt more comfortable using informal networks.

Certainly, informal networks and supports were utilised and valued, by both kinship and foster carers. Carers talked to, and/or used, family, friends and other carers as their first port of call. While grandmothers in the kinship support group frequently felt confused by the Department’s requirements and degree of scrutiny they nevertheless found talking to other carers was a significant form of support. Both foster carers and kinship carers identified that each carer has unique circumstances and responses should never be provided from a ‘one size fits all’ perspective, and this includes training and support.

Another significant finding in the field of family-based care is that, despite the constraints of the current system inhibiting it, foster carers have a willingness and capacity to provide a broader level of support to children <u>and</u> families. Feminist studies (Finn 1994, Smith 1991) have presented foster carers’ identities as being tied to the children in their care. Moreover, Finn (1994) and Smith (1991) viewed blame by the carer of the birth mother as establishing an intractable ‘good mum-bad mum’ dichotomy between both women. My findings are largely at odds with this, while not disputing that mother blame and the ‘good mum-bad mum’ dichotomy was evident. Carers showed that they can, and do, provide support to the children’s family, particularly mothers, as well on occasions. Furthermore, most wanted the option of providing support post-reunification if the circumstances warranted it.

In fact, this study found that the co-existence of both care for the child and by extension support of the family, not only happened but carers were enthusiastic about the benefits. It also appeared to provide gratification for the carer thereby being another mechanism by which reinforcement regarding their initial motivation was being met. This concept of extended care again links to the concept of *habitus* and indicates that in reconciling what they are doing is 'for the greater good' they can find ways to work positively with natural mothers they had also professed to blame for the child's predicament. Extended care arrangements are usually not discussed or sanctioned by Child Safety and as such they develop despite the system rather than because of it.

9.1.3 Aim 3- Needed improvements

The third research aim was to find out what could improve outcomes for women who choose to provide family-based care, and for the children who receive this care, as well as determining the status carers had. The question of status was easily answered with carers considering they had low status, despite often being told they were valued. Unfortunately, when actions on the part of Child Safety did not reflect that value, carers tend to believe that the sentiment is not genuine. Indeed, they felt that the lack of status, respect and support was a major contributor to the difficulties in recruiting and retaining carers.

They also expressed concern, as did the all secondary stakeholders, that the current family-based care system was unsustainable into the future. Reasons cited by all stakeholders in the study resonate with the findings of McHugh and Valentine (2011), McHugh (2013) and the QCPCI (QCPCI, 2013) noting that women are less willing to volunteer and cope with children with complex and difficult behaviours. Financial strain, an increase in two-parent working families and a rise in other caring duties are further compounding factors.

For this reason perhaps, some carers particularly talked about extended care and family support, outside the statutory system. This builds on examples of extended care they already provide. This concept of *fostering families* was embraced as a practical way of bridging the gap between child protection and family support. This did not imply carers moved away from emphasising that a focus on the child was critical but rather that support of their families was also needed.

An interesting phenomenon occurred when carers spoke about informal, extended care arrangements that were unfettered, by considerations meeting regulations and monitoring. Their language, attitude and stance in relation to parents undertook a dramatic change. While the negative experiences of child/ family contact and visitation and narratives of blame and disappointment were still apparent, the more dominant discourse became one of inclusion and care for the parents as well.

Carers viewed *fostering families* as a broad approach, rather than one model which would provide support for the child and their family at the right time, in the right way and at the right place as determined by the circumstances of the family, and with the involvement of the family. They also included themselves in this mix, for example, suggesting informal, practical support for kinship carers could come from a family support service, as opposed to Child Safety.

The carers' ideas fit well with the notion of family inclusive child protection practice (Thorpe & Ramsden, 2014) and align with the principles of the current Queensland *Stronger Families* child protection reforms. One could discern that there now exists an opportunity to "construct family policies which engage with the complexity and diversity of the lived experiences of families and contemporary family practices" (Morris & Featherstone, 2010 p. 563).

Moreover, carers not only envisioned and described the types of flexible options inherent within a *fostering families* approach but dared to vision how such an approach would look at place level. In this case, the place was Mackay in regional Queensland and carers explored how *fostering families* would work in light of current child protection reforms in Queensland. Applying carers' ideas into a local exemplar, which included non-statutory family support, was quite transformational for carers (and myself). The application of a *fostering families* approach not only further demonstrated an alignment with the intent of the current child protection reforms, but exceeded the prescriptiveness of the recommendations emanating from the QCPCI (2013), potentially adding greater definition and depth to options for vulnerable families.

Carers felt strongly that a *fostering families* approach would greatly contribute to attracting a broader range of carers, mitigating some of the current issues of recruitment, while supporting families and providing Child Safety with greater and more appropriate placement choices. *Fostering families* would enable the identification and recognition of different types of care, appropriate support and training, and the flexibility for parents to access support to maintain their child/ren at home, or share the care. These new and rich findings make a contribution to theory and have significant implications for policy, practice and further research.

9.2 Contributions to theory and methodology

This exploratory study makes new contributions to the field of family based care, and social work, through its adoption of a fresh approach, novel research design and unique scope. In-depth qualitative interviews, and participation at carer support groups, built trust and credibility. Binary oppositional and dichotomous thinking was put aside and a nexus between feminist, 'post' and critical theoretical approaches was embraced (Morley & Macfarlene 2012) through the voices of carers.

Reciprocity and transparency was a critical factor, with decisions about the scope and direction of the study being shared with carers. To this end, transcripts and interpretations were also shared which played a significant role in the revealing of many of the hitherto invisible dimensions of care. This openness and flexibility of approach reaped benefits but it was not easy in practical terms. Anticipated time spent on formal interviews and with support groups was extended, and numerous informal discussions challenged timelines.

While the organic nature of this research study is not replicable, it nevertheless contributes new insights into the methods by which such rich and thick findings emerged, that are noteworthy for future research. The respectful and inclusive approach, which I maintained over the time of the study, was an authentic way to generate new knowledge. The detailed description in Chapter 3 is sufficiently robust to serve as a template that can make valuable contributions to the conceptualisation and understanding of family-based care, as it is, and as it could be, as well as for future research elsewhere.

Of particular note is the application of *habitus* (Bourdieu 1994, 1997, 2002) to the study of family-based carers. *Habitus* emerged as a significant new finding in its explanation of the often unconscious ways carers worked to navigate through the complexities of the system. This new and original contribution has utility in this (and similar) fields of study in the human services area. Moreover it offers a major contribution to practice and understanding professional-client dichotomies and power differentials, in providing a lens that makes sense of the dispositions of each person, thereby also providing insights into why people act/react the way they do. Bourdieu understood the impost of neo-liberalism on professional social (and human service) workers. In this study carers frequently made comment of disrespectful behaviour, and the uneven power differential on the part of Child Safety struggling to understand why this impacts so negatively on them (and parents). *Habitus* explains this type of dichotomy using the analogies of ‘feel’ (habitus) and the ‘game’ (fields) (Bourdieu 1998). The theory lends itself to understanding of the impact of managerialism on CSOs, who are then “fighting on two fronts” (Bourdieu et al. 2002, p. 190) to serve their client, but also the administration.

In relation to this field of study, child protection and family based care, the utility of this theory for further feminist research, offers immense opportunities to understand the dynamics of each person’s action in a new manner. A particular area of study emerging from this research would be to seek to understand the dynamics between the triad of women (natural mother, carer, CSO) involved in children’s lives.

9.3 Implications of the research findings

The implications of the research findings are delivered in contemporary terms primarily focused on Queensland and the current *Stronger Families* child protection reforms with implications for building bridges between the personal and the political, influencing policy and practice.

9.3.1 Political

As already stated, in Queensland there is an unprecedented opportunity for genuine reform that is reflected in changed practice for CSOs, carers and children and families alike. The notion of *fostering families* that carers proposed very much aligns with the intent of the *Stronger Families* reforms responding to the importance of supporting families earlier, families having easier access to family support services and having enough family services to meet the demand, as recommended by the QCPCI (QCPCI 2013).

The concept would complement practical in-home care options as part of new IFS responses in which the Queensland government is investing. At the same time, it would enhance placement options in out-of-home care also recommended by the QCPCI (2013). Currently the options being considered under the reforms relate to enhancing responses in term of professional carers, adoption, safe houses and boarding schools.

However, a *fostering families* approach exceeds the considerations and recommendations by the QCPCI (2013) and the models encompassed in the approach may therefore be seen as a departure, rather than a complementary approach, for children and families. The contention this study makes, which has implications for the political process is that models such as *Support Care* (Howard 2000), *Shared Family Care* (Price 2003) *Mirror Families* (Price & Wichterman 2003) *and Mother and baby foster placements* (Adams & Bevan 2011) to name some of the models under this approach, have enormous potential for recruitment and retention of carers, and for placement options. This approach would also fit with the extra support being recommended for young people transitioning from care. The study's carers put forward the view that this broader approach is capable of recruiting a diversity of carers who would be assessed in terms of their location, family circumstances, capacity, skills, interests and willingness to engage with family members. The generation of a pool of carers of different genders, family circumstances, cultures, and ages would enable a suitable matching to the vulnerable family; which is the ultimate aim of the reforms.

Kinship care is deserving of special note. It is on the one hand more stable than non-relative foster care and involves less change for children, thus being attractive to governments. However this study shows that such a view is simplistic and does not consider the multiple complexities that are unique to kinship care. This study indicates that the government's focus on kinship care as the preferred option does not adequately take into account the adults on whose shoulders the care falls. Kinship carers in the study, bar one, were older than their non-relative foster carer counterparts and identified ongoing challenges relating to their health, sufficient household money, and relationship tensions within the family. Some also identified accommodation difficulties such as overcrowding. These findings are underscored in a range of literature (Cuddeback 2004; Rubin et al. 2008; Sherin 2007; Yardley, Mason & Watson 2009). In this respect, kinship carers thought that, if other family options are not available, a *fostering families* approach models such as *Families Helping Families*,(Centre for Excellence in Child and Family Welfare 2006) would be a valuable, informal support.

The adoption of a *fostering families* approach, changing the funding silos in the current system would provide greater potential for supporting vulnerable families. A local approach would take into account cultural, geographic and demographic variables enabling greater chance of success.

9.3.2 Policy

The implications above also apply to policy. However the particular implication is surrounding the use of language. An embracing of more holistic and caring language, used consistently would support changed practice. A new *Strengthening Families Protecting Children Framework for Practice* was launched in March 2015 in Queensland and contains concepts and language that are to be applauded. The framework states that the beginning point is "to always view families in context and constantly eliciting families' strengths, knowledge and wisdom" (DCCSDS 2015, p.2). The language contained in the framework is promising but the question carers would pose is: "How will this happen in the future, when it does not happen at the moment?" It is a pertinent question as to how CSOs will be supported to make such a cultural change. The QCPCI Workforce survey (2013) showed large numbers of CSOs do not complete training or have access to supervision, and of those who do an equally large proportion felt it could be more useful. When combined with large workloads, and CSOs saying they do not have the time they would like to work with children and families, this is a vexed question.

Language was shown to be important and it is disappointing there remains a heavy emphasis on the term 'child protection' in that it does not encompass the intent of the reforms. In policy development, this study advocates for the inclusion of voices not traditionally heard in the development of new policies and programs. Clearly the voice of carers is emphasised but equally good decisions are difficult if children and parents are excluded. There is a caution about tokenistic representation but in the case of parents, utilising the Family Inclusion Networks (Townsville and Brisbane) for example would facilitate the input of the parents' views and add volume to their voice.

9.3.3 Practice

The implications for practice start with the CSOs who need to be supported, receiving training and professional supervision as a matter of course. Currently of those CSOs who do undertake the current training on entry they do not rate its usefulness highly (QCPCI 2013). The willingness for CCto be open to hearing, and then changing training to reflect the current reforms, ensuring it is useful to CSOs remains to be seen.

In implementing a new, strengths based framework the criticality of reflective professional supervision by those proficient and skilled in such supervision should be prioritised. This includes building a trusting environment where CSOs can be open about their struggles and ambivalence about aspects of their role and this study's finding of habitus, has utility in this space.

Genuine mechanisms need to be not only developed, but put in practice, for the voices of all stakeholders to be heard. Family group conferencing, eco-mapping and other aspects contained in the *Stronger Families* Reforms are admirable. However, unless practical resources, training and mentoring occurs in helping CSOs to utilise these mechanisms they may not be utilised or applied.

9.3.4 Research

As emphasised previously this was exploratory journey, with significant implications for further research. Firstly, carers talked about the lack of recognition of their partners and children. There has been little research to date on male carers and children who also provide care. Carers also pointed out, as part of their review of the system, that CSOs also did not get to express their views about the system, which carers thought would be similar to theirs in many respects. Unfortunately it was also obvious that the natural parent's views have also not been the subject of research. This thesis has illuminated both the very fraught, but also the possibilities of positive, relationships between the CSO, carer and mother. Given the criticality of the women involved in each child's life it is somewhat perplexing that the relationships between this triad of women has not been subject to further research. Lastly, the children in care also need to be the subject of further research. While a range of research is needed, it should never be forgotten that we need to hear each of their views telling us what they are experiencing, and we need to be cautious in limiting knowledge to simply questionnaires and surveys.

Conclusion

I achieved my goal of listening to female family-based carers and honouring their voices. While the research may have taken unexpected paths, at times not totally comfortable, it provides a picture of women struggling in a system that places importance on ticking boxes rather than engaging in ethical, relationship based practice. It provides a challenge for Queensland, and elsewhere, to think broadly and humanely about how we care about those who are vulnerable. Queensland is at an exciting cross roads of reform yet there are cautions. This thesis provide a strong reason why we must all call on research and practice knowledge to move beyond, what often ends up being, "'buzzwords' whereby a disparity occurs between the rhetoric and the reality" (Harries, Lonne, Thomson 2005, p.4). This perhaps, along with a continued call for respect and support, was the major theme carers wanted heard. Lastly, and perhaps not in the most scholarly terms, but I believe the carers would be wholehearted in their agreement with it, I refer to Dr Seuss as a reminder that "unless someone like you cares a whole awful lot, nothing is going to get better. It's not." (Dr Seuss).

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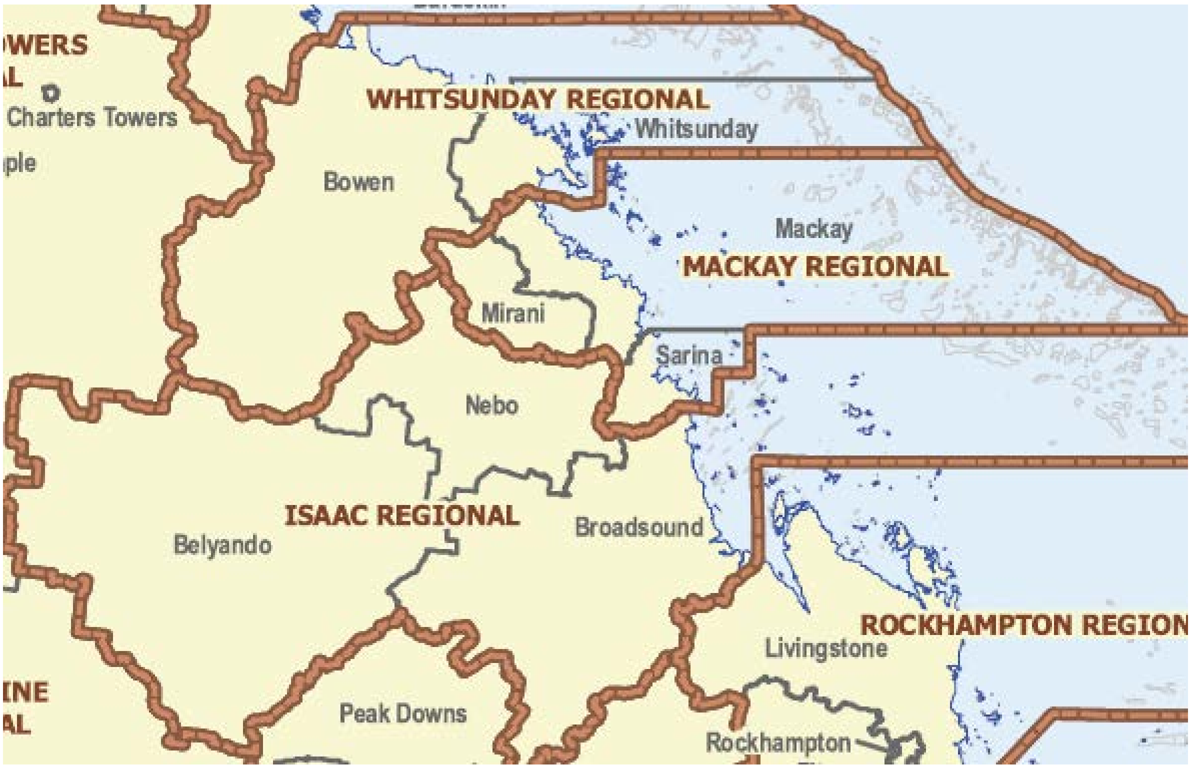
Appendices

Appendix A

Maps of the Mackay Whitsunday Region

Region in Queensland

Region in detail (showing local government areas at the time of the study)



Appendix B

Community Development Principles

Ecology

Holism – everything relates to everything else
Sustainability - is important and long term matters
Diversity – within, and between communities means there is no one 'right' way or structure
Balanced development – it is important to consider the personal, spiritual, social, political, economic, cultural and environmental dimensions

Social Justice and Human Rights

*Structural disadvantag*e – to confront and counter structural disadvantage and to take care not to accept or reinforce structural oppressions.
Discourses of disadvantage – recognise disadvantaged citizens as contributing members of the community
Empowerment – make sure to focus on increasing people's capacity, resources, opportunities, knowledge, skills and voice
Definition of need – there are many definers of need; try to seek agreement with all of them while making sure community based to take precedence

Local is important

Local knowledge – value local knowledge realising an outside 'expert' or consultant may not have local answers
Local culture – value local culture without disregarding other principles e.g. human rights
Local skills – local skills development is more likely to succeed in that particular environment

Process is important

Vision, outcome and process – all are relevant and important in achieving the others
Process integrity – processes should reflect community development principles
Consciousness raising – support exploration of personal experiences recognising the links with discourses and structures of power and oppression
Non-violence and peace – address violence of all kinds by non-violent means
Inclusiveness – processes should include all (including those with opposing views)
Community building – it is important to bring people together understanding the interdependence in community life

Global and local

Global and local – the two are linked
Anti-colonist practice – value culture/experience and identify – don't devalue or take over the agenda

(Ife & Tesoriero 2006).

Appendix C

INFORMATION SHEET FOR FOSTER CARERS

Female foster carers' perceptions of their role, value and motivation as foster carers and the social supports they use.

I am part of a research partnership between the Department of Families and James Cook University that is looking at aspects of fostering in the Mackay/ Whitsunday Region. I have identified the need to talk to women who are foster carers about their role, experiences and perceptions in order to build knowledge which will inform and enhance policies and practices in the Department's alternative care system, particularly relating to recruitment and retention of foster carers.

I am particularly interested in talking to females because:

- Women are generally the primary carer in homes which foster children and it is important that their views are heard.
- I would like to explore with female foster carers their views on their status and areas of irregularities in the status of female foster carers e.g. they are seen as 'good and caring' but by the same token payment and support does not convey a high status.
- It is important to find out more from primary carers about the demands and complexities in their foster role and how that impacts on their lives.
- There is very little literature that focuses on women as foster carers or uses a women-to-women approach and women's stories to explore this topic.

What is involved:

Individual interviews:

I will be selecting 10 female foster carers in the Mackay/ Whitsunday Region and inviting them to participate in an anticipated two interviews. I envisage that the initial interview will be approximately two hours. In order to record your views accurately I would like to use a tape recorder. At the conclusion of the initial interview I will arrange a second interview. This interview will also be tape recorded and will seek to expand on information from the initial interview. I would like to use your words from the interviews in my study so I will be sending you the transcripts of what you said and asking you for further comment.

Where does the information go?

All information is confidential and private. No identifying information given by you at the time of the interview will be available to anyone else. All information (including transcripts of taped interviews and notes) will be stored in a locked filing cabinet, accessible only to me as the researcher.

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; and 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 questions during the interview that may be asked.

If you would like to ask any questions before you decide whether or not to participate you may contact me as detailed below:
Ms Heather Lovatt

Appendix D

INFORMATION SHEET FOR ADDITIONAL FOSTER CARERS

Female foster carers' perceptions of their role, value and motivation as foster carers and the social supports they use.

I am part of a research partnership between the Department of Families and James Cook University that is looking at aspects of fostering in the Mackay/ Whitsunday Region. I have identified the need to talk to women who are foster carers about their role, experiences and perceptions in order to build knowledge which will inform and enhance policies and practices in the Department's alternative care system, particularly relating to recruitment and retention of foster carers.

I am particularly interested in talking to females because:

- Women are generally the primary carer in homes which foster children and it is important that their views are heard.
- I would like to explore with female foster carers their views on their status and areas of irregularities in the status of female foster carers e.g. they are seen as 'good and caring' but by the same token payment and support does not convey a high status.
- It is important to find out more from primary carers about the demands and complexities in their foster role and how that impacts on their lives.
- There is very little literature that focuses on women as foster carers or uses a women-to women approach and women's stories to explore this topic.

What is involved:

Individual interviews:

Ten foster carers have been selected for interviews and I am wanting to select a further ten carers, past and present, in the Mackay/ Whitsunday Region, inviting them to participate in an anticipated two interviews. I envisage that the initial interview will be approximately two hours. In order to record your views accurately I would like to use a tape recorder. At the conclusion of the initial interview I will arrange a second interview. This interview will also be tape recorded and will seek to expand on information from the initial interview. I would like to use your words from the interviews in my study so I will be sending you the transcripts of what you said and asking you for further comment.

Where does the information go?

All information is confidential and private. No identifying information given by you at the time of the interview will be available to anyone else. All information (including transcripts of taped interviews and notes) will be stored in a locked filing cabinet, accessible only to me as the researcher.

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; and 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 questions during the interview that may be asked.

If you would like to ask any questions before you decide whether or not to participate you may contact me as detailed below:

Ms Heather Lovatt

Appendix E

CONSENT FORM FOR FOSTER CARERS

This administrative form
has been removed

Appendix F

CONSENT FORM FOR KEY STAKEHOLDERS

This administrative form
has been removed

Appendix G

Letter of Support 1

This administrative form
has been removed

Appendix H

Letter of Support 2

This administrative form
has been removed

Appendix I

Preliminary Themes/Cues for Research Interviews

- Personal history – How did you come to foster?
- Motivations – what/who keeps you going? How important are the people around you in your foster/kinship care role?
- Role – what do you see your role as? What is a typical day?
- Value and Status – what do you perceive your value as? Who/what makes you feel valued? Who/what does not make you feel valued?
- Lifestyle – describe your lifestyle – in what ways is it satisfying/not satisfying? What do you enjoy? What adds zest to your day?
- Employment – do you see fostering as work or volunteering? Do you work outside the home? How doable is it to combine fostering with outside employment?
- Personal aspirations – dreams, goals, wishes?
- Changes/improvements - what would you change in your role as a carer if you could? What improvements would make a difference?
- Stressful incidents/allegations- any? How were they dealt with by yourself/agency? What effect do they have? What supports did you use at this time?
- Recruitment and retention of carers – what are your views on the difficulties in recruiting and retaining carers? What can be done? Do you think carers can assist?
- Any other comments you might have that you think would help others understand your role or enhance your role.

Respect/Support: Finding out more about respect and support is one of the aims of this research. While support factors are incorporated in some of the themes above I will be focusing on these two aspects in more detail. Questions might be: do you feel respected? What makes you feel respected? Do you feel supported? What supports do you use? Do you use different supports depending on a given situation? How important are your social supports" Do you actively seek support?

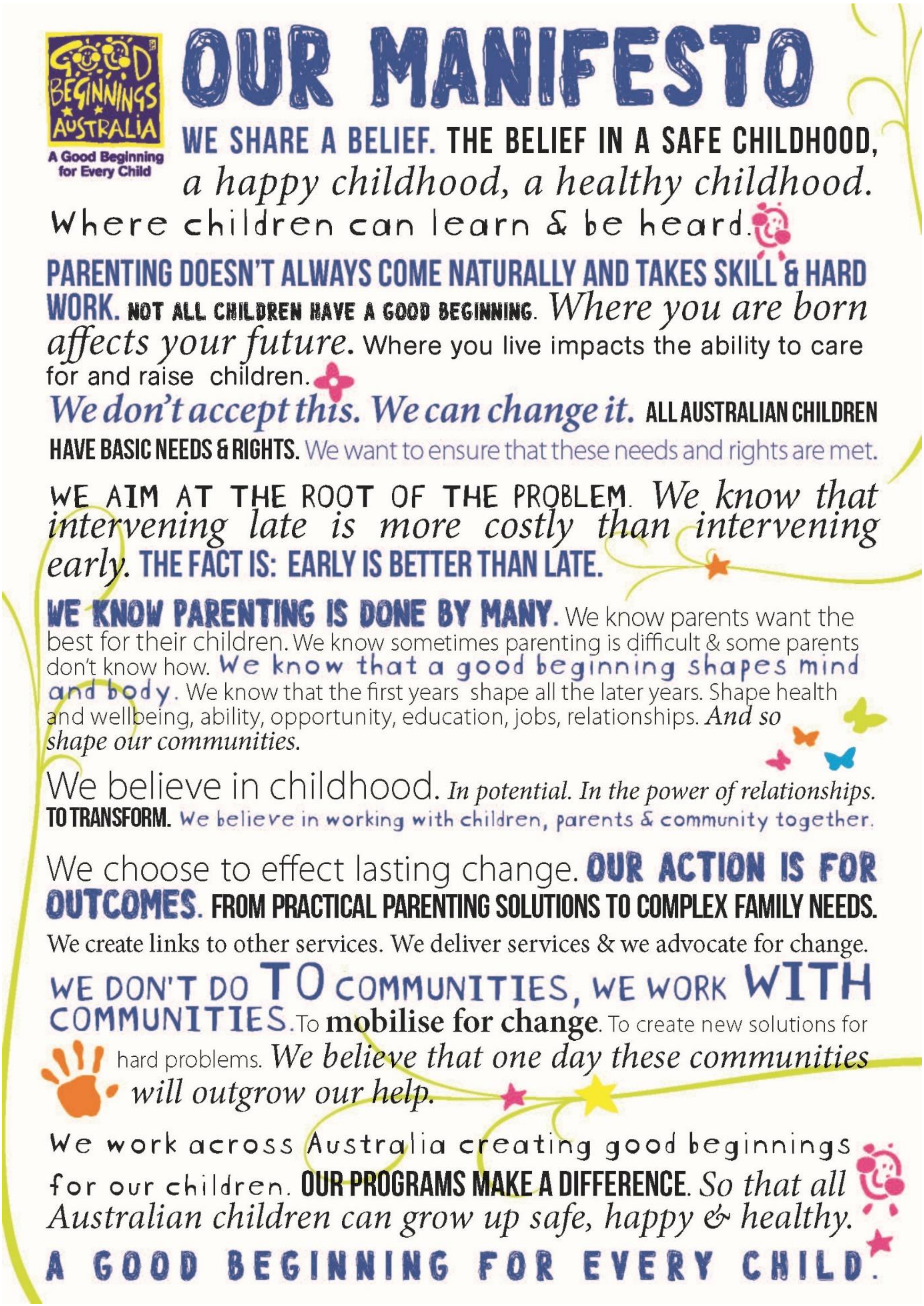
Appendix J

Carer Sample

Carer	**Type**	**Sample**
Gloria	Foster Carer	Original purposive Sample
Cheryl	Foster Carer	Original purposive Sample
Sonia	Foster Carer	Original purposive Sample
Jenny	Foster Carer	Original purposive Sample
Sue	Foster Carer	Original purposive Sample
Liz	Foster Carer	Original purposive Sample
Grace	Foster Carer	Original purposive sample
Val	Indigenous Kinship Carer	Original purposive Sample
Gillian	Kinship Carer	Original purposive Sample
Vivian	Kinship Carer	Original purposive Sample
Frieda	Indigenous Kinship Carer	Original purposive Sample
Dianne	Former foster carer	Snowball sample
Colleen	Former foster carer	Snowball recommendation
Melanie	Foster Carer	Snowball recommendation
Rebecca	Foster Carer	Snowball recommendation
Anna	Former foster carer	Snowball recommendation
Michelle	Former foster carer	Snowball recommendation
Laura	Foster Carer	Snowball recommendation
Lilly	Foster carer	Snowball recommendation
Kim	Kinship carer	Snowball recommendation
Karen	Foster carer	Support Group member who provided additional input.

Appendix K

Good Beginnings Manifesto



GOOD BEGINNINGS AUSTRALIA
A Good Beginning for Every Child

OUR MANIFESTO

WE SHARE A BELIEF. THE BELIEF IN A SAFE CHILDHOOD, *a happy childhood, a healthy childhood.* Where children can learn & be heard.

PARENTING DOESN'T ALWAYS COME NATURALLY AND TAKES SKILL & HARD WORK. NOT ALL CHILDREN HAVE A GOOD BEGINNING. *Where you are born affects your future.* Where you live impacts the ability to care for and raise children.

We don't accept this. We can change it. **ALL AUSTRALIAN CHILDREN HAVE BASIC NEEDS & RIGHTS.** We want to ensure that these needs and rights are met.

WE AIM AT THE ROOT OF THE PROBLEM. *We know that intervening late is more costly than intervening early.* **THE FACT IS: EARLY IS BETTER THAN LATE.**

WE KNOW PARENTING IS DONE BY MANY. We know parents want the best for their children. We know sometimes parenting is difficult & some parents don't know how. We know that a good beginning shapes mind and body. We know that the first years shape all the later years. Shape health and wellbeing, ability, opportunity, education, jobs, relationships. *And so shape our communities.*

We believe in childhood. *In potential. In the power of relationships.* **TO TRANSFORM.** We believe in working with children, parents & community together.

We choose to effect lasting change. **OUR ACTION IS FOR OUTCOMES. FROM PRACTICAL PARENTING SOLUTIONS TO COMPLEX FAMILY NEEDS.** We create links to other services. We deliver services & we advocate for change.

WE DON'T DO TO COMMUNITIES, WE WORK WITH COMMUNITIES. To **mobilise for change**. To create new solutions for hard problems. *We believe that one day these communities will outgrow our help.*

We work across Australia creating good beginnings for our children. **OUR PROGRAMS MAKE A DIFFERENCE.** *So that all Australian children can grow up safe, happy & healthy.*

A GOOD BEGINNING FOR EVERY CHILD.