



Foster and kinship care recruitment campaign literature review

Prepared by Kate McGuinness and Associate Professor Fiona Arney

Centre for Child Development and Education

Menzies School of Health Research

On behalf of the Caring for Kids Consortium

Content

Chapter 1. Introduction	4
Definitions	4
Aboriginal children in the care and protection system	6
Key messages	8
Chapter 2. Characteristics of foster and kinship carers	10
Demographic characteristics of kinship carers	12
Other carer qualities and experiences	13
Social support	13
Hopefulness and problem solving orientation	13
Empathy and deep concern for and love of children	14
Religious faith	14
Cultural strengths in family roles	14
Relationships with children	15
Key messages	15
Chapter 3. Decision making about foster and kinship care	16
Motivations to foster	16
Love of children and wanting to make a difference in a Child's life	18
Providing a safe haven for children who have been abused or neglected	18
Benefits for carers and their families	19
Sense of family obligation and cultural traditions	19
Caring for children with special needs	20
Key messages	21

<i>Chapter 4. Recruitment of carers</i>	<i>22</i>
Limitations of mass media recruitment campaigns	22
Compounding effect of mass media recruitment campaigns	22
Need for targeted recruitment	23
Word of mouth	26
Views of children	28
Key messages	29
<i>Chapter 5. Agency systems to support recruitment campaigns</i>	<i>30</i>
Retention is recruitment	31
Key messages	33
<i>Chapter 6. Issues of recruitment and retention for Aboriginal foster/kinship carers</i>	<i>34</i>
Key messages	37
<i>Chapter 7. Summary of Key Messages</i>	<i>38</i>
Characteristics of foster and kinship carers	38
Decision making about foster and kinship care	39
Recruitment of carers	40
Agency systems to support recruitment campaigns	40
Issues of recruitment and retention for Aboriginal foster/kinship carers	41
<i>References</i>	<i>42</i>

Chapter 1. Introduction

This paper aims to provide background information about the best ways of increasing the number of high quality foster and kinship carers in the Northern Territory by answering the following two questions:

1. **What characteristics of potential carers, children, environments and systems influence decisions to become foster or kinship carers and how might these characteristics apply in the NT context?**
2. **What are the elements of successful recruitment campaigns for kinship and foster carers, and how do these elements translate to the NT context?**

Definitions

Foster care is one form of home based out-of-home care; it is overnight care provided by one or more adults in a private household to a child who is living apart from his/her natural or adoptive parent(s)—these substitute parents are generally called 'foster carers'.

A 'foster carer household' is a private household containing one or more foster carers:

- » **who have undergone the relevant screening/selection and approval process**
- » **who have received authorisation from the relevant department or agency to enable a child to be placed in their care**
- » **for whom reimbursement is available from the State or Territory Government for expenses incurred in caring for the child (there are varying degrees of reimbursement made to foster carers)**
- » **who are part of an ongoing review process.**

The authorised department or non-government organisation provides training to the foster carer before a child is placed with the family, and continuing supervision or support while the child remains in their care. Foster carers can provide emergency, short-term or long term care, and are usually volunteers who receive a subsidy for the child/ren placed in their care. However, some models of foster care (eg those which include a therapeutic element also known as treatment foster care) provide additional remuneration to carers because of the high needs of children and the skills of the carers in these placements^{1 2}.

Relative/kinship carers are family members other than parents, or a person well-known to the child and/or family (based on a pre-existing relationship). Some relative/kinship carers may also be authorised to provide general foster care, which may require additional training and approval processes.

This literature review includes reference only to those relative/kinship carers who have completed the relevant screening and approval processes and have formal kinship care arrangements auspiced by the State or Territory Government³. It should be noted that the report of Board of Inquiry into the Child Protection System in the Northern Territory⁴ highlighted the number of "family way" placements which involve concerns about children and the subsequent placement of Aboriginal children with family members by child protection services, without a current formal agreement with the child's parents. These placements are beyond the scope of this review but the Board of Inquiry noted that concerns had been raised about the "legality and the propriety of this practice and its implications for the adequate care of children" given that the monetary supports, statutory monitoring and legal arrangements that accompany formal kinship placements are lacking^{4, p.331}.

Background Context

In Australia and internationally, there are a growing number of children in out-of-home care^{5 6 7 3}. With an increasing policy focus on placement stability, children are also staying longer in the out-of-home care system. This has limited the capacity for existing carers to care for new children entering the system³. There is a worldwide shortage of foster care placements, resulting in many emergency placements and placement breakdown within a year⁸. This is compounded for sibling groups, children with emotional, behavioural, cognitive or health problems, and children from ethnic minorities¹.

Biological parents of children who are placed in out-of-home care are likely to have a combination of significant mental health problems, alcohol or other drug misuse and family violence⁹. These complex family characteristics, and the use of out-of-home care as a “last resort” in child protection practice, are associated with increasing complexity in the emotional and behavioural needs of children entering care placements^{2 9}. Children entering the care system are therefore likely to have experienced chronic maltreatment and trauma, including prenatal exposure to substances¹⁰, and subsequently, are older, present with more complex needs and are often part of a sibling group^{9 11}.

Research from South Australia with 326 children and adolescents in home-based foster care has found that as many as 60% of children and young people (as reported by carers) have mental health problems above clinical cut offs on a scale of emotional and behavioural problems¹². One in three youth in home-based foster care report themselves as having emotional and behavioural problems above similar cut offs on a self-report scale and 6.7% of these same young people reported making a suicide attempt that required medical attention in the past year¹².

Foster and kinship carers are the “primary front-line service providers” for children in care^{13, p.309}, and the complex needs of children is placing additional demands on carers who are required to have a range of specialised skills to care for children with special medical, social and psychological needs that traditional child welfare and foster care services were not designed to address^{1 2 8 10 14-16}. Unstable placement histories can further compound the behavioural and emotional problems of abused and neglected children and young people entering care¹⁶, with problems becoming exacerbated the longer a child spends in indefinite periods in care.

While infants less than one year old are over-represented in the population of children entering care (in the Northern Territory in 2010-11, children under one comprised 14.3% of children entering care), on the 30th June 2011 they made up only 2.7% of children in care on that day. This is compared with 73.7% of children in care on that day who were aged 5-17 years³. It has been reported that finding foster carers for adolescent children has been problematic in some Australian jurisdictions⁹, although other studies suggest that a number of foster carer households (approximately half) will accept placements of children in their teens but that they are likely a different population to those who wish to provide care for younger children¹⁵.

Over the past five years the number of children in out-of-home care in Australia has increased, on average, 7% each year. Overall, 9,269 more children (an increase of 33%) were in out-of-home care at 30 June 2011 compared with 30 June 2007³. In the Northern Territory (NT) in the same period, the number of children in out-of-home care increased by 38% from 397 to 634, reflecting national trends. While there is limited information available about these children, the NT Department of Children and Families (DCF) reports that it has commissioned a review of children in its care with specific plans to conduct an audit of Aboriginal children. These reports will provide a more detailed profile of the characteristics of these children and their care needs but this information is not available to the consultants to include in this literature review.

Across Australia, a large proportion of children in out-of-home care are placed in home-based care with foster carers or with relatives/kin. During 2010-11 there were 11,163 households that had one or more foster care placements at some point during the year. In the NT, there were 216, representing a very small proportion of foster care households within Australia³.

Among those jurisdictions with available data, a greater number of households commenced foster care than exited foster care in 2010–11. In contrast, in the NT the number of households exiting foster care (128) was greater than those commencing foster care (113).

With the endorsement of the Aboriginal Child Placement Principle* (ACPP) across all Australian States and Territories, there has been a greater recognition of the importance of maintaining a child's connection with family and culture for children who are removed from their birth parents. In practice, this has led to an increase in demand for kinship carers¹⁶. Formal kinship care is the fastest growing form of out-of-home care in Australia^{16 17}. Nationally, during 2010–11, 11,452 households had a relative/kinship placement (for jurisdictions where data were available). Among those jurisdictions, 3,346 households commenced relative/kinship care and 2,133 exited relative/kinship care³. No data was available from the Northern Territory. This growth in kinship care is also in some part related to: increasing numbers of children in care; declines in the use of residential care; decreasing numbers of non-relative foster carers; and recognition of the importance of pre-existing bonds between kin carers and the children placed in their care^{2 16}.

In 2010–2011, there were 384 finalised adoptions across Australia, representing the lowest annual number on record. It was a 7% decline from the previous year and a 66% decline from the 1,142 adoptions in 1990–91. Of these adoptions, 215 (56%) were inter-country adoptions, 45 (12%) local adoptions and 124 (32%) 'known' child adoptions¹⁸. During this period that there were no local or 'known' child adoptions in the NT¹⁸. The long-term fall can be attributed to a fall in the number of Australian children adopted, reflecting the decline in the number of children considered to be in need of adoption and legally able to be adopted.

Only registered married couples are allowed to adopt in Tasmania and the Northern Territory, whereas registered and de facto married couples are eligible in all other jurisdictions, with same-sex couples able to adopt in New South Wales, Western Australia, Tasmania and the ACT. About four-fifths (84%) of local adoptions in 2010–11 could be considered 'open'—that is, all parties were happy to allow a degree of contact or information exchange to occur between families¹⁸.

Aboriginal children in the care and protection system

The Northern Territory is unique in that most (79%) of its out-of-home population were identified as Aboriginal, as at 30 June 2011³. While approximately 30% of the total NT population identifies as Aboriginal¹⁹, the highest proportion of all Australian jurisdictions, this data highlights that Aboriginal children are also over-represented in the NT out-of-home care system.

A number of inquiries and policy developments have focused on the absence of culturally appropriate assistance for Aboriginal children and families (and families from refugee backgrounds) before parenting problems reach crisis point. These reviews and reforms have also noted the increasing role that child protection systems have been expected to play in responding to concerns about children's wellbeing rather than suspected abuse or neglect. Service providers and families in some states and territories are turning to child protection systems for support for Aboriginal children when their concerns could be prevented or would be much better addressed through family support responses. In the Northern Territory (NT), for example, more than 70% of notifications to the child protection system relate to Aboriginal children, and it is estimated that approximately three-quarters of these notifications are deemed to require support other than a child protection response⁴. Similarly, in South Australia it has been estimated that almost 60% of Aboriginal children born in 1991 had been notified to child protection services by the age of 16 years, and more than half of the Aboriginal children born in 2002 were the subject of a notification by the time they were 4 years old²⁰.

¹ The Aboriginal and Torres Strait Islander Child Placement Principle states the preferred order of placement for an Aboriginal and Torres Strait Islander child who has been removed from their birth family. The preferred order is for the child to be placed with: i) the child's extended family; ii) the child's Indigenous community; or iii) other Indigenous people. Only if an appropriate placement cannot be found from the three groups can an Aboriginal or Torres Strait Islander child be placed with a non-Indigenous carer (Lock, 1997).

[†] Throughout this review we have used the term 'Aboriginal' to refer to both Aboriginal and Torres Strait Islander peoples. Where we have used the term 'Indigenous' this is in keeping with original texts from which we have drawn our information.

Childrearing which promotes optimal outcomes for Aboriginal and Torres Strait Islander children can be compromised by a wide range of factors. There is a need to address the multiple and complex needs of Aboriginal and Torres Strait Islander people (eg drug and alcohol misuse, mental health problems and suicide, incarceration, physical health problems and shorter life expectancy, financial concerns, unemployment, social isolation, and community and family violence). Such an approach requires an understanding that these inter-generational problems are a legacy of the impact of socio-political factors such as colonisation, assimilationist policies that included the forced removal of Aboriginal children from their families, racism and discrimination, and the exclusion of Aboriginal and Torres Strait Islander people from paid employment²¹⁻²³. Recognising how these factors impact upon the health and wellbeing of Aboriginal and Torres Strait Islander people and using this knowledge to create approaches to address the grief, loss, trauma and dehumanisation resulting from these experiences, is of the utmost importance.

Aboriginal[†] children are over-represented in the Australian out-of-home care system^{22,24}. As at June 2011, approximately 33% of all children in out-of-home care were identified as Aboriginal³. The number of Aboriginal children in out-of-home care rose by 7.2%, from 11,468 children in 2009-10 to 12,358 children in 2011-2012³. One Australian study which includes a small sample of Aboriginal children (n=38) has reported differences in the care histories and reasons for placement in care of urban Aboriginal children compared with Aboriginal children from rural backgrounds¹⁶. In that study, Aboriginal children from metropolitan areas had a longer history in care and were less likely to be referred to care for reasons of emotional abuse or neglect¹⁶. It is not known to what extent this is also true of Aboriginal children in care in the NT, but these factors should be taken into consideration.

The over-representation of Aboriginal children in the out-of-home care system means that one of the areas of highest demand is for Aboriginal carers⁹. Many Aboriginal carers may also be caring for relatives and non-relatives through formal and informal placements^{4,16}.

The Board of Inquiry report highlights some of the challenges of applying the Aboriginal Child Placement Principle in the Northern Territory context. These challenges include the high numbers of Aboriginal children in care; the high levels of disadvantage experienced by Aboriginal people which diminishes the carer pool; chronic housing shortage and overcrowding in Aboriginal households which also reduces the number of available carers; and cultural practices where a child's cultural background (skin group or moiety) prevents placement with family members of another group⁴.

The establishment of the peak body SAFT and the proposed establishment of Aboriginal Child Care Agencies in Darwin and Alice Springs present opportunities to engage Aboriginal agencies and community members in the recruitment and retention of Aboriginal carers in the Northern Territory. It is imperative that any strategy or campaign to recruit foster and kinship carers work alongside these agencies and that two-way capacity building happens between Aboriginal and mainstream agencies in this sector.

In regard to adoption, in 2010-11 there was a single adoption of an Aboriginal and Torres Strait Islander child in Australia (not specified what jurisdiction this was in). The adoption was a 'known' child adoption by non-Aboriginal parents. Due to the small number of these adoptions each year, it is difficult to identify trends in the number of adoptions of Aboriginal and Torres Strait Islander children¹⁸.

Key messages

- » **Internationally, there is a growing number of children in out-of-home care**
- » **Children entering the care system are likely to have experienced chronic maltreatment and trauma, including prenatal exposure to substance, are older, present with more complex behavioural and emotional needs and are often part of a sibling group**
- » **Finding foster carers for adolescent children has been problematic in some Australian jurisdictions**
- » **Across Australia, a large proportion of children in out-of-home care are placed in home-based care with foster carers or with relatives/kin**
- » **Formal kinship care is the fastest growing form of out-of-home care in Australia due to a greater recognition of the importance of maintaining a child's connection with family and culture for children who are removed from their birth parents**
- » **Over-representation of Aboriginal children in the out-of-home care system means that one of the areas of highest demand is for Aboriginal carers**
- » **In the NT in 2010-2011:**
 - the number of households exiting foster care (128) was greater than those commencing foster care (113)
 - most (79% of the out-of-home population) identified as Aboriginal
- » **The establishment of the peak body SAFT and the proposed establishment of Aboriginal Child Care Agencies present opportunities to engage Aboriginal agencies and community members in the recruitment and retention of Aboriginal carers in the Northern Territory.**

Chapter 2. Characteristics of foster and kinship carers

The Australian Institute of Health and Welfare³ has only recently included carer data in its annual reports on Australian child protection systems. This information is limited to the number of foster and kinship/relative carer households, the number of children in placements within those households, and the number of foster and kinship/relative carer households commencing and exiting foster and relative/kinship care. On the 30th June 2011, there were 135 registered foster carer households in the Northern Territory, the majority of which (79 out of 135) had only one child placed in that household³. As discussed earlier, in the NT fewer foster carer households commenced caring for children (113) than exited foster care (128) in 2010–11.

For the Northern Territory, there is no data available about relative/kinship carer households for the 2010–2011 financial year, except that of the 531 children in home-based care on 30 June 2011, 106 were placed with relatives/kin, 261 were in foster care and 164 were in other home based care arrangements (presumably with care providers who were not relative carers and were registered with an agency other than the statutory child protection authority).

While the total number of Aboriginal carer households in the Northern Territory is unknown, of the 496 Aboriginal children in the Northern Territory in out-of-home care on the 30th June 2011, 114 (23%) were placed with an Indigenous relative/kin, 52 (10.5%) were placed with another Indigenous caregiver, no children were in a formal placement with a non-Indigenous relative, and the majority of Aboriginal children (66.5%) were placed with a non-Indigenous carer. This is the highest rate of placement with non-Aboriginal carers in any jurisdiction in Australia³.

While the number of children placed with Aboriginal and non-Aboriginal carers is known, there is no detail about the characteristics of foster or kinship carers in the Northern Territory, and we must draw on the Australian and international literature for this detail. It is not known to what extent this literature will be applicable for the Northern Territory, given its unique geographic, demographic, political, social and historical context.

Demographic characteristics of foster carers

Studies from Australia, Canada and the US identify that foster carers and carer applicants are more likely to be:

- » **female (92% of primary carers were female in a large Australian sample)**
- » **white**
- » **married in a two-parent household**
- » **earning a mid range income**
- » **without post-school education**
- » **in a household which has one person in the house in paid employment**
- » **aged between 35–54**
- » **parents of their own birth children**
- » **in homes with underutilised space, and**
- » **wanting more children** ^{2 9 13–15 25–28}

Wilson and colleagues²⁹ have noted that although the population of foster carers is often cited as being predominantly female, this may be because households are often asked to identify a “main carer” for children, and there are often other carers in the household such as fathers, same-sex partners, siblings and others who provide important support in both decision-making about becoming a carer and in the caring role itself.

Disadvantaged areas tend to have higher rates of fostering than more advantaged areas, most probably reflecting regional variation in the demand for carers and links between carer networks²⁸. The average number of children being fostered by carers is increasing. Studies of carers in other Australian jurisdictions have reported that the majority of carers foster one or two children, but up to one third foster three or more children². Licensing and registration requirements in jurisdictions may limit the pool of potential foster carers, for example, carers may be required to possess certain skills and resources such as having experience or knowledge about child development or having financial resources or space in the home to accommodate a child⁸.

While most foster carers are in couple relationships, the proportion of single foster carer headed households is increasing in line with demographic trends, as is the average age of foster carers which is consistent with delays in family formation¹². Higher education and income status increases the resources available in the carer role¹⁵, and a lack of economic resources has been linked to the maltreatment of children in care placements¹³. Having reduced other responsibilities (eg having one parent in the home without paid employment commitments) can provide extra time for fostering, which can help maintain the caring role^{15,30}. The time costs of fostering have been estimated to average an additional three hours per day compared to the care of non-fostered children and the discrepancy was reported to increase as children reached school age¹. This additional time spent caring for foster children is provided in the form of emotional and psychological support, which was recognised as both extensive and intensive for school-aged children¹.

Many foster carers believe that due to the training and skill level required in being a carer, caring should be either semi-professional or professional¹ (86% compared to 13% who thought it should be voluntary). Those who work in the helping professions (teachers, nurses, child care workers, social workers) have training which can assist with children’s care needs and the everyday demands on carers. People in these professions may be specifically targeted for children in the care population with special or complex needs^{15,31}, or may self-select as carers because of their work related experiences. In some studies carers in these professions have constituted as much as 42% of recruited foster carers undertaking carer training¹⁵.

In a report published in New South Wales using 2001 census data a higher proportion of single foster carers are Indigenous (16.1%) compared with couple foster carers (6.7%)⁹. Aboriginal foster carers compared to non-Aboriginal carers are more likely to live in public or Aboriginal housing, to live with extended families, to have more children in their care and for these children to include sibling groups¹⁶. They are also more likely to live in geographically remote locations which makes the provision of carer support particularly difficult and methods to support this need to be explored¹⁶.

Research from the US has highlighted the privileges that being white contains within English-speaking societies – as described by McIntosh 1998, p.9 as cited in^{15, p.29-30} whiteness conveys “an invisible knapsack of special provisions, assurances, tools, maps, guides, codebooks, passports, visas, clothes, compass, emergency gear and blank checks”. In care and protection systems, these cultural tools help foster families navigate the maze of processes, bureaucracy, forms and legislation, and assist them in advocating for children within predominantly mainstream systems¹⁵.

Demographic characteristics of kinship carers

Fewer research studies have examined the characteristics of kinship carers. Research from Australia, Canada and the US illustrates that the profile of kinship carers is that, in stark contrast with non-relative foster carers they are more likely to:

- » **be grandparents,**
- » **be from minority ethnic backgrounds**
- » **be single**
- » **be older**
- » **be poorer and in greater economic difficulties**
- » **have less formal education**
- » **be in poorer health than foster parents**
- » **live in poorer accommodation with overcrowding, and**
- » **may be more likely to be working** ^{2 8 17 23 30 32 33}.

One study which had a particular focus on the experiences of Black aunts who were kinship carers in the US ³² included 35 participants:

- » **66% were unmarried,**
- » **two-thirds had their own biological children in their home,**
- » **almost two-thirds were caring for more than one niece or nephew,**
- » **in a quarter of cases they were caring for great-nieces and nephews,**
- » **90% of the participants were employed, and**
- » **most had at least some post-school education.**

The working, single-parent status of many kinship carers who are caring for multiple children has implications for the availability of childrearing resources and supports available to them. For example, kinship carers are more likely than foster carers to require childcare but are less likely to be able to access or afford it ³³. Further, because of their age and financial status (and related transport problems), kinship carers may be isolated from others in the community ³³, even though they may be recognised as the “strong women” in the community taking on many caring responsibilities ³². The recognition that many kinship carers are grandparents has implications for service delivery and support to these carers ². It should be acknowledged that many grandparents are caring for their children outside of formal arrangements with statutory authorities, although there is very little research on this.

Other carer qualities and experiences

While the Australian and international literature describes the demographic characteristics of foster and kinship carers, far less is known about the qualities of foster and kinship carers which support high quality placements for children. Drawing upon resource theory, social exchange theory and resilience theory, a number of authors have suggested that factors such as social and financial supports, positive coping mechanisms and positive psychological functioning are most likely to be associated with a willingness and ability to provide high quality care, particularly for children with emotional and behavioural problems, and the likelihood to remain a carer^{15 26}.

In studies examining the number and type of resources (love, services, goods, money, information and status) available to carers and their likelihood to foster children with special needs, the cumulative number of resources, rather than any individual type of resource, was the best predictor of willingness to foster children with different needs¹⁵. Foster families with more resources may be more willing to foster children with emotional and behavioural problems, as they may be better able to cope with the day to day challenges faced by these children¹⁵.

In a large Australian study of 1098 participants recruited through an online research panel and who were not now nor had ever been foster carers, people who sought information about caring or who were intending to apply as carers were more likely to have high social support from friends, were higher in empathy, hope and positive problem-solving orientation²⁶.

Social support

Social support helps people to cope with stressful life events and adapt to crises, and provides additional guidance and support in the care of children, as well as additional resources to draw upon in the care of children^{15 26}. Social support from friends rather than family was found more likely to predict intention to foster care²⁶, but having a cooperative marriage has also been linked to successful fostering as it can provide support and enhanced problem-solving in the caring role^{15 26 30}. For both married and single carer families, the support and cooperation of other family members has been identified by foster and kinship carers as important in promoting successful fostering³⁰ and may augment the formal supports provided by care agencies¹⁵. Of foster carer applicants in the US who participated in a study conducted by Cox and colleagues¹⁵, more than 80% of respondents reported having social support from family and social support from friends.

Hopefulness and problem solving orientation

Hope gives a sense of agency, self-efficacy and assists with goal-directed behaviour. The focus on the future which is associated with hope, assists in coping with challenges that are presented to families in caring roles²⁶. Hope is one of the most reliable predictors of intention and interest in foster caring²⁶ and may mobilise people to achieve their goals. Problem solving orientation – which includes flexibility, consistency, and being organised – is also associated with successful fostering^{26 30}.

Empathy and deep concern for and love of children

Empathy is important in the development and maintenance of relationships, and is associated with prosocial behaviour and the desire/belief that one can make a difference in a child's life²⁶. Having a deep concern for children is a factor identified with both motivations to foster and with successful fostering³⁰. While many carer applicants report empathy as a motivator for fostering children, the importance of screening carers for these characteristics has been identified by research which demonstrates that as many as one-quarter of carer applicants undergoing training have scores in the undesirable range regarding empathy towards children's needs. As many as one in two couples applying to become foster carers have three or more problems in psycho-social functioning, and one in ten women and almost one in five men had scores in the undesirable range for developmental expectations of children¹³.

Religious faith

The potential role that religious faith may play as both a characteristic of carers and source of support in the caring role comes predominantly from the US. Studies from Australia have either not explored this characteristic or have not found any effect of religious faith on the willingness for people to become carers e.g.,²⁶. It is suggested that for some kin and foster carers, caring for children other than one's own may be an expression of religious values^{15,26} Buehler as cited in^{30,32}. Similarly, religious faith may provide access to additional informal social supports and a community of carers if recruitment of carers occurs through religious organisations⁸. This is also true of recruitment which could occur through other community-based organisations, groups and service clubs. Religious faith can also sustain foster carers in their role as it provides a sense of purpose and spiritual wellbeing¹⁵ Buehler as cited in³⁰. In one US study, more than 80% of foster carer applicants undertaking training belonged to a place of worship¹⁵ although Tyebjee³⁴ found that religious ideology was unrelated to attitudes or willingness to foster in a sample of US prospective carers.

Cultural strengths in family roles

Family is the cornerstone of Aboriginal culture and spirituality. Family is more broadly defined in Aboriginal communities, including both the 'mainstream' concept of extended family and others within the community who are considered to be family. Distinctions between close and distant relatives are often not seen as important. An Aboriginal family is thus a large group of people to provide support for children for life (SNAICC, 2005)^{23, p.6}.

In collectivist societies, compared with individualistic societies, the role of childrearing is shared across multiple caregivers, and while early attachments are often formed with a single caregiver, there may be many mothers, fathers, brothers, sisters and grandparents in the child's life who have a responsibility for the child's physical, emotional, mental and spiritual wellbeing. Kinship caring may be more normative in families from collectivist cultures, and kinship care placements may build upon the already strong relationships with kin carers that exist in these families. Black aunts have similar roles to mothers and share care and responsibilities for their nieces and nephews with their biological parents³², and these responsibilities are passed down through generations. However, the Board of Inquiry into the Child Protection System in the Northern Territory highlighted the importance of being alert to children who may slip through the "usually effective extended familial support networks that operate in most Aboriginal communities. Some children may be looked after in a basic fashion but not provided with the love and care they need"^{4, p.260}.

Relationships with children

Having a birth child of similar age to the child/ren being fostered has been seen as a factor promoting successful caring³⁰ as parents may have more reasonable expectations and greater flexibility regarding children's behaviour¹⁵. For kinship carers and some foster carers, having previous knowledge and attachment to the child in their care was seen as a factor important in the success of the caring experience³⁰. This was seen as providing continuity for children and making it easier to provide nurturing bonds.

Key messages

- » **On the 30th June 2011 in the NT:**
 - there were 135 registered foster carer households in the NT, the majority of which (79 out of 135) had only one child placed in that household
 - there were 496 Aboriginal children in out-of-home care with the majority (66.5%) placed with a non-Indigenous carer
- » **There is limited detail about the characteristics of foster or kinship carers in the NT hence the need to draw on Australian and international literature**
- » **Licensing and registration requirements in jurisdictions may limit the pool of potential foster carers**
- » **While most foster carers are in couple relationships, the proportion of single foster carer households is increasing**
- » **Many foster carers believe that due to the training and skill level required in being a carer, caring should be either semi-professional or professional.**
- » **People in 'helping professions' could be specifically targeted for children in the care population with special or complex needs**
- » **Kinship carers may be isolated from others in the community, even though they may be recognised as the "strong women" in the community taking on many caring responsibilities**
- » **Foster families with more resources may be more willing to foster children with emotional and behavioural problems**
- » **Having the social support from others, particularly friends, helps in making the decision to become a carer and to continue caring, provides more resources and helps with problem-solving.**

Chapter 3. Decision making about foster and kinship care

Reasons for caring for a child other than one's own (foster or kinship caring) may occur for a range of reasons²⁶. While some people may be both foster and kinship carers, the foster and kinship carer populations often have different characteristics including the circumstances surrounding the decision to care for a child/ren on a care and protection order¹⁶. For foster carers this is a planned decision often made after a period of consideration (more than 12 months and sometimes many years), with potential carers taking part in assessment, training and registration activities, and/or waiting for changes in life circumstances to enable them to be able to devote the time and resources required to caring for children³⁵.

For kinship carers, the decision to care for a niece, nephew, cousin or grandchild may not be a conscious decision (that is, carers may not be formally "recruited" as such) and may be made over a much shorter period. This decision-making could happen very quickly, for example, when a potential kinship carer is made aware by child protection services that a child related to them needs care; when families themselves remove a child from an unsafe situation; or when "a friendly weekend turns into a lifetime"^{17,32, p.9}. On the other hand, children may have been in the care of kinship carers for quite some time before the placement becomes formalised through an order or arrangement with the statutory authority^{16,32,33}.

For kinship carers, the lack of time in preparing for the decision to be a carer can be a source of significant stress and the decision to care may be associated with a sense of obligation and guilt^{16,30}. Until the placement of the child, kinship carers may not have had any involvement with the child protection system, with assessment, training and registration processes potentially taking place after the child has been in their care for some time, or not at all^{8,16,33}. It may be perceived as patronising or insulting to expect grandparents to undertake training to care for their grandchildren. If kinship carers have not made an active choice to care for the child in their care, they may not feel that they need to be held accountable to care and protection systems for the care that they provide⁸ and system involvement may be seen as an unwanted intrusion in their lives. Similarly, for Aboriginal kinship carers, different parenting beliefs, values, behaviours and customs of Aboriginal care systems may come into conflict with mainstream child protection systems, as both have different views about the behaviours and attributes that constitute high quality care for children⁸.

While decisions to care for children may differ between foster and kinship carers, there is also likely to be considerable variability within these two groups— for example, the motivations of professional foster carers compared with voluntary foster carers may differ, and the factors influencing decision-making by grandparents may be different to those made by aunts and uncles^{8,32}. Thus there is considerable heterogeneity within and between carer groups.

Motivations to foster

While the data indicates a current crisis in Western out-of-home care systems, research indicates there is no shortage of people interested in foster care³⁶.

In a sample of 1098 Australian adults who had never been a carer before, 31% had considered being a carer. Both for those who had considered being a foster carer and for those who had not, the main reasons they did not

become a carer were that the opportunity had not presented itself and/or no-one had ever asked them to, personal circumstances and competing commitments, and the magnitude of making that sort of commitment to a child³⁵⁻³⁷⁻³⁹. In the survey, 45% indicated they would consider becoming a carer in future, with 38% considering becoming long-term carers. However, many did not see themselves taking action to become a carer within the next 12 months but as something they might do in the next five years.

More positive attitudes towards foster care are shared by those who have familiarity with foster care including personal experience of knowing someone who had been in foster care³⁴. Fifteen percent of the sample indicated that it was very likely, and 32% somewhat likely, that they would seriously consider fostering or adopting children at some time³⁴. Gay and lesbian respondents showed a higher than average willingness to adopt or foster children in a US survey sample³⁴.

In Australian and US samples, when compared to those who would not consider becoming a foster carer, those who would consider it were more likely to be under 45 years of age, be working full or part-time, to have never married and have no children of their own³⁴⁻³⁵. However, those who intended to take some action about caring in the next 12 months were more likely to be over 35 years old, working part time, and married with their own children³⁵⁻³⁸. This is more consistent with the demographic characteristics of those who are foster carers⁹, and with research which suggests that most people who become foster carers have considered it for some length of time, consistent with delays in family formation³⁸.

Motivation theory suggests that there are factors within the individual such as values and beliefs, and those external to the individual such as rewards which will motivate a person to take a course of action. Motivators identified in the foster and kinship care literature identify intrinsic motivators such as altruism, wanting to replace children who have left home, wanting to adopt children, responsibility for the care of a relative and religious obligation³⁹⁻⁴⁰. External motivators may include wanting to supplement income⁸⁻¹⁰⁻¹⁴⁻³⁰⁻³⁵.

While many people may be motivated to be foster carers, some potential carers will remain untapped unless they are supported to overcome structural difficulties (eg poor housing conditions, poor food security)⁸. The NT Board of Inquiry was consistent with international literature, strongly highlighting that while Aboriginal carers may want to take on role of caring for a child, overcrowding, community dysfunction and financial hardship act as barriers to eligibility for both kinship and foster carers, particularly in remote communities⁴. It is worth noting that DCF is currently in discussions with the Department of Local Government, Housing and Regional Services about the possibility of prioritising new houses in remote communities for foster carers⁴¹.

Kinship carers may be assessed on their ability to provide care, rather than their capacity to acquire the skills or provide the required environment for a child⁸. In many jurisdictions there is the sense that kinship carers living in poverty should be paid for caring for kin, but that a certain standard of care needs to be reached before they can be paid⁸, which results in standards being compromised or payment not being made. McHugh^{17, p.39} noted that in responses from the NT, the assessment of carers was described as running parallel to casework with families, and has a focus on 'enabling' rather than simply 'approving' carers. However the Board of Inquiry highlighted that there was a significant standards gap between kinship and foster care placements and recommended that this 'enabling' principle be included in detailed practice guides about kinship care recruitment, assessment, support and training⁴. The involvement of Aboriginal workers with appropriate knowledge and experience of the child's background is crucial in "identifying and including family members with appropriate responsibilities and relationships to the child" and assisting the department to understand family politics and customary law to reach an agreed decision with the family^{17, p.40}.

Research demonstrates that in studies of potential foster carers and people who are currently caring for children other than their own, some of the most salient motivators for fostering children are child-focused considerations such as making a difference in a child's life, helping a child in need and providing a positive family experience⁹⁻³⁴.

Love of children and wanting to make a difference in a Child's life

Many carers identify a genuine love and enjoyment of children as a reason to become a foster carer^{9 25 29 35 40}. In the Canadian study by Rodger⁴⁰, more than 90% of carers identified wanting to provide a loving home for children as a reason for becoming a carer. The ability to provide a loving home has been identified as a source of satisfaction for foster and kinship carers¹⁷.

Both foster and kinship carers report that wanting to make a difference in a child's life as one of the main reasons for becoming a carer^{9 26 32 42}. More than 90% of a large sample of Australian adults who had not fostered before identified "I want to help children get a better start in life" and "I think I could change a child's life for the better" as reasons for considering foster care³⁷. Carers' expectations in this regard are often met, with carers often describing one of the key rewards of kinship and foster caring as being able to contribute to children's social and emotional development^{9 25 30}.

Providing a safe haven for children who have been abused or neglected

Both in kin and foster care, "rescuing" children from their previous environments and providing stability to children and young people were key reasons for caring for children and young people^{32 35 40 43}, and seen as rewards of the fostering process^{30 37}. The reason "it would give me the chance to help a child in need" was identified most often (by 95% of respondents) as a reason to foster a child or young person by potential foster carers in an Australian study³⁷. A smaller, but still large, proportion of respondents in that study identified "I would like to save children from a bad future" (79%) and "Because I feel sorry for these children who are born into bad situations" as reasons for considering foster care. These results are similar to those of a Canadian study of 643 respondents which identified that almost 90% of carers became carers because they wanted to save children from further harm⁴⁰. It is important to note that potential kinship and foster carers may have their own experiences with out-of-home care, through having been placed in care themselves or through the care of relatives, and the prevention of further harm to children may be a potent motivator for these carers^{23 39}.

While the desire to protect children who may have experienced harm is a strong motivation for carers, research shows that first-time carers may not be wholly prepared to care for children who demonstrate severe emotional or behavioural problems as a result of their abuse or neglect. A longitudinal study in the US of 142 foster carer applicants recruited during pre-service training¹⁵ examined the willingness of carers to care for children with different types of emotional and behavioural problems. Respondents more frequently reported willingness to foster children who displayed behaviours such as bed wetting, trouble behaving in school and being withdrawn. Respondents were less willing to foster children with behaviours such as fire setting and other destructive behaviour and sexual acting out, although they were willing to discuss the placement of such children in their care. Those willing to foster such children were more likely to have children placed with them within 14 months after assessment.

Benefits for carers and their families

The next most common reasons for considering fostering a child relate to potential benefits for the carer or their family such as being able to demonstrate positive qualities like love, unselfishness and caring^{32,37}, and obtaining something from the experience and expanding or starting a family^{34,9,11,14,25,37}.

Many potential carers report that obtaining joy and experience from the role would be a strong motivator to become a carer³⁵. For example 91% of respondents who had considered fostering children identified "it would be a very satisfying and rewarding thing to do"³⁵. The enjoyment of the role, sense of fulfilment and connections to children in their care are associated with the retention of carers in the care system⁹.

While often suggested as a potential motivator for caring, Australian and Canadian studies indicate that financial motivation and potential financial barriers play a very small role in decision making around the intention to become a foster carer^{9,25,26,40}. Other factors such as competing commitments and lack of opportunity play a greater role³⁵. For many carers, the level of payment is not a motivator to provide care, but has been associated with sustaining and retaining professional carers when faced with children with highly complex or challenging behaviours^{8,40}.

Colton and colleagues identify that intrinsic and extrinsic motivators are not necessarily in opposition, and that "If we believe that love and money can complement each other, we might embrace applicants who would financially profit from the venture, while still taking steps to ensure that the 'love' component is actually present"⁸.

Sense of family obligation and cultural traditions

As identified earlier, kinship carers may feel that they have little agency or control over the decision to care for the child of a relative, given that there may be a real sense of urgency associated with the placement and significant family obligations. The child may be living in a crisis situation (eg due to parental drug or alcohol misuse, abandonment, chronic neglect, parental mental illness or incarceration, pending child placement in foster care), which prompts action on the part of the relative carer.

Kinship carers have described themselves as the "kin keepers within their families"^{32, p.13}, providing a secure base for family members and taking care of many family members. Studies of grandmothers, aunts and other kinship carers have identified that decisions to care for kin are prompted by a sense of duty or obligation to meet the needs of children within their families, to preserve their families by keeping children out of non-relative care, and a legacy of shared care giving within families (in addition to other child-focused motivators)^{16,23,30,32}.

These family obligations may also be gendered with expectations that women within the family will take on caring responsibilities³². "Decisions to parent nieces and nephews are grounded in cultural traditions and gendered expectations of the roles within Black families that are inter-generationally transmitted through women-centred networks"^{32, p.14}. As an Aboriginal respondent in a recent study by Kiraly and Humphreys^{23, p.20} highlights "You're raised that way. When you're an oldest girl you're given specific obligations, and that's your obligation, that's your duty as the older person within that kinship group".

Preserving children's identity (including cultural identity) through family connections is seen as an important outcome of kinship care¹⁷. Koori women in the study by McHugh and colleagues⁹ identified that caring is a way to make a contribution to community, and to prevent another Stolen Generation through keeping children within family and community³⁹. The history and legacy of the Stolen Generations can act as both a motivator and a disincentive to caring for children other than one's own, as being seen as supporting "welfare" may dissuade people from coming forward as carers^{23,39}. Richardson³⁹ has also noted that Aboriginal culture is associated with high rates of volunteering, but that the child protection system may present many disincentives to volunteering as kin and foster carers.

Caring for children with special needs

Studies from the early nineties have identified that almost half of current foster carers would foster a child with physical disabilities and 40% would foster a child with mental disabilities. Those carers in the former group were younger, more educated, more likely to be married and not in paid employment, whereas those in the latter group had fostered more children, had lower incomes and were less educated than those who were not willing to foster a child with disabilities¹⁵. Another US study¹⁵ from the early nineties reported that almost three quarters of current foster carers said they would not consider fostering a child with HIV, 36% wouldn't foster a child with foetal alcohol syndrome, 34% not foster a child exposed to drugs, 27% not foster a child with physical disabilities or a serious illness and 26% a child with serious emotional or behavioural problems.

The motivation of those caring for a child with special needs, such as physical health needs eg HIV/AIDS³¹ appears different to a group of comparison families, where the former group of carers are more likely motivated by work related experiences and a belief that they have something to offer families, whereas the latter group of families are more likely to identify personal needs (eg having more children in the family and encouragement by family members). The rewards of caring for children with special health needs include the sense of contributing to the quality of life of a child including through normalising their experiences, positive relationships with the children in their care, and the knowledge of providing a special service for a child³¹.

Specifically approaching carers who already have a relationship with a child with special needs, and the matching of carers are recommended in the recruitment and placement process for this homogeneous group of children^{10,31}. As one carer of a child diagnosed with AIDS has described "...if she had been a perfect stranger and I had heard they were looking for a foster home...I would probably have done nothing...But it was the fact that...I was involved with her for three and a half years, every single day...Prior to that, no, I would have...never have even thought about being a foster parent"³¹.

Key messages

- » Foster and kinship carers often have different characteristics including the circumstances surrounding the decision to care for a child/ren on a care and protection order
- » For kinship carers, the decision to care for relative may not be a conscious decision and may be made over a much shorter period
- » While the data indicates a current crisis in Western out-of-home care systems, research indicates there is no shortage of people interested in foster care
- » More positive attitudes towards foster care are shared by those who have familiarity with foster care including personal experience of knowing someone who had been in foster care
- » Both foster and kinship carers report that wanting to make a difference in a child's life as one of the main reasons for becoming a carer
- » Many potential carers report that obtaining joy and experience from the role would be a strong motivator to become a carer, and has also been identified as a factor in carer retention
- » Grandmothers, aunts and other kinship carers identify that decisions to care for kin are prompted by a sense of duty or obligation to meet the needs of children within their families, to preserve their families and child's identity, and a legacy of shared care giving within families
- » For children who have special needs, an effective recruitment strategy could be approaching those adults who have an existing personal relationship with the child.

Chapter 4. Recruitment of carers

Due to the lack of research of Australian research about the recruitment and retention of foster carers, there is a reliance on international literature, particularly from the US, to inform Australian practice³⁹. However, there are significant cultural differences between the US and Australia which limits the applicability of this evidence to the Australian context (Barber & Gilbertson, 2001 & Ainsworth, 1997, 2001 as cited in³⁹). Even within Australia, cultural differences about what motivates a person to be a carer suggests that recruitment programs deemed effective for the broader Australian community are unlikely to be applicable to the Aboriginal community³⁹. It is also important to note that both Australian and international out-of-home care literature has a focus on home-based, non-relative care. Knowledge about kinship carers is extremely limited.

While the literature highlights 'good practice' in the recruitment of foster carers, few studies have evaluated the effectiveness of specific strategies to increase the number of foster carers³⁹. Evaluation is challenging due to the broad based nature of recruitment campaigns. With all members of the community potentially exposed to such a campaign, it is difficult to quarantine a 'control group'³⁹. As new campaigns often extend or build upon previous campaigns, this limits the research opportunity to identify specific elements that have the biggest impact on increasing the number of carers recruited. The long term evaluation of carer recruitment campaigns is therefore needed⁴⁴.

Limitations of mass media recruitment campaigns

General public recruitment campaigns, using mass media, do not appear to be the most effective or efficient way to attract new foster carers^{45 46, 47 38 36 44 14 9 37 48}. For example, a two year publicity campaign by a specialist foster care recruitment service in South Australia, successfully generated 900 inquiries, but only 16 of these became carers. A subsequent evaluation³⁸ explored the underlying factors for the low conversion rate, by surveying 347 people who had made initial inquiries. Findings indicate that the majority of people who are interested in foster care know very little about it both in regard to the challenges involved and the recruitment process.

Mass media recruitment campaigns are very useful in providing information to the community about the foster care role, but have not proven to significantly increase the number of new carers³⁸. Making information about the role of foster carers more consistently and widely available, in an ongoing basis, may increase the response rate of better informed and suitable applicants when a formal recruitment campaign is launched. Some strategies currently used in Australian jurisdictions to improve recruitment efficiency include the establishment and promotion of a stand-alone website, that allows the general public access to information and relevant application forms; the development of comprehensive information packages for prospective carers and facilitation of regular information sessions in various community locations. However, further research is required to determine the effectiveness of these strategies in reinforcing the impact of formal, large-scale recruitment campaigns.

Compounding effect of mass media recruitment campaigns

The literature indicates that many potential foster carers consider this option for years, sometimes decades – before they make arrangements to foster a child^{49 37}. A variety of recruitment strategies therefore have a reinforcing effect over time⁴⁵ highlighting that such efforts need to be persistent and ongoing^{47 36}.

Lawrence (1994) refers to the impact of past recruitment campaigns as the "trickle down effect". This case study evaluation examined the effectiveness of a multi-faceted recruitment campaign to attract long-term carers for specific children in Sydney in the late 1980s. One of the principles underlying this campaign was the role of community

education in raising awareness about the demand for carers. As a result, campaign strategies were diverse, including advertising through newspapers, flyers, radio, agency newsletters, stalls and the backs of taxis as well as public speaking and information stalls for Children's Week. The agency also revised its processes in responding to inquiries. While the campaign was successful in generating 205 inquiries and 17 new carers over a two year period, there were also approximately 100 additional inquiries that were not associated with the campaign. It was found that these inquiries came via word of mouth, through individual's connection with their agency or through being referred from another agency, indicating a 'trickle down effect' from past campaigns.

This study raises questions about the cost effectiveness of using mass media, when examining the time and resources invested in the recruitment campaigns against the high drop out rate. In regard to the specific elements of the campaign that were the most effective, the highest number of inquiries came from radio announcements and newspaper advertisements with limited inquiries from public speaking and information stalls for Children's Week. However, there are limitations associated with the design of this study in that it did not compare the volume of inquiries before, during or after the campaign⁵⁰. Since the late 1980's, there has also been significant advancements in social media technologies, making a number of the strategies used in this particular campaign outdated, limiting the study's applicability to contemporary NT context.

Need for targeted recruitment

Evidence suggests that the match between characteristics of children needing care does not necessarily meet the capabilities or motivations of available foster carers^{49 45 48 51 38}.

In the US, Moore 1988 found that media campaigns were effective in increasing the volume of foster carers but that these carers were less willing to care for school aged children, teenagers and children with special needs, groups which represent the greatest proportion of children requiring out-of-home care in the US. Moore concluded that there is a need to adopt recruitment strategies to target suitable families to meet the specific needs of the children entering, or currently within, the out-of-home care system⁴⁵. In the Australian context, it is suggested that recruitment target professional groups who have the resources at hand to more effectively care for children with challenging behaviours⁹.

One group of children with very high needs are infants with prenatal substance exposure. Typically these children present with irritability, inconsolability, feeding difficulties and sensitivity to change and stimulus (Marcellus). In a North American study it was estimated 80% of children in care have been exposed to prenatal substances (Dicker & Gordon as cited in¹⁰). Consequently there is a considerable need to develop effective strategies to recruit and retain foster families who have the expertise to care for these children due to the difficulties in identifying suitable placements¹¹.

Marcellus (2010) used a constructivist, grounded theory approach to study foster families who specialised in caring for infants in a regional child protection system in Canada. A final sample of 11 families were interviewed, representing carers who were i) waiting for their first placement, ii) were within their first year of fostering and iii) who had over three years of foster care experience. Findings indicate that potential foster families were "triggered" to look into fostering in response to knowing other carers within their own family and social circles or viewing a commercial about fostering. Others were internally motivated through personal experience of their own difficult childhood or the desire to contribute to community need. However in caring for infants where poor attachment is likely to lead to poor health and developmental outcomes, Marcellus recommends the application of a resiliency framework to recruitment and retention that will assist in better matching carer skill to infant need. Findings suggest the implementation of a foster care model where social workers involved in recruitment and education play a central role in assisting potential families to identify the strengths and expertise they can bring to the fostering role. Supporting foster carers should be

seen as strengthening the protective factors for children in care, positively impacting on the health and wellbeing of infants, particularly those with prenatal substance exposure.

While the sample for this study was small and there has been no evaluation of the effectiveness of the described model, it does have relevance to the Australian context where there is a strong correlation between parental alcohol abuse and entry into care ⁵².

Marketing and recruitment activities need to be based on market intelligence ³⁷ and the need to identify potential customers, design a suitable product, provide a rewarding experience and build loyalty ³⁷. Using the characteristics of carers to help target and customise recruitment campaigns to recruit people with similar motivations, characteristics and qualities ^{25,37} is advised but it should also be directed by theory and an understanding of the needs of children in care.

As described a key theme from the literature is foster care recruitment should be aimed at attracting families that are open to caring for children who are the most difficult to place ⁵¹. Recruitment and retention efforts should include messages from existing carers about the benefits (including enjoyment and satisfaction) they have received from caring, and that many planned to continue ²⁵. Rather than trying to persuade people with competing commitments, these efforts should focus on providing information to those who may not have known about foster care and those who had never been approached to provide it ³⁷. It is cautioned that a focus on a "rescue" message may attract only those carers who want to save children from "bad families" which may hinder reunification efforts ¹⁴.

However, recruitment efforts should go further by targeting carers who not only have the right motivations but who are also most likely to provide high quality caring environments ⁴⁹. Berrick, Schauffer and Rodriguez (2011) advocate that recruitment campaigns that blend these two dimensions. Their research highlights the benefits that can be gained from collaboration outside of the child welfare field, namely the marketing/business sector, to develop strategies for attracting high quality foster carers.

Berrick et al (2011) found there is significant heterogeneity in the methods and messages used in recruitment strategies by a range of child welfare agencies from word of mouth, incentive payments for referrals, bus-stop advertisements, billboards, newspaper advertisements, Yellow Pages, and brochures in offices of medical professionals. Gimmicks are also used to raise awareness of the need for foster carers including slogans branded on mugs, pencils, Frisbees, fridge magnets and t-shirts. Campaign slogans were also shown to be diverse – "every child needs a home"; "show me love so I can learn to love"; "is there room at your table?". General themes underpin recruitment strategies including personal connections and links to faith-based community ⁴⁹ and that children should continue to reside in their own neighbourhoods if they cannot live with their parents. Having a profusion of uncoordinated strategies by different agencies without coordinating methods and messages for different target groups will likely confuse potential carers and dilute the effectiveness of each campaign's message. Furthermore, very few of the diverse methods and messages used in these recruitment strategies have been tested to determine their effectiveness in the child welfare 'market'.

By developing a new, strong 'brand' for foster carers focusing on high quality caregiving and delivering this consistent message, while connecting emotionally to the target audience, foster care recruitment will be enhanced, not only in terms of numbers but suitability ⁴⁹.

To do this, Berrick et al conducted focus groups with 46 foster parents, identified by social workers as "excellent carers", and 33 social workers across six counties in a large US state. Foster parents were also administered the "Big 5 Inventory", a 45-item test commonly used to identify personality traits (John & Srivastava, 1990). This research study found high quality carers were flexible, teachable, members of a team, loving, interested in strengthening a family and up for a challenge. The Big 5 Inventory revealed that these "high quality" foster carers were on average, relatively extroverted, agreeable, emotionally stable and open. Behaviours that indicated high quality care were: loving and nurturing the healthy development of a child; accepting the child as a full member of the family; advocating for the needs of the child; strengthening connections to the birth family; valuing the role of team member; and knowing when to ask for help. As social workers were also interviewed to confirm the attributes and behaviours of the foster carers, these findings have strong validity.

Linking knowledge from this research and marketing expertise, a high-quality foster care brand was developed that included six media messages based on the characteristics, behaviours and personality traits identified. New materials were developed for print, television advertisements, billboards and posters. To facilitate brand consistency, all child welfare agencies across the state were invited to be involved in the campaign. They then were required to submit a brief proposal detailing their willingness to innovate and use the new branding approach, to identify a lead staff member with authority to champion agency change and their agency's capacity to make changes at a national and agency-wide level to support brand fidelity. Agencies were enthusiastic in their response, even though no additional funds were provided, with four foster care agencies selected to pilot the new brand.

Berrick's study has particular relevance to the NT context as it highlights recent innovations in foster care recruitment campaigns, how research can directly link to the development of a marketing strategy and the benefits of collaborating with agencies that offer expertise in marketing and media. It also confirms that the Department of Children and Families' decision to fund a consortium of media, marketing, research and child protection experts is consistent with current international literature in this area.

Another recent international development is the use of GIS mapping software to target recruitment efforts in specific neighbourhoods in the US where there are high numbers of children removed from their families' care. This is seen to be less disruptive for children as they would not have to change schools or move to a new community⁵¹. However, applicability of this strategy to the NT is questionable particularly in small, remote communities where in some cases it may not be in the best interests of the child to have regular contact with their birth parents and where this contact needs to be supervised.

Australian researchers have also identified the need for sophisticated marketing techniques in the area of child welfare. Randle & Dolnicar (2010) aimed to understand the proportion of Australians who intended to become a foster carer in the next 12 months, if this group differed in socio-demographic profile from those not intending to take action and through which media channels they were best reached³⁷. This study involved a representative sample of the Australian population, 499 adults aged between 18–64 who had never been foster carers, but would consider it in the future. It found only one quarter of those surveyed intended to take action in the next 12 months. This group were more likely to read local and regional newspapers, Open Road and Woman's Day magazines and were more likely to listen to news and current affairs and Easy Listening radio. Randle and Dolnicar conclude that foster care agencies do not have to make use of expensive mass media but use channels that target those people most likely to listen and act. While this study has a large sample, it does not specify how many Aboriginal people were included, information that would have particular relevance for the NT context. It also implies that people who intend to be a foster carer are the most suitable for this role. While this represents a 'targeted' approach, the literature suggests that recruitment actively focus on those who have the characteristics and resources deemed to be most suitable to provide high quality care to children with complex needs. This could include many who may not have considered foster care, but might if they had access to information.

Randle et al (2010) also tested key messages and adverts with 1098 participants in their nationally representative study of those who were not and had never been foster carers. The most popular advertisements, most likely to prompt action, were those which included key messages about the ability of ordinary people to make a lasting difference for children. The least liked image depicted a young person alone on the floor and the least liked messages related to the experience of tough times and the practical supports for carers. A large proportion (80%) of respondents were not aware of any agencies that arranged foster care, and 9% of respondents had little or no idea of what foster care is. Participants recalled word of mouth (44% from someone who had an experience with foster care, and 21% from someone without experience of foster care) and fact-based stories in the media (41% on TV news or current affairs program, 25% article in a newspaper, 23% radio news or current affairs program) as the most common ways of hearing about foster caring. One quarter of respondents recalled seeing a TV advertisement and 17% an advertisement in the newspaper. Over one-third of people did not know that relatives can be carers, and similar proportions were unaware that foster carers received training or an allowance for caring. More than two thirds of

people didn't know that gay people can be carers. And more than 40% of people did not know that you could be a carer and still have a fulltime job ³⁷.

Carers for children with special needs may be more likely recruited by emphasising the needs of the child, and by looking within the existing circle of providers who are providing health and mental health care for the child for those with already formed relationships with the child ³¹. Research has also demonstrated a willingness of current carers to consider placements for children with special needs ³¹ and suggests that recruitment campaigns should consider the current pool of carers as targets for providing more specialised forms of care.

Word of mouth

A consistent theme in both Australian and international literature is the effectiveness of 'word of mouth' as a foster care recruitment strategy ^{9 49 46 47 6}. Knowing someone who is or had been a foster carer doubles the likelihood of being willing to be a foster carer ³⁴. Using current and experienced foster carers to recruit new carers, prior to pre-service training, was considered one of the best ways to increase the pool of carers ^{14 45}. It is suggested that existing carers should be paid to undertake this recruiting role ⁴⁷. Recruitment campaigns need to begin with the education of communities about the importance of foster caring as well as providing a realistic picture of the complex nature of the role (Pasztor, 1995).

In the 1970s, Coyne studied the impact of a US mass media campaign to recruit foster families to care for children with intellectual disabilities. This media campaign involved publishing pictures and describing personal stories of children in a free local newspaper on a weekly basis. This campaign had two aims – to attract potential carers to contact the agency and to educate the community about the special needs of these children by introducing them one by one over a three and a half year period. Coyne surveyed 32 carers of children with intellectual disabilities and found 86% either knew foster carers or had previously been foster carers themselves. The study concluded even though mass media increased community awareness about the needs of children with intellectual disabilities, it was unrealistic to expect to recruit new carers if they had not had prior contact with an existing carer. 'Word of mouth' provides an educative component about what is involved and it was suggested that encouraging foster carers to make others aware that they are, or have been, foster carers is likely to increase the numbers of carers for children with special needs.

Coyne's study supported the hypothesis of the "neighbourhood effect", that the presence of foster carers in a geographic area made it more likely for their neighbours to become carers. Abbey (1974) discovered this 'effect' when examining the spatial dispersion of foster families when plotted on a county map ⁵³. Foster families tended to be in clusters with those who had been carers the longest, located in the middle. While these studies were undertaken nearly forty years ago, they have relevance today in highlighting the power of "word of mouth" in foster care recruitment.

In New York City in the 1980s, Smith and Guttheil evaluated an alternative model of foster care recruitment which was developed in response to the shortage of carers. This model involved training an existing group of foster carers to recruit in their own neighbourhoods. Training involved information about successful recruiting methods and tailoring a strategy for their specific local area. Agency staff provided support to the recruiters through program coordination, monthly meeting and regular supervision as well as encouraging peer support. These recruiters received a stipend for the first 50 hours of work and training. A monetary incentive of \$100 was also offered to all foster carers and agency staff for each new approved carer. The recruitment program also launched an extensive media campaign, with advertisements in a public service newspaper being the most effective medium.

The evaluation found in a one year period, foster care "beds" increased by 49% New York City (the concurrent increase in foster home places as whole was only 6.1%); personal recruitment was more effective than media recruitment in converting inquiries into actual applications; and trained foster care recruiters were more effective than untrained recruiters ⁴⁷. There may be limitations of replicating this model, developed and implemented in a highly populated urban context, in the NT but elements of it, specifically the monetary incentive could be tested.

Baum, Chase & Chase ¹⁴ one year longitudinal study of potential foster carers surveyed carers at four different points of time, pre and post training, to understand what influences an individual's decision to become a foster parent,

with telephone interviews at six month follow up informing this component of the research. Of 206 responses, 3.9% identified media as a contributing factor, 3.9% cited the influence of work (ie social worker, teacher), 14.6% identified personal experiences, 19.4% family expansion, while 20.9% stated that other people such as their partner, family members and friends, particularly those who had positive experiences of fostering, influenced their decision. The largest group, 30.6%, said they were aware of the need for foster carers and wished to respond to this need. These findings have implications for recruitment in that while media may provide the impetus for exploring the option of foster care, it does not appear to influence an individual's ultimate decision. Findings suggest that agencies target the friends and families of current carers as they are more likely to have a realistic understanding of what it involves. Further, the importance of community education highlighting the significant need for carers may be an effective strategy¹⁴.

In Australia, McHugh et al⁹ undertook a mixed methods research study to explore the availability of foster carers in NSW. Data was collected from a postal carer survey (a random sample of 1000 – response 450), interviews with key stakeholders and focus groups with carers and workers. The aim of the focus groups was to provide an opportunity for carers and staff to discuss the various aspects of fostering under review by the Department and to suggest strategies, options or alternatives to current practice in relation to recruitment of new carers and the training and retention of current carers. In total, 50 carers and 30 workers from Out-of-Home care and Fostering Teams attended the focus groups. Limitations with the study included difficulty holding focus groups with Indigenous carers and that it did not examine recruitment campaigns or strategies or evaluate the effectiveness of current strategies on a state wide basis.

Consistent with international research, McHugh found that potential carers needed to understand that fostering could be demanding on carers and their families, particularly when caring for children with special needs or multiple problems. In contrast to Randle's findings, overall media advertising or promotional material (60 per cent was identified as the most influential recruiting method, followed by recruitment by another carer (30 per cent). Stakeholders, workers and carers all strongly supported the notion that one of the 'best' recruiting strategies is the use of current and experienced carers to recruit by 'word of mouth', warning that the effect of 'word of mouth', both positive and negative should not be underestimated. For example, negativity attached to some media stories on fostering had dissuaded people from offering to foster.

Other recruitment strategies considered effective were media releases from the Department highlighting the work and value of carers which had generated interest and inquiries from potential carers; joint recruiting and training with other non-government agencies in an area; and the development of strong, inclusive working relationships between the Foster Care Association and Departmental staff.

Contribution of diverse range of carers

The literature highlights the need to gain a better understanding of specific groups within the community in order to more effectively recruit foster families. For example a UK exploratory study,²⁹ examined the role of foster fathers in a family's decision to foster a child. Researchers found that positive identification and encouragement given to foster fathers in the first stages of recruitment was a significant factor in a couple's decision to become carers. They therefore concluded that gaining a greater understanding of what motivates foster fathers and how they perceive and manage their role may be a way of increasing the pool of foster carers.

Riggs & Augoustinos⁵⁴ recommend the child welfare sector consider a more diverse range of applicants to address the current shortfall in the number of registered carers in Australia. In doing so, they identify the need to gain a better understanding of the potential role of gay and lesbian carers. Their qualitative study was part of an Australian research project examining why people decide to become foster carers and how to best recruit new foster carers. They interviewed 80 foster carers with six participants self-identifying as lesbian and four as gay men. Using thematic

analysis, their findings suggest that Australian lesbian and gay foster carers experience explicit forms of homophobia, where they are discriminated against by social workers, as well as more implicit experiences of heterosexism where social workers convey beliefs that lesbian and gay families are “second best” to heterosexual families.

Positive aspects of foster parenting for lesbians and gay men have been explored in international research. Of particular significance is that many lesbians and gay men consider fostering as a first option for starting a family and are not just accepting of non-biological relationships, but view this as an appropriate way of creating a family⁵⁴. As a result of this commitment to foster parenting as “a first option”, it is suggested that they are often successful in caring for children with high needs⁵⁴. Research also suggests that, for some children, placement with lesbian and gay foster carers may be more suitable than with heterosexual carers. For example, young men who have difficulties with mothers or female carers may benefit from being placed with male⁵⁴. Biological parents may also find it less threatening to their status as parents if their child is with gay foster carers of the opposite sex. Underlying this premise is gay carers are less likely to be perceived as ‘replacing’ their parenting role.

It was suggested that social workers need to advocate for changes to legislation and challenge social norms to recognise and support the important contribution a diverse range of foster families can make⁵⁴. NSW is leading the way in supporting social change through legislative reform with the introduction of the same-sex adoption bill in 2010. This has opened up opportunities for gay carers to adopt children who are in long-term care, offering them greater stability. It is interesting to note this Bill has exempted faith-based adoption agencies from anti-discrimination considerations until final provisions are made (<http://www.abc.net.au/news/2010-09-09/same-sex-adoption-bill-passes-nsw-parliament/2255290>).

In NSW, the Benevolent Society reports that nearly 25 per cent of its 112 foster carers identify as being gay. It has actively recruited lesbian and gay foster carers for the past three years, by placing advertisements in community newspapers and setting up an information stall at the Mardi Gras Fair Day, manned by gay and lesbian foster carers. (<http://www.smh.com.au/national/charity-recruits-gay-couples-as-foster-carers-20120108-1pq7t.html>) Other NSW out-of-home care agencies, Barnados and Community Services, the government department, also have an open door policy for gay carers. However, while lesbian and gay carers are targeted in recruitment campaigns, there is a lack of Australian research to help better understand the unique benefits of this type of care and how it can best be supported.

To attract a range of carers recruitment campaigns need to avoid reinforcing conventional images of families and family composition. In Australia, there has been a shift from using the word “family” in advertisements as this was found to discourage single parents and couples without children³⁶.

Views of children

Mathieson, Jarmon and Clarke⁶ study is unique in that teenagers in foster care were consulted about their ideas to improve carer recruitment and retention. In this study, a random sample of foster children (age 13–18) and foster carers was selected from counties representing rural, urban and suburban geographic areas in Florida. One county was targeted for collection of data specifically from African American participants and three for collection of data from Hispanic participants. In total 38 foster children were interviewed, individually or as part of a focus group.

In general foster children thought that some foster carers were committed to giving children in care a good home, however they also perceived that monetary concerns were a major factor in why people chose to take on this role. It was perceived that once they became foster carers, they became dependent on the money. Foster children also believed the lack of attention and support from the statutory department had a great impact on the retention of carers. Recruitment strategies would not work therefore until support systems for current foster parents were improved.

Many of the foster children reported that they wanted to play a greater role in selecting their foster home and wanted more information when taken from their parents to alleviate the guilt and fear they experienced during this upheaval. Foster children felt strongly about having a voice in the foster care system including the recruitment of new foster families. They suggested being involved in outreach and meeting with families who are interested in fostering as they thought they could help in the screening of suitable foster carers.

Foster children also felt strongly that, to attract new carers, the statutory department needed to appreciate existing foster carers by respecting them and through regular recognition. This recognition was considered crucial because of the power of 'word of mouth' as a recruitment strategy. They suggested this appreciation could be shown through annual dinners, prizes, additional funds, providing respite and other supports.

Hearing the views of foster children makes this an important study, but as only three of the children interviewed were African American and no Hispanic children were interviewed these opinions are not necessarily representative of all groups of children in care, including younger children.

Key messages

- » **While the literature highlights 'good practice' in the recruitment of foster carers, few studies have evaluated the effectiveness of specific strategies to increase the number of foster carers. There are also limitations in applicability of research to NT context.**
- » **Mass media recruitment campaigns are very useful in providing information to the community about the foster care role, but have not proven to significantly increase the number of new carers.**
- » **Many potential foster carers consider this option for years, sometimes decades – before they make arrangements to foster a child. A variety of recruitment strategies therefore have a reinforcing effect over time so they need to be persistent and ongoing.**
- » **Supporting foster carers should be seen as strengthening the protective factors for children in care.**
- » **Recruitment and retention efforts should include messages from existing carers about the benefits they have received from caring, and that many planned to continue.**
- » **Recruitment efforts should target carers who not only have the right motivations but who are also most likely to provide high quality caring environments.**
- » **High quality carers are flexible, teachable, members of a team, loving, interested in strengthening a family and up for a challenge. They advocate for the needs of the child; strengthen connections to the birth family and know when to ask for help.**
- » **'Word of mouth' is the most powerful foster care recruitment strategy and using current and experienced foster carers to recruit new carers, prior to pre-service training, is considered one of the best ways to increase the pool of carers.**
- » **Considering the potential benefits of a diverse range of foster carers, such as gay and lesbian carers, would also increase the carer pool.**
- » **Foster children recommend that to attract new carers, the statutory department needs to appreciate existing foster carers by respecting them and through regular recognition.**

Chapter 5. Agency systems to support recruitment campaigns

There was general consensus in the literature that agency systems need to support foster care recruitment efforts (Pasztor & Burgess, 1975)^{55 47 36 39 9 48 51 44}. Without agency change, new strategies will have limited success. Agency delays in responding to potential foster carers and length of time involved in becoming a foster carer can be discouraging and adversely impact upon recruitment³⁶. There is the assumption within child welfare agencies that the high drop out rate of potential foster carers throughout the recruitment process is a 'natural filtering mechanism', implying that those that discontinue will not make good carers⁴⁷. Negative perceptions of foster care, often reinforced by the media, also need to be addressed to attract more carers³⁹.

A Victorian study³⁶ about the experiences of people who enquired to be foster carers, after an annual publicity campaign, found only 4% had been approved as carers. While the media campaign was very successful in generating a high volume of telephone inquiries, many callers were discouraged by the response they received when they contacted the foster care agency. Over a quarter of callers did not proceed as due to a lack of follow up from the agency, perceiving that it was the agency's responsibility to contact them and that no follow up meant they were not needed. These findings highlight that more efficiency and consistency in follow up from foster care agencies should improve the conversion rate of inquirer to carer. Further, it would be more cost effective, in terms of saving money on expensive advertising campaigns, to deal with each inquiry thoroughly.

The evidence suggests that if a mass media campaign is launched, foster care agencies need to develop detailed response protocols for managing enquiries from potential foster carers, which include timeframes³⁹. Quarantining full-time position, to focus on foster care recruitment within child protection department, is another recommended strategy because if this task is combined with casework, caseload demands will always take priority⁴⁵.

Collecting demographic and descriptive data at a community level, as well as compiling accurate profiles of existing carers, can assist agencies in targeting communities where there is a demand for carers^{48 51}. The need to develop systems to record the interest of potential foster carers, details about them and to follow them through the system has been identified in a number of studies⁹. "Fostering services begin planning for recruitment with clear strategies, objectives and outcomes based on the current level of awareness of need for fostering services in the area in question, the public perception of foster carers and the reputation of the fostering services"⁹.

Building an evaluation framework around recruitment can also track potential carers as they move through the system and identify reasons for drop out. The agency can then make continuous improvements to procedures that are identified as barriers to recruitment⁴⁷.

McDonald, Burgess & Smith⁵⁵ describe a UK model incorporating a supportive team approach for foster carers that is considered effective in attracting and retaining foster carers. In this model, foster carers are part of a supportive team of professionals around the child who are regarded as equals and fully involved in the decision making processes.

In the Australian context, implementing a supportive model where foster carers are viewed as equal is a challenge because legislation does not promote this. Although out-of-home care legislation varies between States and Territories, traditionally, most children enter care on various forms of temporary or short-term care and protection orders where legal responsibility passes to the state and the daily care to a third party (primarily foster carers)¹¹. While there has been a shift in some states (i.e. NSW, Victoria and WA) to introduce new types of orders that give greater responsibility to carers, this has yet to occur in the NT where guardianship firmly remains with the state.

From a systems perspective, Riggs et al also identify the problematic nature of outsourcing foster care placement services to non-government organisations. This caused increasing separation and animosity between statutory social workers, who act as legal guardians to children in care, and foster carers who have day-to-day responsibility for their care needs. While there are benefits in separating these functions, the current structures impede the development of a supportive framework for children where social workers, foster carers and other professionals work together to make the best possible decisions for children in care. As the literature suggests, this would be an effective strategy for recruiting and retaining carers.

As part of a national study examining why people become foster carers and how to best attract new foster carers ¹¹ 80 foster carers were interviewed from a range of cultural backgrounds across four Australian states. The predominant theme that emerged was, as coined by the authors, "the systemic negation of foster-families". This describes carers' personal experiences of feeling "denied a location within the category 'family' by social workers"; frustrated by what they perceived to be social workers prioritising bureaucratic obligations over the needs of the children in their care; and managing incongruent messages that they should, simultaneously, not become too attached to the child, while being expected to develop 'healthy attachments'. The implications of these findings on the recruitment and retention of foster carers, is those who seek significant relationships with children are more likely to become and remain carers and that a more psychoanalytically informed approach to social work in this area would assist in improving support systems for carers, with the knock on effect of attracting new carers.

A Canadian study ¹⁰ found that foster carers identified that the most challenging part of the role was not the task of caring for an infant with special needs, but dealing with the expectations and constraints of complex government system. They described their role within the child protection system as "powerless responsibility". Findings suggest that agencies implement strategies for assisting foster carers to better understand their roles and responsibilities in the child protection and legal systems, from the start, to manage expectations.

Retention is recruitment

Another dominant theme in the literature is retention is recruitment, highlighting that greater support and acknowledgement of existing carers will help attract new carers, as well as reduce the demand for more carers ^{9 51 11 38 39}.

The association between carer experiences and characteristics and retention

Some studies show carers leaving before training is finished and suggest that more leave in the first 12 months ¹. Reasons for ceasing to be a foster carer include burn out, lack of support, impacts on foster families, the complex and challenging needs of children in out-of-home care, carer ageing and changes in carer's personal circumstances ^{9 23}. Negative relationships between the agency and carers lead to carers considering quitting their caring role ⁴⁰. Conversely, satisfaction in the caring role and intention to continue is related to agency workers showing approval when carers do well, and giving information when needed, shared experiences with other carers and feelings of competence in the role ^{27 40}.

Other studies have shown high levels of satisfaction in the caring role (>80%) with 70% indicating that they are likely to continue foster caring ²⁷. Intention to continue foster caring is predicted by social support (the opportunity for carers to share their experiences of caring with other carers), also support from the agency/service and being able to achieve positive outcomes for children and affiliation with a private (as opposed to government) foster care agency ^{8 9 27}. Respite also has a large role to play in retaining foster carers and preventing placement breakdown through providing time for self-care and relief from the day to day pressures of 24 hour caring ^{9 14}. However the increase in the provision of early childhood and early intervention services may have reduced the workforce of potential respite carers ⁹. Also, kinship carers such as grandparents may be reluctant to take a break in their caring roles, but may benefit from other services such as home help to ease the burden of caring ¹⁷.

Stressors for foster and kinship carers (and potential barriers to recruitment of carers) include children's emotional, behavioural and physical problems, and dealing with the system, strained relationships with birth parents, and issues of attachment and loss^{9 17 27 30 34}. Dealing with planned reunification of children with their birth families is a source of stress for all carers who must deal with the anticipated loss of the child from their care^{30 34}.

For non-relative foster carers rewards for caring include making a difference in children's lives, contributing to social emotional growth, giving and receiving love from children, and saving children from hardship³⁰. Additional stressors included being asked to foster too many children. Studies in the US^{30 34} have also identified stressors such as poor discipline strategies and lack of resources as factors which inhibit caring or prevent people from considering becoming carers.

"Retention for kinship carers refers to retaining the care of the child until they are able to live independently, rather than retaining the carers in the system"¹⁶ – preserving placements, and pre-existing relationships between kin carers and children means that placements are less likely to break down. However, the pre-existing relationships between kinship carers and the biological parents of children which may cause complications in access arrangements, and also have implications for the emotional wellbeing of carers. For example, when kinship carers are grandparents, they have to acknowledge the role their own children have played in the abuse or neglect of their grandchildren³³. There are often strained relationships with birth families which need to be carefully addressed to retain kinship carers in the care and protection system³⁰.

Treatment of carers in the care system

Satisfaction in the caring role is strongly related to carers' perceptions about teamwork, communication and confidence in relating to the care and protection system and the caseworkers within it⁴⁰. Foster carers want to be treated as equals in the care and protection of children⁸, and to have access to supports which recognise their status and needs^{8 40}. When carers understand their roles in the system, the experience of both carers and the children in their care is enhanced⁸. Workers and foster carers disagree about the level of agency and parenting responsibilities expected of them⁸. There is also a confusing system of payments for carers depending on their status as employees, volunteers or professionals⁸.

Although workers in child protection systems report that generally children are better off being cared for by kin as compared to non-relatives, kinship carers, in particular, are often not formally recognised or supported in care and protection systems^{8 30}. Workers may be confused about their responsibilities to kinship carers, and may believe that providing support to kin carers could result in high levels of demand that cannot be met by the current system⁸. Some kinship carers may also see training as unnecessary, patronising and intrusive⁸. Caseworkers also report that although kinship placements may be more stable than non-relative foster placements¹⁷, kin carers are harder to supervise, need more time to assess, make case plans harder to enforce and may delay reunification^{2 17 30}.

Kinship carers "are offered fewer services, request fewer services, and receive fewer of the services that they request"³³. When kin do ask for help they are often in a crisis situation⁵⁶ and therefore have more immediate and intense needs. The system may not differentiate between the characteristics and needs of foster and kinship carers⁵⁶, with workers receiving little, if any training about how these groups might differ in relation to assistance and support required and the dynamics of relationships with the department and biological parents^{30 56}.

Treating carers as para-professionals in the care system, increasing clarity about their role, improved contact and communication with caseworkers, increased information sharing about the children in their care, clarity about legal status, and the availability of peer support are seen as critical for carer retention^{8 27 57}. This could include buddy schemes and stress management, as well as supports for carers' own children who play a significant role in the success of placements⁸. Aboriginal carers have identified that they don't want "parenting skills training" per se, but strategies to manage behaviour and provide support to children and young people with special needs¹⁶.

Key messages

- » Agency systems need to support foster care recruitment efforts as, without agency change, new strategies will have limited success.
- » Evidence suggests that if a mass media campaign is launched, foster care agencies need to develop detailed response protocols for managing enquiries from potential foster carers, which include timeframes.
- » Building an evaluation framework around recruitment can also track potential carers as they move through the system and identify reasons for drop out. The agency can then make continuous improvements to procedures that are identified as barriers to recruitment.
- » Retention is recruitment: greater support and acknowledgement of existing carers will help attract new carers, as well as reduce the demand for new carers.
- » Satisfaction in the caring role is strongly related to carers' perceptions about teamwork, communication and confidence in to the system and caseworkers.

Chapter 6. Issues of recruitment and retention for Aboriginal foster/kinship carers

Very little has been written about strategies used to recruit Aboriginal carers in Australia, with a distinct lack of evidence about the effectiveness of these strategies. Of the little research that has been conducted, most has been qualitative and been based on unspecified or small numbers of Aboriginal carers¹⁶. What we do know is that, with the increasing number of Australian children in out-of-home care; very high rates of Aboriginal children in care, for extended periods; and the higher ratio of children to adults in the general Aboriginal community, there are insufficient numbers of Aboriginal kin and foster carers⁵⁸. Increasing the numbers of Aboriginal foster and kinship carers is difficult due to poverty and disadvantage experienced by many Aboriginal families where costs of looking after a child, often with high needs, places additional strain on already stretched family resources. Further, mainstream procedural approaches to assessment, recruitment and training of carers have been identified as barriers to recruitment^{9 58}.

The disparity in the distribution of the foster care population of particular racial and ethnic groups is reflected in international literature, with comparative groups in the US being American Indian⁴⁸, African American^{5 6} and Hispanic children⁵⁹. Like Aboriginal children, these children are more likely to come from families experiencing poverty, are over-represented in the out-of-home care system, and have a shortage of carers from their own cultural background available to care for them.

While there are challenges in recruiting carers from similar cultural backgrounds as those children in the care system, international research highlights there are distinct advantages. Nasuti et al⁵ have found tangible differences in role perceptions between African American and white foster carers, with African American carers more likely to view themselves as having a greater degree of responsibility for facilitating the relationship between foster children and birth parents (including arranging and supervising visitations), being a partner with the agency and playing a role in the child's social and emotional development. Based on a quantitative study of 128 African American and 65 white foster carers, it is suggested that these racial differences have implications for foster care agencies in that African American foster parents, who see their role as birth family facilitators, are valuable assets in reunification planning⁵. Capello⁵⁹ in examining recruitment for Hispanic carers in the US also highlights the underpinning traditional values and customs which create a support network for raising children and ensure that they have a connection to culture and family.

In 2002, 26 public child welfare agencies across the USA were selected to be involved in the Casey Family program focussing on the recruitment and retention of carers⁴⁸. Using a quality improvement methodology (known as the Breakthrough Series Collaborative) whereby small scale changes are quickly tested in the field to achieve system-wide change over a short period of time, the recruitment and retention system was improved. Through this process, agencies moved away from resource-intensive recruitment strategies to a focus on the critical aspects of recruitment that were seen to make a difference. These aspects included: culturally sensitive recruitment; partnerships with faith-based organisations; educating and engaging the community and recruitment of homes for youth and siblings.

In regard to culturally sensitive recruitment, it was found that minority groups, in both urban and rural settings, had a deep mistrust of government based upon a pervasive belief that statutory systems lacked fairness and equity. To overcome this, systems need to find ways to give these groups a voice, by mitigating language and cultural barriers^{48 59}. The Casey Family Program identified three overarching strategies that achieved this – partnering with existing minority carers to improve engagement with families from similar cultural backgrounds, developing and using culturally sensitive recruitment materials and responding to inquiries in a culturally sensitive way. Practical ways to implement these strategies were for the child welfare agency to involve existing minority carers in joint training, joint recruitment and joint response to inquiries. Recruitment material and foster care training curriculum was also

translated into community languages with videos created for specific groups such as American Indian families. One example highlighting the success of joint recruitment was in New Mexico where the Navajo Nation Child welfare workers invited the agency to join them in a recruitment booth at a local fair and then a short time later at an Annual Navajo Nation event. This contributed to a 57% increase in American Indian carers in New Mexico ⁴⁸.

A consistent theme in the Australian literature is that the involvement of Aboriginal people with a knowledge of kinships, social structures and local communities is key to the successful recruitment of Aboriginal carers ^{39 58 9}. Localised and low-key promotion to attract new Aboriginal foster and kinship carers is therefore recommended, with broad-based media campaigns considered unlikely to be effective in the recruitment of Aboriginal carers ³⁹. Organisations that become known and trusted in their communities for offering effective and comprehensive support, attract new carers who want to be part the organisation ^{48 60}.

While the literature suggests that the prevention of another 'Stolen Generation' is a motivation to foster, it was found that, because of the history of Aboriginal people's experience of the welfare system and knowledge of the Stolen Generation, few are prepared to foster for the statutory Department ⁹. Developing relationships and connections between Aboriginal foster care workers and potential carers was identified as important due as a consequence of events experienced within their wider family that may be difficult to discuss with a 'stranger'. This gives weight to the argument that recruitment (as well as training and support) is best conducted by Aboriginal people through Aboriginal organisations ⁶⁰.

SNAICC ⁵⁸ recently conducted research to examine cultural care for Aboriginal children in out-of-home care by conducting focus groups with eight agencies who provide placements for Aboriginal children in Victoria, NSW, Queensland, SA and WA. Additional interviews were conducted with key informants from the NT and WA. The study found that foster care assessment processes were perceived as "alienating" and that more flexibility in the eligibility criteria was needed to recognise that many potential carers are grandmothers and single aunts, who may be deemed unsuitable due to their age and health status. Recent reforms in NSW to increase case work responsibility in kin care as a way of improving child safety, was seen to be a double edged sword in that it could create a disincentive for kin carers who do not want to deal with statutory child protection departments. Again, the consistent theme of how systems support carer recruitment emerges, with the suggestion that Aboriginal organisations be funded to work with kin carers as intermediary organisations in the out-of-home care system.

Other systemic barriers to the recruitment of Aboriginal foster and kinship carers are the greater rates of adult imprisonment, criminal history and substantiations of child maltreatment in the Aboriginal population, with evidence suggesting that Indigenous offending is related to socioeconomic conditions and community-level risk factors including alcohol abuse and violence ⁶¹. Aboriginal adults were 13.9 times more likely to be imprisoned during 2009 (ABS 2010b). While Aboriginal men in the Northern Territory were 8.7 times more likely than non-Aboriginal men to be proceeded against by police, the figures for women were 11.2. This theme was also identified in the international literature where income requirements, background checks and other licensing standards are known to create barriers to foster care in black and multi racial communities in the US ^{51 59}. In the Northern Territory, high rates of overcrowding and mobility further increase the likelihood that someone living within or visiting the household may have a criminal record.

Research suggests that recruitment of Aboriginal foster and kin carers through mainstream campaigns is not very successful, with campaign delivery better placed with Aboriginal agencies targeted at a local level ⁵⁸. Agency reputation in the Aboriginal communities is a key factor in Aboriginal recruitment ^{9 48 51}. The establishment of the an Aboriginal Peak Body focusing on the wellbeing and safety of Aboriginal children and families in the NT offers an opportunity to work in partnership to plan and develop effective strategies for recruiting Aboriginal foster and kin carers.

As part of national research project SNAICC, in partnership with the Australian Institute of Family Studies, consulted with Aboriginal professionals to identify 'promising practices' in regard to foster recruitment, assessment, training and support of Aboriginal carers ⁶⁰. To clarify, the term 'promising' describes those strategies that have been successful in meeting their aims and objectives, but that have not necessarily been externally evaluated. Effective strategies

identified included using Aboriginal organisations to recruit Aboriginal carers; using experienced Aboriginal carers to speak at recruitment information sessions; recruiting at community days and providing effective carer support and training programs to attract new carers. Specific examples were also provided, with one interviewee describing a successful community day, attended by over 400 people, that was held to recruit Aboriginal carers. Local workers set up barbeque at a local football club, cooking kangaroo tails and emu steaks with karaoke and face painting for entertainment. Other local agencies were invited to participate, including non-Aboriginal organisations, to show that they were all part of the one community. This was seen as an effective strategy for recruiting new carers as it promoted the importance of children within that community to keep culture 'strong'.

Higgins & Butler also highlight a strategy for engaging and supporting kinship arrangements in South Australia which involves relative and kinship care staff meeting with elders in remote areas.

With the insufficient numbers of Aboriginal carers, the current reality is that non-Aboriginal carers also need to be recruited to care for Aboriginal children. These carers need to be committed to supporting the cultural identity of children in their care⁶⁰. The recruitment, assessment and training process for non-Aboriginal carers should reinforce the additional responsibilities of maintaining connections with family and community they will taking on when caring for an Aboriginal child. This theme could be included in media strategies to raise community awareness about the cultural competencies required to be a carer for an Aboriginal child.

Yorganop Child Care Aboriginal Corporation in Western Australia (www.yorganop.org.au/index.html) has developed and implemented a culturally appropriate assessment tool and training program for Aboriginal carers and non-Aboriginal carers of Aboriginal children. The training program consists of ten modules to be completed within two years to enhance the confidence and skills of carers. Primarily, Yorganop recruits new carers through its network of current carers or through self referrals from people who have heard about the program via 'word of mouth'. This means that many potential carers have already been put through an informal screening process, as it is viewed that current carers would only refer carers they consider capable of delivering high quality care. As there is a high retention rate, Yorganop reports that it has never actually had to advertise for carers (Higgins & Butler 2007). This is consistent with one of the themes identified in the mainstream foster care literature that recruitment is retention.

The Australian Association of Children's Welfare (ACWA) agencies in collaboration with the NSW Department of Community Services (DoCS) Aboriginal Services Branch has developed an Aboriginal assessment tool called Step by Step. Step by Step outlines a process where foster care assessor and applicants work together to determine if an applicant will be a suitable carer. It includes nine modules to give potential Aboriginal carers the opportunity to explore the challenges and rewards of their role. The tool has been specifically adapted for the Aboriginal population in NSW but is applicable for the broader Aboriginal culture in Australia. It differs from a mainstream foster care assessment tool in that it assesses a carer's capacity to raise an Aboriginal child and maintain connection with culture and uses a communication style of trust building and 'yarning' that is appropriate for the Aboriginal context⁶⁰.

In NSW, policy specifies that family group conferencing is the preferred approach for identifying potential kinship/relative carers¹⁷. The Out-of-Home Care Service Model: Relative Kinship Care (2007) describes a 'best practice' recruitment process that is child specific and is based on family decision-making. Out-of-home care agencies are required to consult with a child or young person's known relatives and community members to gain knowledge of relationships between the family and their community; to identify potential relative/kinship carers; and to provide information to potential carers about the child or young person's specific needs. How this policy is currently being translated into practice in NSW requires evaluation, but the Territory-wide implementation of family group conferencing in the NT could be a potentially powerful mechanism for recruiting kinship carers.

Family group conferencing and other family decision-making programs that bring together family networks, including birth parents, are promising kinship carer recruitment strategies as they allow families to come together and develop consensus about where children will be placed, and includes the identification of potential care options within the conference^{17,23}. In Victoria, Aboriginal Family Decision-Making has been associated with a much higher rate of placement of children with family members or members of the community, rather than with non-relative carers²³. Other family finding services and support groups which bring kinship carers together may also identify and sustain

kinship carers in these roles¹⁷. Aboriginal family decision making models hold particular promise in this regard, and support the application of the Aboriginal Child Placement Principle¹⁷. Family decision making models may not always be used in practice because of worker attitudes, the crisis driven nature of practice in care and protection services, and the potential complexities of using the model in large, extended family networks such as in Aboriginal families¹⁷. The use of cultural knowledge in family mapping techniques to identify family members for conferences is important to enable them to function effectively and not become too unwieldy¹⁷. There is great potential in the role of the Family Group Conferencing Pilot in Alice Springs and the work of SAF,T in furthering this strategy as a vehicle for kinship carer recruitment and support in the NT.

Key messages

- » **Very little has been written about strategies used to recruit Aboriginal carers in Australia, with a distinct lack of evidence about the effectiveness of these strategies.**
- » **Increasing the numbers of Aboriginal foster and kinship carers is difficult due to poverty and disadvantage experienced by many Aboriginal families where the costs of looking after a child, often with high needs, places additional strain on already stretched family resources.**
- » **Mainstream procedural approaches to assessment, recruitment and training of carers have been identified as a barrier to recruitment.**
- » **Systems need to find ways to give minority groups a voice, by mitigating language and cultural barriers eg partnering with existing minority carers to improve engagement with families from similar cultural backgrounds; developing and using culturally sensitive recruitment materials; and responding to inquiries in a culturally sensitive way.**
- » **Greater rates of adult imprisonment, criminal history and substantiations of child maltreatment in the Aboriginal population are a systemic barrier to recruitment.**
- » **There is a need to involve Aboriginal people with knowledge of kinships, social structures and local communities for successful recruitment of Aboriginal carers.**
- » **Localised and low-key promotion to attract new Aboriginal foster and kinship carers is recommended, with broad-based media campaigns considered unlikely to be effective in the recruitment of Aboriginal carers.**
- » **The recruitment, assessment and training process for non-Aboriginal carers should reinforce the additional responsibilities of maintaining connections with family and community they will taking on when caring for an Aboriginal child.**
- » **Family group conferencing that brings together family networks offers promise for kinship carer recruitment strategies.**

Chapter 7. Summary of Key Messages

The key messages identified in the literature review will be further informed by interviews being conducted with carers, workers and external agencies as part of this project.

The key messages identified from this review of the literature and provided throughout the text are collated below.

Background

- » **Internationally, there is a growing number of children in out-of-home care.**
- » **Children entering the care system are likely to have experienced chronic maltreatment and traumas, including prenatal exposure to substance, are older, present with more complex behavioural and emotional needs and are often part of a sibling group.**
- » **Finding foster carers for adolescent children has been problematic in some Australian jurisdictions.**
- » **Across Australia, a large proportion of children in out-of-home care are placed in home-based care with foster carers or with relatives/kin.**
- » **Formal kinship care is the fastest growing form of out-of-home care in Australia due to a greater recognition of the importance of maintaining a child's connection with family and culture for children who are removed from their birth parents.**
- » **Over-representation of Aboriginal children in the out-of-home care system means that one of the areas of highest demand is for Aboriginal carers.**
- » **In the NT in 2010–2011:**
 - the number of households exiting foster care (128) was greater than those commencing foster care (113)
 - most (79% of the out-of-home population) identified as Aboriginal
- » **The establishment of the peak body SAFT and the proposed establishment of Aboriginal Child Care Agencies present opportunities to engage Aboriginal agencies and community members in the recruitment and retention of Aboriginal carers in the Northern Territory.**

Characteristics of foster and kinship carers

- » **On the 30th June 2011 in the NT:**
 - there were 135 registered foster carer households in the NT, most of which (79 out of 135) had only one child placed in that household
 - there were 496 Aboriginal children in out-of-home care with the majority (66.5%) placed with a non-Aboriginal carer.
- » **There is limited detail about the characteristics of foster or kinship carers in the NT hence the need to draw on Australian and international literature.**

- » Licencing and registration requirements in jurisdictions may limit the pool of potential foster carers.
- » While most foster carers are in couple relationships, the proportion of single foster carer households is increasing.
- » Many foster carers believe that due to the training and skill level required in being a carer, caring should be either semi-professional or professional.
- » People in 'helping professions' could be specifically targeted for children in the care population with special or complex needs.
- » Kinship carers may be isolated from others in the community, even though they may be recognised as the "strong women" in the community taking on many caring responsibilities.
- » Foster families with more resources may be more willing to foster children with emotional and behavioural problems.
- » Having the social support from others, particularly friends, is important in making the decision to become a carer and to continue caring as it provides more resources and helps with problem-solving.

Decision making about foster and kinship care

- » Foster and kinship carers often have different characteristics including the circumstances surrounding the decision to care for a child/ren on a care and protection order.
- » For kinship carers, the decision to care for relative may not be a conscious decision and may be made over a much shorter period.
- » While the data indicates a current crisis in Western out-of-home care systems, research indicates there is no shortage of people interested in foster care.
- » More positive attitudes towards foster care are shared by those who have familiarity with foster care including personal experience of knowing someone who had been in foster care.
- » Both foster and kinship carers report that wanting to make a difference in a child's life is one of the main reasons for becoming a carer.
- » Many potential carers report that obtaining joy and experience from the role would be a strong motivator to become a carer, and has also been identified as a factor in carer retention.
- » Grandmothers, aunts and other kinship carers identify that decisions to care for kin are prompted by a sense of duty or obligation to meet the needs of children within their families, to preserve their families and child's identity, and a legacy of shared care giving within families.
- » For children who have special needs, an effective recruitment strategy could be approaching those adults who already have an existing personal relationship with the child.

Recruitment of carers

- » While the literature highlights 'good practice' in the recruitment of foster carers, few studies have evaluated the effectiveness of specific strategies to increase the number of foster carers. There are also limitations in applicability of research to NT context.
- » Mass media recruitment campaigns are very useful in providing information to the community about the foster care role, but have not proven to significantly increase the number of new carers.
- » Many potential foster carers consider this option for years, sometimes decades – before they make arrangements to foster a child. A variety of recruitment strategies therefore have a reinforcing effect over time so they need to be persistent and ongoing.
- » Supporting foster carers should be seen as strengthening the protective factors for children in care.
- » Recruitment and retention efforts should include messages from existing carers about the benefits they have received from caring, and that many planned to continue.
- » Recruitment efforts should target carers who not only have the right motivations but who are also most likely to provide high quality caring environments.
- » High quality carers are flexible, teachable, members of a team, loving, interested in strengthening a family and up for a challenge. They advocate for the needs of the child; strengthen connections to the birth family and know when to ask for help.
- » 'Word of mouth' is the most powerful foster care recruitment strategy and using current and experienced foster carers to recruit new carers, prior to pre-service training, is considered one of the best ways to increase the pool of carers.
- » Considering the potential benefits of a diverse range of foster carers, such as gay and lesbian carers, would also increase the carer pool.
- » Foster children recommend that to attract new carers, the statutory department needs to appreciate existing foster carers by respecting them and through regular recognition.

Agency systems to support recruitment campaigns

- » Agency systems need to support foster care recruitment efforts as, without agency change, new strategies will have limited success.
- » Evidence suggests that if a mass media campaign is launched, foster care agencies need to develop detailed response protocols for managing enquiries from potential foster carers, which include timeframes.
- » Building an evaluation framework around recruitment can also track potential carers as they move through the system and identify reasons for drop out. The agency can then make continuous improvements to procedures that are identified as barriers to recruitment.
- » Retention is recruitment, highlighting that greater support and acknowledgement of existing carers will help attract new carers, as well as reduce the demand for new carers.
- » Satisfaction in the caring role is strongly related to carers' perceptions about teamwork, communication and confidence in to the system and caseworkers within it.

Issues of recruitment and retention for Aboriginal foster/kinship carers

- » Very little has been written about strategies used to recruit Aboriginal carers in Australia, with a distinct lack of evidence about the effectiveness of these strategies.
- » Increasing the numbers of Aboriginal foster and kinship carers is difficult due to poverty and disadvantage experienced by many Aboriginal families where costs of looking after a child, often with high needs, places additional strain on already stretched family resources.
- » Mainstream procedural approaches to assessment, recruitment and training of carers have been identified as a barrier to recruitment.
- » Systems need to find ways to give minority groups a voice by mitigating language and cultural barriers eg partnering with existing minority carers to improve engagement with families from similar cultural backgrounds; developing and using culturally sensitive recruitment materials; and responding to inquiries in a culturally sensitive way
- » Greater rates of adult imprisonment, criminal history and substantiations of child maltreatment in the Aboriginal population are systemic barriers to recruitment.
- » There is a need to involve Aboriginal people with knowledge of kinships, social structures and local communities for successful recruitment of Aboriginal carers.
- » Localised and low-key promotion to attract new Aboriginal foster and kinship carers is recommended, with broad-based media campaigns considered unlikely to be effective in the recruitment of Aboriginal carers.
- » The recruitment, assessment and training process for non-Aboriginal carers should reinforce the additional responsibilities of maintaining connections with family and community they will taking on when caring for an Aboriginal child.
- » Family group conferencing that brings together family networks is promising for kinship carer recruitment strategies.

References

1. McHugh M. Indirect costs of fostering and their impact on carers. *Communities, Children and Families Australia* 2006;2(1):73–85.
2. Smyth C, Eardley T. *Out of Home Care for Children in Australia: A Review of Literature and Policy: Social Policy Research Centre, University of New South Wales, 2008.*
3. Australian Institute of Health and Welfare. *Child Protection Australia 2010–11. Child Welfare Series 53. Canberra: AIHW, 2012.*
4. Northern Territory Government. *Growing Them Strong, Together: Promoting the safety and wellbeing of the Northern Territory's children, Summary Report of the Board of Inquiry into the Child Protection System in the Northern Territory 2010, M.Bamblett, H. Bath and R. Roseby. Darwin, NT: Northern Territory Government, 2010.*
5. Nasuti JP, York R, Sandell K. Comparison of Role Perceptions of White and African American Foster Parents. *Child Welfare* 2004;83(1):49–68.
6. Mathieson S, Jarmon B, Clarke L. Searching for Family:Voices of Florida's Foster Children. *Journal of Family Social Work* 2001;6(1):15–33.
7. Barber JG, Delfabbro PH. The first four months in a new foster placement: psychosocial adjustment, parental contact and placement disruption. *Journal of Sociology & Social Welfare* 2003;30(2):69–85.
8. Colton M, Roberts S, Williams M. The recruitment and retention of family foster-carers: An international and cross-cultural analysis. *British Journal of Social Work* 2008;38(5):865–84.
9. McHugh M, McNab J, Smyth C, Chalmers J, Siminski P, Saunders P. *The availability of foster carers: Social Policy Research Centre, University of New South Wales, 2004.*
10. Marcellus L. Supporting resilience in foster families: A model for program design that supports recruitment, retention, and satisfaction of foster families who care for infants with prenatal substance exposure. *Child Welfare* 2010;89(1):7–29.
11. Riggs DW, Delfabbro PH, Augoustinos M. Negotiating foster-families: Identification and desire. *British Journal of Social Work* 2009;39(5):789–806.
12. Sawyer M, Carbone JA, Searle A, Robinson P. The mental health and wellbeing of children and adolescents in home-based foster care. *Medical Journal of Australia* 2007;186(4):181–84.
13. Orme JG, Buehler C, McSurdy M, Rhodes KW, Cox ME, Patterson DA. Parental and familial characteristics of family foster care applicants. *Children and Youth Services Review* 2004;26(3):307–29.
14. Baum AC, Crase SJ, Crase KL. Influences on the decision to become or not become a foster parent. *Families in Society* 2001;82(2):202–13.
15. Cox ME, Orme JG, Rhodes KW. Willingness to Foster Children with Emotional or Behavioral Problems. *Journal of Social Service Research* 2003;29(4):23–51.
16. Bromfield L, Higgins D, Osborn A, Panozzo S, Richardson R. *Out-of-home care in Australia: Messages from research: Australian Institute of Family Studies, 2005.*
17. McHugh M. *A Framework of Practice for Implementing a Kinship Care Program: Social Policy Research Centre, University of New South Wales, 2009.*
18. Australian Institute of Health and Welfare. *Adoptions Australia 2010–2011. Child Welfare Series Number 52. Canberra: AIHW, 2011.*
19. Australian Bureau of Statistics. *National Regional Profile: Northern Territory, 2010.*
20. Delfabbro P, Hirte C, Rogers N, Wilson R. The over-representation of young Aboriginal and Torres Strait Islander people in the South Australian child system: A longitudinal analysis. *Children and Youth Services Review* 2010;32(10):1418–25.
21. Arney F, Bowering K, Chong A, Healy V, Volkmer B. Sustained nurse home visiting with families of Aboriginal children. In: Arney F, Scott D, editors. *Working with Vulnerable Families: A Partnership Approach. Melbourne: Cambridge University Press, 2010:109–34.*
22. Tilbury C. The over-representation of indigenous children in the Australian child welfare system. *International Journal of Social Welfare* 2009;18(1):57–64.
23. Kiraly M, Humphreys C. 'It is the story of all of us': Learning from Aboriginal families about supporting family connection. Melbourne: The Child Safety Commissioner, 2011.
24. Berlyn C, Bromfield L, Lamont A. *Child Protection and Aboriginal and Torres Strait Islander Children Resource Sheet. Melbourne: National Child Protection Clearinghouse, 2011.*
25. Martin ED, Altemeier WA, Hickson GB, Davis A, Glascoe FP. Improving resources for foster care. *Clinical Pediatrics* 1992;31(7):400–04.
26. Giarrochi J, Randle M, Miller L, Dolnicar S. Hope for the Future: Identifying the Individual Difference Characteristics of People Who Are Interested In and Intend To Foster-Care. *British Journal of Social Work* 2012;42(1):7–25.
27. Denby R, Rindfleisch N, Bean G. Predictors of foster parents' satisfaction and intent to continue to foster. *Child Abuse and Neglect* 1999;23(3):287–303.
28. Siminski P, Chalmers J, McHugh M. Foster carers in New South Wales: profile and projections based on ABS Census data. *Children Australia* 2005;30(3):17–24.
29. Wilson K, Fyson R, Newstone S. Foster fathers: their experiences and contributions to fostering. *Child & Family Social Work* 2007;12(1):22–31.

30. Coakley TM, Cuddeback G, Buehler C, Cox ME. Kinship foster parents' perceptions of factors that promote or inhibit successful fostering. *Children and Youth Services Review* 2007;29(1):92-109.
31. Groze V, McMillen JC, Haines-Simeon M. Families who foster children with HIV: a pilot study. *Child and Adolescent Social Work Journal* 1993;10(1).
32. Davis-Sowers R. "It Just Kind of Like Falls in Your Hands": Factors that Influence Black Aunts' Decisions to Parent Their Nieces and Nephews. *Journal of Black Studies* 2011.
33. Geen R. Foster children placed with relatives often receive less government help. 2003.
34. Tyebjee T. Attitude, interest, and motivation for adoption and foster care. *Child Welfare* 2003;82(6):685-706.
35. Randle M, Dolnica S, Ciarrochi J, Miller L. The market of "potential" foster carers: Australian general population survey. Summary of Findings ed. Wollongong: Institute for Innovation in Business and Social Research, University of Wollongong, 2010.
36. Keogh L, Svensson U. Why don't they become foster carers? A study of people who inquire about foster care. *Children Australia* 1999;24(2):13-19.
37. Randle M, Dolnicar S. Using Targeted Marketing to Increase Foster Carers: Making Smarter Use of Limited Marketing Dollars. 2010.
38. Delfabbro P, Mignon B, Vast R, Osborn A. The effectiveness of public foster carer recruitment campaigns: the South Australian experience. *Children Australia* 2008;33(3):29 %U <http://search.informit.com.au/documentSummary;dn=200811373;res=APAFT>.
39. Richardson N, Bromfield L, Higgins D, Family ADO, Services C, Studies ALOF, et al. The recruitment, retention, and support of Aboriginal and Torres Strait Islander Foster Carers: A literature review: National Child Protection Clearinghouse, Australian Institute of Family Studies, 2005.
40. Rodger S, Cummings A, Leschied AW. Who is caring for our most vulnerable children?. The motivation to foster in child welfare. *Child Abuse and Neglect* 2006;30(10):1129-42.
41. Council of Territory Co-operation Public Hearing. LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY. Public Hearing No 49 ed. Darwin, 2011.
42. Buehler C, Cox ME, Cuddeback G. Foster parents' perceptions of factors that promote or inhibit successful fostering. *Qualitative Social Work* 2003;2(1):61-83.
43. Baum MM, Krider ES, Moss JA. Accessible research experiences: A new paradigm for in-lab chemical education. *Journal of Chemical Education* 2006;83(12):1784-87.
44. Lawrence R. Recruiting carers for children in substitute care: The challenge of program revision. *Australian Social Work* 1994;47(1):37-42.
45. Moore B, Grandpre M, Scoll B. Foster home recruitment: a market research approach to attracting and licensing applicants. *Child welfare* 1988;67(2):147-60.
46. Coyne A. Recruiting foster and adoptive families: a marketing strategy. *Children today* 1986;15(5):30-33.
47. Smith EP, Gutheil RH. Successful foster parent recruiting: a voluntary agency effort. *Child welfare* 1988;67(2):137-46.
48. Lutz L, Agosti J. Recruitment and Retention of Resource Families, Promising Practices and Lessons Learned. Breakthrough Series: Casey Family Programs, 2005.
49. Berrick JD, Shauffer C, Rodriguez J. Recruiting for excellence in foster care: Marrying child welfare research with brand marketing strategies. *Journal of Public Child Welfare* 2011;5(2-3):271-81.
50. Osborn A, Panozzo S, Richardson N, Bromfield L. Foster Families. National Child Protection Clearinghouse Research Brief No 4. Melbourne: Australian Institute of Family Studies, 2007.
51. Marcenko MO, Brennan KD, Lyons SJ. Foster parent recruitment and retention: Developing resource families for Washington State's children in care. Seattle, WA: Partners for Our Children 2009.
52. Meredith V, Price-Roberston R. Alcohol misuse and child maltreatment Practice Sheet. Melbourne: Australian Institute of Family Studies, 2011.
53. Coyne A. Techniques for recruiting foster homes for mentally retarded children. *Child welfare* 1978;57(2):123-31.
54. Riggs DW, Augoustinos M. Institutional stressors and individual strengths: Policy and practice directions for working with Australian lesbian and gay foster carers. *Practice* 2009;21(2):77-90.
55. McDonald PS, Burgess C, Smith K. A Support Team for Foster Carers: The Views and Perceptions of Service Users. *British Journal of Social Work* 2003;33(6):825-32.
56. Geen R, others. Who Will Adopt the Foster Care Children Left Behind? 2003.
57. Bromfield L, Higgins JR, Higgins D, Richardson N, Australian Institute of Family S, National Child Protection C. Why is there a shortage of Aboriginal and Torres Strait Islander carers? Melbourne, Vic.: Australian Institute of Family Studies %@ 9780642395566 064239556X, 2007.
58. Libesman T. Cultural Care for Aboriginal and Torres Strait Islander Children in Out of Home Care. 2011.
59. Capello DC. Recruiting hispanic foster parents: issues of culture, language, and social policy. *Families in Society* 2006;87(4):529-35.
60. Higgins JR, Butler N. Assessing, training and recruiting Indigenous carers. 'Promising Practices in Out-of-Home Care for Aboriginal and Torres Strait Islander Carers, Children and Young People' (booklet 2). Melbourne: Australian Institute of Family Studies, 2007.
61. Allard T. Understanding and preventing Indigenous offending. Indigenous Justice Clearinghouse Brief 9, 2010.

