

Foster and kinship carer recruitment and retention

*Encouraging and sustaining quality care to improve
outcomes for children and young people in care.*

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Glossary and Definitions

AIHW: Australian Institute of Health and Welfare.

Adoptive care: Adoption is the legal process by which a person legally becomes a child of the adoptive parent(s) and legally ceases to be a child of his/her existing parent(s). In Australia, adoption from care is usually a 'known adoption' by a carer (AIHW, 2015b).

Emergency foster care: Emergency care in home-based care is provided for children who require a placement immediately, due to concerns for their safety.

Foster care (home-based out-of-home care): Care provided for a child who is unable to live in their usual home by an authorised carer (authorised by a jurisdiction to care for children in out-of-home care) and is placed in that carer's home. The carer is normally reimbursed for the costs of caring for that child. The care may be emergency, respite, short-term, long-term or may be permanent care.

Long-term foster care: The length of longer term foster care also varies according to jurisdiction and legislative arrangements. This care is provided when it is anticipated that a child may not be able to return home for a longer length of time.

Marketing: This term is used widely in the context of recruitment and retention of foster carers and approaching recruitment from a marketing perspective. It is based on the similarity between the challenges faced by the providers of foster care to the marketing challenges faced by commercial organisations. For instance, they both need to identify the right consumers, how to attract the right people through design of recruitment campaigns and subsequently maintain their loyalty to the agency by continuing to foster as long as possible. Therefore, the principles that underpin marketing are about understanding the population groups; reaching the people who are required; and maintaining their initial motivation (Randle, Miller et al., 2014, *The Science of attracting foster carers*).

Out-of-home care (OOHC): Overnight care for children aged 0–17, where the jurisdiction usually makes a financial payment to the provider.

Permanent care: Refers to home-based care under a 'permanent care order' or 'enduring parental responsibility order' or similar, depending on jurisdiction. It refers to the transfer of guardianship to a third-party carer. Such orders are only available in some jurisdictions (AIHW, 2016, p. 129). Unlike adoption orders, permanent care orders do not change the legal status of the child, and they expire when the child turns 18 or marries. An application may be made to revoke or amend a permanent care order (AIHW, 2015a, p. 102).

Professional home-based care: 'Professional foster care refers to a model of home-based foster care whereby carers are employed in a professional capacity to care for children and young people with complex needs, who are unable to be placed in more traditional less intensive forms of Out-of-Home Care' (ACIL Allen Consulting, 2013, p. 1).

Relative or kinship care: A form of out-of-home care in which the caregiver is a relative other than parents, or someone who has a pre-existing relationship with the child. The carer may be a member of a child's community. This can be formal (where the carer is authorised and reimbursed by the jurisdiction in which they live), formal through the Family Court of Australia, which may not involve any financial support, or informal. For Aboriginal and Torres Strait Islander children, a kinship carer may be another Indigenous person who is a member of their community, a compatible community or from the same language group' (AIHW, 2016, p. 132).

Residential care: Care in a residential building where care staff are paid and which is intended to provide residential placements for children in out-of-home care.

Respite foster care: A form of out-of-home care used to provide short-term accommodation for children and young people, where the intention is for the child to return to their prior home. In family-based out-of-home care, this may be organised in a planned and regular fashion to give the child's usual carers, parents or guardians a break.

Short-term foster care: The length of short-term foster care varies according to jurisdictions and legislation. It often refers to care extending to about six months. Often children in short-term care may return to their biological or extended families.

System of Care: 'A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organised into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life' (Stroul, Blau, & Friedman, 2010, p. 6).

Therapeutic home-based /foster care: The terminology used about this type of care lacks clarity. In Australia the following terms may be used to indicate this type of care: enhanced, intensive, specialised and therapeutic models of foster care. Particular programs apply explicitly theoretically based approaches (trauma, attachment, resilience) to meeting children's individual and complex needs and ensuring that carers are seen as key therapeutic agents. In some programs, the therapeutic program is time limited.

Trauma informed care and trauma informed training: Care and training of carers that is individualised to each child or young person's needs and aims to understand the trauma and the impact on a child's or young person's development and behaviour and their capacity to cope. The validation of a child or young person's experiences increases feelings of hope and trust and aids recovery. For more information see:

http://www.mhpod.gov.au/assets/sample_topics/combined/Trauma_and_Mental_Health/objective_2/index.html

Acknowledgements for glossary: ACIL Allen Consulting (ACIL Allen Consulting, 2013) AIHW (AIHW, 2015a,b, 2016); Centre for Excellence in Child and Family Welfare (2012).

Executive Summary

Across Australia, there are major challenges in recruiting and retaining foster carers, and this has major impacts on the wellbeing of children and young people. The attraction and retention of appropriately skilled and qualified carers remains a 'high priority' in response to the ever increasing demand for out-of-home care (OOHC) placements, and the complexity of the needs of children and young people (ACIL Allen, 2013). It has been estimated that 14% of foster carers in Australia are choosing to cease caring every year (McHugh & Pell, 2013).

In response to these major challenges in recruiting and retaining carers, the Sidney Myer Fund and the Myer Foundation funded the Australian Foster Care Association and the Institute of Child Protection Studies (ICPS) at the Australian Catholic University, to undertake a national research project. The project aimed to address the anticipated risk to the foster care workforce by identifying and disseminating the most effective strategies to attract, support and retain foster caring families across all states and territories.

The project comprised three stages: a literature review on foster care attraction, recruitment and retention (Thomson, McArthur & Watt, 2016); a qualitative study; and an online national survey of foster and kinship care service organisations.

The subject of this report is to present the findings of stage two of the project, a qualitative study aimed at identifying successful and new approaches to recruitment, support and retention of foster care and kinship carers.

Research aims and methodology

This study aimed to gather information about innovative policies and practices. In addition, it aimed to identify new approaches and trends in the recruitment, support and retention of foster carers and kinship carers, including the use of existing models of care and emerging new models. Where possible, it also sought to collect progress information on key initiatives that were identified in the literature review and any evaluations of outcomes.

The key questions that this study sought to answer are:

1. What *strategies* work for attracting, engaging, supporting and retaining skilled carers, in order to promote quality care for children and young people in family/home based out-of-home care?
2. What *evidence* is there about the different models of home-based care in terms of success in attracting, engaging, supporting and retaining carers?

The literature review informed the qualitative study, which was the interview phase of the project, through the design of the questions, coverage of services and programs and the analysis of the findings from the interviews.

In-depth telephone interviews were carried out with non-government and government organisations to identify new and innovative approaches to recruitment, support and retention of foster care and kinship carers. Preliminary consultations were conducted with key peak bodies and networks that provided a list of non-government organisations across Australia. We aimed to recruit a broad range of agencies across the country to participate in the study, which had the potential to provide new information and evidence on the recruitment, support and retention of foster and kinship carers.

The study relied on organisations in the sample to identify others who were willing to share new initiatives. There were some limitations in this study due to the sampling method that identified a relatively small sample of agencies. As a consequence there may be omissions about what others are currently doing and that other issues about recruitment, support and retention of carers may not have been fully covered in the interviews.

Study findings

The focus and efforts of agencies and jurisdictional departments on aiming to meet the challenges to provide the best quality care for children and young people was exemplary. All jurisdictions in Australia are exploring better ways that foster and kinship care can serve the needs of children and young people. Recruitment strategies, particularly conducted by larger agencies, have been developed over many years and make use of collaborative initiatives such as partnering with universities and other organisations, to provide the evidence base for many of the current and developing recruitment and retention strategies.

Although our study found little evidence of the impact of *specific* policies and strategies in the area of recruitment and retention on *outcomes* for children and young people, there are many examples of evidence-based practice, such as the development of trauma informed assessment and training programs for foster carers and kinship carers and important projects in recruitment and retention activity in agencies and jurisdictions such as: developing specific assessment tools for targeted populations; use of social media such as podcasts and YouTube videos; and state wide consultations as a beginning process to provide a baseline for future evaluations of what may constitute exemplary recruitment by addressing the gaps and seeking opportunities for change to better recruitment practice.

Recruitment of carers

The purpose of recruitment strategies is to ensure that there is constant effort to maintain an adequate pool of foster carers to match the needs of children and young people who need Out of Home Care. If the pool becomes too small to accommodate their diverse needs, there are consequences in requiring compromises in matching and placement decisions.

There was wide concern expressed about the continuing escalation of over-representation of Aboriginal and Torres Strait Islander children and young people in Out of Home Care, and the need for continuing monitoring and support of the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle. A key message is that for kinship care recruitment, a much greater effort is required in finding family members. Our study found that some agencies consider that there is a lack of rigour and resources in finding family members that has resulted in poor placement decisions, especially for Aboriginal and Torres Strait Islander children. Agencies are responding to this concern by looking at evidence based models for improved outcomes in finding families for kinship care.

Agencies report the implementation of new strategies including the need to utilise community development approaches for foster care and kinship care; the use of genealogies to find family and strengthening the role of responsibilities of Aboriginal agencies in recruitment of carers. There are also developments in the transfer of responsibility for assessment and retention to Aboriginal Controlled Organisations aimed at restoration of children and young people to their biological families or kin.

It was widely acknowledged that improved practices and new approaches are needed for targeting particular groups of carers and to maintain an adequate pool of volunteer carers to meet the increasing demand in Australia. Some agencies, however, noted that many innovations have already been implemented in the area of recruitment. The use of marketing experts to develop and implement recruitment strategies is one such innovation and the way forward is to do these better.

The heterogeneity of the potential pool of carers requires attention to strategies that take account of accessibility of information, sensitivity of approach, and communication and responsiveness to potential carers. This diversity of carer populations and the needs of children and young people require targeted marketing campaigns that use marketing science and technology to ensure that new populations are reached.

As the literature has identified, it was generally regarded that 'word of mouth' remains an important recruitment strategy. However, there was also caution about reliance on 'word of mouth' as it relied on an existing, often small and homogenous group of carers, and operationalising this strategy was not always easy to do. Particularly relevant to rural and remote areas, was the point made that "if 'word of mouth' is an important strategy to recruit carers, then negative 'word of mouth' can be also highly influential in the decision to be a carer or not."

There is significant evidence that marketing strategies often lead to sharp increases in enquiries and most jurisdictions also reported peaks in interest following media campaigns, especially well funded state wide media campaigns however the quantity of enquiries alone does not indicate an increase in the potential pool of authorised carers.

In addition to trying a range of recruitment strategies, agencies are giving attention to the time it can take to respond to enquiries and to complete preliminary assessments. Long timeframes are reported to be a barrier to effective recruitment.

The trends are that agencies are responding more quickly to interest, more individually to particular groups and work towards building on early relationships between potential carers and organisations by recognising the importance of continuity through the process of recruitment.

Support and retention

There are many barriers that may impact on people's willingness and capacity to become foster carers and to stay in foster care. These barriers include personal, social and material resources or disadvantage and the long processes that are commonly involved in foster care assessments, notwithstanding the importance of statutory compliance and the safety and wellbeing of the child or young person.

Fostering is experienced as very demanding and also with the increasing complexity of health, mental health and behavioural issues experienced by children and young people. There is strong evidence that adequate financial support is critical to the support that is required by foster carers, however, subsidies for the care of foster children have not kept up with the costs incurred (McHugh, 2007). Also, payment directly affects the number of people coming forward to care and also affects the incentive to keep caring and keep placements stable (Duncan & Argys, 2007).

The findings from our study suggest that most agencies and jurisdictions provide a wide range of supports to kinship and foster carers and many agencies have commented that supports at present are better than they have been in the past. These include: casework; financial reimbursements; respite care; peer supports; community based supports; online information and resources; training and development opportunities; opportunities for caseworkers and carers to train together; and, decision-making opportunities, for example, when carers are part of assessment panels and reference groups.

However, it was widely agreed that there remain significant gaps in the system of supports for foster carers and kinship carers. Some examples include: *adequate* financial allowances, *ongoing* capacity for *in depth* casework supports, provision of adequate regular respite care; advice and support following quality of care reports and allegations, culturally appropriate assessment and supports and sustaining training as an ongoing support process.

The important issue of financial compensation, as a retention strategy remains significantly unresolved and there are many differences across jurisdictions. There was support across agencies for financial information about fostering needs to be upfront and that it is essential to inform carers about basic allowances at the earliest point of contact.

There are significant gaps in support systems. As the literature has found, these include financial, casework supports, respite care, culturally appropriate assessment and the sustainability of pre authorisation and post authorisation training as a relevant ongoing support process.

Our study found that most agencies include some form of respite care in their scope of services. However, this is an area that requires further development in policy and practice as significant gaps were identified regarding much needed innovative programs to address the support needs of carers through quality respite care initiatives.

There are initiatives to develop more coordinated approaches to support offered to carers and in particular a greater awareness of the need to know more specifically what a coordinated support package for carers should look like.

Assessment and training

Considerable effort is focused on improving the assessment of carers, which has seen more attention given to the training of assessors to improve the quality of assessments as well as the development of new tools to assess different groups of carers. However, concerns remain about assessors' training particularly the need for practitioners to have not only assessment skills but content as well, such as trauma informed care, safety issues, bullying and the use of technology.

On the assessment of potential carers, there is also agreement about the importance of providing sensitive assessment processes that take account of the diversity of families.

It was acknowledged that the training of assessors needed to be rigorous and up-to-date in subject, content and assessment requirements and consistent with the training and assessment standards and qualifications within the Australian VET system. There is further support across jurisdictions for the introduction of accredited training which leads to a Certificate IV. This push for more formal qualifications recognises the importance of high quality training for carers. A number of gaps were identified in the training packages, such as attention to loss and grief, brain development and caring for children with disabilities.

Recently, there has been a strong focus on trauma and understanding the impacts of trauma on the health and wellbeing of children and young people. Although our study found that training schedules and requirements across jurisdictions and agencies are varied, there is a strong support to develop new trauma informed initiatives that are filling the gaps in assessment tools and processes that have been identified in the literature on trauma-informed Out of Home Care best practice. This is an important focus, although there were some participants who were concerned that caring for children through a 'trauma' lens can sometimes be used inaccurately, resulting in disadvantages to the child wherein normal behaviours are labelled as post traumatic.

Together with this focus, there is strong acknowledgment that specific awareness of issues relating to assessing potential Aboriginal kinship carers is essential to sensitively and fairly assessing their capability and capacity.

There is significant support for a *common assessment and training framework* that incorporates changes from jurisdictional legislation and to add new knowledge to training schedules for example, trauma informed care and the issues surrounding technology and its impact on young people. In addition, multifaceted training is seen as significantly more effective in changing practice as traditional didactic methods (Centre for Excellence in Child & Family Welfare, 2016).

New models

Most jurisdictions and agencies are exploring policy and practice solutions to the problem of adequately meeting the needs of children and young people in care through different models of care that are looking mainly at types of intensive models of care and professional models of care. The difficulties in recruiting general foster carers, based on the traditional model of volunteer foster care, has provided the momentum to seek solutions to develop professional models of foster care. Professional foster care is also being seen as an alternative to residential care (PIC, 2015). There was some but not wide acknowledgment that one solution to the problem of recruiting and retaining foster carers may be to move to a professional care model of care. However, although most jurisdictions have explored the potential of professional models of foster care and have carer categories that receive higher remuneration, a fully professional model is yet to be fully implemented.

Implications for policy and practice

There was general support for the achievement of a continuous, connected process that is culturally sensitive and evidence-based in engagement, recruitment, assessment, support and training as a way forward to achieve best practice.

Much of the literature focusing on attraction, recruitment, support, supply and retention has focused on traditional foster care models or has not distinguished between different models of home-based Out of Home Care. With the development of different and new models of care, comes the need to adjust the messages for attraction, recruitment and retention of carers. Our study found that the gap between traditional forms of foster care and professional care is becoming more a continuum of professionalisation than a difference in category.

There is considerable research on the general aspects of foster care such as the challenges in maintaining an adequate pool of carers, however evidence on the effectiveness of specific strategies to recruit support and retain carers is sparse and this gap has important implications for the development of effective strategies that impact on outcomes for children and young people in out of home care.

The findings from the study also point to areas for future research that build the evidence base in Australia of 'what works' in all aspects of recruitment and retention of foster and kinship carers. Areas for future research to achieve settled, stable and safe care for children and young people would also include the impact of: enhanced collaboration across the sector; a more unified approach to assessment and training across agencies; and a greater focus on prevention and early intervention strategies in the Out of Home Care sector.

1. Introduction

In recent years, authorities have reported significant difficulties recruiting and retaining foster carers (Woods, 2008; McHugh & Pell, 2013). In Australia it is estimated there is a shortfall in recruiting new carers with some jurisdictions estimating that there is a shortfall of 300 carers each year (OzChild, 2016). At the same time the demand for out-of-home care (OOHC) placements is rising along with increased complexity of the needs of children (ACIL Allen, 2013). The *National Framework for Protecting Australia's Children* has identified that the attraction and retention of appropriately skilled and qualified carers as a 'high priority' (National Framework, 2009). This is a major concern as volunteer or general foster care remains an important and necessary type of care for many children and young people requiring home based care.

However across Australia in the most recent Australian Institute of Health and Welfare data during 2014-2015, there were 12,948 foster carer households and 18,401 relative/kinship households that had one or more children placed with them (AIHW, 2016). In the same year, 2,113 households commenced foster care and 1,688 left foster care. Three out of the eight jurisdictions reported more households leaving foster care than joining (AIHW, 2016). However, interpretation of these sets of data is difficult due to different or changing counting methods across jurisdictions and incomplete data. McHugh and Pell estimate that 14% of carers in Australia are choosing to cease caring every year (2013).

In response to major challenges in recruiting and retaining foster carers and its impact on the wellbeing of children and young people, The Sidney Myer Fund and the Myer Foundation funded the Australian Foster Care Association and the Institute of Child Protection Studies (ICPS) at the Australian Catholic University to undertake a research project. This national project aims to address the anticipated risk to the foster care workforce by identifying and disseminating the most effective strategies to attract, support and retain foster caring families across all states and territories.

This project is organised into three parts:

1. A literature review on carer attraction, recruitment, support, and retention (see Thomson, McArthur & Watt, 2016);
2. A qualitative study aimed at identifying successful and new approaches to recruitment, support, and retention of foster care and kinship carers (the subject of this report); and
3. An online national survey of foster and kinship care service organisations.

This report presents the findings from Phase 2 of the project; a qualitative study aimed at identifying successful and new approaches to recruitment, support, and retention of foster care and kinship carers.

2. A study on recruitment and retention of foster and kinship carers

The study aimed to gather information about: innovative policies and practices; approaches and trends in the recruitment, support and retention of foster and kinship carers; use of existing models of care; knowledge and views on emerging new models; and where possible, collect progress information on key initiatives that were identified in the literature review and any evaluations of outcomes.

The key questions that this study sought to answer are:

1. What *strategies* work for attracting, engaging, supporting, and retaining skilled carers, in order to promote quality care for children and young people in family/home based out-of-home care?
2. What *evidence* is there about the different models of home-based care in terms of success in attracting, engaging, supporting, and retaining carers?

2.1 Methods

A literature review was conducted as a first phase of this research project. It aimed to assess the available evidence on 'what works' to help people to make the complicated choice to become a carer and to identify effective strategies for supporting and retaining home based carers for children in OOHC. The review (see Thomson, McArthur & Watt, 2016) informed the interview phase of the project through the design of the questions, coverage of services, programs and the analysis of the findings from the interviews, which is the subject of this report.

In-depth telephone interviews were carried out with non-government and government organisations to identify new and innovative approaches to recruitment, support, and retention of foster care and kinship carers. Preliminary consultations were conducted with key peak bodies and networks that provided a list of non-government organisations across Australia that were thought to be successfully recruiting, supporting, and retaining carers.

Contact was made with agencies and State and Territory Departments via an emailed letter of invitation together with information about the research a consent form, and a sample of questions to be covered at interview. The Heads of all jurisdictions in Australia were invited to participate in the study and to nominate a senior person(s) within their Department to be interviewed.

A thematic analysis was conducted of the content of the interviews. The key themes from the literature review were appraised against the findings of the interviews.

2.2 The sample

The sample comprised 13 agencies and seven Departments¹, resulting in interviews with 34 participants. There was keen interest in the research with participants identifying other programs and individuals who would be interested in participating in the study and in the online survey, which is the next phase of the project.

¹ The Department of Child Protection and Family Support WA, was unable to participate in the study.

A list of participating agencies and Departments is included in this report (see Appendix 1). Interviews were approximately one hour in duration and were recorded, with consent, for the purpose of transcribing and writing the report.

2.3 Ethics

The Human Research Ethics Committee at Australian Catholic University approved the study (Review number 2016158E). Participation was voluntary and participants were asked to give their consent to participate in an in-depth interview either in writing or verbally prior to the interview.

2.4 Limitations

There were some limitations in this study that were mainly due to the sampling method that identified a relatively small sample of agencies. We attempted to recruit a broad range of agencies across the country we believed to have the potential to provide new information and evidence on the recruitment, support, and retention of foster and kinship carers. We relied on organisations to identify others who may be willing to share new initiatives. There were some organisations approached for an interview that were unable to participate and as a consequence there may be omissions in what they are currently doing. We are also aware that there are other issues about recruitment, support, and retention of carers that were not raised in the interviews.

2.5 Structure of the report

The purpose of this report is to provide an overview of the common trends across Australia on what is happening in the field of recruitment, support, and retention policy and practice, and in particular, any new knowledge in this field.

The report is structured in sections, with each including: a brief summary of evidence from the research literature; the key findings from the stakeholder interviews; and findings from any published or unpublished or grey literature and resources identified by the participants. Each section concludes with a summary of key messages and common trends.

The broad topics to be discussed are:

- Categories of care provided;
- Attraction and recruitment issues and strategies;
- Screening and assessment of carers;
- Training;
- Support; and
- New models of foster care.

The content has been structured in this way mainly for the purpose of clarity. It must be acknowledged that many processes are not discrete, such as assessment and support, and training and support; the terminology used by the OOHC sector is varied and there is a blurring of the boundaries across care categories and processes.

FINDINGS

3. Categories of care

Before focusing specifically on recruitment, support and retention issues, this report first identifies the different categories of carers and how they are defined. This is important to clarify, as recruitment messages for different categories of carers and their different training and support needs may require different approaches.

3.1 Key messages from the literature

The literature review conducted as the first part of this research project focused on home-based care, which includes: traditional volunteer foster care, kinship care, adoption; permanent care; professional foster care; and therapeutic foster care. Within volunteer foster care there are different timeframes involved, which affect the type of OOHC offered in the home. These are: emergency care; short-term care; respite care; long term care; and permanent care. It was found that some of these categories are becoming less discrete. For example, there is an increase in blurring of purpose and function between traditional foster care and therapeutic foster care, which was also called *Treatment Foster Care* and *Intensive Foster Care*. There are differences in timeframes that reflect the legal status, needs, and circumstances of children and young people requiring OOHC. For example, crisis care, short-term care, and long term care (Thomson, McArthur & Watt, 2016).

3.1.1 Study findings

There is diversity across jurisdictions in their use of categories and terminology for foster and kinship care arrangements. However, there are many more common elements than differences. The main categories fall into three groups: traditional, volunteer or general foster care; kinship or relative care; and adoption.

There are a number of sub-categories that reflect differences in the way terms such as intensive or therapeutic foster care are used and their meaning in the context of program type and the groups of people that agencies are targeting in recruitment. For example, some jurisdictions use separate categories, that include: Therapeutic Foster Care; Adolescent Care & Crisis Care (NSW Barnardos, for example); Intensive Foster Care (Anglicare, for example); Complex Foster Care (Victoria, DHHS, for example); and Pre-Adoptive Care (ACT). Most agencies include some form of Respite Care and Emergency Care in their scope of services.

The categories of care used by larger and well established agencies such as Barnardos reflect the legal status of the child. They include short-term care, which is ultimately about restoration planning; *Find a Family* program for long term foster care that may lead to adoption, and *Temporary Foster Care* programs, where carers are recruited to provide short term care for a child under a Children's Court order for temporary care. Barnardos also has a *Respite Care* program as a preventive strategy for children at risk of coming into care as well as regular respite care for children in kinship care and temporary foster care. In addition, other categories of care include *Permanent Care* and *Adoption* where the legal status of the child has been decided.

Some larger agencies such as Key Assets (NSW, SA, and Queensland) and Barnardos (NSW) and ACT Together do not have a separate category for therapeutic care or professional foster care for example, but can provide a higher paid allowance for carers where grant or block funding is provided for a foster child with high or complex needs.

Tasmania's Department of Health and Human Services has an added category of care, *Sibling Group Care*. This is home-based care, which is provided by a non-government agency. This type of care is used as a first placement option for groups of three or more connected children who cannot be placed together in other family based options.

In addition to the above categories, the Department of Communities and Social Inclusion in South Australia has a *Specialised Foster Care* category. In this category carers are expected to be able to provide a higher level intervention by working closely with therapists in the home and using appropriate tools and accessing support services. The Department reports that there is an increasing demand for *Specialised Foster Care* in South Australia. South Australia also has the category of *Specific Child Foster Carers*, where the carer may have close professional connections to the child, for example, a teacher who is able to offer care for a specific child. The *Specific Child Only Carer* category in South Australia requires specific assessment and training, although the child can be placed prior to the assessment being completed. This type of placement only occurs when there is a clear link between the carer and the child. That is, linking into families that are known to them, through a case management process, a similar process to kinship care recruitment, assessment and training. This category is similar to *Specific Foster Care* in the Northern Territory. These are carers whose authorisation is limited to named children to whom they do not have a kinship or relative relationship. These carers have existing relationships with children on which their motivation to provide care is based.

3.2 The concept of permanency

3.2.1 Key messages from the literature

Long-term stability through permanency is a significant factor in determining outcomes for children and young people in care. There are many definitions of 'permanency' in the literature, in a legal context and in policy and practice in OOHC. 'Permanency' is regarded by most jurisdictions and agencies as guardianship (by the statutory department), adoption or long-term care, or permanent care, as in Victoria.

The literature refers to 'permanent care' as home-based care that is under a 'permanent care order' or similar orders depending on the jurisdictional legislation, which transfers guardianship to a carer without changing the legal status of the child. Permanent care orders are becoming more widely used in Australia, as a way of ensuring and acknowledging a permanent home for children. Across states and territories, of the 51,972 children who were on care and protection orders at June 2016, 64% or 33,212 children were on finalised guardianship or custody orders, which were mostly long-term orders (AIHW, 2015-2016).

3.2.2 Study findings

Permanency is defined in different ways across jurisdictions and there is no nationally consistent legislation requiring permanency planning to be considered as soon as a child enters the OOHC system. 'Permanency' in the context of OOHC is most often defined as a child in a foster care placement that is sustainable, loving and legally secure for the child and young person, and it follows that 'permanency' can be achieved through different types of care arrangements.

The concept of permanency is an important variable at the service and legislative level, as it reflects the way that each jurisdiction makes decisions based on the need for stability for the child or young person but which also provides alternatives of care based on meeting the child's needs. The stronger focus on permanency also has implications for the recruitment and support of carers.

Permanency in a foster care context has traditionally been considered to be about restoration, long-term care or adoption, reflecting the type of legal status decided upon by the Children’s Court, such as in NSW. For example, Key Assets uses the term interchangeably with *Long Term Foster Care* and reflects the point that permanency can be achieved through these categories of care and not through adoption alone. Permanency also covers situations where children can be placed in long-term foster care or kinship care placements and not necessarily with their current carer.

Tasmania’s Department of Health and Human Services defines ‘permanency’, similar to most jurisdictions, as a child in care at least up to 18 years of age or when there is a transfer of guardianship from the Secretary of the statutory authority to a third party.

South Australia is considering legislative changes that may result in foster carers, if they have provided successful care for a child for a minimum of 2 years, being able to apply for Guardianship. This change is similar to the Victorian Permanent Care Orders and legislation in the ACT, for *Enduring Parental Responsibility*, which has been in operation for a number of years. Another example is the Northern Territory, who has introduced a new category of care, a *Permanency Care Order* where guardianship is granted to the carer.

Queensland is currently reviewing many issues across foster and kinship care including ‘permanency’ as part of a project, *Permanency & Practice Support*, following recommendations from the Carmody Inquiry (2012). Permanency is not as narrowly defined as adoption and this has resulted in more options through changes in legislation, such as the Victorian Permanent Care Orders and the *Enduring Parental Responsibility* in the ACT, to increase the likelihood of settled and stable arrangements for children and young people (Queensland Child Protection Commission of Inquiry, 2013).

3.3 Volunteer or general foster care

3.3.1 Key messages from the literature

The difficulties in attracting and retaining carers to keep up with the demand for care, both in Australia and overseas, is well researched (Colton, Roberts & Williams, 2008; McHugh & Pell, 2013; Queensland Child Protection Commission of Inquiry 2013).

The traditional volunteer role form of foster care is when a carer is authorised by the state to care for a child or young person. The carer is mostly but not automatically reimbursed for expenses encountered and this varies widely depending on the type of care that is offered and on policies across jurisdictions. Major societal changes in the traditional family unit, demographic changes, changes in workforce participation, and socio-economic factors have been found to affect the capacity and motivation of people to make the decision to become foster carers.

There is extensive research on outcomes for children and young people in traditional forms of care. The outcomes for children and young people who have experienced OOHC, in domains such as health, education, mental health, and employment have been found to be much less satisfactory than children who have not experienced OOHC. There is also significant description available of the problems of recruiting and retaining volunteer foster carers in our society. Traditional foster care is changing with a deeper understanding of the needs of children and young people in care, the impact of the (multiple) trauma that a child may have experienced and the importance of maintaining the capacity and quality in the home-based foster care sector (Thomson, McArthur & Watt 2016).

3.3.2 Study findings

Changes are occurring across jurisdictions in how the traditional forms of foster care are conceptualised. Although traditional categories of home-based care such as emergency care; short term care; respite care; long-term care and permanent care are generally maintained in service programs, there are changes in sub-categories that reflect the expectations of services to meet the needs of the child or young person in targeting potential carers. These include: intensive foster care, therapeutic foster care and 'trauma informed care' that has been included as an extra layer of training, as part of the 'standard' carer skill set, for example in the ACT and in agencies in Victoria. These categories will be discussed later in this report.

A number of agencies agreed that improved practices and new approaches are needed for targeting particular groups of carers and to maintain an adequate pool of volunteer carers to meet the increasing demand in Australia. Some agencies, however, noted that many innovations have already been implemented in the area of recruitment. The use of marketing experts to develop and implement recruitment strategies is one such innovation and the way forward is to do these better. This is discussed in Section 4 below.

3.4 Relative/kinship care

3.4.1 Key messages from the literature

Relative/kinship care refers to the placement of children with a relative other than parents, or with people who are not blood relatives but have a relationship with the child or their family, or are from the child's community. This category is also referred to as 'kith and kin' care. Kinship carers are also in short supply in Australia, with grandparents providing substantial kinship care (Thomson, McArthur & Watt, 2016). Kinship care represents 49% of children and young people in OOHC placements, while most children in relative/kinship care were with their grandparents (AIHW, 2017).

Financial strain is identified frequently in the literature as a characteristic experience of kinship carers (du Preez, Richmond, & Marquis, 2015; Higgins et al., 2005). It has been found that adequate financial support for kinship carers would assist grandparents to care for their grandchildren and that they also need assistance to access what financial supports are available (Brennan et al., 2013). The literature points to the importance of adequate financial support for kinship carers as well as access to supportive services and peer support (Brennan et al., 2013; Strozier, 2012; McHugh & Pell, 2013).

Relative/Kinship Care - Aboriginal and Torres Strait Islander children and young people

For Aboriginal and Torres Strait Islander children, a kinship carer may be another Aboriginal and Torres Strait Islander person who is a member of their community, 'a compatible community or from the same language group' (AIHW, 2016, p. 132). In Australia, there is an increasing reliance on kinship care and it is particularly important for Aboriginal and Torres Strait Islander children in keeping with the Aboriginal and Torres Strait Islander Child Placement Principle. The Principle outlines a preference for the placement of Aboriginal and Torres Strait Islander children with other Aboriginal and Torres Strait Islander people when they are placed outside their family, and has been adopted by all jurisdictions in legislation and policy. Across Australia, in 2015-16, 66% of Aboriginal and Torres Strait Islander children were placed with relatives/kin, other Aboriginal and Torres Strait Islander caregivers, or in Indigenous Residential Care (AIHW, 2017). The statistics demonstrate kinship care's important role in Australia's child protection system.

In the context of OOHC for Aboriginal and Torres Strait Islander children, the literature has shown that the history of the Stolen Generations for Aboriginal and Torres Strait Islander kin may act as both an incentive (wanting to keep children within the family and the culture) and as a disincentive (wanting to avoid involvement with statutory services) (McGuinness and Arney, 2012; Richardson, 2005).

3.4.2 Study findings

In response to the increased need for kinship carers, a greater focus on recruiting and supporting kinship carers is reported in most jurisdictions. In Victoria for example, there is increasing attention to provide ongoing training opportunities for kinship carers. Many agencies noted that the increased reliance on kinship care points to the need to enhance the responsibility and resources of Aboriginal and Torres Strait Islander agencies to support Aboriginal populations, and equalising the provision of support, both in services and financial supports available to foster carers, when a child is transferred to kinship care.

In Victoria, between 2013 and 2015, the Minister for Children and Families and the Victorian Aboriginal Child Care Agency (VACCA) trialled a two-year program of 'Aboriginal Guardianship' for Aboriginal children in OOHC. The principle of self-determination was introduced into Victorian legislation in 2005, which could potentially allow Aboriginal Controlled Organisations to take a major role in the assessment and retention outcomes for Aboriginal children in OOHC. The results of the pilot were 'highly encouraging', with almost half of the children in the pilot returning to their parents or kin after long periods in either residential or foster care (VACCA, 2015).

Wanslea in Western Australia has estimated that there are up to 30,000 families nationally and 3,500 in WA where grandparents or great grandparents are looking after their families' children and young people. In response to a sharp increase in numbers, the WA Government funded a project aimed at identifying gaps in policy and practice that could better support kinship carers (Australian Broadcasting Commission, 2017).

Concerns were raised by some agencies about the fragmented nature of current assessment and training programs provided in kinship care. Procedures for assessing and supporting kinship placements are often significantly less formalised than for general foster care in most jurisdictions. Training for kinship carers is generally not mandatory, although it is in NSW and, agencies noted that it is always strongly encouraged.

Many agencies have been given some responsibility for recruiting, training and supporting both foster carers and kinship carers, however, generally kinship care is within the purview of statutory authorities. The Queensland Department of Communities, Child Safety and Disability Services, for example, is currently responsible for the administration of foster and kinship care, whereas recruitment and training is the responsibility of agencies. There is a high proportion of Aboriginal children in kinship care in remote communities and regional services try very hard to support and to find families. The *Child Safety Service Centre* is finding families through working with local communities as *Recognised Entities*. The family of the child is also included in finding a carer family and identifying a family for kinship care is part of the process of placement of a child.

In the NT *Territory Families* Department works collaboratively with Remote Family Support Services to identify potential kin and/or provide support to kinship carers in Aboriginal Communities where appropriate; genograms are used to map families to ensure a comprehensive understanding of children's family and the development of a network of carers is seen as essential to support the primary carers as well as reflecting the normality of family where children may move between key family members responsible for their upbringing.

3.5 Adoption

3.5.1 Key messages from the literature

Adoption is a category in permanency governed by legislation and administrative arrangements in each jurisdiction. Across Australia, there are very small numbers of children and young people who are adopted (AIHW, 2015b). Children in OOHC in Australia are rarely placed in adoptive homes, and are more likely to be placed under Long Term Guardianship, Permanent Care or Enduring Parental Responsibility Orders (AIHW, 2015b).

A small but increasing number of adoptions is from care in Australia (Thomson et al, 2016). There is some international evidence that the potential for adoption may be part of the attraction of fostering for some carers. In 2015-16 there was a total of 278 adoptions (the lowest on record) and 70 adoptions were carer adoptions, with 100% of local adoptees being children under 5 years of age (AIHW, 2015-16).

The experiences of the forced removal of Aboriginal and Torres Strait Islander children from their families (Stolen Generations) has had a major impact in the shaping of policies across jurisdictions that limit adoption for Aboriginal and Torres Strait Islander children. For example in NSW where open adoption from care is supported by policy, the Adoption legislation recognises that:

- Adoption is not a concept that exists in Aboriginal customary law and is therefore an inappropriate care option for Aboriginal children as a general rule.
- Customary adoption is a concept known to Torres Strait Islanders but is different to the concept as defined in Australian law.

3.5.2 Study findings

Agencies report that the adoption rate remains very low from foster care and the peak age of adoption is for children aged between 4-9 years. Agencies report that children and young people are more likely to be placed under guardianship arrangements than adopted. States and territories define 'permanency' differently and this is reflected in how they prioritise adoption. Recent changes in legislation such as in NSW, which provide for adoption as a placement option, may see the trend of very low adoption numbers of children changing over the coming years, although the current data show a falling rate of adoptions in Australia in the past year (AIHW, 2015-16). Barnardos for example, provides *Find a Family* program, which is specifically developed to recruit long-term carers who may wish to adopt as an open adoption, that is, with all parties agreeing to some contact between the child and their birth family.

In contrast, South Australia has taken a different approach to adoption, seeing adoption as a last resort when all other permanency options have been exhausted, although adoption remains an option under guardianship as a possibility after a child has been in guardianship for around 3 years.

3.6 Summary of key messages and common trends: categories of care

The following are the key messages and common trends from this section; Categories of Care.

- Traditional or volunteer foster care and relative/kinship care remains crucial in meeting the needs of children and young people who require OOHC.
- There is continuing escalation of over-representation of Aboriginal and Torres Strait Islander children and young people in OOHC, with the acknowledgment there is a need for continuing monitoring and support of the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle.
- There is a trend towards the transfer of responsibility for foster care case management from jurisdictional authorities to non-government organisations for foster care.
- There are developments in the transfer of responsibility for assessment and retention to Aboriginal Controlled Organisations aimed at restoration of children and young people to their biological families or kin.
- There is diversity in how agencies and statutory authorities categorise care options.
- The blurring of boundaries across most categories of care occurs in many agencies and jurisdictions to accommodate the changing needs of children and young people, leading to the need to find new ways of attracting, recruiting, and retaining carers to meet those needs.
- There are variable supports and levels of supports, including payments and training accessibility and programs for foster and kinship carers.
- A greater focus is emerging across jurisdictions to improve practice in kinship care assessment, support and training.
- Australia's adoption rate remains very low.
- Legislative changes in some jurisdictions enable decisions that prioritise permanency in care for children and young people in the form of facilitating adoption or Guardianship transferred to the carer.

4. Recruitment of foster carers

4.1 Key messages from the literature

The purpose of recruitment strategies is to ensure that there is constant effort to maintain an adequate pool of foster carers to match the needs of children. If the pool becomes too small to accommodate the diverse needs of children and young people, this will require compromises in matching and placement decisions. The maintenance of an adequate supply of foster carers is challenging for all models of care. There is however, insufficient evidence that this applies to new professionalised models².

There is considerable research on the general aspects of foster care, such as the challenges in maintaining an adequate pool of carers, however, evidence on evaluating the effectiveness of specific strategies to recruit, support, and retain carers is sparse. A key message from the existing literature is that knowing someone who has cared for a child and who has had a positive experience in foster care, that is, 'word of mouth,' is the most effective strategy for the initial attraction of potential carers. This means that retention and recruitment are linked and create a 'virtuous' cycle. Another key factor for the attraction and recruitment of carers includes the involvement of other carers in all areas of the process. This is seen as a possible way of operationalising the 'word of mouth' concept (Sebba, 2012; McGuinness & Arney, 2012).

The heterogeneity of the potential pool of carers requires attention to strategies that take account of accessibility of information, sensitivity of approach, and communication and responsiveness to potential carers. This diversity of carer populations and the needs of children and young people require targeted marketing campaigns that use marketing science and technology to ensure that new populations are reached. Forming links with particular communities such as those that are culturally and linguistically diverse (CALD) and engaging with those communities may enhance recruitment outcomes. The literature emphasises the importance of understanding the heterogeneity of groups and regions in society and the importance of knowing about the cultural and socioeconomic factors that may influence the decision to foster a child or young person, particularly in the context of recruitment approaches (Thomson et al., 2016).

For the carer, fostering can be very demanding (across all facets of the experience) and is amplified by the increasing complexity of health, mental health, and behavioural issues experienced by children and young people. There is strong evidence that adequate financial support is critical to the support that is required by foster carers, however, subsidies for the care of foster children have not kept up with the costs incurred (McHugh, 2007). Also, payment directly affects the number of people coming forward to care and also affects the incentive to keep caring and keep placements stable (Duncan & Argys, 2007).

The literature review has also found that the recruitment of new carers needs to take into account: marketing science; planning and documenting a recruitment strategy; and reducing the length of the process from enquiry to authorisation to increase retention of carers. The literature identified a number of reasons for the decline in the pool of carers and why carers leave and the importance of being aware of demographics, for example, the changes in the patterns of women's participation in the workforce and an ageing population.

² Professional foster care refers to a model of home-based foster care whereby carers are employed in a professional capacity to care for children and young people with complex needs, who are unable to be placed in more traditional less intensive forms of OOHC.

4.2 General issues in recruitment strategies

Most agencies generally regarded ‘word of mouth’ as an important recruitment strategy. However, participants were also aware that ‘word of mouth’ relied on an existing, often small and homogenous group of carers, and applying this strategy was not always easy to do. Particularly relevant to rural and remote areas, was the point made that “if ‘word of mouth’ is an important strategy to recruit carers, then negative ‘word of mouth’ can be also highly influential in the decision to be a carer or not.”

Across states and territories generally, recruitment and engagement of foster carers occurs across three levels of organisation – the jurisdictional government level, the organisational level and the program level. An example of a coordinated statewide recruitment and retention strategy is the Fostering NSW Recruitment of Foster Carers campaign, a government funded initiative designed to deliver positive messages about fostering on behalf of the whole non-government sector. In addition to running targeted advertising and media campaigns to attract new pools of foster carers, Fostering NSW also runs a Foster Forum via its website where prospective and existing foster carers can have their questions answered by a network of Foster Carer Ambassadors and Content Experts who can be called upon for more technical and legal questions (see <http://www.fosteringnsw.com.au/fostering-nsw-forum/>). *Fostering Connections* in Victoria, which commenced in January 2016 is another example of a coordinated approach by non government agencies.

Although the forum is relatively new, the feedback about the coordinated approach enables the pooling of resources and the delivery of clear and shared messages about being a foster carer. Many agencies commented that recruitment remains a ‘struggle’. The forum is a response to the difficulties encountered by agencies generally, in the recruitment and retention of foster carers.

Other responses include targeted campaigns to reach new populations of carers, which recognises the importance of engaging with a diverse group of carers to respond to varying needs and circumstances of children and young people needing care. For example, Barnardos’ 2014 campaign, developed together with IKON Communications, a media agency working pro-bono, was designed to encourage people from all walks of life to become carers, and specifically targeting LGBT communities in NSW. It should be noted that this is not the first time this group has been targeted, as the Benevolent Society conducted a similar campaign in 2009.

The findings also suggest that there has been a switch back in recruitment approaches, with a stronger emphasis on women who choose not to work. For example, people from some culturally and linguistically diverse backgrounds traditionally see that work is not the only option for women. The challenge is to be able to adequately compensate women to take up a fostering role rather than participate in the workforce. For example, in the loss of superannuation for women who foster.

4.3 The recruitment workforce

There are a variety of arrangements in the resourcing of recruitment activity across Australia and how recruitment strategies are delivered. Larger and established agencies, such as Key Assets, have dedicated local recruitment teams whose responsibility covers the recruitment of foster carers, public relations, responding to enquiries and the management of the process from enquiries to authorisation of the carer. Key Assets provides a dedicated recruitment team manager who is a social worker, to drive the recruitment process. Members of the team also include staff with a marketing background. Fostering Advisors, similar to a liaison role, connect with potential carers by conducting home visits and generally maintaining engagement and connection with the agency. The Association of Children’s Welfare Agencies (ACWA), which is currently operating the *Fostering NSW*

statewide campaign, has a team that comprises staff with experience in marketing, social media and customer service, augmented by a wider pool of colleagues with experience in child and family welfare policy and training.

In Tasmania, recruitment responsibilities rest with regional teams, which are responsible for recruitment of both foster carers and kinship carers. Some larger agencies such as Barnardos and Wanslea, however, use the expertise of marketing consultants to provide marketing advice and design for recruitment strategies. Other agencies use a multilayered approach, such as in Victoria, utilising specific agency recruitment strategies together with statewide campaigns.

4.4 Marketing strategies in recruitment

Most jurisdictions have developed a mix of statewide and independent agency-based campaigns that are delivered through contractual arrangements and coalitions with non-government organisations. The Department of Communities and Social Inclusion in SA for example, has contracted all recruitment to agencies. The Department does, however, continue to monitor and support agencies in their recruitment planning. An overseas model, the *Fostering Network* is an example of recruitment planning and delivery at a state level (www.22minutes.org.uk).

Some agencies reported that marketing strategies often lead to sharp increases in enquiries and most jurisdictions also reported peaks in interest following media campaigns, especially well funded statewide media campaigns. However, at the time of writing, there is limited information and evidence from the sector about recruitment and retention outcomes following particular marketing strategies.

A number of agencies, such as Berry Street (Vic) and Wanslea (WA), felt that the high peaks of enquiries following well resourced, statewide media campaigns are translating into higher recruitment rates. They agreed however, that the quantity of enquiries alone does not indicate an increase in the potential pool of authorised carers. Some larger agencies feel they have developed strong and sophisticated recruitment strategies underpinned by marketing best practice, and believe that marketing is essential to successfully recruiting foster carers.

Barnardos for example, provides a wide range of recruitment strategies that include statewide and local level strategies to address the need to attract a wide variety of carers. The underlying rationale used by Barnardos is what is known as the ‘drip drip drip’ method. This broad strategy reflects what the literature describes as the ‘difficult choice’ to become a carer, which can often take some time to make. Such targeted messages can trigger the enquiry. The *Count me in*, Barnardos campaign, is an example of the breadth and scope of reach needed to deliver a message to potential carers, reinforcing that all types of people can become foster carers.

Funding for recruitment activity varies across jurisdictions; however most states and territories are currently looking at changes that would boost their recruitment funding. South Australia, for example, has announced a specific fund to run a statewide media campaign called *Choose to Care*. This will cover TV, cinema advertisements, billboards, supermarkets and will be complemented by six short videos. This project is similar to WA’s production of short films on social media, which are brief interviews with foster carers about their experiences. South Australia’s Department of Communities and Social Inclusion’s twelve-month campaign will be evaluated to assess its effectiveness in attracting carers. *NSW Fostering* also uses short films on social media. For example a recent CALD targeted video story by Fostering NSW featuring carers from the Muslim Community was regarded as successful when shared on social media, attracting over 110,000 views. It also resulted in a sharp increase in enquiries and interest in fostering from within the community. (<https://www.youtube.com/watch?v=lbi4IWxcvRQ>)

Similar to other large organisations and statewide campaigns, Wanslea noted that WA has state recruitment campaigns. Agencies' experiences following each recruitment process are now closely monitored by the WA Department of Child Protection and Family Support (WA DCP) to identify gaps, for example, in information provided to carers. The WA DCP provides a six monthly report providing feedback to non-government agencies about recruitment activity. In addition, the WA DCP works with agencies to undertake peer monitoring in order to generally improve recruitment processes (see: https://www.dcp.wa.gov.au/Resources/Documents/Standards_Monitoring_Unit/Better_Care_Better_Services_-_booklet.pdf).

In Victoria, the main pathways for enquiries on foster care are community services organisations (CSOs). An evaluation of the *Foster Care Communication & Recruitment Strategy*, conducted by the Centre for Excellence in Child and Family Welfare (2012) in Victoria found that enquiries to CSOs have declined. It also found that there were variations in the conversion rate of enquiries to accredited foster carers depending on which CSO was working with the enquirer. The strategy, funded by the then Victorian Department of Human Services, included a statewide data management and referral system, a hotline, promotional materials and *the Foster a Brighter Future* website. The *Brighter Futures* evaluation found that there were variations in the conversion rate of enquiries across CSOs and that, the recruitment strategy *Foster a Brighter Future* did achieve a higher conversion rate than the 'direct activities' of the CSO, however the results of the overall conversion rates remain lower than the continuing demand for carers (Centre for Excellence, 2012).

The evaluation found that there was growth in both the number and proportion of enquiries generated through websites and social media (such as Facebook) and word of mouth during 2009-2011. There was a marginal decline in enquiries that were generated through promotional materials such as regional campaigns and brochures, and a significant decrease from the telephone hotline and referrals from other agencies (Centre for Excellence, 2012).

Larger agencies, such as Berry Street in Victoria, have developed sophisticated recruitment strategies over a long period. They conducted a centralised *Profile Based Campaign* with local promotion that focused on all forms of care that were required by the agency to meet the needs of children and young people. Berry Street attracted 392 enquires from this campaign in 2014.

As the research literature has found, there are limited evaluations in the sector about the outcomes of specific campaigns. One factor that makes achieving outcomes in this area of research difficult is that the timeframe from enquiry to the authorisation of a carer can be very long, and therefore outcomes from campaigns are difficult to test.

4.5 The increasing use of technology

The developments in recruitment strategies, including the use of technology across agencies and jurisdictions, have resulted in the enhancement of the delivery of messages to target populations. This raises awareness and can lead to better engagement of carers. The application of marketing principles has seen comprehensive strategies being implemented. Some examples include media campaigns by ACWA, Wanslea, and Barnardos; many statewide recruitment campaigns are developed and implemented in partnership with jurisdictional departments. These larger campaigns are based on marketing principles and strategies³ with the widespread use of social media and online information and resources, such as Wanslea's use of podcasts and short films on YouTube. Many agencies now have practices that engage and involve carers in recruitment strategies, such as

³ For example, the need to understand the different segments/groups available in the pool of potential carers and developing relevant targeted messages to those segments/groups.

developing podcasts and short films that present positive, realistic stories about the experiences of foster caring (see <https://www.youtube.com/watch?v=TGm2hbvxkvU>).

A review of recruitment in 2009 in WA, resulted in an improved online presence and a website established with supportive resources for existing and potential foster carers. Expanding on comments above, there are eight short videos on YouTube highlighting stories from Wanslea that provide realistic messages from carers about the experience of caring for a child or young person. In WA, a statewide consortium recruitment campaign was focused on getting the right carers, rather than a high rate of enquiries. This approach resulted in fewer enquiries, but better conversion rates to the assessment and registration stages. This was interpreted as a good outcome for targeting potential carers who have already gone through “significant soul searching” about being carers.

More research is needed into whether the widespread use of social media is effective in retaining foster carers and also for the reasons for the disparity between the rate of enquiries following recruitment strategies and the subsequent rate of accreditation of foster carers.

4.6 Collaboration

Many agencies have reported increasingly cooperative and collaborative arrangements with other agencies and statutory departments in recent years. This has enabled pooling of ideas about recruitment and sharing resources such as print media in the planning and delivery of recruitment strategies and campaigns. Some agencies reported that they receive a high number of enquiries following recruitment campaigns that involve a combination of independent strategies and broader regional and statewide campaigns of which they can be a part.

There are also a number of examples of collaborative practice in integrating efforts across stakeholders in recruitment and retention of foster carers. The *Carer Reference Group* in NSW for example, comprises seven groups with membership of carers, staff of the NSW Department of Family & Community Services and non-government organisations (or community service organisations). The work of peak bodies and associations such as Peak Care, Qld; ACWA and the Centre for Excellence in Child and Family Welfare also contribute to and enhance collaborative arrangements across the sector.

In NSW there are 20 districts that report quarterly to the *Regional Implementation Groups, (RIGs)* which also has representation from the *National Disability Insurance Scheme*. Currently there were seven *Carer Reference Groups* across NSW. These are not peer support initiatives but a platform for raising concerns about OOHC such as respite care, decision-making and engagement. At the time of writing there has been a review of the RIGs partially impacted by a loss of dedicated secretarial support by the Transition Program Office (TPO). Each district or region is responsible for deciding the structure of their group, with special reference to the permanency reforms, *Safe Home for Life* changes (SHFL) and the need to include representatives from the broader continuum of child and family services. NSW Family and Community Services (FaCS) has noted that there has been some positive stakeholder feedback about the role and work of the Groups and about the way that FaCS supports and works with agencies and regions, providing peer support and sharing experiences.

The message from many agencies is that issues in recruitment and retention need to be seen at the local level where gaps can be identified and thus influencing the quality of services provided. Consultation Forums are an increasingly used strategy in some jurisdictions, supported by Departments such as FaCS, to support regional agencies to work together to address the issues and concerns in foster care and kinship care.

Anglicare, which operates services in Sydney and regional NSW, is involved in recruitment working groups that cover the metropolitan area and are responsible for the implementation of the *Interagency Collaboration Strategy* and the *Carer Recruitment and Retention Working Group*.

In summary, agencies report increasing use of collaborative approaches to improve recruitment and retention of carers, however, in the absence of evaluations it is not known whether increasing collaborative approaches impacts on increasing the number of carers who are recruited and also on retention rates.

4.7 Feedback strategies from carers

Although most foster care agencies make considerable effort in monitoring carer satisfaction through surveys and internal reviews, the rigorous collation and analysis of trends from these data is isolated, for the most part, to a few larger agencies. For example, exit interviews are good practice when administered to all carers leaving care. However, the findings from the interviews suggest that some exit interview coverage is patchy and that generally, information is not collected centrally.

A recent survey by Fostering NSW (2014) found that around a quarter of people who enquire about becoming carers in NSW proceed to formally apply to become a foster carer and approximately one third of those become authorised carers. One carer will leave the system for every two newly authorised carers. However, what has been found across many agencies and jurisdictions is that the reasons for leaving foster care are not well documented and that exit interviews were not routinely conducted. For example, one third of agencies in a NSW survey (Fostering NSW, 2014 cited in ACWA, 2014) reported that they did not routinely survey carers who exited the system (Fostering NSW campaign, midpoint survey results cited in ACWA, 2014).

Although data on retention rates are scarce, some jurisdictions and agencies provide these data through feedback mechanisms and some internal monitoring rather than publicly available evaluations. For example, the Carers' Advisory Group in Victoria provides feedback on retention. The Centre for Excellence in Child and Family Welfare and the Victorian Department of Health and Human Services reported that some agencies in Victoria have put together a business case for a longitudinal study (up to 2020) aimed at developing a database in order to access statewide data on recruitment statistics. Some gaps in the collection of data on recruitment include a lack of comprehensiveness, such as the collection of data on carers' refugee backgrounds.

4.8 Demographics

Many agencies noted that understanding demographics is a key consideration in their recruitment strategies. Agencies identified a need to explore the potential for recruiting foster carers by understanding the 'contemporary landscape' such as CALD communities and people who 'stay at home'. Anglicare, for example, has explored targeting recruitment messages based on the known availability of *the carer*. Weekday markets, for example, can become an alert for targeting information at these types of venues and settings.

Some agencies and jurisdictions gave examples of differences in outcomes of recruitment campaigns based on differences in demographics between regions and towns. A greater awareness of demographics, community and family dynamics in areas can improve targeting of recruitment messages. For example, the NT *Territory Families* Department noted that there are differences between Darwin and Alice Springs, where recruitment numbers differ markedly due to variances in population size and the potential pool of carers (fewer grandparents in Alice Springs), age ranges and cultures. In Queensland, PeakCare noted that some agencies would report that they have an abundance of carers, whilst others are always struggling to find enough carers. The difference is

possibly related to demographics. For example, there is the view that Brisbane’s large population has changed significantly and there are fewer suitable carers in the potential pool.

Key Assets gave the example that the same ‘letter box drop’ recruitment strategy returned very poor results in Sydney compared to Newcastle with other agencies noting that recruitment is more difficult in the capital cities than in regional areas.

Table 1: Summary examples of new strategies

Examples	Governance	Strategies
Fostering NSW statewide campaign ACWA	Statewide recruitment coordinator	Segmented marketing Website Central enquiry line Facebook and video clips - success in engaging a younger generation of carers Carers are involved in intake line, assessment panels and reference Groups <i>Connecting Carers</i>
Aboriginal Child, Family and Community Care State Secretariat		provide the Aboriginal State-wide Foster Care Support Service in NSW See https://www.absec.org.au/foster-care.html
Fostering Connections Victoria	State-wide collaboration between government and CSOs VACCA	Customised campaign materials based on identified potential carer population groups (Aboriginal and Torres Strait Islander; CALD, single people, single parents, older couples, gay and lesbian couples) Joint agency website Central Call Centre – carers involved Messages aim to normalise the role of foster care (http://www.fosteringconnections.com.au/) Website Identifying specific locality, e.g. Darebin to specifically recruit more Aboriginal and Torres Strait Islander carers
Northern Territory	Territory-wide ‘Talking posters’ framework	Targeted to Aboriginal communities. Incorporates technology and locally based resources Provided in 5 traditional languages. Aboriginal Community Workers are involved in assessments of foster and kinship carers to provide cultural considerations and context
Queensland	Winangay	Development of culturally sensitive assessment tools developed through an Aboriginal and Torres Strait Islander process with ongoing evaluation.
Various organisations	Organisational	Targeted campaigns <i>Differentiated</i> campaigns for different categories of carers types For example, Barnardos differentiates their recruitment campaigns into general recruitment for foster carers, NSW state-wide campaigns such as the <i>Count Me In Campaign</i> , targeted campaigns such as, the <i>Temporary Family Care</i> campaign and recruitment for specific child/sibling groups (http://www.barnardos.org.au/).

4.9 Gaps in recruitment strategies

A number of agencies and Departments reported some gaps with regard to recruitment and retention in some areas. Generally, these included: limited targeting of specific groups by some agencies such as gay and lesbian groups and single people; a lack of robustness in collating and reporting on recruitment data; and more specifically, strategies that might advantageously target CALD families in foster care. A recurring theme that is noted by many agencies is that there continues to be missed opportunities in recruitment of foster carers across CALD communities.

In practice, agencies have accumulated significant knowledge about what works *for them* in recruitment, for example, through internal reviews. Carer surveys are widely used at regular intervals by many agencies, although agencies have identified gaps in these processes. For example, in the analysis of data from surveys, there is some loss of critical information that could increase our knowledge of best practice in the recruitment of foster carers. Some agencies have noted that a major difficulty in assessing the outcomes of campaigns lies in the lack of a baseline from which to begin comparison of impact and consequently, of measurement.

As in most areas of recruitment, at the time of writing we had not identified any robust evaluations of the effectiveness of particular strategies on recruitment outcomes. Nevertheless, there are examples across Australia of agencies and jurisdictions that are addressing this issue through targeting populations, developing CALD specific assessments tools (e.g. Winangay Inc) and statewide consultations. These are intended to and will serve as a beginning process to provide a baseline for future evaluations of what may constitute exemplary recruitment by addressing the gaps and seeking opportunities for change to better recruitment practice.

5. Recruitment or 'finding' kinship carers

5.1 Key messages from the literature

There is an acute need to recruit Aboriginal and Torres Strait Islander kin and other carers. The significant strategy noted previously in this report is through Aboriginal and Torres Strait Islander Controlled Organisations. The literature has identified the importance of kinship care specific practice frameworks for child protection and foster care workers (Boetto, 2010).

There is evidence that potential Aboriginal and Torres Strait Islander carers find the traditional screening and assessment processes alienating, particularly in wanting to avoid involvement with statutory authorities. Early intervention and intensive family support initiatives to keep children within their community, if not in the family, is seen as a key strategy that may support and provide safety for children living in their community.

There is a greater emphasis in the recent literature on the need for relative/kinship carer-specific assessment and approval processes and the negative effects of inappropriate or elongated processes on the wellbeing of children and kin carers and their families (O'Brien, 2014).

It is important to emphasise and understand the heterogeneity of kinship carers such as their demographic characteristics, needs and circumstances. The findings from a number of studies indicate that kinship carers are likely to be older, grandparents from minority ethnic backgrounds, and be more socio-economically disadvantaged than compared to the traditional pool of foster carers (Thomson, McArthur & Watt, 2016).

Although kinship care is considered the most culturally appropriate form of care for Aboriginal and Torres Strait Islander children, Aboriginal and Torres Strait Islander carers face competing demands and complex challenges with inadequate levels of service and support. Many carers were already living in disadvantage but despite the difficulties are willing to provide care to keep children connected with their family (Bromfield & Higgins et al, 2005; Smyth & Eardley, 2008).

5.2 Study findings

Recruitment in kinship care relates to finding kinship carers (or relative carers) who could meet the needs of a specific child or young person. The shared view across the literature is that kinship care and foster care are separate entities and require separate strategies for recruitment and retention.

A number of participants, for example, Winangay Inc, noted the importance of a community development approach for kinship care, especially in regional areas for Aboriginal children. This approach requires building relationships and using community representatives and specific assessment and training tools for the engagement and successful placement of Aboriginal children with Aboriginal families in particular.

Other strategies include the increasing use of genealogies by case workers in agencies such as OzChild in Victoria and Aboriginal Family Support Services in SA, as a way of improving practice in finding kinship carers. Other key strategies include a partnership between the Victorian Aboriginal Child Care Agency (VACCA) and Berry Street: *Finding Families*, which was launched as a pilot program that prioritises identifying kin. An internal evaluation will be conducted on the VACCA pilot program. If fully funded, the program will run until June 2018 with the aim of reaching around 105 children over this period. (Bamblett, Media Release October 2016, VACCA) (www.vacca.org/vacca-launches-victorian-first-pilot-program-prioritises-finding-family).

The sharp increase in Aboriginal and Torres Strait children and young people requiring OOHC has resulted in an acute need to recruit Aboriginal and Torres Strait Islander carers. In Victoria alone, there are more than 1,700 Aboriginal children and young people requiring OOHC. As previously noted, there is a stronger focus in some jurisdictions, such as in NSW and Victoria, on strengthening the role and responsibilities of Aboriginal and Torres Strait Islander Controlled agencies in the domain of foster and kinship care. A pilot program was carried out by Anglicare in Bendigo Victoria, which worked with the Bendigo District Aboriginal Co-operative to transfer the care of Aboriginal children in care to Aboriginal Community Controlled Agencies. This is a Victorian government initiative to transfer case management and planning to ACCAs across the state.

Mostly, the practice of finding a family and case management of a kinship care placement remains the remit of statutory authorities, with a variety of contractual arrangements with non-government organisations for assessment, training and support of kinship carers.

A key message is that for kinship care recruitment, a much greater effort is required in finding family members. Our study found that some agencies consider that there is a lack of rigour and resources in finding family members that has resulted in poor placement decisions, especially for Aboriginal and Torres Strait Islander children. Agencies are responding to this concern by looking at evidence-based models for improved outcomes in finding families for kinship care.

In response to these changing demands for kinship care placements, significant resources are being invested, such as in NSW in the *Family Finding* model. This model, developed by Kevin Campbell in the US, offers methods and strategies to locate relatives and significant people in a child and family's life. The latter recruitment model, which has been implemented in the US and Canada, looks at the closest possible connections that children have as a basis for recruitment and placement. The evidence is not strong on outcomes, however the findings from his research are that there were no negative outcomes and the model was found to have a slight edge compared to other models (National Institute for Permanent Family Connections, 2016).

5.3 Summary of key messages and common trends: recruitment

The following are the key messages and common trends from this section; recruitment.

- Constant multi-layered approaches to recruitment in addition to wider campaigns are desirable.
- Tracking and monitoring of enquiries and where they are coming from provides evidence on how to achieve for the best outcomes in targeting groups by the localisation of effort in recruitment.
- Building a good reputation as an agency that can be trusted and open to diversity in foster carers is important for attracting, engaging and retaining foster carers.
- The importance of including existing carers in recruitment processes has been emphasised as a key strategy in the operationalisation application of recruitment by 'word of mouth' methods.
- In kinship care recruitment, there is a need for more effort to be made in finding family members. Lack of rigour in finding family members has resulted in poor placement decisions, especially for Aboriginal and Torres Strait Islander children.
- Aboriginal and Torres Strait Islander recruitment differs from non-Indigenous recruitment and must be tailored to the local communities, in partnership with local communities and underpinned by culturally appropriate and sensitive practices.

- A large enough pool of carers is important to provide capability for matching children and carers and to provide quality and flexibility in placements.
- There is some information about marketing strategies that leads to a very sharp peak in enquiries; and most jurisdictions have reported peaks following media campaigns, and especially well funded state-wide media campaigns that are well funded.
- A broad range of marketing material and approaches is required to strengthen recruitment and retention.
- The developments in recruitment strategies across agencies and jurisdictions have seen innovations that, in turn, have resulted in the enhancement of the delivery of messages to populations that raise awareness in those populations. This and can then also lead to better engagement of carers.
- Good foster care recruitment practice incorporates evidence regarding the importance of realistic information in its recruitment messages, such as the actual supports available and particularly the amount of remuneration that will be available to carers.
- Agencies report increasing use of collaborative approaches to improving recruitment and retention of carers.
- There is very positive feedback reported from agencies regarding recruitment success (mostly relating to the number of enquiries) when there is a combination of independent strategies and broader regional and state-wide campaigns of which those agencies they can be a part.
- Most states and territories are currently looking at changes that would see a boost to their recruitment funding.
- Fewer enquiries following campaigns can lead to better follow through which has been interpreted as a good outcome for targeting potential carers who have already gone through 'significant soul searching' about being carers.
- Successful recruitment that leads to the retention of carers requires the application of marketing principles and new ideas that respond to new situations, leaving aside remnants from past social-cultural community profiles.
- There is recognition of the need to engage with a diversity of carers. As a consequence, some agencies are using targeted recruitment campaigns to reach new populations.
- Evaluations of recruitment approaches that specifically look at carer groups for retention outcomes is needed.
- There are significant gaps across agencies in the collection of data on recruitment and retention. For example, exit interviews are not universally conducted for all carers leaving the system, and generally, information from interviews is not collected centrally.

5.4 The motivation to foster care

5.4.1 Key messages from the literature

The evidence on what motivates people to foster provides the foundation for attraction and recruitment strategies. In terms of attraction to fostering, the literature and research reviews of Sebba (2012), Luke and Sebba (2013), and McGuinness and Arney (2012) concluded that knowing or meeting foster carers, or perhaps having had a relative who was a foster carer, is the most effective means of attraction, as well as education of foster carers. The main motivators were largely

altruistic: a desire to help, the love of children, and wanting to put something back into society (McGuinness & Arney, 2012; Sebba, 2012). Other motivators included the desire to extend the size of the family and as a step towards adoption.

Reviews of the literature have found that whilst financial reward was not cited as an initial motivator, the evidence suggests that financial rewards are important to carers to complement foster carers' altruistic motivations (Sebba, 2012). Financial supports can enable families to foster and that they play a significant part in whether or not to proceed further in the application process (Thomson, McArthur & Watt, 2016).

5.4.2 Study findings

There are some differing views across agencies and jurisdictions regarding the motivational aspects in foster care, whether recruitment should focus essentially on altruistic messages alone, or focus more on financial supports that are necessary to care for a child or young person. Some participants, such as FaCS (NSW), preferred to maintain the focus on volunteer foster care rather than to develop professional models of foster care. This strategy is partly underpinned by the desirability of maintaining altruistic motivations rather than financial ones. Nonetheless, NSW provides Individualised Support Packages as a category of care to address high needs above the base NSW Foster Care Allowances (<http://fosteringconnections.com.au/support>).

In addition, agencies increasingly emphasise the importance of providing upfront information about the amount of subsidisation and on the types of support to expect from each agency in their recruitment information. It is argued that often, it is the lack of emphasis and realistic information that is placed on general and financial supports in recruitment processes that reduces the potential for an open dialogue with carers about their realistic needs, without the possible stigma of a 'financial' motivation to care.

6. Screening and assessment of foster carers and kinship carers

6.1 Key messages from the literature

The results of studies discussed in the literature review (summarised in sections: 3, 5, and 6 – 10) apply mainly to attracting and recruiting people to traditional or volunteer foster care. There is a lack of research linking characteristics and competencies of new carer applicants to measures of placement success, or of retention and placement stability. There is evidence that assessment tools need to be used in a way that promotes the potential capacity and development of foster carers and strengthens their relationship with their agency rather than potentially alienating potential carers with processes that are too bureaucratic. The findings also suggest that there needs to be different kinds of assessments for various groups of carers (Thomson, McArthur & Watt, 2016). As an example, Aboriginal and Torres Strait Islander services in Australia have recognised the importance of culturally sensitive and safe assessment tools and processes to the recruitment and retention of Aboriginal and Torres Strait Islander carers (McGuinness & Arney, 2012; Winangay Resources Inc., 2012).

The literature review also noted at least one study that has shown that young people in care would like to have a say in assessing foster carers (Mathiesen, Jarmon, & Clarke, 2001). There was no research identified that has evaluated this process in the context of recruitment and retention or stability outcomes.

The key findings from the literature review emphasise the importance of taking an individualised, culturally sensitive approach to the engagement and assessment of potential foster carer and kinship carer families, *including their children*, when enquiring and applying to become foster carers. This includes the need to provide clear and realistic information on all the supports that will be available and not taking normative positions on the different characteristics of a potential carer, as these may deter potential carers from specific groups in the population such as LGBTI people, people from CALD backgrounds and Aboriginal and Torres Strait Islanders. Personnel who work in the area of kinship care assessments need *specialised skills* to be able to enhance the potential of engaging kinship carers and to support them through the casework process.

There are many barriers that may impact on people's willingness and capacity to become foster carers. Generally, these include personal, social and material resources or disadvantage. Lengthy processes that are commonly involved in foster care assessments are counterproductive to the recruitment and retention of carers, notwithstanding the importance of statutory compliance and the safety and wellbeing of the child or young person (Thomson et al, 2016). Additionally, there is an intrinsic conflict between competing policy agendas between the jurisdictional policies and practices regarding the potentially lengthy processes prior to the placement of a child with a foster family and the Commonwealth's policy direction of maximising workforce participation.

6.2 Continuity of processes

There was general support for the achievement of a continuous, connected process that is culturally sensitive and evidence-based in engagement, recruitment, assessment, support and training as a way forward to achieve best practice. On the assessment of potential carers, there is also agreement about the importance of providing sensitive assessment processes that take account of the diversity of families.

Berry Street (Vic) for example, has a new *Integrated Model of Foster Care* and is an example of a continuum from enquiry to placement that offers foster care recruitment, training and assessment, placement support, *Foster Parent Network* Support and financial resources. It has developed a partnership approach to all components of care and is in line with the *National Framework and National Standards* (<https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>).

Many agencies also encourage continuity and connectedness by building early relationships between their assessors and the potential foster carers. Some agencies noted however, that the increasing trend to outsource assessments and training can present a barrier to the development of relationships that offer continuity and support to the carer. In Queensland, assessments are provided through foster care and kinship care agencies by 'fee for service' professionals, which may limit the potential for the formation of relationships early in the process.

In response to this issue of continuity and relationship building, specific assessment tools have been developed. Winangay Inc has developed such resources including Aboriginal and CALD specific assessment tools for both kinship and foster carers. The use of these tools is currently being evaluated. A family support provider working with a CALD community in NSW has used the *Winangay CALD Assessment Tool* and has found that it has some significant benefits. These included: greater accessibility to the content; robustness in requiring a third party verification; and the inclusion of an action plan that focuses on ongoing support for the carers (<http://winangay.com/resources/>).

The issues relating to the first point of assessment of the needs of the child and matching the priority type of placement are essentially beyond the scope of this report. There are, however, some issues that were raised in the study in this area of practice that are important in the context of recruitment and retention. These included some examples of children being placed before the finalisation of authorisation, especially in kinship care. This is a significant issue for some jurisdictions and, for most jurisdictions and agencies, the timeframe for assessments is also an issue. In addition, other issues are present in the prioritisation for foster care and kinship care placements in instances where there may be advantages to the child and young person for a short, but more intense, residential program and conversely the placement of younger children in residential care.

There is a view from some key informants who participated in interviews that foster care, in its traditional volunteer form, may not suit children over 12 years. Most agencies have strongly challenged this view and state that it does not reflect their experience with older children in care.

These issues reflect, to a large extent: the difficulties in the size of the pool of carers; the assessment process itself; the discourses and practices that are blurring the boundaries between home-based care and residential care; and in the increasing complexities of children coming into care.

6.3 Timeframe for screening and assessments

In general foster care, the timeframe for assessment varies and can be up to six months. For example, in South Australia and the Northern Territory, all kinship and foster carers require 100 points of identification, which can sometimes take a long time to provide. There is a wide variety of screening and assessment processes across jurisdictions that are governed by legislative and policy requirements. These assessment requirements mainly include police checks, and Working with Children Checks (WWCC). WWCC's standards vary widely across jurisdictions and there are continuing issues with regard to the sharing of information across borders (<https://www.childabuseroyalcommission.gov.au/getattachment/7ecd3db9-0b17-483e-9a0e-8fb247140f3e/Working-with-Children-Checks-Report>).

Other factors that can extend the timeframe include the remoteness of some families, together with differences in assessment processes across borders, which can add to the complexity of the process and increase risk of interventions not occurring in a timely manner (Richmond & Thomson, 2013).

Other factors that contribute to lengthy assessments include the changing nature of households and the practicalities of getting all family members together. The opposing views from within the same household about having a foster care child in the family can also contribute to delays in assessment. Some agencies experience delays in assessments due to their inability to fund after-hours work.

6.4 The quality of assessments

The critical factors in quality of assessments are seen to be about the training of the assessors, how the assessment tools are used and the quality of the assessment tools. There are a number of key initiatives that are responding to the known critical factors that underpin quality assessments. ACWA, for example, has recently revised the *Step by Step Assessment tool* (2016), a comprehensive package, widely used across jurisdictions which was first developed in 2003. It has been expanded to provide tools for both foster carer and relative and kinship carer assessments. At the same time, ACWA has greatly strengthened the process of training for assessors. The *Step by Step* material covers all steps of the assessment process; from first enquiry to placement of a child or young person and then ongoing carer reviews which is a critical part of the support and retention of carers.

Assessment practice includes the provision of quality matching tools. The *NSW Office of the Children's Guardian* requires a matching tool to be used and also that a list of all factors should be contained to match the child to the carer. ACWA has developed a matching tool that has listed all these factors to match the Office's requirements. It was released after piloting in 2016.

One of the key issues in general foster carer assessments and the process of assessment is that at the assessment phase, neither the carer nor the assessor necessarily has any knowledge of the child who could be placed. The new edition of *Step by Step* (2016), requires assessors to provide nuanced recommendations regarding the authorisation of foster carers, including the types of care they are most suited to provide, the characteristics and needs of children they could adequately care for and the additional supports they may need to be supported in a placement because of the carer's particular life experiences and circumstances (<http://www.acwa.asn.au/ccwt/specialist-programs/step-step-2016>).

Gaps have been identified in assessment processes that are mainly regarding the appropriateness and effectiveness of foster care assessments and particularly in kinship care assessments for Aboriginal and CALD families. Key informants also noted the need to update the content of assessments to include evidence from research, to incorporate, for example, trauma-informed care, safety issues, bullying and the use of technology all of which are now covered in *Step by Step 2016*.

6.5 Training of assessors

Assessors are practitioners who work in jurisdictional Departments or agencies. They have mostly undertaken training on using specific assessment tools, for example the widely used *Step by Step 2016* and its complement in training, *Shared Stories Shared Lives*. Several concerns were raised by some key informants that the training of assessors needs to be more rigorous and up-to-date. It was also noted that there was a lack of research being undertaken by the service sector on what works in the training of assessors. Some agencies also felt that practitioners should have strong assessment skills before being trained in the use of specific foster care assessment tools. It is for these reasons that ACWA introduced a rigorous registration process for the use of *Step by Step 2016* which requires assessors to demonstrate their assessment skills. ACWA has produced a video for

identifying the *Pathways to Registration of Step by Step* and a list of competencies (<http://www.acwa.asn.au/ccwt/specialist-programs/step-by-step-2016/getting-registered>).

Step by Step 2016 is used widely across Australia for pre-authorisation assessments of foster carers in particular, and is augmented by some agencies. For example, some branches of Anglicare in NSW also support practitioners by providing a clinical psychologist who provides guidance as a consultant for risk assessments and management plans. In this process there is also provision for an *Additional Assessment Tool* that is based on a neuro-developmental model and a therapeutic assessment which looks at the experience of trauma on the child's development. The tool has been developed internally by Anglicare and is based on *Reparative Ecology* (<http://securestart.com.au/reparative-attachment-therapy/>).

New trauma-informed initiatives such as the 2016 edition of *Step by Step* and the *Winangay Assessment Tools* are filling the gaps that have been identified in the literature on trauma-informed OOHC practice. The underlying aim is to provide stability for the child or young person as attitudes are the baseline from which skills can develop. Agencies noted that it is essential to keep assessors up-to-date with the requirements of assessments and there is agreement that the experiences of carers during assessment are important to retention.

6.6 Aboriginal foster care and kinship carer assessments

Carer Assessment tools used with Aboriginal carers must have the capacity to provide a sensitive and fair assessment of their capability and capacity. Specific Aboriginal Assessment tools have been developed by Winangay and these have been taken up by relevant agencies and departments in Queensland, NSW, SA and in the Kimberley in WA. Winangay has also developed the *Aboriginal Kinship Care Assessment Tool* and the *Aboriginal Review Tool* in NSW. The *Aboriginal Foster Care Tool* has been piloted in SA and the *Winangay CALD Foster Care Tool* has been piloted in Bankstown NSW, through *Creating Links NSW* (see <http://www.fosteringnsw.com.au/foster-care-agency-directory/2515/creating-links>).

Winangay has also developed: the *Aboriginal Emergency Provisional Assessment Tool*; the *Aboriginal Restoration Tool*; and *Kids Rights Cards* (<http://winangay.com/resources/>). Other tools include the *Kids SAY* cards (ACWA, 2016) (<http://www.acwa.asn.au/Pages/coursedetails.php?recid=9951>).

Trauma resources are also being developed for Aboriginal and Torres Strait Islander carers and workers. For example, the Winangay resource '*Stronger Ways with Aboriginal Children and Families*' explains the need to understand trauma for the health and wellbeing of the child or young person. Winangay commented that understanding definitions of individual and collective intergenerational trauma and trauma theories and models of practice holds a key for all human services and community practitioners to enhance effective client-worker engagement and improve outcomes.

Step by Step 2016 was developed with consultation with Aboriginal OOHC services is another tool used widely to assess Aboriginal carers. Information in the Assessment Manual highlights specific issues relevant to Aboriginal applicants. These include the need to have an Aboriginal assessor involved in the assessment process, and the use of community knowledge by the assessor that specifically related to the assessment process, style and context when assessing Aboriginal applicants. This includes the impact of issues on the assessment criteria used to determine the suitability of Aboriginal applicants to care for children.

6.7 Summary of key messages and common trends: screening and assessment

The following are the key messages and common trends from this section; Screening and Assessment.

- The continuity of process from engagement and recruitment to assessment and post authorisation of foster carers has been identified as good practice across all jurisdictions.
- Lack of adequate funding for out-of-hours services can lead to delays in assessment and authorisation of carers.
- The timeframe from assessment to authorisation varies and can be up to six months and sometimes longer if there are delays in the process. The length of the process can be counterproductive to recruitment and retention of carers.
- There are inadequacies and inconsistencies in the assessment across jurisdictions, and in particular, of kinship carers.
- Many agencies reported unsatisfactory assessment processes that are not sensitive to specific cultures, and in particular, to Aboriginal people in the kinship care assessments.
- Children and young people are being placed before finalisation of authorisation, especially in kinship care.
- The outsourcing of assessments is on the rise and this may present a barrier to the development of ongoing relationships that offer continuity and support to the carer.
- There is a need to ensure that assessment processes are appropriate and effective for carers of Aboriginal children and young people and also to make sure that assessment content such as safety issues, bullying, technology and trauma are included.
- The training of assessors needs to be rigorous and up-to-date in subject content and assessment requirements and consistent with the training and assessment standards and qualifications within the Australian *Vocational Education & Training* (VET) system.
- Agencies noted that it is essential to keep assessors up-to-date with the requirements of assessments and there is agreement that the experiences of carers during assessment are important to retention.
- New trauma-informed initiatives are filling the gaps in assessment tools and processes that have been identified in the literature on trauma-informed OOHC best practice.
- Specific awareness of issues relating to assessing potential Aboriginal kinship carers is essential to sensitively and fairly assess their capability and capacity.
- There is a lack of research being undertaken by the service sector regarding good practice in training assessors.

7. Training of carers

7.1 Key messages from the literature

A summary of the findings on the impact of training on the quality of care and retention outcomes concludes that stand alone training was generally not supported by the evidence in terms of child outcomes or placement stability, and that longer multi-session programs of 10-16 weeks were more beneficial than single sessions. In a comprehensive review of training for kinship and foster carers and adoptive carers that analysed pre-authorisation and post-authorisation training for carers, found that effective training on child and carer outcomes may lie in *individualised* training of carers based on their attachment styles (Everson-Hock et al., 2012; Kinsey & Schlösser, 2012, Festinger & Baker, 2013).

There is promising research of the effectiveness in child and carer outcomes of the training program, KEEP (Keeping Foster and Kin Parents Trained and Supported). KEEP is a 16 week training program, that is derived from *Multidimensional Treatment Foster Care* (now called *Treatment Foster Care Oregon*) and that includes group training as well as a weekly contact with the carer by a facilitator to intervene early on any problems that are encountered by the carer (California Evidence-Based Clearinghouse for Child Welfare, 2013; Thomson, et al, 2016).

In 2010 an evaluation by *Foster Care Queensland* found that training can help to instill or develop competencies and strengths in carers. However, it is essential for carers to firstly have the capacity for self-reflection, a willingness to learn and openness to constructive criticism to develop their skills knowledge and competencies further (Hall, et al. 2010). These capacities are important to test in the assessment process, and are included in the Step by Step 2016 Assessment Tool.

7.2 Study findings

Our study found that training schedules and requirements across jurisdictions and agencies are varied. Many jurisdictions outsource their training or parts of their training to non- government agencies or 'fee for service' professionals for foster care and kinship care. Most agencies provide some form of mandatory training for foster carers following their recruitment and prior to their authorisation as carers. Kinship care training is mostly not mandatory for carers although it is in NSW. However, it is universally accessible and encouraged.

There is significant support for a *common assessment and training framework* that incorporates changes from jurisdictional legislation and to add new knowledge to training schedules such as trauma informed care and the issues surrounding technology and its impact on young people. In addition, multifaceted training is seen as significantly more effective in changing practice as traditional didactic methods (Centre for Excellence in Child & Family Welfare, 2016).

The definitions of what constitutes 'accredited training' varied among agencies. Some agencies described their schedules as accredited as a way of meeting their contractual requirements based on approved training programs by the jurisdictions. Others defined 'accredited training' in terms of accredited qualifications. Currently, the ACT is the only jurisdiction that has *Vocational Education & Training* (VET) accredited qualifications at an equivalent Certificate IV, although Victoria is planning to develop a strategy to enable carers to participate in accredited training programs. The training is assessed and each participant is awarded a Statement of Attainment on successful completion of these units of competency. It is based on four nationally accredited competencies that form part of the Certificate IV.

There are examples of informal initiatives relating to Accreditation. In Queensland, 20 foster parents from the *Foster Parent Advisory and Support Team (FAST)* completed their training in Certificate IV in child protection (2011).

Some important issues were raised by agencies on the training of foster carers and kinship carers. These included:

- Difficulties encountered by carers in accessing training sessions;
- Gaps in training content - carers are asking for training in the areas of grief and loss, disability, and advice for 18 year olds;
- The need to improve carers' capacity;
- Lack of procedural consistency; and
- A lack of robustness in kinship training and how to better engage carers in *meaningful* training.

Online training was considered to be an important part of what is offered to foster and kinship carers, however, agencies noted that it has limitations with regard to building relationships between the carer and other members of the carer team. Another limitation of online training raised by key informants was the view that good practice in training interventions requires providing carers with opportunities to *reflect* on their feelings, emotions and the impact of these on children and their experiences. They felt that online training may not provide the same opportunistic engagement with face to face trainers and carers that can aid reflection.

There have been many positive responses from jurisdictions and agencies to address the above issues. It is not possible to cover them comprehensively in this report however, the following summary provides examples of strategies and programs that have had positive feedback and show promise:

- Agencies are encouraged to develop training at a regional and local level;
- Joint involvement of foster carers in training processes is seen as very positive;
- The sharing of training resources; smaller agencies form partnerships with larger providers.

There are developments in training programs across agencies in Australia that are derivatives of the *Multidimensional Treatment Foster Care* overseas models, such as the US model of KEEP (Keeping Foster and Kin Parents Trained and Supported). The focus in this model is on group learning *and* on the application of knowledge and learning in the home environment (Kinsey & Schlösser, 2012; Leve et al., 2012).

A further example, is a program with the education concept of *Teachable Moment*. This encompasses a series of 'portable snippets' that uses technology to train 'of the moment', and 'on the spot' mentoring. In addition, the program provides a formal structure and provides opportunities to 'compare the ideal vs the reality of the situation' for carers (ACWA, 2013).

Most training programs, however, require face to face learning although a model of a combination of online training and face to face training is increasingly being developed. There is a new generation of carers who can use technology. The use of technology in training has potential to address some of the challenges of meeting the training needs of foster and kinship carers in remote communities. The NT *Territory Families* Department, faces the challenge of providing training to remote communities and this is currently achieved by a 'one shot' training for carers. A two day induction training for all carers is also provided in major centres.

Technology can also address the needs of working families to increase accessibility of information.

7.3 Examples of training programs

Non-accredited training is generally not prescriptive in its content and structure across agencies. However, some training programs are widely used such as *Shared Stories Shared Lives*. In NSW, the Department of Family and Community Services (FaCS) is working with ACWA on the continuing development of *Shared Stories Shared Lives* for training. The 2017 version will be called Shared Lives and is currently being piloted in 20 agencies, and is expected to be released in August 2017. This is a timely process that will reflect the continuing needs of the sector through the inclusion of new evidence based knowledge, particularly regarding trauma informed care. In some jurisdictions foster carers' pre-registration requires the mandatory completion of *Shared Stories Shared Lives* and completion of this training is part of the contractual arrangements with agencies.

Table 2 on the following page provides some examples of the developments and activity in training programs across jurisdictions and agencies.

In summary, our study found that there was significant activity across the sector in providing up to date, evidence-based content in training initiatives and programs for foster carers and kinship carers, however there is very limited evidence on the effectiveness of specific programs for example, on skill levels, competency and retention outcomes. A significant challenge also identified across agencies was how to engage carers in meaningful post-authorisation training.

Key informants noted the impact of training on retention. For example, Anglicare argued that they have some evidence that carers who have gone through their training, the *Restorative Parenting Program*, have stayed longer in their carer roles, averaging around 5 years. At this stage the program has not been formally evaluated.

Table 2: Examples of current training programs

<p>Life Without Barriers has developed a Plain English Training for Carers and Staff in conjunction with Griffith University. This program is to be evaluated on the quality and ‘what works’ in training.</p>
<p>Some developments in Victoria include: online training resources and the provision of better access to accreditation training through a continuum of training and completion Certificate IV as part of their care career progression: exploring possibilities of making training, where appropriate, open to the biological children of carers.</p>
<p>In South Australia, training for foster and kinship carers is conducted by non-government agencies. The training is part of the assessment process, widely practiced across jurisdictions, through the use of <i>Step by Step</i> and <i>Shared Stories Shared Lives</i> (ACWA, 2016). Many agencies include additional training for example, on child safe environments; trauma and attachment; grief and loss and neglect or abuse.</p>
<p>The Victorian DHHS has launched a <i>Learning and Development Strategy</i> for kinship and foster carers that combines the two categories of carers for training. It parallels the initiative that the government has taken with regard to residential care. https://www.fcav.org.au/news/training</p>
<p>In Victoria, Berry Street is has developed “Fostering Excellence” a post accreditation training course that incorporates the core competencies that they identified through their model of care: <i>Reforming the Foster Care System in Australia</i> (McHugh and Pell, 2013). https://training.gov.au/TrainingComponentFiles/CHC08/CHC08_R4.2.pdf</p>
<p>Other programs include the <i>Circle of Security Program</i>, which is a seven week program for carers with children, babies to six years. The feedback from this training is that the results look promising, however, to date the groups have been small.</p>
<p><i>Growing Carer Capacity and Building on Strengths</i> is an ACWA training and support program for workers that aims to empower carers ‘to be the type of carer they want to be’ to support their skills and knowledge and to build on their strengths to develop their learning skills and capacity. This program covers all carer categories, including adoptive parents.</p>
<p>FaCs NSW is trialing a significant training resource <i>Partners in Care</i> which is tailored to teens and young people, and to date has received very positive feedback (FaCS & <i>Fostering NSW</i>, 2016). This new training and support resource was developed in conjunction with <i>Connecting Carers NSW</i>, <i>ABsec</i>, <i>ACWA</i>, <i>FaCS</i> and the <i>NSW Carer Reference Group</i>. Similar to ‘tailored parenting,’ the training is more proactive and supports carers through resources such as the <i>Foster Care Newsletter</i> from <i>Connecting Carers NSW</i>. http://connectingcarersnsw.com.au/</p>
<p>One of the recommendations of <i>Keep Them Safe</i> NSW reforms was to encourage caseworkers to support foster carers and kinship carers at an individual and group level to develop skills and knowledge. This initiative was as a response to the Wood commission recommendations <i>Keep Them Safe</i> (2011) on the provision of casework in OOHC.</p>
<p>In NSW, FaCs provides a yearly report on the training of workers and has found that the number of attendees at the most recent training session (2016), of 55 workers showed an increase since 2013 with positive feedback regarding the content generally, and particularly the use of <i>Caring for Kids</i> as a resource which is now available online. https://www.facs.nsw.gov.au/about_us/news/caring-for-kids-is-now-online</p>
<p>This is a major support and training resource for personnel in NSW that has been updated with trauma knowledge, converted into a website and used widely across NSW. The aim is to have a holistic approach in the market place that meets the diverse needs of providers.</p>
<p><i>Raising them Strong</i> (FaCS NSW) is a specific Aboriginal training program. Recently, FaCS arranged a training workshop for Aboriginal Case Workers as well as non-Aboriginal Case Workers across the state based on this resource. It has been updated to include a separate booklet <i>Raising Them Strong- Health</i> ‘ (July 2016). http://www.community.nsw.gov.au/_data/assets/pdf_file/0007/319768/raising_them_strong_book.pdf</p>
<p>Development of training programs that can be accessed by biological children of carers such as the Wanslea story books and the Berry Street and Westcare training manual, <i>I Care</i> (KIT) on preparing children of families who wish to foster. http://trove.nla.gov.au/work/178742580selectedversion=NBD50774948</p>
<p>Reparative Training and Coaching is also provided by the Alternative Care Clinic at Westmead Children’s Hospital. The clinic provides training for clinicians who are able to deliver the training to foster and kinship carers within their own agencies. The clinic works in partnership with agencies, however it is a limited service and so far 70 practitioners state-wide in NSW have been trained through the clinic http://www.wslhd.health.nsw.gov.au/Redbank-House/Redbank-Services/Alternate-Care-Clinic--ACC----Based-at-Redbank-House--0-18-years-</p>

7.4 Training and children with disabilities

A systematic review (Ziviani, et al., 2012) reported by the Centre for Excellence in Child and Family Welfare pointed out that there appears to be no evidence-based training programs relating specifically to the care of children with disabilities in Australia's OOHC system, although the content relating to the care of children with disabilities in OOHC is partly covered in other sectors, for example, the Certificate IV in Disabilities studies. This systematic review was prepared for the *Quality Improvement in out of home care for Children with Disabilities*, a project in the Barwon area of Victoria. It was found that despite the paucity of specific training programs for carers of children with disabilities in care, some key practices in carer training in the management of complex and challenging behaviours are potentially transferable (Centre for Excellence, 2016).

7.5 Summary of key messages and common trends: training for carers

- There are many variations of training programs and requirements across jurisdictions and agencies and many jurisdictions outsource their training or parts of their training for foster care and kinship care.
- There are gaps in the community services sector in use of training courses that have already been developed in other sectors. Greater effort is required for intersectoral practices and collaboration.
- Online training is an important innovation; however, it has limitations with regard to building relationships between carers and members of the carer team or the capacity for reflective practice.
- Agencies are encouraged to develop training at a regional level.
- Joint involvement of foster carers in training processes is seen as very positive.
- There are differences in how agencies describe 'accredited training'. Some agencies described their schedules as accredited as a way of meeting their contractual requirements based on approved training programs by the jurisdictions. 'Accreditation' means VET accredited training.
- Training of kinship carers in all jurisdictions is encouraged but not mandatory.
- There is a strong focus on pre-authorisation training, although a significant challenge identified across agencies was how to engage carers in meaningful post-authorisation training.
- There has been a significantly increased focus on trauma-informed practice across agencies and jurisdictions in the assessment and training of carers, however it is currently unknown whether carers will embrace the change to trauma-informed training.
- There appears to be no evidence-based training programs relating specifically to the care of children with disabilities in Australia's OOHC system.

8. Support for carers

8.1 Key messages from the literature

There are numerous qualitative studies in the research literature that report on the nature and extent of supports needed by carers to provide quality and ongoing care for a child or young person.

Key findings from the literature point to the key components of support required for carers. These include: proper financial remuneration and allowances; strong relationships developed as early as possible with caseworkers and support workers; exemplary training based on skills and competencies that takes account of the individual needs and experience of foster carers; peer support and team approaches where the carer is directly involved as a part of a team; and increased autonomy and respect of foster carers in the out of home care system.

Three major categories of perceived unmet needs of foster carers were identified in the literature:

- 1) Specific services or forms of support that are either unavailable, difficult to access or in short supply, for example, support from social workers or foster care workers;
- 2) adequate financial assistance; and
- 3) the availability of specialist services and practical assistance to access these services, such as respite care (Thomson, McArthur & Watt, 2016).

The relationship between carers and child protection authorities has been identified as a key element in the support and retention of carers (The Senate Inquiry, 2015, rec 36).

Carer involvement has been found to be critical to success in retention and carer satisfaction, both as a respected part of a team around the child in care, and in their involvement in identifying key issues. This includes being part of the resolution of those issues and influencing policy and practice such as carer involvement in contact (Jamal & Tregeagle, 2013).

Respite care has also been found to be an important factor in the support and the retention of carers. Community-based approaches such as *The Mockingbird Family Model* (North West Institute for Children and Families, 2007), is focused on community-based peer support, and includes integrated respite care offered from the hub home, which offer some predictability for carers and children. It was found that *regular* respite is the most supportive type of respite care. A recent single self-report study (Madden et al., 2016) found that regardless of type of respite service, 92.5% of responding carers (n= 197) reported that respite had made a positive difference to their lives. More specifically, research suggests that *regular* respite is more supportive and plays a significant role in the quality of care and in the retention of carers.

A key message from the literature is that as respite care plays an important role in the retention of carers there is a need to recruit and retain respite carers and specially trained respite carers for children with special needs (Madden et al., 2016). There is evidence that situations following care concerns are a key reason for foster carers leaving care due to the difficulties of the process following an allegation towards the carer and the trauma that it can cause to all concerned (Thomson & McArthur, 2010).

8.2 Study findings

The findings from our study suggest that most agencies and jurisdictions provide a wide range of supports to kinship and foster carers and many agencies have commented that supports at present are better than they have been in the past. These include: casework; financial reimbursements;

respite care; peer supports; community based supports; online information and resources; training and development opportunities; opportunities for caseworkers and carers to train together; and decision-making opportunities, for example, when carers are part of assessment panels and reference groups.

For example, tailored supports can be provided by six regional *Carer Reference Groups* in NSW. Online support is provided through *Foster Forum* on the *Fostering NSW* website and Facebook page and SNAICC has developed an online support to empower carers in their day to day care of Aboriginal and Torres Strait Islander children (<http://www.supportingcarers.snaicc.org.au>). Also, *Winangay's Aboriginal Assessment and Kinship Care Assessment Tool*, although primarily an assessment tool, has been found to help carers communicate with children and young people on a variety of matters and situations.

A resource published by ACWA, *Supporting Carers: A Guide for Out of Home Care Agencies* (ACWA, 2016), emphasised the importance of agencies continuing to develop their support for carers. The Guide was part of *Fostering NSW Recruitment and Retention of Foster Carers Project* in conjunction with the *Centre for Community Welfare Training*. The Guide aims to provide a comprehensive guide for agencies in the face of changes that are taking place in the OOHC sector that will lead to the development and implementation of new models of care, as well as new skills that will be required by carers and workers.

There are initiatives to develop more coordinated approaches to the type of support offered to carers, and there are efforts to identify what a coordinated support package for carers would look like, with the aim of improving recruitment and retention outcomes. For example, FaCS NSW recently conducted a consultation with carers and agency personnel to identify carer needs in the context of support requirements. The aim was to design a statewide multi-agency carer recruitment strategy to enable the sector to have a coordinated and consistent approach to addressing carer needs for better outcomes for children and young people (Second Road Consultancy, 2016).

8.3 Gaps in support

There are many examples of support and training initiatives post-authorisation of carers that show promise. Some agencies stated that foster carers were generally very well supported, however, there was a view that there are gaps in tailoring support for carers. That is, good practice should ensure that information and support are in response to carers needs. It was found that some carers come with a large amount of experience in parenting and they seek more tailored support to fill gaps in their knowledge and skills.

Generally, participants agreed there is a great deal of input and support into the pre-authorisation phase, and assessment phases in assessment and training of carers, however, support tends to drift away post assessment. ACWA has consulted with a number of agencies aiming to change the imbalance in the first year of placement to provide enhanced ongoing case management support.

Most agencies report that there remain gaps in the system of supports for foster carers and kinship carers. These include: adequate financial allowances; *ongoing* capacity for *indepth* casework supports; provision of adequate regular respite care; culturally appropriate assessment and supports; and sustaining training as an ongoing support process. An ongoing support process could facilitate skills and the growth of competencies in foster carers who may be facing new and different placements. A continuous process of support would also have benefits for foster carers in understanding new legislation, operations and practice changes relevant to them.

A way forward has been articulated by a number of agencies to aim for a unified and exemplary model of support. For many years the sector has developed their policy goals to ensure that proper remuneration for foster carers is achieved. Despite these efforts, gaps remain (ACWA, 2013).

Agencies have also responded to the gaps in support for carers by reviewing their processes for involving carers in planning and decision making.

8.4 Support to develop trauma informed practice

There is a clear focus across jurisdictions on raising foster carers' understanding of trauma and supporting them to develop skills and competencies around trauma informed care. In the ACT, the model in *A Step Up for Our Kids* provides a whole continuum of care from early intervention, intensive family support, through to professional care and residential care which is based on trauma informed therapeutic care. Elements of this type of model has been taken up in full or in part in other jurisdictions and reflected in levels of training such as in Berry Street in Victoria and the Australian Childhood Foundation. The Foundation conducts accredited trauma courses at Certificate and Post Graduate Certificate levels for carers and workers, together with non-accredited national general education courses.

The latest editions of both *Step by Step* Assessment Tools and the *Shared Lives* pre-authorisation training have incorporated trauma informed practice as central to the content. In addition, when being trained to use *Step by Step*, assessors must provide evidence that they have a clear understanding of trauma informed practice and are able to provide on-on-one training and support to carers on this topic.

In the Northern Territory monthly foster care groups in Katherine focus on looking at everyday issues and involve clinical therapists working with children in care through trauma informed practice. In alternate months, a selection of topics is presented, such as the importance of 'sensory perception' as a 'soothing process' in the context of trauma informed practice. The session on perception covers knowledge about children's need to touch and their understanding of colour. There is an effort made in these groups to dispel the myths around trauma, for example, that every child has trauma in the clinical sense. This issue has been noted several times in our study that there are unintended consequences in the overuse of terms such as 'trauma'. The language is 'picked up' by both carers and workers, and is sometimes used inaccurately, resulting in disadvantages to the child, wherein *normal* behaviours are labelled as post traumatic.

A further example that reflects the importance of understanding trauma was the Victorian DHHS sponsorship of the International *Child Trauma Conference* in 2016 conducted by the Australian Childhood Foundation and attended by 200 foster carers (<http://childtraumaconf.org/>).

Other observations from participants in our study on trauma informed practice included the need for a systematic approach to the continuum of recruitment and retention that places critical importance on stability for the child or young person. At the same time, recognising that placement itself is a highly traumatic experience and that trauma informed practice should ultimately be about stability for the child or young person.

FaCS NSW publishes a new quarterly newsletter '*fostering our future*' (Fostering our Future, 2016). Topics in the Spring 2016 edition include 'Helping children feel safe after trauma' and some feedback from 'understanding trauma' videos, comprising of three resources. The videos can be viewed on (www.community.nsw.gov.au/trauma).

The feedback from carers on these resources was very positive:

'I feel empowered by it, don't just look at the behaviour you need to know what's behind it.'

'This reminded me I need to be gentle and kind, it's not just about good routines.' (Fostering our Future, 2016).

8.5 Respite care

The literature found that respite care for foster and kinship carers is an essential support service. More specifically, regular respite plays a significant role in the quality of care and in the retention of carers (Thomson, et al 2016).

Our study found that most agencies include some form of respite care in their scope of services. However, this is an area that requires further development in policy and practice as significant gaps were identified. Such as the need for innovative programs to address the support needs of carers through quality respite care initiatives.

Further more, some agencies noted that there is a need to develop respite care models such as community based supports that would be similar to the Mockingbird Family Model. This program is focused on retention aimed at setting up 'satellite family foster carers' who can be supported by a 'hub' home carer and including the provision of support through respite care as stated in the The Mockingbird Hub approach (North West Institute for Children and Families 2007).

The Mockingbird Family Model has recently been evaluated in the UK (McDermid, S., Baker, C., Lawson, D., with Holmes, L., 2016). A key finding was that the Model 'enabled foster carers and children and young people placed with them to develop supportive peer relationships within the wider community and to access one-to-one support from hub carers'.

Some agencies noted that the option to provide respite care in a foster carer's own home should be a key strategy. For example, the ACT 's 5 year strategy for Out of Home Care, *A Step Up For Our Kids* notes that although for many carers respite care is important, many also prefer to keep their child or young person with them to avoid any behavioural issues and to maximise the child's sense of security. As an alternative to 'external' respite, the strategy will enable the provision of additional support to carers to enable a carer to spend 'quality time with a child or young person'. (http://www.communityservices.act.gov.au/_data/assets/pdf_file/0009/682623/CSD_OHCS_Strategy_web_FINAL.pdf).

A number of agencies have experienced that the high demand for foster carers often leads to respite carers being encouraged to provide other forms of care and therefore gaps remain in the provision of options for respite for foster and kinship carers. The Department of Health & Human Services in Tasmania for example, noted the blurring of boundaries between foster care and respite care as a consequence of the scarcity of foster carers.

8.6 Financial support

There is strong advocacy across many agencies for governments to provide additional financial resources for foster carers that would have positive outcomes for children and young people. It has been estimated that funding available to foster carers covers only 40% of the costs of fostering a child (McHugh, 2007). Some of the gaps in financial support have been well documented. Barnardos, for example, noted the following needs: additional 'capacity building' payments in specific geographic regions and care to meet specific needs; age related payments to meet the variations in the costs of caring for children at different ages; and additional compensation for higher living costs in rural and remote areas (ACWA, 2013).

In general foster care, there remains a view about balancing motivation and financial compensation. Many key informants raised the view that financial information about fostering needs to be upfront and that it is essential to inform carers about basic allowances at the earliest point of contact. Additionally, a more open dialogue is needed about solution-focused policies regarding the importance of remuneration for foster carers that does not take away from their motivational aspirations and goodwill to care for a child.

The changes that are taking place (some new and some existing but revised models of care), discussed below, are developed on a continuum of subsidisation and remuneration. This continuum aims to address the needs of carers and children and reflects the financial burden of looking after children who require complex care that costs more than the base payments. As the needs of children who come into care are recognised as increasingly complex, the gap between traditional foster care and professional care is becoming more a continuum of professionalisation rather than a difference in category. The findings from the interviews suggest that across jurisdictions generally it is common to find that carers, if they are caring for children in specialist placements, receive higher subsidies than those not recognised as specialist placements (e.g SA Other Person Guardianship Carers and Specialised Foster Carers). However, it is noted that the threshold to receive these payments has also been raised, as the numbers of children coming into care with greater multiple needs increase.

It is also noted that the therapeutic needs of the child are now funded through a post placement and then annual assessment of needs, rather than through a standard allowance, for example, for specific activities such as sport.

The FaCS *Care Allowances Indexation* provides allowance rates per fortnight for statutory and supported care at three levels, age ranges, and OOHC categories. Significantly, rates are almost identical for all categories of foster and kinship carers with 'contingencies' available that cover one-off payments related to costs incurred, which includes respite care. New indexation adjusted care allowances rates came into effect in July 2016 and include extra financial support categories such as child care and professional therapy (FaCS, 2016). Recently Victoria has rolled out a new framework for carer allowances which has 1 to 5 levels of allowance and a therapeutic loading.

In Tasmania, as in other jurisdictions, the financial payments for cost reimbursements based on Care allowances are the same for both foster carers and kinship carers however; if following an assessment a child is deemed to have special needs, the amount of allowance is increased.

Participants from Queensland identified a significant barrier to being able to fund foster carers and kinship carers for special needs allowances. Carer needs change and the basis of funding can be locked into a particular agency rather than being able to respond to the *current* needs of children in care. The rationale for change in this area is to use the available financial resources *overall* to enhance capacity to address children's needs at an agency level. The aim is to 'unlock the capacity' and to become more flexible in procuring services so that in addition to the general basic subsidy there is provision for flexible support components for children and young people in care.

Nevertheless, the general financial support to the majority of volunteer foster carers has remained relatively unchanged (NSW Office of the Children's Guardian, 2016). The baseline payment of the Foster Care Allowances remain tax free as it is regarded as reimbursements rather than income. Although contingency or other additional payments are not necessarily tax exempt across the country.

The evidence from the literature is clear in that 'adequate' financial support was a significant part of the support package needed for carers to be likely to continue (Colton et al., 2008; McDermid et al., 2012; Sinclair et al., 2004). Financial strain, including late or declined reimbursement for expenses, in

the context of the contemporary needs of the dual income family or the single earner, can be part of the strain that causes carers to leave (Thomson et al., 2016).

Given the importance of this dimension of support, decisions about taking on care under permanent care orders or long-term guardianship or adoption from care may be affected by the financial supports available. The issue of financial support remains a key issue in the attraction and retention of carers across the jurisdictions.

8.7 National Disability Insurance Scheme (NDIS)

Many agencies are involved in discussions regarding the role and potential for children and young people in care to benefit from supports that may be available through the NDIS, both as a potentially new funding source and for the provision of other supports for children with disabilities in OOHC. All jurisdictions have a number of potential funding sources for OOHC costs. In Victoria for example, they include the Department of Health and Human Services (DHHS), and the Transport and Accident Commission.

Our study found that there are varying views about whether NDIS will provide some alternative financial support for children in care who are disabled or with special needs as the eligibility criteria for NDIS is very limited. For example, trauma related needs and mental health issues are excluded from the eligibility criteria. Most jurisdictions and larger agencies have undertaken significant work with NDIS to ensure a collegiate approach on the implementation of NDIS across Australia. However there is still a great deal of uncertainty about how (or whether) it will work in practice and how gaps in service and support will be addressed.

8.8 Casework as support

Case work is a professional service system that is critical in foster care and kinship care, to the engagement, assessment, monitoring and support of children and young people in care, their families and their carers. The casework role differs across agencies and Departments. Not all agencies have *Foster Care Support Workers*, however, where they are employed, the view is that they offer essential ongoing support to the carers and their families. Foster Care Support Teams vary in their composition, responsibilities and focus. In Victoria, for example, funded Community Service Organisations have the responsibility of recruiting, assessing, training and supporting all foster carers. CSO's provide case management where this is contracted. In most jurisdictions, however, with the exception of Barnardos in NSW, the case management of the child is not wholly outsourced and the major case management responsibility rests with the respective Departments.

In kinship care, case management is a critical component in finding family members in recruitment of kinship carers. This can be done, for example, through family conferencing in the early stages of seeking an OOHC placement for a child or young person, and also in finding and authorising an additional family member for respite care. Case workers can provide coaching and mentoring of a carer, particularly in the early days of placement. Coaching and mentoring has been found to be a successful way to stability particularly during difficult periods in care (Miller, Benner et al., 2017). The importance of having separate case workers for the child and the carer was identified as crucial to good outcomes.

All jurisdictions provide case management services for children in OOHC. In-depth, ongoing case work support, however, has been identified by some as a gap in services mainly due to limited resources, particularly following the authorisation of carers. Nevertheless, there are many good practice examples across agencies of support programs that continue well after placement. Some examples include:

- In Queensland the funding of a youth worker to provide direct support to a carer family.
- Therapeutic assessment and planning teams in the ACT undertake a therapeutic plan for all children who come into care. Within the first week or two in care, carers are provided with information about the child and with the involvement of the referral agency, provided with some strategies for managing how they are responding to trauma.
- Barnardos ACT conducts a Carer Support Team Program for *ACT Together* that comprises in part of carers providing peer support to other carers, working together with workers to support carers as experienced peers or mentors.
- In South Australia, the Aboriginal Family Support Services (AFSS) provide support via a caseworker who advocates for the carer with the Department of Communities and Social Inclusion for extra payments, costs etc. They report they have a strong relationship with the carers and can support them as issues arise.
- In Victoria, new funding was announced in September 2015 to provide better support for foster carers. This funding has resulted in five different projects which included the publication of a *Victorian Handbook for Foster Carers* (2016).

8.9 Case management systems

Case management systems are an important part of evidence based practice in OOHC. Case management in OOHC generally provides a coordinated approach to the assessment of needs and care plans for children and young people, the delivery and review of services, advocacy and support to ensure that the child's needs are met. All jurisdictions and agencies provide some form of case management services to children and families in OOHC.

The Queensland Department of Communities, Child Safety and Disability Services uses a *Teamwork approach* in their intensive foster care services informs the way that people work together and the way that children's needs are identified, planned for, and met. The care team comprises the carer (who is the at the centre of the care team), the case worker, support workers such as therapeutic workers and youth workers, other relevant stakeholders and a member of the Department (for example, therapeutic workers, social workers and youth workers): <https://www.communities.qld.gov.au/resources/childsafety/foster-care/intensive-foster-care-program-description.pdf>

ChildStory, which is comprehensive and multi-purpose platform which includes electronic case management and information sharing is being rolled out by FaCS NSW across the state - currently within the department and later in 2017 it is expected to be rolled out to NGOs (see <http://childstory.net.au/>).

Barnardos' Electronic Case Management system *MyStory*, a *Guided Practice Tool for Case Management in Out of Home Care* has been rolled out in NSW and the ACT. The Tool is a cloud based application making it easy to access on multiple devices in any location with an internet connection. A key objective of the new electronic system, is to look at the child or young person's needs in their care context and to identify the actions that are required to promote positive outcomes. This holistic system provides a voice for each person involved in the child's care. It also incorporates best practice by encouraging case workers through conversations, rather than through the tools alone, to become involved with the child and the carer in an ongoing way. (<http://www.my-story.org.au/>).

The system also incorporates new knowledge about the implications of brain development, the effects of trauma and the child's relationships (Elliott & Melbourne, 2014).

8.10 Joint advisory groups

Carer Advisory Groups and Carer Reference Groups play an important role in jointly raising and discussing issues with stakeholders that are important to carers. The *Carer Reference Groups* were set up for carers to be involved in a collaborative and interagency setting with staff from agencies and government to participate and contribute to the service system and are a commonly used strategy across the jurisdictions.

The *NSW Out of Home Care Standards* and the National Standards for Out-of-home-care⁴ 2016, state that authorised carers should be given opportunities to participate in decision-making processes and opportunities for carers to give feedback on the services that are provided by agencies.

The *NSW Carer Reference Group*, for example, which is considered to be a voice for carers, was set up by FaCS and based on these Standards. *The Standards* also underpin the work of the Office of the Children's Guardian in the accreditation and quality improvement of OOH services in NSW.

There is a need to provide different types of support to carers. Aboriginal Family Support Service (AFSS) is trying to set up panels in communities to support the care of children more generally and the panel would assist in identifying 'safe adults'. AFSS is also looking at reinvigorating a 'nannas' group to provide advice around placement of children in community in a crisis. SA is aiming to re-establish a *Carer Panel* wherein carers can identify their needs and discuss particular issues that arise with the Department.

8.11 Allegations / quality of care reports / care concerns

There is concern around the provision of support following allegations, which it is understood cannot be completely avoided in the sector. The area of allegations is a very stressful area for carers and staff and there has been an identified gap in the types of support that are available in Australia. Most situations involving an allegation of abuse in foster care, depending on the severity of the allegation, result in the removal of a child or young person from their carer by the statutory authority. This is often done with little or no information provided to the carer, caseworker or the agency regarding the nature of the allegation. Usually, a separate case worker is assigned to a case where there has been an allegation of reportable conduct in foster care or kinship care.

An internal carer survey conducted by Life Without Barriers found that 20% of carers exited after an investigation. Burnout was also found to be a second major trigger for exiting. Although the survey sample was small (n=34), its findings point to a significant issue that impacts on the retention of carers following reports and allegations and the need to improve supports in the process. The study also found that some carers *should* be exited.

Jurisdictions have special procedures to deal with allegations of conduct or convictions that reflect their respective Child Protection legislation. In NSW for example, *The Ombudsman Act, 1974* covers foster carers and kinship carers and agencies. Jurisdictions also vary in the way that these allegations are handled. The *Carer Support Unit* in SA for example, manages the follow up of the statutory process following allegations and also leads the investigation, if required. Most concerns in other jurisdictions, however, are handled directly by the agencies and depending on the severity of the allegation, each Department's legal section, or by joint police and Departmental teams, such as Joint Investigation Response Team in the NSW and Sexual Assault Care ACT in the ACT.

⁴https://www.google.com.au/webhp?sourceid=chrome-instant&rlz=1C5CHFA_enAU711AU711&ion=1&espv=2&ie=UTF-8 - q=NSW+Out+of+Home+Care+Standards
<https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/kpmg-final-report-national-standards-for-out-of-home-care-2010>

In September 2016, DHHS (VIC) announced a major funding boost of \$19.2m for the support of foster carers. The initiatives included the development of a special A5 booklet, *Fostering Support*, on how to manage complaints and how carers currently make complaints and the specific pathways that are required. This resource includes clarification of appropriateness in complaints processes and information about the new *Charter for Carers, 2015* (<https://www.dhhs.vic.gov.au/news-media/news/more-support-victorian-carers>).

Other support interventions to carers following allegations include:

- A Carer Liaison position established in the ACT, which reports directly to the Executive Director, where further clarification can be sought to help the carer be able to negotiate with the relevant area.
- In the ACT, both foster and kinship carers have access to a specifically funded agency to provide advocacy support to them on carer matters.
- Some agencies throughout Australia also provide carers with access to their Employee Assistance programs (EAP) that are offered to staff providing an independent and confidential service to carers to deal with any carer or non-carer issue.
- In Victoria Community Service Organisations (CSOs) have the responsibility to support carers through 'quality of care' processes. However DHHS will provide this support if there is no CSO involved with the carer. The DHHS is reviewing quality of care processes in Victoria. As part of this project the Foster Care Association of Victoria are conducting focus groups to explore the issues around quality of care reports.
- Most training materials such as FAQ's that are available on agency websites are sources of information for carers regarding the rights of carers and legal implications.

The timeframe from an allegation of concern to a resolution can be very extensive depending on the complexity of the situation or on how the situation is prioritised. Berry Street in Victoria for example, in response to this concern, is developing a 'Memorandum of Understanding' type arrangement with stakeholders, aimed at improving the responsiveness to an allegation and flow of information following an allegation.

8.12 Support for kinship carers

The main support intervention in kinship care relies on the building of relationships by ongoing case work from Departments and agencies. This begins from being involved with a family in finding a family or kin who has a good relationship with the child, to assessment, training and support.

Some agencies carryout similar assessments and training for foster and kinship carers, such as in WA (Wanslea). Although training in kinship care is rarely mandatory, it is universally encouraged. In most jurisdictions and agencies kinship carers have full access to the training programs that are available to foster carers. SA for example, provides *Specific Kinship Care Support Teams* where the child and carer have different Departmental caseworkers.

There are significant support strategies that have been developed across agencies, such as grandparenting groups and Associations. In NSW the *Kinship Support Groups* were identified as providing support for carers with activities such as significant parent/grandparent expos.

Some agencies noted that there is a gap in Australia in the provision of liaison roles, such as the US model of *Kinship Liaison* or *Kinship Navigators* who assist kinship carers to access services, however, these roles may already be incorporated into casework and case management (<http://www.grandfamilies.org/Topics/Kinship-Navigator-Programs>).

8.12.1 Aboriginal and Torres Strait Islander kinship carers

It is now recognised that there are major differences between foster care and kinship care which means a different approach is required to understand the often complex support needs of Aboriginal and Torres Strait Islander families who take on a kinship carer role (McHugh, 2009). Aboriginal and Torres Strait Islander kinship and foster carers require specific interventions and support in the OOHC system. Some agencies view a gap in support for kinship carers, particularly in non-Indigenous agencies.

A key issue was the need to be responsive to Aboriginal and Torres Strait Islander kin's often negative views about and experiences of involvement of statutory authorities due to intergenerational abuse and the 'Stolen Generations'. Our participants stated that Aboriginal and Torres Strait Islander agencies and some general foster care agencies are implementing specific assessment and training programs that attempt to respond to these major concerns through strategies that include the development of specific assessment and training tools (Winangay, 2016; ACWA, 2016) and strategies that deal with remoteness and carers' material needs. For example, the NT *Territory Families* Department is using technology to improve access and resource availability for workers to visit remote centres.

Yorganop, a training and support agency for Aboriginal children across WA for example, has built a 'community of carers' similar to the exemplary US model, *the Mockingbird Hub* approach (North West Institute for Children and Families, 2007).

8.13 Summary of key messages and current trends: support for carers

- There are significant gaps in support systems. The literature has found that these gaps include financial, casework supports, respite care, culturally appropriate assessment and the sustainability of pre authorisation, and post authorisation training as a relevant ongoing support process.
- Carers seek training on topics that meet their needs.
- Not all agencies have foster care support workers; however, where they are employed they offer essential support to the carers.
- Foster care support teams vary in their composition responsibilities and focus.
- A number of agencies have noted that generally, there is a great deal of input and support into the pre authorisation phase and assessment phases in assessment and training of carers however, support tends to drift away post assessment.
- Some agencies stated that foster carers were very well supported generally; however, there was a gap in the *tailoring* of individual support for carers.
- The area of allegations is a very stressful area for carers and staff and there has been an identified gap in support in Australia in this area.
- Carer involvement has been found to be critical to success in retention and carer satisfaction both as a respected part of a team around the child in care and in their involvement in identifying key issues and being part of the resolution of those issues and influencing policy and practice.
- There are many examples of support and training initiatives post authorisation that show promise. E.g podcasts and monthly groups.
- The allocation of a caseworker to a family and the building of relationships early in the process is seen as crucial to retention and to the quality of care provided to the child and family.

- Many gaps have been identified in this area of financial support, which includes capacity building payments for specific areas and in the complexity of care.
- There are initiatives to develop more coordinated approaches to support offered to carers and in particular a greater awareness of the need to know more specifically what a coordinated support package for carers should look like.

9. New models of out-of-home care

Much of the literature focusing on attraction, recruitment, support, supply, and retention has focused on traditional foster care models or has not distinguished between different models of home-based OOHC. With the development of different and new models of care comes the need to adjust the messages for attraction and retention of carers.

9.1 Key messages from the literature

Therapeutic approaches to care recognise the needs of all children in OOHC in relation to trauma and attachment, whether they are part of designated therapeutic (specialist) programs or not. *Therapeutic foster care* is a home-based model of care where children and young people are placed with carers who have special training and skills to meet their particular needs.

The gap between traditional forms of foster care and professional care is becoming more a continuum of professionalisation than a difference in category. The literature review has used therapeutic or treatment foster care as an umbrella term for a number of different types of specialist or treatment focused foster care for the increasing number of children and young people who have trauma related behavioural or emotional problems (Osborn & Bromfield, 2007). These therapeutic programs exist across Australia, including *Take Two* in Victoria, and the *Circle Program* (Frederico et al., 2014) and *Intensive Foster Care* in NSW. International examples include *Treatment Foster Care* (TFC) (Macdonald & Turner, 2008) and *Multidimensional Treatment Foster Care* (MTFC) (Smyth & Eardley, 2008).

The third evaluation of the *Take Two* Program in Victoria found evidence that the Program is making a substantial difference in the lives of children through therapeutic interventions. These approaches involve a focus on children in their environments and include appropriate cultural responses (Frederico et al., 2010).

MTFC is one of the few models of care which has a strong evidence base supporting positive outcomes for children and young people (Shlonsky et al., 2013). These models, with their strong theoretical underpinnings of attachment, trauma and resilience, are influencing more general foster care programs, which do not have the funding for specialist programs (Manley et al., 2014). These models seek to provide care that is matched to a child's needs to achieve good outcomes for the child by providing quality care and to reduce the potential for breakdown of placements and instability.

Professional foster care refers to a model of home-based foster care whereby carers are *employed*⁵ in a professional capacity to care for children and young people with complex needs, who are unable to be placed in more traditional less intensive forms of OOHC. Foster care is becoming more professionalised, both in Australia and internationally, with requirements for standardised training and foster care standards. Under formal professional care models, carers would be paid a salary that is commensurate with their level of skill and qualifications and undertake ongoing competency based learning and development. Carers would have access to or be able to provide clinical services.

Models of professional foster care that take account of the different needs and circumstances of children *and* fulfil the requirements of the above have not been fully implemented in Australia (ACIL Allen Consulting, 2013). ACIL Allen's report also notes some of the issues in designing a professional model of foster care, including: employment and taxation status, qualification requirements; how remuneration is to be calculated; and how 'normal' working conditions can be built into a foster care

⁵ Employed rather than having costs reimbursed.

situation. Also, training programs that are based on knowledge and skills, and with proper remuneration, are well supported by the literature in the development of professional care roles.

A major direction in the reforms of OOHC over the past three decades has been the priority given to the care of children and young people in relative or kinship care and general foster care, rather than large group homes or residential care. However, a small but significant proportion of children and young people continue to live in residential care in Australian jurisdictions (Thomson, McArthur & Watt, 2016).

9.2 Study findings

Currently, there are many demands on the OOHC system, and the main policy objective is to have quality of care that is focused on mainstream volunteer foster care that is trauma informed. In addition, most jurisdictions and larger agencies are exploring policy and practice solutions through different models of care, to the problem of adequately meeting the needs of children and young people. The terminology used across jurisdictions is similar in its meaning although some variations exist as to the blurring of what agencies considered to be treatment foster care, therapeutic foster care, intensive foster care and professionalised care. For the purpose of discussion in this report, therapeutic foster care as a generic term encompasses models of care that are home-based models of care, where children and young people are placed with carers who have special training and skills to meet their particular therapeutic needs.

9.3 Therapeutic foster care

There are an estimated 4% of children and young people in therapeutic foster care in OOHC in Victoria (Centre for Excellence in Child & Family Welfare, 2012). One example of an innovative approach to therapeutic foster care in Australia is the Circle Program in Victoria. *Take Two* and the *Australian Childhood Foundation*, in collaboration with Child and Family Services (CAFS) *Take Two*, *Berry Street* also trains carers to specifically provide ongoing support to other carers.

ACWA's foster care work around the principles and definitions of therapeutic foster care are informing the new contractual arrangements that are currently being commissioned in NSW. Therapeutic Foster Care will likely be included in non-government contracts with FaCS.

9.4 Intensive foster care

Our study found that there is an interchangeable use, at least conceptually, of the terms *Therapeutic Foster Care* and *Intensive Foster Care*, meaning the need and provision of specialised care and supports. The placement of children in an Intensive Foster Care program is generally based on an assessment of the child. In NSW for example, the priority is deemed to be that the child or young person is in need of specialised care and supports at a level 4 in their Child Assessment Tool (CAT) Assessment by FaCS.

The recruitment of foster carers to provide *Intensive Foster Care* or *Therapeutic Foster Care* is practised widely in response to increasing demand for placements of children and young people with special support needs. Some agencies are using targeted approaches for the specific recruitment of carers to provide Intensive Foster Care such as Anglicare in NSW. There are 80 intensive foster care placements supported by Anglicare. The children and carer support needs are generally more demanding, with weekly meetings and multiple appointments required for the child or young person.

Other agencies use general recruitment approaches but with provision for special subsidies and supports. In addition to special subsidies, carers who provide Intensive Foster Care are provided with

special training and respite care arrangements on a case by case basis. In Sydney, for example, Anglicare's main focus is the provision of Intensive Foster Care placements with general foster care making up 75% of Anglicare's contracted placements across NSW. The increased demands for support necessitates that carers are able to provide 'at home' full time care which has implications for who are recruited to this form of care.

Agencies such as Anglicare who provide Intensive Foster Care have stated that there are significant difficulties encountered in matching children and young people together from different families. The capacity of the Program therefore is intrinsically limited. Anglicare's policy attempts to address this issue by limiting to two the number of unrelated children placed in one carer household. The literature supports the placement of only one unrelated child to a carer household to support retention outcomes (Chamberlain & Lewis, 2010). However, the challenges faced by agencies in this context demonstrates the difficulties they encounter generally in the supply of carers for this and all other models of care.

In 2014, ACWA commissioned the Social Policy Research Centre to conduct a study of Intensive Foster Care (IFC) in NSW, which aimed to develop, in partnership with FaCS, a therapeutic foster care framework which aimed to be a sustainable system of care to guide service provision and to improve outcomes for children and young people in statutory care. The study recommended that attention should be paid to carer recruitment, assessment, training and reimbursement, respite care, and matching together with the importance of developing a coherent framework for intensive foster care (McHugh, 2015).

9.5 Professional foster care

The difficulties in recruiting general foster carers, based on the traditional model of volunteers, has provided the momentum to seek solutions to develop professional models of foster care (see Sections 4 and 5 above). Professional foster care is also being seen as an alternative to residential care (PIC, 2015).

However, in Australia, models of professional foster care that fulfil the requirements of international models have not been fully implemented (ACIL Allen Consulting, 2013). Most jurisdictions have undertaken major consultations and reviews focused on exploring the *potential* for introducing some form of professional foster care within their OOHC arrangements. For example, in Victoria, professional foster care reforms have been explored through reports which include '*Reforming the Foster Care System in Australia*' (McHugh and Pell, 2013). A key recommendation in the Victorian Commission for Children and Young People's report 'called for a complete overhaul of residential care recommending the 'professionalisation' of foster care as an adjunct to the volunteer foster care model, as an option to meet the complex needs of children and young people who require OOHC' (Commission for Children & Young People, 2015). In addition, the Commission also conducted a study on professional foster care as an alternative to residential care in an economic context (Inder & Gor, 2014). A review carried out in Queensland in 2012, recommended that the government should investigate the feasibility of engaging professional carers to look after children with complex or extreme needs (Queensland Child Protection Commission of Inquiry, 2013).

Some jurisdictions, including Queensland see the direction for OOHC in hybrid arrangements with elements of Intensive Foster Care, Therapeutic Foster Care, Professional Care models and residential care that, it is argued, would give a greater level of flexibility of care arrangements. In this context, DHHS (VIC) for example, is trialing *targeted packages* that aim to minimise the increase of children and young people entering residential care. This is also the approach of the ACT Community Services Directorate (CSD) where they aim to reduce the number of children entering care in the ACT where individual packages are based on the therapeutic assessment for the child's needs to provide therapeutic interventions and intensive family support programs.

South Australia's Department of Communities and Social Inclusion has also considered the implications of fully professionalised foster care, however, has chosen not to use this terminology. Similar to other hybrid arrangements in other jurisdictions, SA seeks to offer a continuum of expectations and categories of care with higher remunerations based on the complexity of care required. In SA, professional foster care as in other jurisdictions is essentially about higher paid placements and the recruitment of specific professionals such as nurses and social workers for a small number of children with very high support needs. This is a trend that is looking for foster carers who are professionally self-aware and with the necessary knowledge and skills.

Another type of professionalised care is the professional contractor service model which is used for children with high needs. In this model the carers are contracted and are paid a salary together with their own professional insurance facilitated by the organisation to provide full time care.

9.5.1 Professionalised models

Oregon Model

Part of Victoria's 'Roadmap to Reform' policy was the recent introduction of the *Specialised Treatment Foster Care Oregon Model* (October, 2016) in collaboration with Oz Child and Anglicare as the lead agencies. These agencies will be responsible for recruitment and training of carers to deliver the program with government funding of \$1.6 m for the implementation of the trial program. The Oregon model uses professionalised foster carers to provide intensive support for children and young people who experience significant emotional or behavioural problems. The aim is to create 28 new professionalised placements over two years with Ozchild to focus on children 7-11 years and Anglicare to work with young people aged 12-18 years (media release, Minister for Families & Children & Minister for Youth Affairs, Victoria State Government, October, 2016).

PIC Secure Base Model

The *Professional Individualised Care* model of care (PIC) model developed in Germany and the USA, aims to offer interventions in a home environment as a form of intensive OOHC. PIC is a collaborative initiative to establish a professionalised model of care in Australia. The proposed pilot of PIC has been stated as a response to the challenges faced in providing quality residential care generally (PIC prospectus, 2015). A number of agencies in NSW with the lead agency, *Mountains Youth Services Team* (MYST) in the Blue Mountains and German services partners, are piloting the model and partnership agreements were signed in 2014.

There remain a number of barriers to the implementation of a fully professional model, such as regulation of the workplace and recognition of caring as employment. A widely held view across agencies is that issues of taxation, health and safety, industrial awards, and political issues involving the nature of awards for professionalising foster care are problematic if not insurmountable issues. It would appear that it is too early to tell whether the issues surrounding the implementation of this model will be resolved. These issues will need to be resolved if any progress in the direction of professionalised care is to be made.

In practice, however, in some larger agencies, professional people such as social workers and psychologists are recruited for different categories of care: for example, for children with a disability or young people with very challenging behaviours and who require specialised care. This service is not generally regarded as a professional foster care model of care.

9.6 Summary of key messages and common trends: new models of out-of-home care

- There are many demands on the OOHC system and the main policy objective is to have quality of care that is focused on mainstream volunteer care that is trauma informed and therapeutic for the child.
- Most jurisdictions and agencies are exploring policy and practice solutions to the problem of adequately meeting the needs of children and young people in care through different models of care that are looking mainly at types of professional models of care.
- There has been increasing demand for intensive foster care placements. The recruitment of foster carers to provide Intensive foster care is practised widely.
- There are many barriers to the implementation of a fully professional model such as regulation of the workplace. The common view is that issues of taxation, health and safety, industrial awards, and political issues involving the nature of awards for professionalising foster care are seen as insurmountable.
- In practice, in some agencies professional people such as social workers and psychologists are recruited for different categories of care with children with disability or very challenging behaviours and who require specialised care. This strategy is not generally regarded as professional foster care.
- There is a trend to look for carers who are professionally self-aware and with the necessary knowledge and skills.
- The vast majority of agencies across jurisdictions claim to provide some form of respite care for foster carers although it is noted that the lack of carers means that respite carers often become mainstream care providers.
- Gaps were identified regarding much needed innovative programs to address the support needs of carers through respite care.

10. Retention of carers

10.1 Key messages from the literature

The literature review prefaced its findings about support and retention by emphasising the clear message that placement stability maximises quality outcomes for children in OOHC; that carer stability ('retention') is key to placement stability, and 'word of mouth' has been shown to be a most effective recruitment strategy (McGuinness & Arney, 2012; SuccessWorks, 2007). Such word of mouth will not occur if foster carers are not satisfied. Matching of children's needs to carer capacities and circumstances is an important factor in retention. This suggests that retention is linked to the type of recruitment strategies that are used (Thomson, McArthur & Watt, 2016).

There is support in the research literature about the meaning of retention and how success in retention is understood. Retention success may indeed be different for different types of caring models. For example, in kinship care, retention success may mean that the child stays with the family until they reach independence. Retention is a highly desirable outcome based on many factors that include: the necessity to maintain a pool of suitable carers so that children's needs can be properly matched with carers' situations and capacities; and the assumption that the longer a carer continues to provide care, the more likely it is that they provide high quality care. The review highlights that different measures of success are used in the evaluations of family foster care interventions and these do not always include the measures of placement stability and carer retention.

The research literature supports practice knowledge about what factors contribute substantially to carer retention. These factors include:

- Adequate financial support;
- Seamless recruitment;
- Assessment, training, and support during pre and post authorisation;
- Honest and open communication;
- Team work and carers who are respected partners in care and casework and in management of behaviours and provision of support;
- Quality and timely support in times of crises, such as when a child has a significant trauma event or an allegation is made against a carer; and
- Although there is no hard evidence about the effectiveness of training on retention, studies on carer satisfaction report that training is seen as important to carers.

Research into the factors that affect individual carers retention and a carer's decision to stay or leave foster care found that it includes: the level and type of support that is offered; their level of satisfaction generally; health issues and other family circumstances; inadequate financial support; and the breakdown of a placement, for example, following an allegation (Thomson, McArthur & Watt, 2016).

Most studies in outcomes of foster care, measure outcomes for children. There is little research activity on the effect of recruitment and training and support strategies on retention. Two studies that specifically relate to retention in Australia discuss good practice in stability aiming for the improvement in stability in OOHC (Tregeagle & Cox, 2011; Tregeagle & Hamill, 2011). Tregeagle and colleagues found that therapeutic foster care had higher stability rates than those that are reported in the literature.

10.2 Retention initiatives

Some agencies have reported very good 'retention' outcomes as defined by the stability of the placement. For example, in an internal study of placements, Barnardos found a 1% breakdown in *Temporary Foster Care* out of 319 children in care. The evaluation of Victoria's *Circle Program* demonstrated that there were significantly higher levels of retention than those in generalist foster care (Frederico et al., 2014). Barnardos also noted that placement stability and the retention of carers is influenced by the age of the child when entering care - the younger the child, the less likelihood of breakdown of placement. For example, due to this factor in permanent care, it is reported that there is rarely a breakdown in care. A number of key informants reported that in practice, the major reasons why retention is affected through breakdown of placements, is mainly due to issues experienced by the foster carer and their family, such as health issues, and not due to behavioural issues of the child or young person.

Key informants noted the impact of training on retention. For example, Anglicare argued that they have some evidence that carers who have gone through their training, the Restorative Parenting Program, have stayed longer in their carer roles averaging around 5 years. At this stage the program has not been formally evaluated.

There are key initiatives that have been shown to support retention of carers through child placement strategies and through case management. Examples include:

- The *Take Two* program established in 2003, a program for children who have suffered abuse and neglect and who require therapeutic interventions;
- The *TRACK* Berry Street program, *Treatment and Care for Kids* and the *Circle Program*;
- The Circle Program in Victoria aims to provide a caring environment capable of contributing to healing the traumatic impact of abuse and/or neglect through early intervention and providing placement stability for children and young people. Agencies involved included the Salvation Army, and Anglicare who provide 12 therapeutic placements at any one time. It is also a program that was highlighted as an initiative that used a team approach, where the carer is an equal member of the caring team in the context of a therapeutic environment. The findings so far of the Victorian Circle Program are that it supports retention (Frederico et al., 2014).

10.3 Summary of key messages and current trends: retention

- There are known factors that contribute to carers leaving care, such as financial considerations; family issues; and post allegations, which is often not following the investigation process, but as soon as the allegation is made.
- Gaps have been noted on the collation and analysis of carer retention data across jurisdictions.
- There needs to be an increased focus on retention outcomes.
- There are key initiatives that have been shown to support retention of carers through child placement strategies (one unrelated child per carer family) and through case management.
- Higher level training, skills, and competency building enhances carer capacity and retention.
- Australian studies on retention outcomes are rare.
- An area that is of concern to agencies is not particularly the lack of data but the lack of rigour generally across the sector, in the collation and analysis of carer retention data.

11. Current policy reforms that impact on recruitment and retention

There have been many public inquiries in the past few decades in Australia, into child protection and OOHC. Their key messages and recommendations were for stable home based care for children and young people who cannot live with their biological families and for a greater focus on providing a sufficient pool of carers to provide quality and stability for children and young people in OOHC (Thomson et al, 2016; Cummins et al., 2012). It is beyond the scope of this report to map the specific reform activity and the policy developments that have impacted on the changes in recruitment and retention practice. However, the examples in this section provide an illustrative sample of the current policy reform climate across jurisdictions in Australia that are particularly relevant to the recruitment and retention of carers.

11.1 Permanency reforms

As described earlier in this report, permanency refers to ‘permanent care’ as home based care which is under a ‘permanent care order’, or similar orders depending on the jurisdictional legislation, that transfers guardianship to a carer without changing the legal status of the child. Permanent care orders are becoming more widely used in Australia, as a way of ensuring and acknowledging a permanent home for children.

The recent legislative reforms in NSW, for example, and the resulting *Safe Home for Life* policies placed a greater emphasis on permanency planning through early intervention and restoration or guardianship and open adoption (ACWA, 2016). As part of this reform, new NSW *Child Safe Standards* for permanent care have been introduced supporting a dual accreditation process for agencies choosing to provide both statutory OOHC and adoption services (Safe Home For Life, 2014). These reforms have ongoing implications for the recruitment, retention and support of carers as they are focused on transitioning care arrangements away from foster care as a permanency option.

11.2 Transfer of responsibility

Many jurisdictions are changing their contractual arrangements for the delivery of foster and kinship care services from jurisdictional authority to non-government organisations, such as occurred recently in the ACT. In Victoria and NSW, there has been a transfer of responsibility for foster care to non-government organisations by outsourcing long term placements. In contrast, NT does not outsource foster care or kinship care recruitment, training or the case management of children, parents and carers. However, the NT *Territory Families* Department outsources support services to provide support to foster and kinship carers through *Foster Care NT*.

Across the country, reforms that aim to share the responsibility for the recruitment and retention of foster and kinship carers through a change in the contractual arrangements are common. For example, changes that commenced in 2012 in NSW are continuing the transfer of responsibility to the non-government sector for OOHC, including foster care and kinship care assessment, and recruitment and retention.

11.3 Reviews into child protection and out-of-home care: recruitment and retention

A number of jurisdictions are undergoing reviews of their recruitment and retention approaches in foster and kinship care. For example, in SA, an independent *Review of Foster and Kinship Care* by KPMG is in progress. Some of the issues that are being addressed include the possible compression

of the timeframe for assessment and better support for carers that may contribute to a higher retention rate. The SA Department of Communities & Social Inclusion has also made changes to its roles and responsibilities to provide clarity and empowerment to the carers by resetting the *Decision Making Framework* so that carers can make more practical day to day decisions for children such as sleepovers, travel, medical appointments, and health issues generally.

Much of the current reform activity in Queensland has been triggered by the CMC 2012 inquiry. Queensland is in the midst of major OOHC reforms aiming for enabling legislation that is not too prescriptive regarding foster care, but to achieve a greater separation of approach between foster care and kinship care with flexible shared care arrangements such as exists in the ACT. The Queensland Department of Communities, Child Safety & Disability Services also considers that there needs to be continued investment in early intervention and in *Intensive Child Support Teams* and recruitment. This reform process aims to seek opportunities to recruit carers that will meet contemporary needs. Another Queensland review is being conducted by the Child and Family Commissioner on *Assessment Carer and Approval* processes, which is due to be released in 2017.

Some important reviews that have made recommendations for trauma informed OOHC in Australia include: the *Carmody Child Protection Inquiry* in Queensland (2012); the *Senate Inquiry into Grandparent Care* (2014); the *Senate Inquiry into out of home care* (2015) and the *Royal Commission into Institutional Abuse* (2016).

When the current Royal Commission into Institutional Responses to Child Sexual Abuse brings down its final recommendations, it is likely to impact the screening and training of carers in the OOHC context.

12. Discussion

In response to major challenges in recruiting and retaining carers and its impact on the wellbeing of children and young people, this national project aimed to identify the current strategies used across the country to attract, support and retain foster caring families. There is no doubt the attraction and retention of appropriately skilled and qualified carers remains a 'high priority' in response to the ever increasing demand for OOHC placements, and the complexity of the needs of children (ACIL Allen, 2013). This final section identifies some of the key approaches currently being used. It must be reiterated that there may be other strategies being used that have not been discussed in this report, due to what interview participants chose to discuss.

12.1 Recruitment

Agencies across the country who participated in the interviews report they are strongly focused on the recruitment of new carers into the system. There was a definite uptake of marketing strategies/science into recruitment approaches reflecting the need to match children and young people to suitable carers by seeking to attract a wider range of demographic, cultural and family groups, and carers than have previously been involved in foster care. The key message appears to be encouraging people from all walks of life to consider a caring role, as well as targeting particular carers with specific skills for specific children.

Although 'word of mouth' remains an important recruitment strategy, building new relationships with culturally diverse communities and the use of social media to attract younger people are now being used. The use of social media specifically in the development of podcasts and YouTube videos are regarded as effective methods for providing information to different 'types' of potential carers. Developing localised campaigns is also recognised as being needed to reflect different communities.

Participants also reported there was increased coordinated effort between organisations and government agencies, which allows for more funding for statewide campaigns with multi-pronged strategies (e.g. cinema advertising, billboards, TV).

In addition to trying a range of recruitment strategies, agencies are giving attention to the time it can take to respond to enquiries and to complete preliminary assessments. Long timeframes are reported to be a barrier to effective recruitment.

The trends are that agencies are responding more quickly to interest, more individually to particular groups and work towards building on early relationships between potential carers and organisations by recognising the importance of continuity through the process of recruitment.

With the increasing reliance on kinship carers, including for Aboriginal and Torres Strait Islander children, there is the recognition that different approaches are required to find and support kinship carers. Agencies report the implementation of new strategies including the need to utilise more community development approaches for kinship care; the use of genealogies to find family and strengthening the role of responsibilities of Aboriginal agencies in recruitment of carers.

Although some agencies reported that they were attracting more of the 'right carers', there remains limited evaluations in the sector about the outcomes of specific campaigns. The literature points to how evaluations in this area are difficult due to the often extended timeframe from enquiry to the authorisation of a carer, and therefore outcomes from campaigns are difficult to test.

12.2 Retention

12.2.1 Assessment of carers

There are many barriers that may impact on people's willingness and capacity to become foster carers. These barriers include personal, social, and material resources or disadvantage and the long processes that are commonly involved in foster care assessments, notwithstanding the importance of statutory compliance and the safety and wellbeing of the child or young person. There was general support across participants for the implementation of a continuous, connected process that is culturally sensitive and evidence-based in engagement, recruitment, assessment, support, and training as a way forward to achieve best practice.

Considerable effort is focused on improving the assessment of carers, which has seen more attention given to the training of assessors to improve the quality of assessments as well as the development of new tools to assess different groups of carers. However, concerns remain about assessors' training particularly the need for practitioners to have not only assessment skills but content as well, such as trauma informed care, safety issues, bullying, and the use of technology. The concerns about assessors' training has been addressed in the registration and familiarisation process for the *Step by Step 2016* Assessment Tools.

Also in response to improving the quality of assessment, has been the development and roll out of the Winangay training and tools which were developed for Aboriginal kinship carers but are now being modified for other cultural groups to better assess diversity of families and their needs. These innovations reflect the increasing acknowledgement for the need to have different and specific assessment processes for general foster carers and kinship carers, which has led to the *Step by Step 2016* range to be expanded to include a separate tool for assessing relative and kinship carers.

12.2.2 Training for carers

In regard to the role that training of carers has on the quality of care and retention outcomes, it is argued that multi-session programs are more effective than single sessions. Research has found that effective training on child and carer outcomes may lie in individualised training of carers based on their attachment styles (Everson-Hock et al., 2012; Kinsey & Schlösser, 2012, Festinger & Baker, 2013).

Training of carers across the country is still varied, although most agencies require some form of mandatory training of carers prior to their authorisation as carers. Kinship carers are encouraged to complete the available training, although it is generally not mandatory.

There was some support for a common assessment and training framework to be available in all states and territories, which would encourage consistent standards in training. If it was agreed that a need exists for national consistency around carer training, particularly for those carers engaged in therapeutic or intensive foster care, some standardised core training and professional development could result in efficiencies and improvement in service. At present, both larger and smaller jurisdictions are required to invest significantly in training, and synergies could result from standardised training. It is also important to recognise local contextual requirements, conditions and already existing arrangements.

There is further support across jurisdictions for the introduction of accredited training which leads to a Certificate IV. This push for more formal qualifications recognises the importance of high quality training for carers. A number of gaps were identified in the training packages, such as attention to loss and grief, brain development and caring for children with disabilities.

Recently, there has been a strong focus on trauma and understanding the impacts of trauma. This is an important focus, although there were some participants who were concerned that caring for

children through a 'trauma' lens can sometimes be used inaccurately, resulting in disadvantages to the child wherein normal behaviours are labelled as post traumatic.

12.2.3 Financial support for carers

The important issue of financial compensation, as a retention strategy remains significantly unresolved and there are many differences across jurisdictions. Some agencies argue that financial information about fostering needs to be upfront and that it is essential to inform carers about basic allowances at the earliest point of contact. Some new and not so new revised models of care have been developed on a continuum of subsidisation and remuneration, which reflect the financial impact of looking after children who require complex care. As the needs of children who come into care are recognised as increasingly complex, the gap between traditional foster care and professional care is becoming more a continuum of professionalisation, rather than a difference in category.

There is no doubt that adequate financial support is essential to retain carers. Just how these payments should be arranged and their relationship to work entitlements and taxation arrangements remain unresolved. It is argued that moving to a professional care service is seen as one solution to the problem of recruiting and retaining enough carers (ACIL Allen Consulting, 2013; McHugh & Pell, 2013). However, although most jurisdictions have explored the potential of professional models of foster care and have carer categories that receive higher remuneration, a fully professional model is yet to be fully implemented.

12.2.4 Emotional support for carers

Apart from the need to provide proper remuneration for carers to increase retention there it is also imperative to develop strong relationships with caseworkers and support worker. Work is required to ensure carers are directly involved and feel as if they are part of the team, have a level of autonomy and feel respected. The agencies and jurisdictions are aware of the need to provide a wide range of supports to kinship and foster carers and this is an area that participants noted had improved. These include: a stronger focus on casework; the development of peer supports; more easily accessible online information and resources; and increased decision-making opportunities, such as carers being part of assessment panels and reference groups.

Our findings indicate that not all agencies have foster care support workers; however, where they are employed they offer essential support to the carers. Specific carer support workers may be an approach that will better support carers and therefore be an effective retention strategy. It was also noted that although there is generally a great deal of input and support at the pre authorisation, assessment and training phases it was reported that emotional support tends to drift away over time.

12.2.5 Respite care

The supportive role of respite for carers of all types is well recognised. Its important place in the support and retention of carers of children in OOHC is well evidenced from the literature. However, the provision of respite care was rarely mentioned in interviews and requires further attention and innovation to address the support needs of carers. There are some models from overseas such as the *Mockingbird Family Model* that could be considered in the Australia context. There are also some home grown community based models which builds a community of carers and in-house respite that have been noted as potential strategies in providing respite within foster carers' own homes.

13. Conclusion

This study found that jurisdictions and agencies generally, acknowledged that:

- Recruitment and retention activity should be a priority at the agency and the jurisdictional level in policy and practice; and
- A renewed focus and reforms are required in carer recruitment to meet the demands of the increasing number of children needing OOHC placements and to meet their increasingly complex needs.

There is significant national activity in service and program development in recruitment, support and retention of foster and kinship carers.

This activity is mainly focused on:

- Contractual reform;
- Legislative changes that are not too prescriptive but enabling that would change the status quo on how recruitment is conducted in some jurisdictions;
- Development of more sophisticated and responsive recruitment strategies; integration and coordination of recruitment strategies;
- Greater flexibility in care arrangements towards a 'continuum of care'; and
- Reviews and developments of assessment and training tools and practice development.

Jurisdictions and agencies are also addressing the 'struggle' to balance the need for carers who can meet the needs of children and young people in OOHC through an exploration of other models of foster care and kinship care.

The focus of agencies that are aiming to meet the challenges of providing the best quality care for children and young people was exemplary. All jurisdictions in Australia are exploring better ways that foster and kinship care can serve the needs of children and young people. Recruitment strategies, particularly conducted by larger agencies, have been developed over many years and make use of collaborative initiatives such as partnering with Universities and other organisations, to provide the evidence base for many of the current and developing recruitment and retention strategies.

This research project found little evidence of the impact of specific policies and strategies in the area of recruitment and retention and their impact on outcomes for children and young people. However, this report has presented a number of examples of evidence-based practice, such as the development of trauma informed assessment and training programs for foster carers and kinship carers and important projects in recruitment and retention activity in agencies and jurisdictions.

The findings from the study also point to areas for future research that build the evidence base in Australia of 'what works' in all aspects of recruitment and retention of foster and kinship carers. Areas for future research to achieve settled, stable, and safe care for children and young people would also include the impact of: enhanced collaboration across the sector; a more unified approach to assessment and training across agencies; and a greater focus on prevention and early intervention strategies in the OOHC sector.

The sector is well motivated to take policy and practice in recruitment and retention another step towards a more collaborative, cohesive, systematic approach, with greater continuity of process to attraction, engagement, recruitment, and retention of foster carers and kinship carers.

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Appendix 1: Participating non-government agencies and departments

The following agencies participated in the interview stage of the study:

Aboriginal Family Support Services (AFSS) provides a wide range of services in South Australia to families, children and communities.

Aboriginal Family Support Services is a non-government, not for profit organisation that provides a wide range of services across South Australia to help strengthen Aboriginal families, children and communities: <http://www.afss.com.au/>.

Anglicare: Anglicare NSW, NSW West and ACT is a part of national Anglicare agencies that are not-for-profit, non-government agencies that are an alliance of Anglicare services that focus on providing community based human services including OOHC, and child and family services in urban as well as rural and regional centres in Australia: <https://www.anglicare.com.au/>. Anglicare agencies are members of Anglicare Australia.

The Association of Children's Welfare Agencies (ACWA): ACWA is the NSW non-government peak body representing the voice of community organisations working with vulnerable children, young people and their families including children and young people living in OOHC: <http://www.acwa.asn.au/>.

Australian Childhood Foundation (ACF) is a not-for-profit organisation that works by providing a variety of community based services that focuses on helping children who have suffered trauma of child abuse, neglect and family violence: <http://www.childhood.org.au/>.

Barnardos Australia provides non-government, not-for-profit child and family services, OOHC and child protection agency with services in NSW and ACT: https://www.google.com.au/webhp?sourceid=chrome-instant&rlz=1C5CHFA_enAU711AU711&ion=1&espv=2&ie=UTF-8-q=barnardos+australia

Berry Street is a not-for-profit non-government organisation based in Melbourne that offers a variety of child and family services that includes care for traumatised children and young people in foster and kinship care: <https://www.berrystreet.org.au/our-work>.

Centre for Excellence in Child and Family Welfare is the peak body for nearly 100 child and family services in Victoria. The Centre provides public policy and program advice sector training, research and advocacy: <http://www.cfecfw.asn.au/>.

Key Assets is a non-government, not-for-profit foster care agency providing services in South Australia, Western Australia, Queensland, New South Wales, Tasmania and Victoria. Key Assets is part of the international Core Assets Group in the UK: <http://www.keyassets.com.au/about-us/>.

Life Without Barriers is a leading, not-for-profit non-government organisation that provides support services to children, young people and families, people with a disability, older people, people with a mental illness, people who are homeless and refugee and asylum seekers. The organisation works across 300 communities across Australia: <http://www.lwb.org.au/about-us/>.

PeakCare Queensland is a not-for-profit organisation with a membership base consisting of non-government organisations involved in the delivery of child protection, OOHC and related services: <http://peakcare.org.au/policy.html>.

Second Road Consulting NSW is a strategic innovation consultancy agency that helps organisations in service development: <http://www.secondroad.com.au/>.

SNAICC is a not-for-profit, national non-government peak body in Australia that represents the interests of Aboriginal and Torres Strait Islander children: <http://www.snaicc.org.au/>.

Wanslea Family Services WA is a non-government, not-for-profit organisation that offers services statewide, including OOHC and early childhood services: <https://www.wanslea.asn.au/wanslea/about-wanslea/>.

Winangay Resources is a small, NSW based, not-for-profit Aboriginal controlled non-government organisation that focuses on strengthening Aboriginal children and families through the development of out of home assessment, training and support resources to provide culturally sensitive and appropriate tools for use by the whole OOHC sector: <http://winangay.com/about/>.

List of State and Territory Departments

The following Departments nominated a representative(s) to participate in the study:

ACT Community Services Directorate (CSD)

NSW Department of Family & Community Services (FaCS)

NT *Territory Families* Department

Queensland Department of Communities, Child Safety & Disability Services

SA Department of Communities & Social Inclusion

Tasmania Department of Health & Human Services (DHHS)

Victoria Department of Health & Human Services (DHHS)