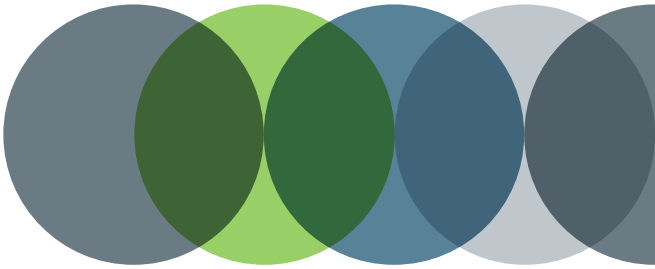
Foster Care Communication and Recruitment Strategy (FCCRS)



Report

Foster Care in Context:

An Evaluation of the Foster Care Communication and Recruitment Strategy

Centre for Excellence in Child and Family Welfare Inc.

verso consulting pty ltd

Centre for Excellence in Child and Family Welfare (2012)

Foster Care in Context: An evaluation of the Foster Care Communication and Recruitment Strategy

Report
Foster Care Communication and Recruitment Strategy (FCCRS)

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Centre for Excellence in Child and Family Welfare
Level 5/50 Market Street Melbourne 3000.
Tel + 61 3 9614 1577
www.cfecfw.asn.au
www.fosterabrighterfuture.com.au

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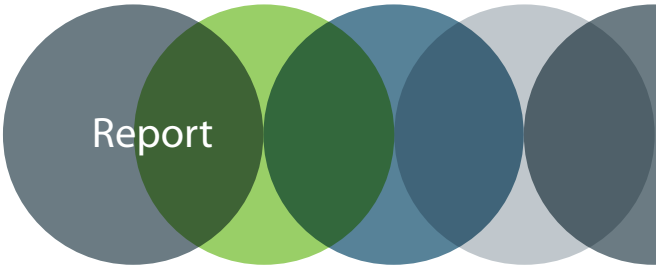

About the Centre for Excellence in Child and Family Welfare

The Centre and its members share social responsibility with government and the broader community for addressing disadvantage and eliminating vulnerability in Victoria. As the state peak body for child and family welfare we provide independent analysis, dialogue and cross-sectoral engagement to breakdown multi-causal factors that perpetuate vulnerability. With our members our role is to build capacity and capability through research, evidence and innovation to influence change.

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Acknowledgements

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We have drawn on the previous work completed as part of the Foster Care Communication and Recruitment Strategy, and acknowledge the contribution of Success Works for the Centre for Excellence in Child and Family Welfare *Strengthening the Recruitment and Retention of Foster Carers in Victoria Monograph* and Judy Wookey for the Centre for Excellence in Child and Family Welfare *Phase 1 and Phase 2 Evaluation Reports.*[1 2 3]

We also wish to thank those who participated in the consultation process. We appreciate the time they have given to help us identify issues at a regional level, and their energy and commitment to building local networks and improving outcomes for children and young people in foster care.

About the authors

Doug Faircloth, Director

Doug has been the Lead Consultant for this project.

Doug has many years of experience in customer service and organisational development in commercial and not-for-profit settings. He has worked with Verso Consulting for over 8 years and has been a Director of the practice for 5 years. As a Senior Consultant with Verso, his capabilities contribute strongly to the provision of community consultations, market research, service reviews and learning programs for Verso clients, as well as expertise in program and service evaluation.

Doug has worked with governments at all levels, peak bodies, community service organisations, private providers and independent research organisations.

Jodie McNair, Research Manager

Jodie has been a key contributor in relation to data analysis and report writing, as well as undertaking a key liaison role for this project.

Jodie has over 6 years consulting and service planning experience with Verso Consulting. Prior to commencing with Verso, Jodie held a number of key positions with a major international not-for-profit organisation where she enacted key communication roles and was involved in policy development and quality control.

During her time with Verso, Jodie has undertaken a diverse range of feasibility and community profile analyses. Her capacity to identify detailed insights within population needs has been utilised by many organisations, including analysis of existing service provision options in order to inform business case development for service establishment/expansion.

1 Centre for Excellence in Child and Family Welfare, *'By Next Tuesday. . .', Best practice engagement project, foster care recruitment and retention*, Centre for Excellence in Child and Family Welfare, Melbourne, 2008.
2 Centre for Excellence in Child and Family Welfare, *Phase 1 Evaluation Report*, 2009, (unpublished).
3 Centre for Excellence in Child and Family Welfare, *Phase 2 Evaluation Report*, 2010, (unpublished).

Introduction

Foster care is vital for children and young people who cannot live with their own families. Publicity about foster care and the recruitment of foster carers are activities which are essential to ensuring that there are sufficient numbers of foster carers to meet the needs of children and young people requiring care, whether this be respite care, short-term or long-term foster care.

Over the past six years the Centre for Excellence in Child and Family Welfare has coordinated the Foster Care Communication and Recruitment Strategy (FCCRS), a joint initiative of organisations providing foster care services. The Strategy included the provision of a state-wide data management and referral system, a telephone hotline, a suite of promotional material and the Foster a Brighter Future Website. The Strategy was funded by the Department of Human Services.

This report by Verso Consulting represents the final evaluation and reporting phase of the strategy. It makes important recommendations to ensure the ongoing efficiency and effectiveness of Victorian approaches to foster care publicity and recruitment. Further it makes important recommendations to ensure that recruitment processes also meet the needs of potential foster carers. The report makes a significant contribution to the challenge of ensuring that foster care remains a sustainable option for the placement of children who cannot live at home.

Dr Lynette Buoy
Chief Executive Officer
Centre for Excellence in Child and Family Welfare

Glossary and Definitions

ACCO
Aboriginal Community Controlled Organisation

AIHW
Australian Institute for Health and Welfare

ATSI
Aboriginal and/or Torres Strait Islander

CALD
Culturally and Linguistically Diverse

CSO
Community Service Organisation: A non-government organisation registered and funded by DHS to deliver home-based care services. The CSO has the responsibility for recruiting, assessing, training, supervising and supporting home-based carers.

CFECFW
Centre for Excellence in Child and Family Welfare Inc.

CWAV
Children's Welfare Association of Victoria Inc
(now Centre for Excellence in Child and Family Welfare)

DHS
Department of Human Services: The Victorian Government department responsible for, among other things, human services child protection, family services and youth justice. The department's mission is to enhance and protect the health and wellbeing of all Victorians, emphasising vulnerable groups and those most in need. The Department covers the responsibilities of the Ministers for Community Services, Aged Care, Housing and Mental Health.

DHS Local Areas (formerly proposed DHS Regions)
DHS announced a major restructure in February 2012, including re-organisation from eight Regions to seventeen Local Areas (two to nine LGAs per area). The proposed Local Areas are based on Child FIRST catchments and direct service delivery in each catchment will be coordinated at Local Area level.

Emergency Foster Care
Emergency foster care is provided for children who require a placement immediately due to concerns for their safety. Due to the urgency of these placements there is usually very little notice before a child is placed with the foster carer. There is generally additional financial reimbursement provided to foster carers for the initial stages of a placement to allow for costs associated with establishing a child in the home.

FCAV
Foster Care Association of Victoria

Foster Care
Foster care is one form of 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'. This category includes situations in which a child is living with foster parent(s) who are offered a foster allowance from a government or non-government organisation for the care of a child (excluding children in family group homes). There are varying degrees of reimbursement made to foster carers.

Home Based Care (HBC)
Home-based care provides placements with approved carers in their own home, for children and young people 0–18 years of age who are unable to live with their families for a range of reasons. Home-based care includes all types of foster care, kinship care and permanent care.

Kinship Care
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). Kinship care can be short or long term.

Long Term Foster Care
Long term foster care is arranged when a child cannot return home for some time, or when that outcome is anticipated. Long-term foster care may cease when a permanent placement is arranged for the child, or when the child reaches adulthood and becomes independent.

Out-of-Home Care (OHC)

Out-of-home care is the term used to describe the placement of children away from their parents, due to concern that they are at risk of significant harm. The purpose of out-of-home care is to provide children who are unable to live at home due to significant risk of harm, with a placement, which ensures their safety and healthy development and achieves stability.

Permanent Care

Permanent care arrangements are enacted when children are placed with approved permanent care parents by Adoption and Permanent Care teams, or when an existing foster care or kinship care placement is converted to permanent care by the granting of a Permanent Care Order or an order from the Family Court. Permanent care provides security and stability for children and young people who have entered the child protection system and for whom a decision has been made that they are unable to live safely within their family on a long term basis. It is intended they will grow up and remain as a member of the carer's family.

Regional P&R

Regional Promotion and Recruitment

Respite Foster Care

Respite foster care gives full-time foster carers, parents or guardians a regular break, often for one or two weekends a month, or a week each school holidays. Respite arrangements between parents/guardians and respite foster carers are frequently voluntary, and arrangements are often for a period of six or twelve months.

Short Term Foster Care

Short term foster care is for children who may require a placement for a time period from a couple of weeks up to about six months in length. Children requiring short-term care are often able to be reunited with their birth parents or extended family at the end of the foster care placement.

Sources: www.fosterabrighterfuture.com.au; Child Protection in Australia 2009-10; www.dhs.vic.gov.au; The Home Based Care Handbook, revised edition 2007; email correspondence from CFECFW 11/4/12; Child Protection Practice Manual.

'Foster care is vital for children and young people who cannot live with their own families. Publicity about foster care and the recruitment of foster carers are activities which are essential to ensuring that there are sufficient numbers of foster carers to meet the needs of children and young people requiring care, whether this be respite care, short-term or long-term foster care.'

Executive Summary

Project Context

In June 2006, the Minister for Children and Minister for Community Services approved one-off funding of $500,000 to develop a strategy to strengthen the approach for foster carer recruitment and retention and address the shortage of foster carers across Victoria. The Centre for Excellence in Child and Family Welfare (CFECFW) was allocated this funding to implement a communication and recruitment strategy.

The aim of the Foster Care Communication and Recruitment Strategy (FCCRS) project was to develop a comprehensive foster care communication and recruitment strategy for Victoria for the next 3 to 5 years. This was undertaken through various sub-projects:

Phase 1:

The first phase was the undertaking of a needs analysis to identify the supply and demand gap in the foster carer pool, a literature review and analysis of effective practices in foster carer recruitment, consultation with foster carers who have left regarding their reasons for leaving and consultation with community service organisations (CSOs) about successful and unsuccessful practices in foster care recruitment. The report from this stage was to inform the market research phase.

Phase 2:

The second phase included market research and an engagement process led by the Centre with CSOs around good recruitment practice.

Phase 3:

The third phase was evaluation and reporting, which was to include evaluation of the project and recommendations for further action. A key activity identified to support the evaluation was the development of a system for standardised regular collection of statistics about enquirers to enable tracking of enquiries from initial enquiry through stages leading up to approval as a foster carer. The aim was to inform ongoing improvements to the state-wide foster care recruitment strategy. This document provides a state-of-play report on the supply and demand aspects of the Victorian foster care system, and makes recommendations for future action in the area of foster carer intake and retention, in the context of the completion of the three previous stages.

Methodology

The methodology for the current project involved:

- Surveys completed by 30 foster care programs in Victoria. Some organisations that participated grouped responses from two or more of their service sites within a single DHS region. In these cases, for reporting purposes, this grouped regional data is referred to as one program;
- An overview of literature relating to the recruitment and retention of foster carers;
- Reference to the literature review which formed part of the Evaluation of Therapeutic Residential Care Pilot Sites in Victoria, undertaken by Verso Consulting in 2009-11;
- Analysis of relevant data held by Centre for Excellence in Child and Family Welfare;
- Analysis of relevant data held by Department of Human Services;
- Facilitation of a focus group with 11 representatives of CSOs providing foster care.

A process map (see Figure 1) was developed to illustrate the journey of a member of the general public to becoming an accredited foster carer. The map seeks to highlight where information is gained and demonstrates the important relationship that exists for most foster carers in relation to their circles of support.

Findings

Enquiries and recruitment

Analysis of data held by CFECFW indicates growth in both the number and proportion of enquiries generated through the Internet/FaceBook and Word of Mouth over the period 2009-2011. Together they comprised 61.7% of enquiries in 2009, 69.5% in 2010 and 76.9% in 2011.

Actual numbers of enquiries generated through other identified activities (brochures, magazine, newspaper, poster, regional campaign, stalls and TV) have declined marginally. The proportional contribution has reduced from 25.8% in 2009, to 20.2% in 2010, and 17.8% in 2011.

The key channels for enquiries are to the CSOs direct, via the CFECFW website and the State-wide Hotline. The reported volume of responses via the Hotline have decreased from 319 in 2009, to 169 in 2010, and 139 in 2011. Data from CFECFW indicates that the volume of referrals from other agencies are also declining (65 in 2009, 40 in 2010, 21 in 2011), as are referrals from Regional P&R (29 in 2009, 8 in 2010, 4 in 2011).

Analysis of the Brighter Futures initiatives demonstrate significant variations in the conversion rate of enquiries to accredited foster carers depending on which CSO was working with the enquirer. However, on the whole, recruitment via 'Foster a Brighter Future' initiatives achieved a higher conversion rate than the 'direct activities' of the CSOs.

The focus group identified a number of cohorts within the broader group of foster care enquirers:

- Some are interested in providing respite foster care only;
- Some are 'ready to start tomorrow';
- Many come back a year or more after their initial enquiry.

It is important that CSOs are resourced to respond in an appropriate and timely manner to enquiries to ensure that prospective foster carers are not 'lost' in the system at this point. Key findings from a US study identified poor agency responsiveness to enquiries as a contributing factor in recruitment challenges.[4] Further analysis of this dimension of the recruitment of foster carers would be of value in order to place significant value on the potential foster carer and their willingness to care and to maximise the dollar and resource outlay for recruitment activities.

It is noted that Aboriginal people typically have a higher rate of volunteerism and once they have become a foster carer, it is likely that they will continue to provide that care for longer periods than foster carers in the wider community. The challenge is to engage Aboriginal people and organisations in the recruitment of foster carers. It is important that due attention is paid to the quality of the relationship.

Time series analysis identified significant shifts in the profile of foster care enquirers; the domains of age, gender, cultural background and householder composition were particularly considered. Consistent with international trends, and driven by an intentional focus, the number of singles and same sex couples enquiring about foster care has increased in Victoria.

Newly-accredited foster carers

All 30 respondents to the survey provided data regarding newly-accredited foster carers in the financial year 2010/2011. The CSOs reported:

- Two hundred and sixty nine newly-accredited foster carers;
- Two hundred and thirty four of the newly-accredited foster carers had foster children placed with them during the financial year (2010/2011);
- CSOs reported that newly-accredited foster carers provided a range of care types, the most common being respite foster care, followed by long-term foster care.

Twenty four responses out of 30 CSO surveys returned provided data regarding newly-accredited foster carers from the previous two financial years who have exited the system. Key findings include:

- The average of exits of foster carers accredited in the past two financial years across 23 CSOs was 6%;
- seven CSOs had none of their newly-accredited foster carers exit;
- six CSOs had between 20% to 26% of their foster carers accredited in the past two financial years exit the program.

4 M Marcenko, K Brennan & S Lyons, *Foster Parent Recruitment and Retention: Developing Resource Families for Washington State's Children in Care*, Partners for Our Children, 2009, p 4.

Active foster carers

The annual Australian Institute of Health and Welfare (AIHW) Child Protection Australia publication commenced reporting the number of foster carer households in 2009-10, with the two available data sets for Victoria indicating a slight decline from 907 households providing foster care at 30/6/10 to 899 households at 30/6/11.[5] [6] Data provided by CSOs in response to the survey conducted by Verso Consulting indicates the number of active foster carers (a slightly different measure) as 1,402.

Time series analysis identified significant shifts in the profile of accredited foster care. The domains of age, gender, cultural background and householder composition were particularly considered. It was found that the profiles of foster care enquirers and accredited foster carers is broadly consistent, including the conversion of singles and same sex couple enquirers to foster carers.

Data in relation to the length time care is provided by foster carers indicates an average of around 5.3 years. Twenty six CSOs provided this data from the 30 returns received from the providers. The range varied from 6 months to fifteen years. Initiatives which focus on increasing retention of foster carers, in conjunction with recruitment activities, will clearly have an impact in meeting the demand for all types of foster care.

The CSOs reported that in the financial year 2010-2011 the number of foster carers who exited the program totalled 219. This figure can be compared to newly-accredited foster carers demonstrating a net gain of 50 foster carers. While the number of foster carers who have exited can be tabulated, the important evidence not presented through this data is why they exited and what could be done to reduce the rate of exits.

The top two themes contributing to the exit of accredited foster carers identified by Wilks and Wise were:

- Poor experience with government and non-government agencies;
- Parenting challenges (difficult child behaviour).[7]

The data provided by the CSOs demonstrates that the marketing strategies have lifted the number and proportion of enquirers under 45 years from 59.6% in 2009 to 71.2% in 2010 and 2011. This may indicate that current marketing strategies may be able to mitigate the issue of older foster carers exiting the system.

Pell's research informs the view that

'an improved, more professionalised foster care system will: create an increase in capacity, improve the therapeutic approaches to care, attract a wider target group of professionals to the system, create a more informed and professionally trained work force among carers and create better options and outcomes for children in the system.'[8]

Demand for additional foster carers

The CSOs responding to the survey indicated a need for 511 additional foster carers. This would represent an increase of 39% based on current estimates. A breakdown of these estimates by local government area and region is provided in Table 12 through to Table 20.

In the short term providing the emotional and mentoring support to the existing pool of foster carers in Regional Victoria may be required to ensure that the situation does not deteriorate any further through exits and burnout.

Children in foster care

Of the 30 surveys returned by CSOs, 23 provided data on the number of referrals. There were a total of 4,197 referrals of children and young people to the service in the financial year 2010-11. The disparity between the 4,197 referrals identified by the CSOs, the demand for additional foster carers (511) and the actual numbers and the trend data are not able to be adequately explored within the scope of this report. The question as to what happened to the children who were not placed should prompt concern regarding the welfare of these children and the impact of the unmet demand on the entire system.

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5 Australian Institute of Health and Welfare, *Child Protection Australia 2009-10,* Child Welfare Series No 51, Cat No CWS 39, Australian Institute of Health and Welfare, Canberra, 2011.

6 Australian Institute of Health and Welfare, *Child Protection Australia 2010-11*, Child Welfare Series No 53, Cat No CWS 41, Australian Institute of Health and Welfare, Canberra, 2012.

7 S Wilks & S Wise, *The Care Factor: Rewards and Challenges of Raising Foster Children*, Anglicare Victoria, Melbourne, August 2011.

8 A Pell, *An Examination of the Progress of Recruitment and Retention of Foster Carers in the USA, UK and in the Republic of Ireland*, The Winston Churchill Memorial Trust of Australia, 2008, p 17.

The authors of this report recognise that the referral data may include referrals of the same child or young person to multiple agencies, resulting in the same need for placement being counted as more than one referral. There is a need to be able to identify the extent of the demand more accurately. This lack of accurate data is a contributing factor toward a recommendation regarding the development of a minimum data set.

The changing dynamic within the OHC system in relation to the role of foster care and kinship care is particularly evident in the reversal of the proportions of children in these care types:

- Kinship care has increased from 26.4% of children in OHC in 2000-01 to 39.2% in 2010-11;
- Foster care has decreased from 43.5% of children in OHC in 2000-01 to 25.0% in 2010-11.

It should be noted that the number of children in foster care has declined slightly – from 1,699 children in 2000-01 to 1,531 children in 2010-11. There has at the same time been an overall increase in the number of children in OHC (3,902 in 2000-01 to 6,119 in 2010-11).

Twenty five of 30 CSOs who returned surveys provided data in relation to the distance the placement of the young person/child was from their home:

- A median of 5% of young people/children were placed 50+km from their home;
- Eleven CSOs recorded that 2% or less of their placements of young people and children were more than 50km from their home;
- Six CSOs recorded that 50% to 90% of their placements of young people and children were more than 50km from their home.

Issues concerning the high costs of travel arise from this data. These additional costs should be recognised in the funding for CSOs and for foster carers. The issue of the increased cost of care in regional areas and its impact on recruitment and retention should also be considered.

Recommendations

Recommendation 1: Development of a minimum data set

The report, literature and stakeholders all highlight the need for more accurate and consistent data. A minimum data set would enable:

- The maintenance of robust data regarding the costs avoided and incurred in initiatives and programs in the OHC system supporting program comparisons;
- The minimum data set could overcome currently disparate and inaccurate information. Information is critical to a young person's welfare and enables objective measurement of the outcomes of programs and of the effectiveness of individual placement strategies.

Recommendation 2: Further development of a 'marketing approach'

The marketing approach recommended in Strengthening the Recruitment and Retention of Foster Carers should be built upon. Current data provides a rudimentary insight into where foster carers get their information, what medium they use to contact the CSO and the current and changing demographics of enquirers and foster carers. There are significant gaps in relation to understanding the motivation/s which drive decision making.

Inherent in this recommendation is the need to develop and implement an integrated action plan targeted to ensure a greater proportion of enquirers becoming active foster carers.

Adoption of this recommendation would require additional financial investment and targeted application of resources. However the anticipated long term benefits to the sector are considerable.

Recommendation 3: Support for ACCOs' recruitment and retention of foster carers

Particular attention and additional support should be provided for Aboriginal Community Controlled Organisations (ACCOs) to examine and support the retention and recruitment of foster carers including gathering the data in this study.

Direct consultation with Aboriginal communities and agencies needs to be undertaken to compare and contrast the profile of demand, service issues and to develop recommendations. This needs to take place in the context of trust and relationship.

Recommendation 4: Additional support to develop an expanded profile of foster carers

A review of international literature regarding recruitment and retention of foster carers identifies some of the significant changes in the profile of foster carers reflected in the increase in single females who are mostly in the their middle years, professional couples in paid work and same sex couples.

It is recommended that foster carers who are single females, professional couples in paid work and same sex couples are surveyed to support greater understanding of the particular support required to ensure that these foster carers are able to continue in their caring role. It is recommended that findings from this survey are used in recruitment and training processes.

Recommendation 5: Ensure sufficient foster carers to meet the demand

The literature and data presented in this report confirms a shortfall in the number of foster carers (at least 500). To ensure that the supply of available foster carers is increased in line with demand it is recommended that:

- Current foster carers are supported to stay in their foster care roles for longer;
- A greater proportion of enquirers are supported to become accredited foster carers;
- Particular attention be paid to developing strategies that can respond to the disproportionately high demand for foster carers in regional locations;
- The emphasis on targeting younger people should continue to counter the retirement rate of older foster carers.

Recommendation 6: Rural supplement

A supplement is proposed to address additional costs associated with the high cost of travel in regional and rural areas. It is recommended that such a supplement draw on the Area Remoteness Index of Australia (ARIA) developed by the Australian Bureau of Statistics (ABS).[9] A similar supplement is currently in use in Commonwealth funded case managed community aged care in regional locations.[10]

9 Australian Bureau of Statistics, Remoteness Structure http://www.abs.gov.au/websitedbs/d3310114.nsf/home/remoteness+structure, accessed 7/5/12

10 Department of Health and Ageing, Rural and Remote Viability Supplement for Community Care Programs http://www.health.gov.au/internet/main/publishing.nsf/content/ageing-cacp-ruralremote.htm, accessed 7/5/12

1. Background

1.1 Context

In June 2006, the Minister for Children and Minister for Community Services approved one-off funding of $500,000 to develop a strategy to strengthen the approach for foster carer recruitment and retention and to address a shortage of foster carers across Victoria. The Centre for Excellence in Child and Family Welfare (CFECFW) was allocated this funding to implement a communication and recruitment strategy for Victoria.

The aim of the Foster Care Communication and Recruitment Strategy (FCCRS) project was to develop a comprehensive foster care communication and recruitment strategy for Victoria for the next 3 to 5 years. This was undertaken through various sub-projects with the main project focusing on the following:

- Identifying the demand and supply gaps currently in the system and mapping the profile of children and young people in foster care and foster carers on a state-wide and regional basis;
- Developing a comprehensive communication and marketing strategy and developing appropriate multi-media promotional materials to assist with the implementation of the strategy;
- Developing a consistent data collection system in order to track enquiries from the Foster Care Recruitment Hotline through various stages of accreditation; and,
- Developing and implementing the Best Practice Engagement Project identifying and documenting good practice examples of recruiting and retaining foster carers.

The project has been divided into three key phases:

Phase 1

The first phase was the undertaking of a needs analysis to identify the supply and demand gap in the foster carer pool, a literature review and analysis of effective practices in foster carer recruitment, consultation with foster carers who have left regarding their reasons for leaving and consultation with community support organisations (CSOs) about successful and unsuccessful practices in foster care recruitment. The report from this stage was to inform the market research phase.

Phase 2

The second phase included market research and an engagement process led by the Centre with CSOs around good recruitment practice.

Phase 3

The third phase was evaluation and reporting, which was to include evaluation of the project and recommendations for further action. A key activity identified to support the evaluation was the development of a system for standardised regular collection of statistics about enquirers to enable tracking of enquiries from initial enquiry through stages leading up to approval as a foster carer. This had the aim of informing ongoing improvements to the state-wide foster care recruitment strategy.

1.2 Purpose

The aim of this project report is to provide a state-of-play report on the supply and demand aspects of the Victorian foster care system with recommendations for future action in the areas of foster carer intake and retention in the context of the completion of the three previous stages of the project.

This project has included collection of data from foster care service providers relating to: existing foster carers, children/referrals, enquiries and newly-accredited foster carers. The data gathered has been aggregated and analysed. The data analysis has been cross-referenced to literature including the monograph Strengthening the Recruitment and Retention of Foster Carers in Victoria, an overview of recent literature relating to recruitment and retention of foster carers, and the literature review undertaken as part of the evaluation of the therapeutic residential care pilots.

The aggregated and cross-referenced data and literature supports conclusions and recommendations contained in this study. Where findings and conclusions can be cross-referenced to the monograph Strengthening the Recruitment and Retention of Foster Carers in Victoria this has been included.

The writers have also utilised the findings contained with Strengthening Carers 2011 a carer survey undertaken by the Foster Care Association of Victoria Inc in June 2011. Information for this study regarding the number of children/young people in foster care was obtained from two different sources.

1.3 Methodology

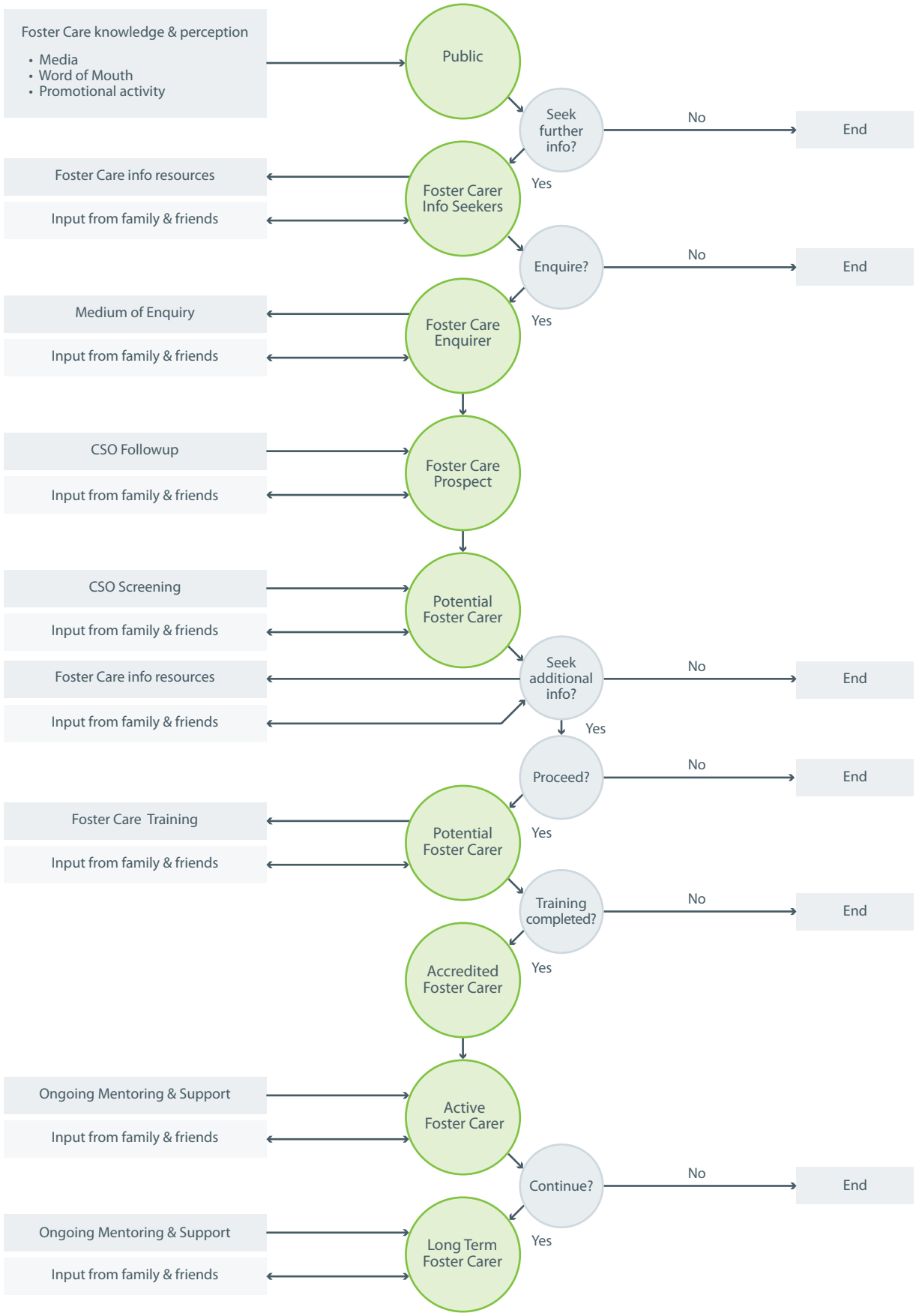
The methodology for the current project involved:

- Surveys completed by 30 foster care programs in Victoria. Some organisations that participated grouped responses from two or more of their service sites within a single DHS region. For reporting purposes, this grouped regional data is referred to as one 'program';
- An overview of literature relating to the recruitment and retention of foster carers;
- Reference to the literature review which formed part of the *Evaluation of Therapeutic Residential Care Pilot Sites in Victoria*, undertaken by Verso Consulting in 2009-11;
- Analysis of relevant data held by Centre for Excellence in Child and Family Welfare;
- Analysis of relevant data held by Department of Human Services;
- Facilitation of a focus group with 11 representatives of CSOs providing foster care.

1.4 Process Map

The following process map (Figure 1) seeks to provide the reader with a guide to the journey of a member of the general public to becoming an accredited foster carer. The map seeks to highlight where information is gained and demonstrates the important relationship that exists for most foster carers in relation to their circles of support.

Figure 1: Foster Carer Process Map



2. Findings and analysis

A key element of the project is data gathered from a survey titled 'Updating Information on the State-Of-Play of Supply and Demand of the Victorian foster care system'. The survey was developed in collaboration with Centre for Excellence in Child and Family Welfare by Verso Consulting. The surveys were returned from December 2011 with the last return being received March 14th 2012. The survey instrument used is included as Attachment 1.

This section of the study aggregates and analyses the findings of the data provided by the CSOs who returned the surveys. The survey was distributed to 40 foster care programs, some comprising multiple service sites; returns were received from 30 programs. Attachment 2 lists the CSOs surveyed, and indicates those which provided data within the extended timeframe for return.

2.1 Survey return rate

Return rates

The return rate of 75% is a vast improvement when compared to Phase 1 and Phase 2 of the Foster Care Communication and Recruitment Strategy Evaluation Report.[11] [12] The count in these reports was based on 30 and 32 organisations rather than sites. The return rate for Phase 1 was 40%. The return rate for Phase 2 was 19%.

Considerable effort was extended by CFECFW to maximise returns for this study. However, time pressures necessitated returns being closed off on 14 March 2012.

Responses received provide comprehensive data supporting insight into the state-of-play of supply and demand of the Victorian foster care system. A summary of survey return rates for this study is provided in Table 1.

Table 1: Survey Returns Summary

Survey Requests n=40	#	%
Surveys Returned	30	75.0
Surveys Not Returned	10	25.0
Total	40	100.0

Source: Survey conducted by Verso Consulting 2011-12

As shown in Table 2 below, responses received are representative of the balance of total metro and non-metro CSOs. This offers a level of confidence that the data is not disproportionately skewed in either direction.

Returns were received for all current DHS regions (although as identified in Attachment 2, no responses were received from either of the CSOs in the proposed DHS Local Area of East Gippsland).

11 Centre for Excellence in Child and Family Welfare, *Phase 1 Evaluation Report*, 2009, (unpublished), p 18.
12 Centre for Excellence in Child and Family Welfare, *Phase 2 Evaluation Report*, 2010, (unpublished).

Table 2: Survey Returns by Region

Region	Returned	Not Returned	Total
Eastern Metro	3	2	5
North and West Metro	7	1	8
Southern Metro	4	1	5
Metro Sub Total	14	4	18
Barwon South West	5	0	5
Gippsland	3	3	6
Grampians	3	0	3
Hume	2	1	3
Loddon Mallee	3	2	5
Non-Metro Sub Total	16	6	22
Total	30	10	40

Source: Survey conducted by Verso Consulting 2011-12

Return rates by Aboriginal agencies

Particular attention and additional support may be required for Aboriginal Community Controlled Organisations (ACCOs) to respond to a low participation rate in the survey (1 return from 5 ACCOs). The demand for foster carers and resources required to support ACCOs cannot be fully appreciated through this study. The consultants suggest that direct consultations and data gathering activities be undertaken to compare and contrast the profile of demand and service provision of Aboriginal services to the findings and recommendations of this study. This initiative would also support the development of targeted recommendations for these agencies.

The issue of effective engagement of ACCOs persists suggesting that current approaches are ineffective. The Phase 1 and 2 Evaluation Reports reveal that

'one large Aboriginal Community Controlled Organisation (ACCO) was interviewed. During the interview the agency advised that it had not engaged with the various consultations regarding the monographs owing to staff and time constraints. In particular, it was not part of the Best Practice Engagement Project (and did not contribute to By Next Tuesday...) or involved in the SED consultation around Aboriginal foster care.'[13]

In Phase 1 of the Foster Care Communication and Recruitment Strategy Evaluation Report findings were that 'engagement of ACCOs does not appear to be strong during the project'.[14]

The project refers to Strengthening the Recruitment and Retention of Carers for Victoria's Aboriginal Children.[15] An extract from the report provides an insight into why it is vital that an effective means of supporting an alternate approach to engaging ACCOs must be developed:

'The national shortage of foster carers for Indigenous children is even greater, as the rates of Indigenous children on care and protection orders are six times that of children in the general population, and 44 per 1,000 Indigenous young people were under juvenile justice supervision compared with 3 per 1,000 of non-Aboriginal youth (ABS, 2008). In 2004, the total Australian out-of-home care population was 16,736, with Indigenous children representing 23% (5,059) of this number (AIHW, 2005; Richardson et al., 2005)'.

13 Centre for Excellence in Child and Family Welfare, *Phase 2 Evaluation Report*, 2010, (unpublished) p 14.
14 Centre for Excellence in Child and Family Welfare, *Phase 1 Evaluation Report*, 2009, (unpublished), p 18.
15 J Higgins, *Strengthening the Recruitment and Retention of Carer's for Victoria's Aboriginal Children*, Centre for Excellence in Child and Family Welfare and SED Consulting, Melbourne, 2008.

The report also highlights the impact of the 'stolen generation' (detailed in the following text box) providing the challenge of ensuring the mistakes and failures of the past are not repeated in future.

The Human Rights and Equal Opportunity Commission's report 'Bringing them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, largely attributes the over-representation of Aboriginal children in out-of-home care to the practice of removing Indigenous children – the Stolen Generations - from their culture, communities and families (HREOC, 1997). The practice fragmented many Indigenous families and compromised the ability of subsequent generations to provide a safe, nurturing environment for their children. Further, past welfare practices created a climate of fear and distrust towards governments and welfare agencies, and are at the root of many social problems Aboriginal people experience that challenge community-based services today - homelessness, marginalisation, alcohol and drug abuse and domestic violence (Bromfield et al., 2007a).

2.2 Data quality

Survey responses varied in the level of detail and quality of data provided by CSOs due to inconsistent counting methods and definitions employed by the CSOs. This issue is not limited to foster care, but has been identified in other areas of OHC and tends to reflect regional issues, priorities, preferences and needs. As such, it is recommended that the results discussed in this report be considered as indicative rather than absolute.

It should be noted that for the reasons above, data tables do not necessarily add up to the total number of enquiries, responses or other denominators as relevant.

The challenge of having access to high quality and consistent data was also addressed in Strengthening the Recruitment and Retention of Foster Carers.[16]

Estimating the number of children in foster care is difficult and depends on whether one is measuring actual children or episodes of care and whether the data relates to 'stocks' (the number of children in care at any one time) or 'flows' (the number of children cared for over a given period) or the number of episodes of care (which may relate to the same child(ren) over many occasions within a given period).

The evaluation of Phase 1 and Phase 2 of the Foster Care Communication and Recruitment Strategy highlights the challenges of collecting meaningful data.[17] [18] These comments were reflecting the views of CSOs regarding the Foster a Brighter Future Data System.

'Y... has a policy of not contributing to the [database] as we have our own similar one we record all data in: I hope there is some way this is periodically retrieved and somehow amalgamated into the Centre's data...'

'Although I can clearly see the benefit of inputting the data about where potential carers get to in the process, I do find that in a paperwork heavy and time consuming process (initial assessment, Step by Step assessment, etc) this is an additional task that is easy to forget to complete.'

'We use our own files/record keeping folders/whiteboards, etc. We just don't have the time to fill in all the (Centre's) boxes on the database.'

'Use own system, which is more user friendly.'

16 Centre for Excellence in Child and Family Welfare, *Strengthening the Recruitment and Retention of Foster Carers in Victoria*, Centre for Excellence in Child and Family Welfare, Melbourne, 2007.
17 Centre for Excellence in Child and Family Welfare, *Phase 1 Evaluation Report,* 2009, (unpublished).
18 Centre for Excellence in Child and Family Welfare, *Phase 2 Evaluation Report*, 2010, (unpublished).

A recommendation of this report is development of a mandatory minimum data set similar to that used in the Home and Community Care Program (HACC). This would enable funders, CSOs and persons analysing the programs of the OHC programs to have robust data to facilitate reviews, continuous quality improvements, planning and reporting. It should be noted that the online enquiry database managed by CFECFW has realised considerable gains in collection and management of data relating to foster care enquiries since implementation in late 2008.

2.3 Enquiries and recruitment

Where relevant data was available from the CFECFW, comparative figures for previous years have been referenced in the following analysis in order to demonstrate changing characteristics of foster carer enquirers.[19]

New foster carer enquiries

Recommendations in the report Strengthening the Recruitment and Retention of Foster Carers in Victoria emphasised 'taking a marketing approach' to recruiting foster carers.[20]

The reported number of new foster carer enquiries received by CSOs over the previous 12 months (excluding repeat enquiries) totaled 2,585. The increase in enquiries from 2009 to 2011 represents strong growth. The data provided in Table 3 provides some insight into the effectiveness of the differing media for generating enquiries about foster care.

Table 3: How Enquirers heard about Foster Care

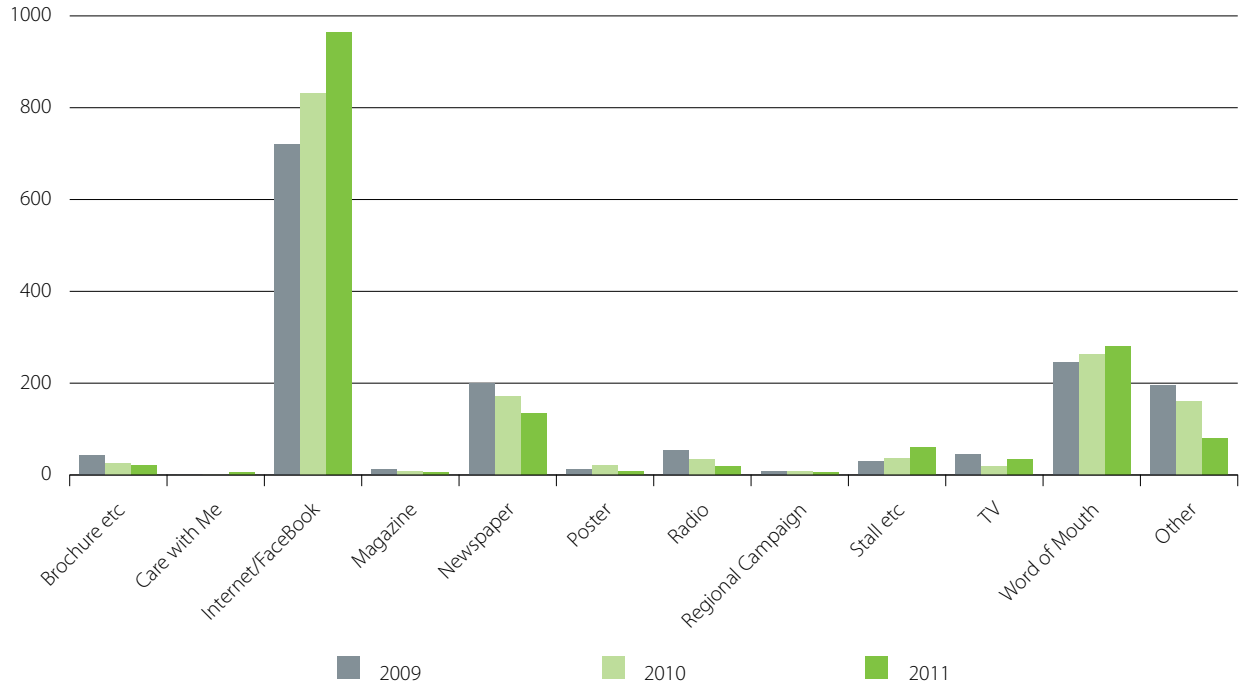
Source	2009		2010		2011	
	#	%	#	%	#	%
Brochure/Postcard/Bookmark/Magnet	43	2.8	25	1.6	21	1.3
Care with Me	0	0.0	0	0.0	6	0.4
Internet/FaceBook	719	45.9	830	52.8	964	59.6
Magazine ad/feature	13	0.8	7	0.4	6	0.4
Newspaper ad/article	199	12.7	171	10.9	135	8.4
Poster	13	0.8	20	1.3	7	0.4
Radio ad/feature	54	3.4	33	2.1	19	1.2
Regional Campaign	8	0.5	8	0.5	6	0.4
Stall/Event/Display	30	1.9	37	2.3	59	3.6
TV ad/feature	45	2.9	18	1.1	34	2.1
Word of Mouth	245	15.8	262	16.7	279	17.3
Other	196	12.5	160	10.2	79	4.9
Total	1565	100	1571	99.9	1615	100

Sources: Data held by CFECFW (2009-11)

19 The online enquiry database managed by CFECFW was implemented 1/12/2008 (so 2008 data represents one month only). Exactly 75% of agencies were registered to use the database at the outset, with a further 5 (or 12.5%) joining in 2009.

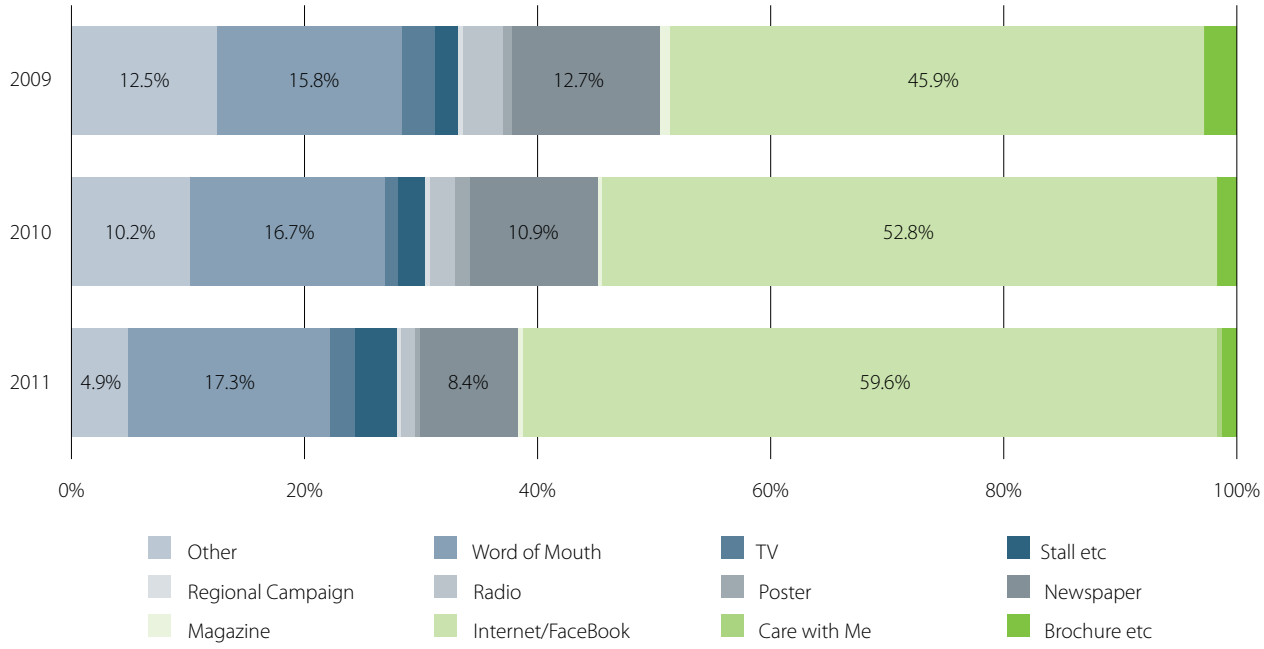
20 Centre for Excellence in Child and Family Welfare, *2007*, *op. cit.*

Figure 2: How Enquirers heard about Foster Care (# by year)



Sources: Data held by CFECFW (2009-11)

Figure 3: How Enquirers heard about Foster Care (% by year)



Sources: Data held by CFECFW (2009-11)

Best practice in recruitment cited in the 2007 Monograph highlighted that national and international research detailed that 'word of mouth' and 'local approaches' were the most effective recruitment strategies. Figure 4 and Figure 5 are examples of local press campaigns aimed at raising awareness of local need for foster carers in Gippsland and the Goulburn Valley respectively, while Figure 6 provides examples of advertisements, often placed alongside foster care feature articles.

Figure 4: Rainbow Hair Raises Awareness, Latrobe Valley Express

Rainbow hair raises awareness

By MELODY SONG

IN celebration of Foster Care Month, Department of Human Services' Child Protection Program and other child welfare community agencies donned their most flamboyant hairpieces at a breakfast gathering last week.

The "Rainbow Hair for Foster Care" breakfast, now in its fourth year, was also held in conjunction with National Child Protection Week, which kicked off on 5 September.

The rationale behind the rainbow-coloured locks was to raise awareness that everybody in the community could be a foster carer, Berry Street Gippsland regional director Trish McCluskey said.

Foster care, which can be for a few days or longer, is aimed at helping families reduce stress and solve problems so their children can return home as soon as possible.

"At any time, more than 200 children are in foster care in Gippsland, while another 400 to 500 are in kinship care," Ms McCluskey said.

"These numbers are on the rise, due in part to pressure on families for various reasons, including the impact of drugs and poverty."

Ms McCluskey said everybody in the community, and not just child welfare agencies, had a role to play in keeping children safe.

"This is so that kids can grow up to be contributing members of society," she said.

"With a high suicide rate, we want to ensure that children can lead healthy, happy lives."

Meanwhile, Senior Constable Justin Stewart urged the public to pass in information to the police if they were aware of children in need of protection.

"If kids are subject of abuse or neglect, inform the police so we can pass on the details to the DHS," Sen Const Stewart said.

"This program is good; we hope the message gets around to people who need help."

According to reports, there were nearly 300,000 cases of child abuse in Australia last year.

This year's National Child Protection Week theme was "Protecting Children is Everyone's Business."

The Australian Institute of Family Studies reported that physical abuse of children ranged from five per cent to 10 per cent of cases, while emotional abuse affected up to 17 per cent of children.

Source: Latrobe Valley Express 15/9/11

Figure 5: Campaign, Shepparton News

CAMPAIGN

Berry Street Shepparton and *The News* have joined forces.
We are doing this because we have a common goal to help the region's most vulnerable youth.
This year, *The News* is running a series of articles under the banner Fostering Care to raise awareness about the need for foster carers in the region.
We hope our articles will encourage anyone interested to find out more and to spread the message about the desperate need for foster carers in the Goulburn Valley.
The News will continue to feature stories of carers and children from across the region and the hardworking people who give troubled youth a better chance in life.
Together, we hope to double the number of foster carers in the region.
● **Please phone Berry Street on 5822 8100 if you can help.**

Source: Shepparton News 6/9/11

Figure 6: Press Advertisements for Foster Care

Sources: The Standard (Warrnambool) 3/9/10, Melbourne Community Voice 8/9/10

While these advertisements highlight the importance of press in local strategies Table 3 provides a broader perspective and highlights, in particular, the importance of the internet enquiries over the past year.

In interpreting these results it should be understood that many marketing experts claim that it requires an individual to have at least three exposures to a product before they act.[21]

Key findings from a US study has found that 'word of mouth' recommendations from satisfied foster carers is the most effective recruitment tool and that targeted recruitment is more effective than general media approaches. Negative public perceptions, burdensome application processes, and poor agency responsiveness contribute to recruitment challenges.[22]

Marcenko comments that

'Foster parents are the best asset the agency has for recruiting new foster parents. Focusing on the needs of existing foster parents and recognising their contributions is critical to recruitment of future foster parents.'[23]

It should be noted that the scope of this report does not extend to a comprehensive analysis of each promotional activity, including budget and 'cost per lead considerations. Such an analysis would provide strong evidence to inform future promotional activities, and may identify regional variations as well as distinguishing between 'direct response' and 'brand awareness' communications. See 3.2 (Recommendation 2: Further development of a 'marketing approach') for further discussion.

Analysis of data held by CFECFW indicates growth in both the number and proportion of responses generated through the internet/FaceBook and word of mouth over the period 2009-2011. Together these comprised 61.7% of responses in 2009, 69.5% in 2010 and grew to 76.9% in 2011.

Actual numbers of enquiries generated through other identified activities (brochures etc, magazines, newspaper, posters, regional campaigns, stalls etc and TV) have declined marginally. The proportional contribution has reduced from 25.8% in 2009, to 20.2% in 2010 and to 17.8% in 2011.

It should be noted that the apparent quality of this data has improved over the years, with the number of 'unknown' (as opposed to 'other') responses decreasing from 679 in 2009 to 577 in 2010 and to 535 in 2011.

The foster care marketing strategy addressed in the Phase 1 Evaluation Report detailed the endorsement of CSOs of the material developed (particularly the DVD) and the marketing strategy.[24] CSOs considered that it was important that schools, parenting groups and volunteer resource centres be targeted by the marketing strategy and materials.

The Phase 1 evaluation identified research and support provided by Fenton Communications to support the marketing strategy. The strategy included consultations undertaken demonstrating the broad range of marketing material and approaches employed by the sector to strengthen recruitment and retention. The consultations confirmed that the approaches were well received and valued by the sector.

Recruitment

Making contact with the CSO

The key channels for enquiries are to the CSOs direct (24 of 30 respondents indicated in the survey that they field direct enquiries), via the CFECFW website and the Statewide Hotline. The reported volume of responses via the Hotline has decreased from 319 in 2009 to 169 in 2010 and to 139 in 2011. Data from CFECFW indicates that the volume of referrals from other agencies is also declining (65 in 2009, 40 in 2010, 21 in 2011), as are referrals from Regional P&R (29 in 2009, 8 in 2010, 4 in 2011).

Effectiveness of the medium for connecting with the CSO

An analysis of the relative effectiveness of each of the marketing activities cannot be completed without an understanding of the resources applied to each activity that generated an enquiry. An insight into how the qualifications of each enquirer differed with the medium of enquiry would also support useful analysis. This type of data would be considered essential to a 'marketing approach' in many sectors.

21 Centre for Excellence in Child and Family Welfare, 2007, op. cit., p xv.
22 Marcenko et al, loc cit.
23 ibid.
24 Centre for Excellence in Child and Family Welfare, 2009, op. cit.

The differential between the 2,585 enquiries reported by the CSOs in 2011 and the 269 newly-accredited foster carers in 2011 raises the question regarding why the other 2,316 enquirers did not become accredited foster carers.

From foster care enquirer to foster carer – the journey

The Foster Care Communication and Recruitment Strategy Evaluation Report Phase 2, provides the following data on the journey of foster carers from recruitment to accreditation. A comparison is provided between the results from Foster a Brighter Future Initiatives and the direct recruitment activities of the CSOs. The data has been provided by six CSOs over seven sites. The data is considered useful as a snapshot of the foster carers' journey and points to the possible effectiveness of screening. The data also highlights possible differences in resources and practices of CSOs. Data was collected between April 2009 and May 2010.

Table 4 details conversion rates associated with the Brighter Futures Initiatives. Significant variations are demonstrated in the conversion rate of enquiries to accredited foster carers depending on which CSO was working with the enquirers; CSO 1 converted 20% of enquirers to accredited foster carers while the conversion rate of CSO 4 is 1.4%. The average conversion rate was 9%. This rate is consistent with the findings in this study (section 2.5) across all sources. The data demonstrates that there are differences in the number of potential foster carers who continue to undertake training across CSOs with an average of 44% of potential foster carers who discontinue the journey at that point.

Table 4: Journey from Recruitment to Accreditation – Brighter Futures Initiative

Recruitment via Foster a Brighter Future initiatives	CSO 1	CSO 2	CSO 3	CSO 4	CSO 5	CSO 6	Total
# enquiries	100	50	23	72	11	33	289
# attending information activity	22	5	6	18	4	4	59
# who commenced training	20	2	3	5	2	1	33
# who complete training	20	2	3	5	2	1	33
# accredited	20	0	3	1	2	1	27

Source: Foster Care Communication and Recruitment Strategy, Evaluation Report Phase 2, pg 11

Table 5 relates to conversion rates of direct activities of CSOs. The data demonstrates that the average rate of conversion of people from enquirer to accredited foster carer was 6.9%. The best conversion rate was achieved by CSO 3 who achieved a 34.2% conversion rate. Two CSOs recorded a 0% conversion rate.

Table 5: Journey from Recruitment to Accreditation – Direct Activities of the CSOs

Direct recruitment by organisation	CSO 1	CSO 2	CSO 3	CSO 4	CSO 5	CSO 6	Total
# enquiries	263	55	38	15	80	155	606
# attending information activity	50	11	17	5	16	46	145
# who commenced training	31	9	13	3	6	34	96
# who complete training	27	9	13	3	5	34	91
# accredited	4	0	13	0	4	21	39

Source: Foster Care Communication and Recruitment Strategy, Evaluation Report Phase 2, pg 11

A comparison of Table 4 and Table 5 reveals that on the whole recruitment via Foster a Brighter Future initiatives achieved a higher conversion rate than the direct activities of the CSOs. The tables also demonstrate significant differences in the sources of referral e.g. CSO 5 received 12% of their referrals from Foster a Brighter Future Initiatives while Agency 4 received 83%. The table averages identify that 32.3% of the referrals came via the Foster a Brighter Future initiatives. The data demonstrate a higher conversion rate from this initiative (6.9%). Those referred through Foster a Brighter Future initiatives are 61% more likely to progress from attending a foster care information activity to becoming an accredited foster carer than those entering from other sources.

The data does not explain why the variations exist. Useful questions may include:

- Are there differences between the two initiatives due to resources and practice (customer focus, skills of those answering enquiries, screening processes, time taken to respond to enquirers)?
- Are there different pathways from the initial information source to making the enquiry and do those initial information sources screen/inform potential foster carers more effectively?

An aggregation of the data table reveals an average conversion rate of 7.7% in 2009 -2010 compared to 9% in 2010-2011. The improved conversion rate may relate to a broad range of separate factors including improved targeting of enquirers from a broader range of family compositions, enquirers who are younger and modes of enquiry and information sources used. The conversion rate, however, is up by 16.9% in 2010-20111 over the data presented in Table 6.

Table 6: Journey from Recruitment to Accreditation – Aggregated Data

Recruitment via all initiatives	CSO 1	CSO 2	CSO 3	CSO 4	CSO 5	CSO 6	Total
# enquiries	363	105	61	87	91	188	895
# attending information activity	72	16	23	23	20	50	204
# who commenced training	51	11	16	8	8	35	129
# who complete training	47	11	16	8	7	35	124
# accredited	24	0	16	1	5	22	69

Source: Foster Care Communication and Recruitment Strategy, Evaluation Report Phase 2, pg 11

There is a significant gap between the number of enquirers and the number of accredited foster carers. The consultants undertook three snapshot consultations to explore what kind of emotional journey an enquirer may go through prior to proceeding with an enquiry. In the snapshots those consulted identified that there would be a considerable process of family conversation prior to making contact (becoming an enquirer). This raises the question as to whether there is a sophisticated understanding of the emotional investment made by the enquirer prior to becoming an enquirer and of the enquirer's expectations on making the enquiry. This will have impact on the types of customer focus required to increase the conversion rate of enquirers to accredited foster carers.

The focus group identified a number of cohorts within the broader group of foster care enquirers:

- Some are interested in providing respite foster care only;
- Some are ready to start 'tomorrow';
- Many come back a year or more after their initial enquiry.

Customer focus

The consultants also considered the approach of World Vision Australia. Many child sponsorship enquirers 'want to do a good thing' which the consultants consider may be a similar motivation of the majority of people who seek to be foster carers. The experience and approaches of World Vision Australia are therefore considered to provide a useful comparison. World Vision Australia adopts a marketing approach. Through ongoing research and detailed campaign analysis World Vision Australia understands the resources that are required to secure a long-term donor and what medium is likely to produce a response. World Vision Australia pays particular attention to providing high levels of customer service with a commitment to a very rapid response to enquiries, a well-developed follow up and ongoing information/support/ engagement processes.

To develop a similar marketing approach as recommended in Strengthening the Recruitment and Retention of Foster Carers the following must be understood and measured:

- Why did the enquirers not proceed to becoming accredited foster carers?
- Is there a resource issue in converting enquirers to accredited foster carers?
- Do CSOs have dedicated processes and staff to support the recruitment of foster carers including managing enquiries in a timely manner?
- Are there processes to audit the customer focus of CSOs such as silent shoppers thus facilitating continuous improvements?
- Are the information media supporting the optimum approach to pre-qualifying enquirers?

It is important that CSOs are resourced to respond in an appropriate and timely manner to enquiries to ensure that prospective foster carers are not 'lost' in the system at this point. Key findings from a US study identified poor agency responsiveness to enquiries as a contributing factor in recruitment challenges.[25] Further analysis of this dimension of the recruitment of foster carers would be of value in order to place significant value on the potential foster carer and their willingness to care and to maximise the dollar and resource outlay for recruitment activities.

Recruiting Aboriginal foster carers

The following text boxes highlight pertinent comments regarding the recruitment of Aboriginal foster carers. It is noted that Aboriginal people typically have a higher rate of volunteerism and once they have become a foster carer it is likely that they will continue to provide that care for longer periods than foster carers in the wider community.[26]

Successful recruitment strategies

Successful strategies in recruiting foster carers of Aboriginal children (Bromfield et al, 2007b):

- Using Aboriginal organisations to recruit Aboriginal foster carers. Given the mistrust many Aboriginal people feel towards government departments and 'welfare', using Aboriginal organisations was a way of circumventing the mistrust and bridging the divide between governments and communities.
- Using experienced Indigenous foster carers to speak at information sessions. Professionals found that messages from experienced Aboriginal foster carers about the challenges and rewards of the role were likely to engage potential foster carers who may then want to become foster carers.

Using community-generated recruitment strategies. Aboriginal professionals had more success in recruiting foster carers when they used strategies that relied on 'word-of-mouth', community events and people who had connections with the local community.

25 Marcenko et al, loc. cit.

26 L Bromfield, J Higgins, D Higgens and N Richardson, *Promising practices in out of home care for Aboriginal Torres Strait Islander carers and young people: strengths and barriers*. Australian Institute of Family Studies. 2007, accessed at www.aifs.gov.au/nch/pubs/reports/promising on 5/5/2012.

Barriers

Barriers to recruiting foster carers of Aboriginal children (Bromfield et al., 2007b):

- Past welfare practices. The continuing effects from past welfare practices, such as ongoing trauma, grief and loss, have left many Aboriginal people with an aversion to welfare, and a distrust of government services;
- Material and social disadvantage. Many Aboriginal families and communities experience significantly higher levels of poverty and lower income levels than the general Australian population, and are unable to afford the costs of taking on additional children without adequate financial compensation;
- Growing numbers of 'hard-to-place' children. Children with complex needs often have behavioural issues as a result of past abuse and neglect, and were considered 'hard-to-place', and a barrier to foster carer recruitment, particularly as there are insufficient services to support the complex needs of these children.

In addition, at the 2008 ACWA National Conference, Sunitha Raman proposed that lack of access to cultural activities and fear of negative fall back from the child's family were significant barriers to recruitment of Aboriginal foster carers at the 2008 ACWA National Conference.[27]

The challenge is to engage Aboriginal people and organisations in the recruitment of foster carers. It is important that due attention is paid to the quality of the relationship. It may take multiple contacts and discussions regarding context to develop the necessary trust to achieve outcomes being sought. Continual change of personnel making contact may cause progress being made to dissipate.[28] The approach recommended by the consultants is based on relationship and trust.

Age profile of foster care enquirers

Of the 30 returns, 28 respondents provided details of the age of the enquirers. Table 7 details the data provided. The percentages (%) detailed in the table relate to the total data provided by respondents in relation to the age profile and excludes 'unknown'.

Table 7: Age Profile of Foster Care Enquirers (2008-2011)

Age in years	2008		2009		2010		2011	
	#	%	#	%	#	%	#	%
24 and younger	8	4.8	67	6.5	94	7.0	205	11.3
25-34	32	19.3	266	25.9	358	26.6	441	24.4
35-44	59	35.5	350	34.0	506	37.6	644	35.5
45-54	49	29.6	231	22.5	252	18.7	334	18.4
55-64	17	10.2	95	9.2	123	9.1	160	8.8
65-74	1	0.6	18	1.8	12	0.9	27	1.5
75+	0	0.0	1	0.1	2	0.1	2	0.1
Total	166	100	1028	100	1347	100	1813	100

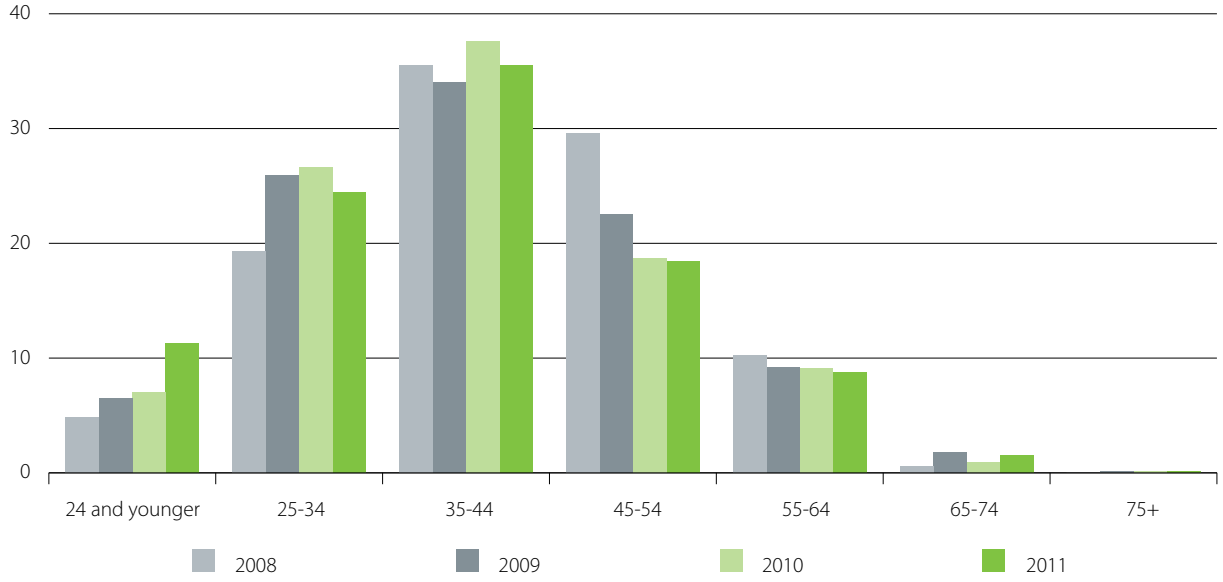
Sources: Data held by CFECFW (2008-2010); Survey conducted by Verso Consulting 2011-12 (2011)

Figure 7 demonstrates that there has been a shift toward younger people enquiring about becoming foster carers; this is particularly reflected in the numbers of people aged 24 or younger enquiring, with 67 enquirers in 2009 growing to 205 in 2011. CSOs report that some of these enquirers are recruited as volunteers to support foster care placements e.g. volunteer drivers. This strategy may yield long-term foster carers as well as the capacity to extend the length of time care is provided by carers. There may be a correlation between this characteristic, and the modes of enquiry which has seen a significant increase toward the internet as a major source of information for enquirers.

27 S Raman, *A Strategy to Better Recruit and Retain Foster Carers in Victoria*, paper presented at the Association of Children's Welfare Agencies' National Conference, 2008, Slide 9.

28 Practice experience of Verso Consulting.

Figure 7: Age of Foster Carer Enquirers 2008-2011



Sources: Data held by CFECFW (2008-2010); Survey conducted by Verso Consulting 2011-12 (2011)

The need for such a shift has been identified in literature, particularly in Anglicare Victoria's Care Factor report, which states that

agencies…delivering foster care services need to attract younger carers in order to ensure an adequate carer pool once older carers retire out of the system. Younger carers are also needed to meet the demand for long-term foster placements.[29]

Wilks and Wise go on to recommend a 'state-wide multi-media recruitment campaign' to assist in reaching a younger pool of prospective foster carers.[30]

Cultural background of foster care enquirers

Data relating to the cultural background of enquirer suggests that more attention needs to be paid to the recruitment of ATSI and CALD foster carers. Twenty three percent of Victoria's population was born in non-English speaking countries. This is not reflected in the enquiries being received where only 9% are CALD.

As detailed in other sections of the report the over-representation of Aboriginal children and young people in the OHC system (rates of Indigenous children on Care and Protection Orders are six times that of children in the general population) results in the need for a higher number of Aboriginal foster carers. The data suggests that current approaches are not succeeding in this regard. The consultants recognise that due to the low participation in the surveys data regarding Aboriginal foster carers may be incomplete.

Table 8: Cultural Background of Foster Care Enquirers

Cultural Background	2009		2010		2011	
	#	%	#	%	#	%
Australian	1,189	53.0	1,186	55.2	1,301	60.4
ATSI	21	0.9	14	0.6	17	0.8
CALD	151	6.8	184	8.6	194	9.0
Other/unknown	883	39.3	764	35.6	641	29.8
Total	2,244	100	2,148	100	2,153	100

Source: Data held by CFECFW (2009-11)

29 Wilks & Wise, *op. cit.* p 4.
30 loc. cit.

While an initial reading of the 2011 data alongside comparable figures from 2009 suggests an increase in the proportion of enquirers with an 'Australian' background, it can be argued that this change perhaps reflects improved data quality, and a reduction in the proportion of óther/unknown' responses. While further investigation would be required to confirm this, it would appear that the cultural mix of enquirers has remained broadly consistent over the period 2009 to 2011.

In a 2008 North Carolina Division of Social Services Family Support and Child Welfare Services Training Matters newsletter themed around Core Strategies for Recruiting and Retaining Resource Families, one of the three core strategies identified is the culturally specific recruitment.[31] Mistrust is pointed out as a key challenge in recruiting a culturally diverse pool of foster carers – and for this same reason it is particularly important that children from ATSI and some CALD backgrounds be placed with foster carers with a like identification.

In an effort to address some of the particular issues faced by children and young people in OHC in Victoria, a community volunteer program Care With Me, was formed in late 2009 and has a unique focus on enabling the provision of culturally suitable support.[32] A recent article in Hume Weekly reported that

'When any child has to be away from their family home for a time, to minimise the trauma of the move it's important we can provide as familiar an environment as possible. For children from Muslim families, this may include speaking the same language, understanding their normal household routines and eating the same food.'[33]

With an initial focus on the Muslim community, Care With Me conducts 'iCARE' Information Sessions at Mosques, schools and community centres across the state. As indicated in Table 3, Figure 2 and Figure 3, a number of foster care enquiries in 2011 were directly attributed to Care With Me.

Care With Me has developed an innovative model for supporting CSOs in engaging and training members of established and emerging CALD communities to provide out-of-home care with the aim of assisting CALD children and young people in OHC to maintain their cultural and religious identity.

Household composition of foster care inquirers

Data relating to household composition is provided in Table 9 for the years 2009 to 2011, as well as Census data relating to household composition in Victoria in 2006.

Table 9: Household Composition (2006) & Foster Care Enquirers (2009-2011)[34] [35]

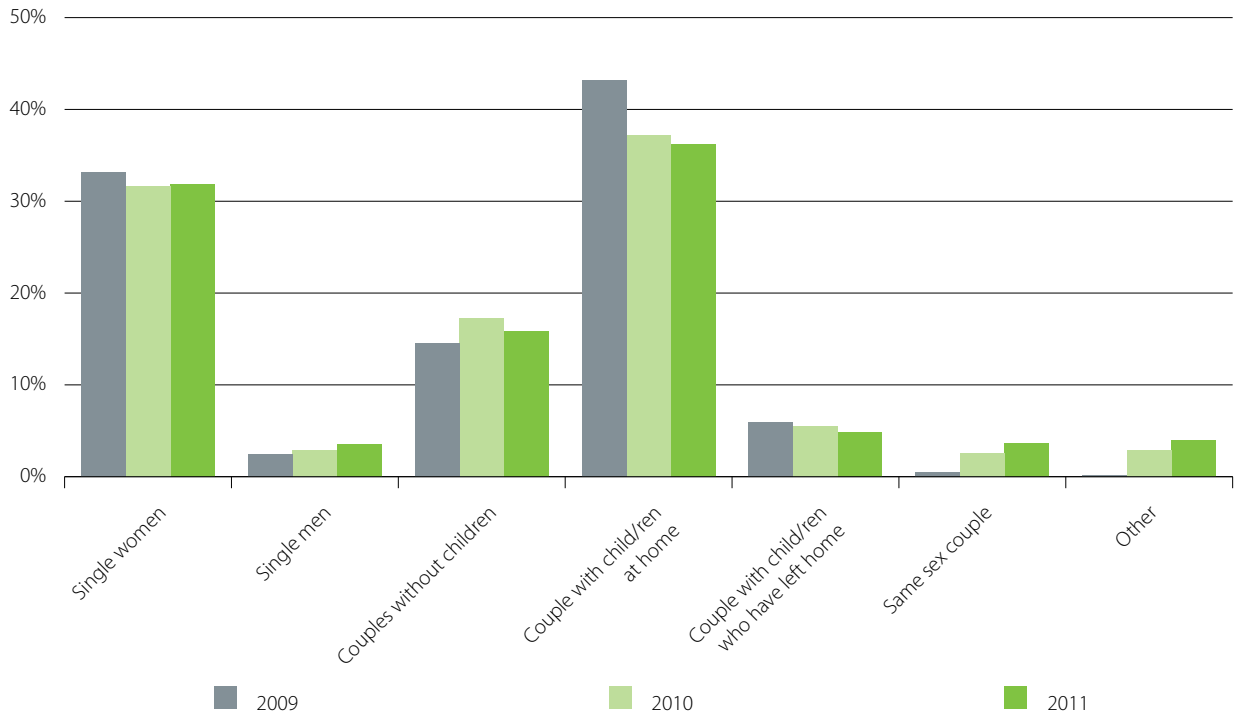
Household Composition	2006 Census		2009		2010		2011	
	#	%	#	%	#	%	#	%
Single women	1,051,122	34.1	546	33.2	503	31.6	501	31.9
Single men	939,154	30.4	41	2.5	46	2.9	55	3.5
Couples without children	464,899	15.1	238	14.5	275	17.3	249	15.8
Couple with child/ren who have left home			98	5.9	88	5.5	77	4.9
Couple with child/ren at home	606,513	19.6	711	43.2	593	37.2	569	36.2
Same sex couple	n/a	n/a	9	0.5	41	2.6	58	3.7
Other	23,973	0.8	3	0.2	47	2.9	63	4.0
Total	3,085,661	-	1646	100	1593	100	1572	100

Sources: ABS Census 2006; Data held by CFECFW (2009-2011)

31 *Training Matters* newsletter, Volume 9 Number 3, NC DSS Family Support and Child Welfare Services, July 2008.
32 Care With Me, www.cwme.org.au, accessed 15/4/12.
33 Hume Weekly, *Language Barriers Mean Kids Miss Out*, http://www.humeweekly.com.au/news/local/news/general/language-barriers-mean-kids-miss-out/2223987.aspx, accessed 15/4/12.
34 Single women: 2006: never married, divorced, widowed, separated; 2009-2011: includes single females without children, single females with children at home and single females whose children have left home.
35 Single men: 2006: never married, divorced, widowed, separated; 2009-2011: includes single males without children, single males with children at home and single males whose children have left home.

The distribution of foster carers across the household composition categories is broadly consistent across the time series as depicted in Figure 8.

Figure 8: Household Composition of Foster Care Enquirers (2009-2011)



Source: Data held by CFECFW (2009-11)

The Care Factor report describes Anglicare Victoria's foster carer households as 'most commonly headed by a couple (rather than a single adult) (56%) and tended to care for a single foster child only (59%) (i.e. no birth children live in the household). Of foster carers living in households with other adults, most (88%) shared fostering duties with at least one other adult.'[36]

2.4 Newly-accredited foster carers

All 30 respondents to the survey provided data regarding newly-accredited foster carers in the financial year 2010-2011. The CSOs reported:

- Two hundred and sixty nine (269) newly-accredited foster carers;
- Two hundred and thirty four (234) of the newly-accredited foster carers had foster children placed with them during the financial year (2010-2011).

Foster care services provided by new carers

Twenty seven responses out of 30 surveys returned provided data regarding the types of care provided by newly-accredited foster carers. Multiple types of care were provided by newly-accredited foster carers in most services (15 out of 27).

While no formal distinction is made within general foster care programs in regard to different funding streams or program allocation, the generally accepted definitions within the sector are as follows:

- Emergency foster care generally encompasses placements which are made after hours in an emergency situation and may last for one or two nights (or until a more appropriate longer term placement can be made);
- Short term care generally encompasses placements up to about 6 months;

36 Wilks & Wise, op cit, p 3.

- Long term care generally encompasses placements beyond this, and may last up to several years;
- Respite care is generally for the same children and may be one or two weekends or regular stays a month, a week each school holidays, or any other regular break from a longer term foster carer or a child's birth family.

Table 10 details the most common responses provided by CSOs regarding the types of care provided by newly-accredited foster carers.

Table 10: Types of Care Provided by Newly-accredited Foster Carers

Types of Care	#	%
Emergency	9	17.6
Short term care	5	9.8
Long term	15	29.5
Respite	22	43.1
Total	51	100

Source: Survey conducted by Verso Consulting 2011-12

Newly-accredited foster carer exits

Twenty four responses out of 30 surveys returned provided data regarding newly-accredited foster carers from the previous two financial years who have exited the system. Key findings include:

- The average of exits of foster carers accredited in the past two financial years across 23 CSOs was 6%;
- Seven CSOs had none of their newly-accredited foster carers exit;
- Six CSOs had between 20% to 26% of their foster carers accredited in the past two financial years exit the program.

2.5 Active foster carers

There were 1,402 active foster carers reported by 29 agencies of 30 which returned the surveys. One agency provided no information on active foster carers. The CSOs that did not provide a response to the survey typically operate smaller foster care programs. It should therefore be noted that the following discussion relates to the majority of foster carers in Victoria as the data relates to active foster carers as at July 1 2011 and identifies those who currently have a placement, those who are accredited and available to take a placement, and those who have been on hold for 3 months or less.[37]

A significant factor which has affected demand for foster carers and foster care relates to the Children Youth and Families Act 2005 which establishes kinship care placements as the first preference among OHC options. Kinship care placements comprised an estimated 42% (2,383) of all placements in Victoria at 30/6/11.[38]

The Strengthening the Recruitment and Retention of Foster Carers in Victoria report commented that despite the redirection of children into kinship care and the 'resultant decrease in demand for foster care', the supply of accredited foster carers has declined more quickly than the demand for foster care.[39] Current data reinforces the increasing demand for care options for children and young people, in both home- based care and residential care.

The annual AIHW Child Protection Australia publication commenced reporting the number of foster carer households in 2009-10 with the two available data sets indicating a slight decline from 907 households providing foster care at 30-6-10 to 899 households at 30-6-11.[40] [41] Data provided by CSOs in response to the survey conducted by Verso Consulting indicates the number of active foster carers (a slightly different measure) as 1,402.

37 The term 'on hold' carries different meanings across CSOs and regions; the broadest definition is an accredited foster carer who does not currently have a placement. This may be at their initiative, or in some cases at the initiative of the CSO or DHS.

38 Australian Institute of Health & Welfare, *Child Protection Australia 2010-11*, Child Welfare Series No 53, Cat No CWS 41, Australian Institute of Health & Welfare, Canberra, 2012, p 76.

39 Centre for Excellence in Child and Family Welfare, 2007, op. cit., p vii.

40 Australian Institute of Health & Welfare, *Child Protection Australia 2009-10*, Child Welfare Series No 51, Cat No CWS 39, Australian Institute of Health & Welfare, Canberra, 2011, p 58.

41 Australian Institute of Health and Welfare, *Child Protection Australia 2010-11*, Child Welfare Series No 53 Cat No CWS 41 Australian Institute of Health and Welfare, Canberra, 2012, p 41

A 2010 Ombudsman's Own Motion report into child protection in Victoria offers a contrasting analysis regarding foster carer supply and demand:

'The decreasing number of foster care placements is primarily caused by a lack of supply. The department advised that over the past 12 months regions have reported an increasing difficulty in securing suitable foster care placements for children. This is particularly so in relation to adolescent placements and placements in rural regions'.[42]

Given the number of enquiries, the issue may not be the lack of people willing to provide foster care but the inability of the system to convert enquiries to accredited foster carers. The potential enquirers interviewed by the consultants (n=3) revealed that they would consider becoming a foster carer with significant gravity and that family negotiations would be required prior to making an enquiry. It is therefore likely that enquirers are unlikely to be 'tyre kickers'. This is reflected in the following feature article.

Figure 9: Rainbow Hair Shows that You Care, The Standard (Warrnambool)

Rainbow hair shows that you care

WARRNAMBOOL
By SHANE FOWLES

IF you want an excuse to wig out, then this hair-raising initiative is for you.

But behind the crazy locks lies a deeper message, with 'Rainbow Hair for Foster Care' promoting awareness of the lack of foster carers.

Hair spray, plaits, extensions and styles will be offered next Thursday at Brophy Family and Youth Services to raise the plight of foster carers.

"Unfortunately, there's never really a time when we've ever had enough foster carers. The harsh reality is there are many more children in need of foster care than there are adults to provide it," Brophy's Ian Cairns said.

"We find people tend to make a decision about becoming a foster carer once they have thought for some time about it. We are simply trying to find another way to plant a seed in people's minds."

Toyworld, Kulcha Shift, Price Attack and Figsellers Cafe will also be distributing coloured hair extensions and information about foster care on the day.

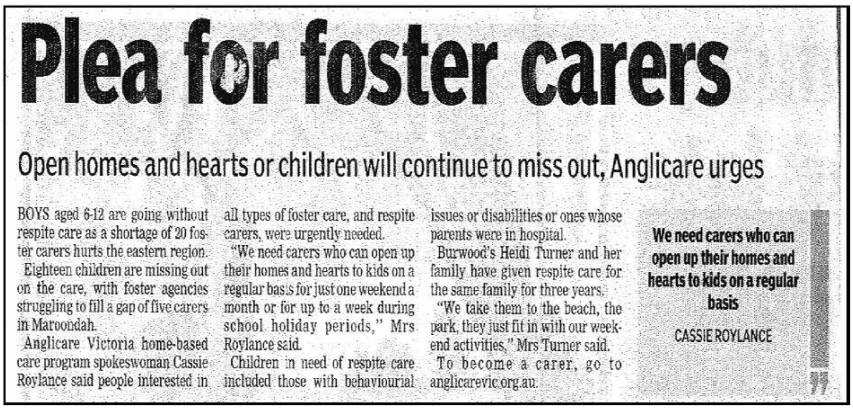
An information session will be held at Brophy on September 15 for people to find out more details about the foster care program.

sfowles@standard.fairfax.com.au

Source: The Standard (Warrnambool) 3-9-10

The following Maroondah Leader clipping (Figure 10) supports the contention that supply of foster carers is limiting foster care placement. The article highlights that boys aged 6 to 12 years are going without respite care due to a lack of foster carers. This is consistent with information presented by Sunitha Raman at the 2008 ACWA National Conference 'The hardest to place children are males aged 6-13 years'.[43] The article reports that 20 foster carers are required in the Eastern Region.

Figure 10: Plea for Foster Carers, Maroondah Leader



Plea for foster carers

Open homes and hearts or children will continue to miss out, Anglicare urges

BOYS aged 6-12 are going without respite care as a shortage of 20 foster carers hurts the eastern region.

Eighteen children are missing out on the care, with foster agencies struggling to fill a gap of five carers in Maroondah.

Anglicare Victoria home-based care program spokeswoman Cassie Roylance said people interested in all types of foster care, and respite carers, were urgently needed.

"We need carers who can open up their homes and hearts to kids on a regular basis for just one weekend a month or for up to a week during school holiday periods," Mrs Roylance said.

Children in need of respite care included those with behavioural issues or disabilities or ones whose parents were in hospital.

Burwood's Heidi Turner and her family have given respite care for the same family for three years.

"We take them to the beach, the park, they just fit in with our weekend activities," Mrs Turner said.

To become a carer, go to anglicarevic.org.au.

We need carers who can open up their homes and hearts to kids on a regular basis

CASSIE ROYLANCE

Source: Maroondah Leader 18-04-12

42 Victorian Ombudsman, *Own Motion Investigation in Child Protection - Out of Home Care, May 2010*, Victorian Ombudsman, Melbourne, 2010, P 9.
43 Raman, loc cit.

As detailed in 2.3.1, additional research into the disparity between the number of enquirers and the rate of conversion would be useful. The surveys developed for this study detail that the current conversion rate of enquirers to active foster carers is 10.4%. This concept is further discussed in 3.2 Recommendation 2: Further development of a marketing approach.

In the context of these press clippings, it is interesting to note Sunitha Raman's comments in relation to messaging:

Focus Messages On

- Making a difference to lives of children;
- Emphasise rewards, be upfront about the challenges;
- Be honest and realistic;
- Manage expectations;
- Be clear and concise;
- Address the key information needs of the audience;
- Be supported by case studies.

Do Not Focus Messages On

- A negative premise (ie the desperate need for foster carers);
- Reinforce negative perceptions about the children in care;
- Paint an unrealistic picture of life as a foster carer.[44]

Household composition of current foster carers

The current household profile of foster carers is detailed in Table 11, which includes data from 29 of the 30 surveys returned.

Table 11: Household Composition of Current Foster Carers

Household Composition	#	%
Single women	365	28.0
Single men	46	3.5
Childless couples	172	13.1
Couple with child/ren at home	474	36.2
Couple with child/ren who have left home	221	16.9
Same sex couple	30	2.3
Total	1308	100

Source: Survey conducted by Verso Consulting 2011-12

The proportional breakdown by household type is broadly consistent between individuals enquiring about becoming foster carers and the active foster carer population. This indicates a consistent conversion rate from enquiry through to accreditation and active status.

An international examination of recruitment and retention of foster carers identifies some of the significant changes in the profile of foster carers reflected in the increase in single females who are mostly in the their middle years, professional couples in paid work and same sex couples.[45] The author comments that

44 Raman, op. cit., slides 27-28.
45 A Pell, *op. cit*.

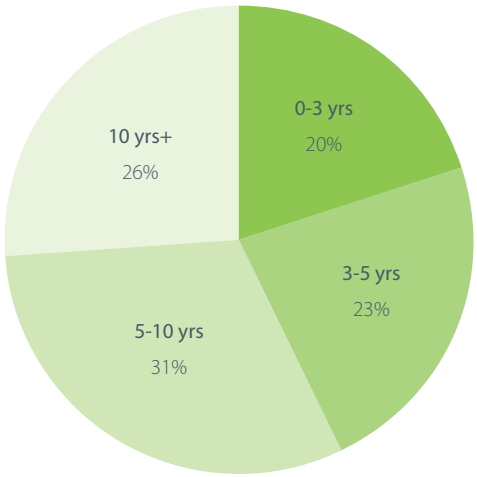
This change in carer profile will necessitate a change in how we provide support to carers. Single carers, families where the single parent or both parents work, and the increasing incidence of multiple placements all mean that additional support will be required to sustain these placements and carers and prevent early burnout and placement breakdowns.[46]

Average length of care provided

Data in relation to the length time care is provided by foster carers indicates an average of around 5.3 years. Twenty six CSOs provided this data from the 30 returns received from the providers. The range varied from 6 months to fifteen years.

This is consistent with the findings of the Foster Care Association Strengthening Carers 2011 Carer Questionnaire which found similar results.[47]

Figure 11: Length of Time as a Foster Carer (based on 61 responses)



Source: Strengthening Carers 2011, Foster Care Association of Victoria, 2011

Initiatives which focus on increasing retention of foster carers, in conjunction with recruitment activities will clearly have an impact in meeting the demand for all types of foster care.

Marcenko found that 'a small percent of foster parents provide the majority of care.'[48] This insight may require consideration to be given to how to spread the burden of care over a wider group of foster carers in the pool with the objective of extending the length of time foster care is provided. Activities that enhance and support the foster carers' experience and satisfaction are also likely to support increased recruitment. Marcenko also found that,

Foster parents are the best asset the agency has for recruiting new foster parents. Focusing on the needs of existing foster parents and recognising their contributions is critical to recruitment of future foster parents.[49]

The Victorian Ombudsman states,

Both foster carers and kinship carers face significant challenges and the department needs to ensure that adequate support is provided to these placements. Appropriate support has the potential to improve the quality of care provided and minimise the chance of placement breakdown. It is crucial that carers feel supported if the department is going to retain existing carers.[50]

Foster carer exits

Twenty nine of the 30 CSOs provided information regarding foster carer exits. The CSOs reported that in the financial year 2010-2011, the number of foster carers who exited the program totalled 219. This figure can be compared to newly-accredited foster carers demonstrating a net gain of 50 foster carers. While the number of foster carers who have exited can be tabulated, the important evidence not presented through this data is why they exited and what could be done to reduce the rate of exits.

46 ibid, p 8.
47 C Griffin & B Laister, *Strengthening Carers 2011*, Foster Care Association of Victoria, 2011, p 13.
48 Marcenko et al, loc cit.
49 ibid.
50 Victorian Ombudsman, op cit, p 111.

Wilks and Wise reported that

'Qualitative findings about fostering's challenges reinforced 'parenting' and 'system' challenges as the key demands of the role. Poor experience with government and non-government agencies (26% of responses) and parenting challenges (25% of responses) were the top two themes relating to fostering challenges. One in four carers indicated that they had felt at some stage in their fostering career that becoming a foster carer was a wrong decision. Among those who answered this item in the affirmative, most (83%) nominated difficult child behaviour as a reason for feeling this way.'[51]

The types of system challenges described by a foster carer interviewed by Verso were the 'constant change of case workers who are 'young', 'inexperienced', 'inflexible' and have a 'stronger commitment to the rule book than the welfare of the child'. In stakeholder consultations undertaken by Verso (n=5) these general areas of concern were confirmed.

The literature and document review suggests that older foster carers exiting the system is another factor impacting on the pool of foster carers. The data provided by the CSOs demonstrates that the marketing strategies have lifted the number and proportion of enquirers under 45 years from 59.6% in 2009 to 71.2% in 2010 and 2011. This may indicate that current marketing strategies may be able to mitigate the loss of older carers and overcome the issues identified by Pell in relation to 'the decreasing interest in becoming a carer [resulting] in more carers leaving the system than new carers entering the system.'[52]

Department of Human Services and AIHW data regarding foster carers entering and exiting the system differ from that reported by the CSOs in the survey. The counts, dates and definitions used in the DHS and AIHW data may account for these differences. The surveys undertaken for this study, however, do provide strong evidence that attention to retaining foster carers and possibly the slightly young cohort of foster carers may be improving retention rates.

Pell's view that

an improved, more professionalised foster care system will: create an increase in capacity, improve the therapeutic approaches to care, attract a wider target group of professionals to the system, create a more informed and professionally trained work force among carers and create better options and outcomes for children in the system.[53]

The *Evaluation of Therapeutic Residential Care Pilots* (TRC Pilots) demonstrates that young people supported through the therapeutic approach have significantly improved outcomes when compared to their previous experience and the outcomes of young people in residential care who have not received the benefit of a therapeutic approach. The TRC evaluation demonstrates that significant behaviours and emotional and psychological impacts of trauma can be addressed and mitigated through the therapeutic approach.[54]

An evaluation of the piloting of therapeutic approaches in foster care is currently being conducted by Latrobe University and the results will be due for publication in July 2012. If the results of that evaluation can demonstrate similar impacts on the young people receiving therapeutic foster care it is likely that their foster carers will also report an increased satisfaction impacting on retention rates and the willingness of foster carers to recruit others. The TRC evaluation demonstrated a lower turnover of residential carers, improved connections between residential carers and the young people and improved residential carer satisfaction.

2.6 Demand for additional foster carers

The following pertinent comments are taken from By next Tuesday…, the Best Practice Engagement Project Report:

- Recruitment and retention issues are intertwined;
- Shortage of carers means that available carers are likely to become burned out;
- Shortage of carers can lead to emergency placements added on to an existing placement, or unrelated children placed together, with potentially destabilising effect.[55]

51 Wilks & Wise, op cit., p 3.
52 Pell, op cit., p 7.
53 ibid., p 17.
54 D Faircloth, P Brann, J McNair, et al, *Evaluation of the Therapeutic Residential Care Pilot Programs*, Department of Human Services, November, 2011. accessed from http://www.dhs.vic.gov.au/__data/assets/pdf_file/0005/712868/therapeutic-residential-care-report.pdf on 12-6-2012.
55 Centre for Excellence in Child and Family Welfare, *By next Tuesday…Best Practice Engagement Project, foster care recruitment and retention*, 2008, p 81.

These comments paint a picture of foster carers impacted by high demand for foster care and a lack of alternate, respite and new foster carers. These impacts result in increased demand and greater stress and burnout of foster carers further driving foster carer exits. This in turn further exacerbates the shortages. This dynamic needs to be considered when assumptions and analysis about the demand for foster care are considered.

The CSOs responding to the survey indicate a need for 511 additional foster carers. This would represent an increase of 39% based on current estimates. It is worth considering that the data presented in this section does not represent the entire demand as some regions such as the Eastern Region are missing responses from 2 of the 5 CSOs in the region and Gippsland who are missing responses from 3 of 6 CSOs in the region.

Given the high demand for additional foster carers, the factors represented in the remarks cited above must place significant burdens on the current pool of foster carers. This is despite the positive initiative of developing a best practice manual in 2007-08 as an outcome of the Best Practice Engagement Project. *Strengthening the Recruitment and Retention of Foster Carers in Victoria* includes the following observation:

Despite falling demand for foster care (due to redirection of children into kinship care), the supply of foster carers available to the OHC system has declined more quickly than the demand for foster care.[56]

Obviously the issues articulated in 2007-8 are persisting despite positive gains being made.

The data in Table 20 demonstrates disparate demand with 51% of the unmet need being identified in regional Victoria. This indicates that additional resources may be required in regional Victoria to convert enquirers to active foster carers including training resources, and innovative approaches to delivering training.

A number of suggestions and innovations were put forward in the course of the focus group:

- Develop online training resources for modules where this is appropriate;
- Improve 'train the trainer' resources;
- Conduct joint regional training sessions (multiple agencies);
- Reimburse petrol and childcare expenses in relation to attending training.

In the short term providing the emotional and mentoring support to the existing pool of foster carers in Regional Victoria may be required to ensure that the situation does not deteriorate any further through exits and or burnout.

Informed estimates of the number of additional foster carers the CSOs believe are required to fully service the demand across local government areas (LGA) are detailed in the following tables, with a state-wide summary provided in Table 20.

Some CSOs found it difficult to provide estimates at LGA level. However most were able provide estimates at least at regional or sub-regional level. In some cases, CSOs provided commentary regarding volume of referrals and young people put on wait lists due to a lack of suitable foster carers. Other relevant comments related to the need to have a greater number of respite foster carers to cover holidays.

56 Centre for Excellence in Child and Family Welfare, *Strengthening the Recruitment and Retention of Foster Carers in Victoria*, Centre for Excellence in Child and Family Welfare, Melbourne, 2007, p 81.

Table 12: Demand for Additional Foster Carers in Barwon South West

Area/LGA	Additional Foster Carers Required
Colac Otway LGA	5
Corangamite LGA	5
Greater Geelong LGA	12
Hamilton LGA	5
Glenelg LGA	5
Queenscliffe LGA	1
Surf Coast LGA	1
Warrnambool LGA	6
Barwon Sub Region (LGAs not specified)	6
South West Sub Region (LGAs not specified)	20
Barwon South West Region Total	66

Source: Survey conducted by Verso Consulting 2011-12

This table represents the estimates of 4 agencies of 4 in the Barwon South West Region.

Table 13: Demand for Additional Foster Carers in Eastern Metro Region

Area/LGA	Additional Foster Carers Required
Eastern Metro Region	12

Source: Survey conducted by Verso Consulting 2011-12

This table represents the estimates of 3 of 5 agencies in the Eastern Metro Region.

Table 14: Demand for Additional Foster Carers in Gippsland Region

Area/LGA	Additional Foster Carers Required
South Gippsland Sub Region (LGAs not specified)	37

Source: Survey conducted by Verso Consulting 2011-12

This table represents the estimates of 3 of 6 agencies in the Gippsland Region.

Table 15: Demand for Additional Foster Carers in Grampians Region

Area/LGA	Additional Foster Carers Required
Golden Plains LGA	1
Central Highlands Sub Region (LGAs not specified)	25
Grampians Region Total	26

Source: Survey conducted by Verso Consulting 2011-12

This table represents the estimates of 3 of 3 agencies in the Grampians Region.

Table 16: Demand for Additional Foster Carers in Hume Region

Area/LGA	Additional Foster Carers Required
East Hume Sub Region (LGAs not specified)	20
West Hume Sub Region (LGAs not specified)	30
Hume Region Total	50

Source: Survey conducted by Verso Consulting 2011-12

This table represents the estimates of 2 of 3 agencies in the Hume Region.

Two hundred and seventy five (275) young people were referred for foster care in the West Hume Sub Region in the past 12 months. Sixty five (65) were deferred to the wait list due to a shortage of suitable foster carers.

Table 17: Demand for Additional Foster Carers in Loddon Mallee Region

Area/LGA	Additional Foster Carers Required
Campaspe	6
Goldfields	5
Greater Bendigo LGA	18
Loddon LGA	4
Macedon Ranges LGA	3
Mt Alexander LGA	5
Swan Hill LGA	5
Mallee Sub Region (LGAs not specified)	35
Loddon Mallee Region Total	81

Source: Survey conducted by Verso Consulting 2011-12

This table represents the estimates of 3 of 5 agencies in the Loddon Mallee Region.

Table 18: Demand for Additional Foster Carers in North and West Metro Region

Area/LGA	Additional Foster Carers Required
Brimbank LGA	5
Moonee Valley LGA	5
Brimbank/Melton Sub Region	37
Hume/Moreland Sub Region	9
North East Sub Region	15
Western Sub Region	43
North and West Metro Region Total	114

Source: Survey conducted by Verso Consulting 2011-12

This table represents the estimates of 7 of 8 agencies in North and West Metro Region.

One CSO provided their estimate based on their experience of 110 young people referred to them who were unable to be placed over the past 12 months.

Another CSO based in Werribee stated that they needed an additional two foster carers immediately to meet their waitlisted demand. It is their view that there could never be enough foster carers to meet the potential demand in the NWMR.

Table 19: Demand for Additional Foster Carers in Southern Metro Region

Area/LGA	Additional Foster Carers Required
Kingston LGA	3
Mornington Peninsula LGA	15
Frankston LGA	7
Outer South Sub Region	61
Inner Middle Sub Region	30
Frankston/Mornington Peninsula Sub Region	9
Southern Metro Region Total	125

Source: Survey conducted by Verso Consulting 2011-12

This table represents the estimates of 5 of 6 agencies in Southern Metro Region.

Table 20: Summary of Demand for Additional Foster Carers in Victoria

Region	Additional Foster Carers Required
Barwon South West Region	66
Eastern Metro Region	12
Gippsland Region	37
Grampians Region	26
Hume Region	50
Loddon Mallee Region	81
North and West Metro Region	114
Southern Metro Region	125
Victoria Total	511

Source: Survey conducted by Verso Consulting 2011-12

2.7 Children in foster care

Referrals

Of the 30 surveys returned by CSOs, 23 provided data on the number of referrals. There were a total of 4,197 referrals of children and young people to the programs in the financial year 2010/11. The disparity between the 4,197 referrals identified by the CSOs, the demand for additional foster carers (511) and the actual numbers and the trend data are not able to be adequately explored within the scope of this study. The question as to what happened to the children who were not placed should prompt concern regarding the welfare of these children and the impact of the unmet demand on the entire system.

Regional DHS managers interviewed in the TRC Evaluation commented that the current system was 'crisis in and crisis out', a view echoed in Sunitha Raman's presentation on *A Strategy to Better Recruit and Retain Foster Carers in Victoria* where she estimated that 'Two thirds of mainstream CSOs made placements under pressure.'[57] [58]

Department of Human Services Regional managers also identified the interplay between high demand and all OHC programs. The question is whether the demand is driving placements wherever they can be found or whether

57 Faircloth et al, op cit., p 61.
58 Raman, op cit., slide 10.

placements are targeted to the most appropriate and best program/placement option thus supporting the best interests of the child/young person. Raman suggests that 'at least 1,000 more carers are required to allow appropriate matching of children and carers'.[59]

The authors of this report recognise that the referral data may include referrals of the same child or young person to multiple agencies, resulting in the same need for placement being counted as more than one referral. Therefore there is a need to be able to identify the extent of the demand more accurately. This lack of accurate data is a contributing factor toward the recommendation regarding the development of a minimum data set.

Children in foster care

There have been changes over time in patterns of care. The data accurately describes what has occurred but does not fully explain why this has occurred. Increasing use of kinship care is a policy direction described as a 'redirection of children into kinship care'.[60] Kinship care is described as the care provided by relatives and family friends when children cannot live with their parents. This approach is considered to be in many cases in the best interests of the child. Aldgate and McIntosh provide this insight:

[kinship care] is unique in allowing children to be safeguarded away from their parents but still remain within their own families, ensuring continuity with the past, and, in most cases, retaining connections with parents, siblings, and other family members. It is precisely because kinship is unique in keeping children within their families but under the watchful eye of social work services, that the service needs a distinctive model of organisation and delivery.[61]

All survey responses provided data relating to the number of children currently in foster care, totaling 1,302 children as at 1st July 2011. This variance (CSOs reporting 229 fewer children than the corresponding figure in Table 21) is likely to reflect the incomplete response rate from CSOs and varying definitions and counting methods.

Time series data provided by DHS has been provided in Table 21 and Figure 12. As detailed in Table 21, there has been a slight decline in the actual number of children in foster care in Victoria over the period 2000-2001 through to 2010-2011. The proportional decline is noted in Table 21, and clearly depicted in Figure 12.

Table 21: Out of Home Care in Victoria[62]

Year to Date Report	# Chn in OHC	# Chn in Foster Care	% Chn in Foster Care	# Chn in Kinship Care	% Chn in Kinship Care	# Chn in Resi Care	% Chn in Resi Care
2000-01	3,902	1,699	43.5%	1,029	26.4%	474	12.1%
2001-02	3,979	1,611	40.5%	1,020	25.6%	475	11.9%
2002-03	4,099	1,597	39.0%	1,043	25.4%	435	10.6%
2003-04	4,234	1,546	36.5%	1,148	27.1%	389	9.2%
2004-05	4,433	1,576	35.6%	1,218	27.5%	376	8.5%
2005-06	4,821	1,588	32.9%	1,458	30.2%	396	8.2%
2006-07	5,099	1,647	32.3%	1,653	32.4%	362	7.1%
2007-08	5,517	1,625	29.5%	1,957	35.5%	471	8.5%
2008-09	5,835	1,602	27.4%	2,177	37.3%	493	8.4%
2009-10	5,951	1,591	26.7%	2,267	38.1%	481	8.1%
2010-11	6,119	1,531	25.0%	2,396	39.2%	467	7.6%

Source: DHS Quarterly Reporting [Residential care and foster care figures are sourced from the CRIS system while Kinship Care and Permanent Care are sourced from ORACLE (caregiver reimbursement system)]

59 Raman, op cit.

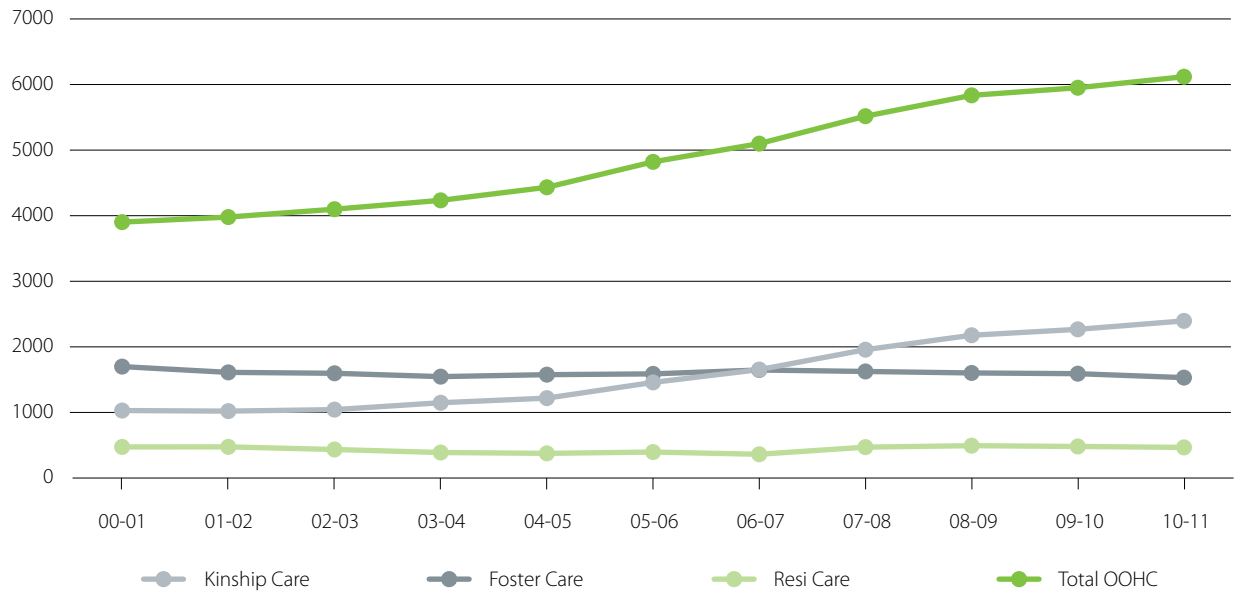
60 Centre for Excellence in Child and Family Welfare, *Strengthening the Recruitment and Retention of Foster Carers in Victoria*, Centre for Excellence in Child and Family Welfare, Melbourne, 2007.

61 J Aldgate & M McIntosh, *Looking After The Family: A Study of Children Looked After in Kinship Care in Scotland*, 2006, Chpt. 11, P1, accessed at www.scotland.gov.uk/Publications/2006/06/07132800, on 16th May 2012.

62 OHC figure includes Permanent Care, Kinship Care, Foster Care and Residential Care. It does not include non-parent assistance/private board placements in 2001-2005.

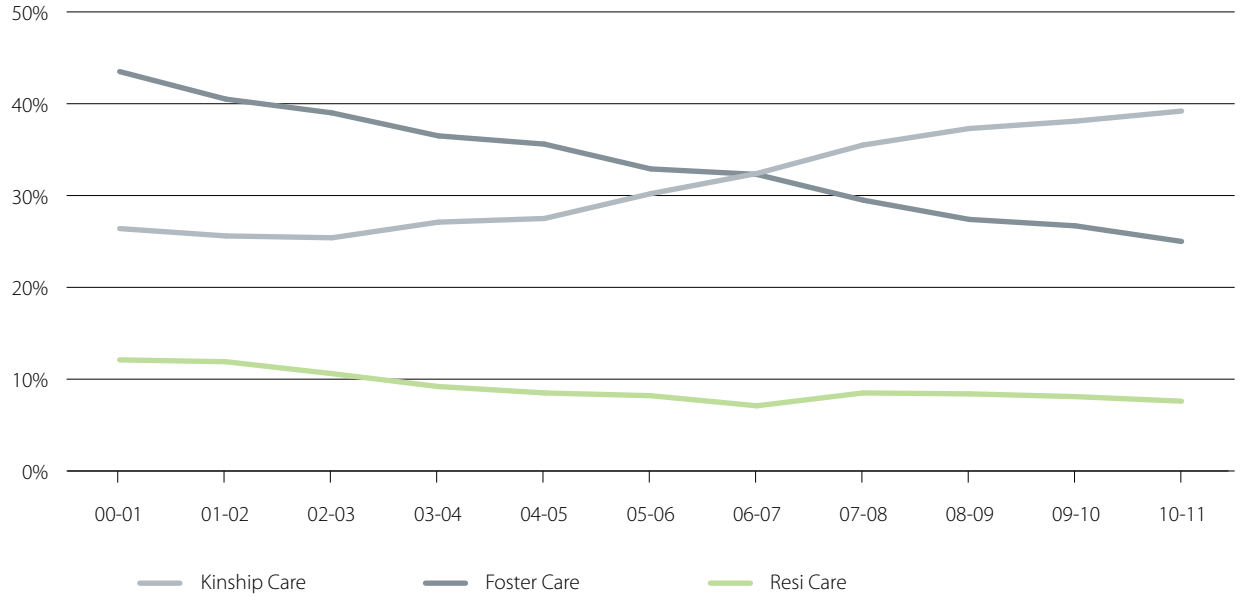
The changing dynamic within the OHC system in relation to the role of foster care and kinship care is particularly evident in the reversal of the proportions of children in these care types as illustrated in Figure 12a and 12b.

Figure 12a: Out of Home Care in Victoria



Source: DHS Quarterly Reporting [Residential care and foster care figures are sourced from the CRIS system while Kinship Care and Permanent Care are sourced from ORACLE (caregiver reimbursement system)]

Figure 12b: Out of Home Care in Victoria



Source: DHS Quarterly Reporting [Residential care and foster care figures are sourced from the CRIS system while Kinship Care and Permanent Care are sourced from ORACLE (caregiver reimbursement system)]

As detailed in the 2007 Strengthening the Recruitment and Retention of Foster Carers in Victoria, Victorian CSOs reported that 1,325 children were placed in foster care, with 386 of these placed for the first time (corresponding to 34% of children/ young people for whom data was available).

A 'snapshot' of the Department of Human Services (DHS) FACTS (Funded Agency Client Transaction System) database taken on 28-02-06 revealed that there were 1,508 children/young people in foster care on that particular day. This data is provided by all CSOs to DHS and is a complete record of the number of children in home-based-care on the relevant day.

The Australian Institute of Health and Welfare (AIHW) reports there were 5,469 children and young people living in out of home care in Victoria in 2009-10, a 3.5% increase on the previous year. Of these 5,469 children and young people, 2,234 were reported to be residing in foster care.[63]

As indicated in Table 22, of the 5,678 children aged 0-17 years in OHC on 30-6-11, 90.7% (or 5,150 individuals) are living in home-based care. Information from the DHS CRIS database indicates that of the 2,096 in foster care & permanent care, 735 (or 12.9% of the OHC population) were in foster care.[64]

Table 22: Numbers of Children in Out of Home Care in Victoria[65] [66] [67] [68] [69]

Type of Placement	30 June 2010	30 June 2011	% Change
Foster Care & Permanent Care	2,234	2,096	-6.1%
Relatives/Kin	2,185	2,383	+9.1%
Other Home Based Care	572	671	+17.3%
Total Home Based Care	4,991	5,150	+3.2%
Residential Care	454	496	+9.2%
Independent Living	23	32	+39.1%
Other/Unknown	1	0	-
Total	5,469	5,678	+3.8%

Source: AIHW 2011 and AIHW 2012

Placements managed

Twenty Six CSOs provided details on changes in the number placements they manage as detailed in Table 23.

Table 23: Changes in Placements

Changes in Placement	#	%
Decrease	11	42.3
No change	6	23.1
Increase	9	34.6
Total	26	100

Source: Survey conducted by Verso Consulting 2011-12

Decreases

The data provided regarding the decreases (6 of the 11 returns) ranged from 5% to 20%.

Explanations offered for the decrease included a lack of referrals (ie referrals going to other CSOs), a shortage of foster carers and more contingency placements.

63 Australian Institute of Health and Welfare, *Child Protection Australia 2009-10*, Child Welfare Series No 51, Cat No CWS 39, Australian Institute of Health and Welfare, Canberra, 2011, p 49.
64 Custom database query requested by Verso Consulting
65 Australian Institute of Health and Welfare, *2011, op. cit,* p 76.
66 Australian Institute of Health and Welfare, *Child Protection Australia 2010-11*, Child Welfare Series No 53, Cat No CWS 41, Australian Institute of Health and Welfare, Canberra, 2012, p 76.
67 In Victoria, children on permanent care orders are included in OHC figures, as the state makes ongoing payments for the care of these children, AIHW 2011, p 107
68 Combined foster care and permanent care figure is comprised of 735 foster care and 1,361 permanent care placements.
69 Such as voluntary out-of-home care or Adolescent Community Placements.

Increase

The data provided regarding the increase ranged (4 of the 8 returns) from 5% to 29%. Reasons for the increase included increased reports reflecting:

- Increasing needs in the community;
- Statutory referrals as a result of the Ombudsman's report;
- Increased foster carer capacity and capability;
- Some CSOs particularly noted an increase in the need for sibling placements.

Local placement

A number of benefits have been associated with 'local placement' which relates to children/young people being in placements in close proximity to their home. These include stability and familiarity with the area, remaining at the same school and remaining in contact with friends and family.[70] It is recognised that there are cases where a local placement may not be in the best interests of a child/young person. This is a key consideration in the case planning process.

Twenty five of 30 CSOs who returned surveys provided data in relation to the distance the placement of the young person/child was from their home:

- A median of 5% of young people/children were placed 50+km from their home;
- Eleven CSOs recorded that 2% or less of their placements of young people and children were more than 50km from their home;
- Six CSOs recorded that 50% to 90% of their placements of young people and children were more than 50km from their home.

Without details of particular cases, it is not possible to determine whether these figures reflect the best interests of the children/young people in foster care at this time of the survey.

Issues that arise from the data relate to the high costs of travel and how these costs are recognised for CSOs and for foster carers. The issue of the increased cost of care in regional areas and its impact on recruitment and retention should also be considered. Marilyn McHugh provides these insights regarding transport costs:

- Foster carers reported that the costs of transporting foster children were considerably higher than the BSU estimates (Section 4.23; 7.8);
- Transport costs were very specific to the geographical location of foster carers and for rural and regional foster carers costs were higher than for those in metropolitan areas;
- Most foster carers appeared to use their car on a daily basis. Most stated that without a car they would not be able to continue fostering;
- A more appropriate model for calculating costs was developed to more closely reflect the lives of foster caring families;
- Due to the varied nature (distances travelled, number of trips, etc.) of 'access and contact' visits facilitated by foster carers to children's birth families it was not possible to allocate average costs to foster carers in this area;
- Estimating costs to foster carers who have purchased a larger vehicle to transport foster children was also difficult. The issues of costs attached to access and contact visits and larger vehicles are in the Conclusion and Recommendations.[71]

The aged care providers who operate case managed packaged aged care services across Victoria are provided with subsidies from the Commonwealth Department of Health and Ageing based on the Area Remoteness Index of Australia – ABS (ARIA) scores. A similar system would support CSOs recognising the additional costs associated with providing services where significant travel is required.

70 Australian Institute of Health and Welfare, *Child protection and out-of-home care performance indicators*. Child welfare series no. 41. Cat. no. CWS 29. Australian Institute of Health and Welfare, Canberra, 2006, p 82.

71 M McHugh, *The Costs of Caring: A Study of Appropriate Foster Care Payments for Stable and Adequate Out of Home Care in Australia*, 2002.

3. Recommendations for future action

3.1 Recommendation 1: Development of a minimum data set

The information presented in this recommendation has been adapted from the Therapeutic Residential Care Pilot Evaluation.[72]

Data is critical in supporting the best interests of the child

The report, literature and stakeholders all highlight the need for more accurate and consistent data. The TRC evaluation examined CRIS data (this required a manual file audit to be undertaken) identifying that one young person had 45 changes of placement prior to entering the TRC. A group of eight young people in the file audit who entered residential care 12 months prior to entering the TRC pilots had an average of four placement changes in that 12 month pre TRC period.[73] DHS reported that the data had not been used in this manner previously and remarked that this type of examination was very important when the therapeutic approach was being adopted, as the information was essential when compiling the history of the young person, thus aiding the development of the therapeutic plan.

The Circle program reports that they do not have consistent information regarding the number and type of OHC placements and therefore are unable to fully detail the young person's background for the development of care plans. This has implications such as not being aware of the possibility of secondary trauma having occurred to the young person as a result of unstable placement history. Having a clear understanding of trauma and possible triggers is an important part of the therapeutic approach.

Therefore a minimum data set would efficiently provide information that is vital to therapeutic specialists and their teams in developing care plans which are considered an essential element of the therapeutic approach.

The minimum data set would enable:

- The maintenance of robust data regarding the costs avoided and incurred in initiatives and programs in the OHC system supporting program comparisons;
- The minimum data set could overcome currently disparate and inaccurate information. Information is critical to a young person's welfare and enables objective measurement of the outcomes of programs and of the effectiveness of individual placement strategies.
- A minimum data set as described could be uniformly applied across OHC and would prove to be useful to peak bodies, planners, CSOs and to support funding arrangements.

The *Client Outcomes Report* provides evidence that the current critical incident data is possibly misleading and therefore improvements to the process, training and coding of these reports requires attention.[74]

There would be benefit from accessing other data bases such as the police e.g. one male young person who had been in residential care had the following history of police involvement (the data was accumulated over eight years by the police): 15 missing persons reports, 51 warrants of which 33 were executed with an additional two police/bench warrants and 227 charges with 34 criminal investigations. Understanding the costs and strategies being used and the effectiveness of the approaches would be aided by access to data highlighted in this example.

72 Faircloth, et al., op. cit.

73 Placement instability or drift, is strongly associated with worse outcomes (Osborne and Bromfield, 2007; Wise S, Pollock S, Mitchell G et al, 2010) including schooling and subsequent life chances for young people. Several studies support the contention that placement instability lasting for more than 12 months is more strongly linked with a higher prevalence of psychological, social, and educational difficulties (Osborn and Bromfield, 2007; Cashmore and Paxman, 2007; Stone, 2007).

74 Faircloth, et al., op. cit.

Proposed Elements of a Minimum Data Set

The minimum data the evaluators consider would be required is:

- A unique identifier that remains with the child/young person over their journey in OHC;
- Links to other identifiers such as police and education;
- Mother's maiden name (to provide a constant cross reference if other names change);
- Date of birth;
- Gender;
- Aboriginality status;
- Diverse cultural background/language other than English status;
- For each episode of care (each and every subsequent placement the same data to be collected):
- Age and date of entry into OHC;
- Length of stay;
- Type of care;
- Unplanned nights missing from care;
- Days expected at school;
- Days missed at school;
- Age and date of exit;
- Agency (code).
- Incident report: date, category, victim/perpetrator/witness, type of incident;
- Missing persons;
- Warrants: raised, withdrawn, executed, (coded category of warrant);
- Secure welfare admissions and length of time in secure welfare (per episode);
- Hospital/detox/mental health episode (coded);
- Hospital/detox/mental health entry and exit date.

Foster Care Supplement

- The number of active foster carers and their demographic profile (age, gender, family composition, Aboriginality, CALD, length of time as a carer, location/postcode);
- The number and demographic profile of foster carers who have exited;
- The number of accredited foster carers non-active in the year and for how long;
- New accredited foster carers;
- New accredited foster carers who are active and the type of care being provided;
- The number and source of enquiries made to the agency;
- Average time taken to respond to enquiry;
- Average time taken to move an enquirer to foster care orientation/accreditation;
- Average time taken from accreditation to active foster care.

3.2 Recommendation 2: Further development of a marketing approach

The marketing approach recommended in *Strengthening the Recruitment and Retention of Foster Carers* should be built upon. Current data provides a rudimentary insight into where foster carers get their information and what medium they use to contact the CSO. The data also provides insights into the current and changing demographics of enquirers and foster carers.

Improved marketing approaches could be developed if the following information is known and collected:

- What motivates an enquirer to consider foster caring?
- Why did enquirers not proceed to becoming accredited foster carers?
- What and why are different media effective or ineffective?
- What is the profile of enquirers using different mediums?
- How much does it cost to generate an enquirer?
- What are the resources and processes required to convert enquirers to accredited foster carers?
- Are enquiries managed in a timely, effective and respectful manner by the CSOs?
- Are there processes to audit the customer focus of CSOs such as silent shoppers thus facilitating continuous improvements?
- Are there information media supporting the optimum approach to pre-qualifying enquirers?
- Could greater use be made of social media?

Collection of this information could be achieved through:

- An examination of the actual current practices used by the CSOs;
- A review of the research, publications and quality systems currently employed by CSOs to manage and direct recruitment of foster carers;
- Conduct focus groups with enquirers and newly-accredited foster carers;
- Review the lessons that can be learned from marketing approaches used by other organisations such as World Vision Australia.

Inherent in this recommendation is the need to develop and implement an integrated action plan targeted to realise a greater proportion of enquirers becoming active foster carers.

Adoption of this recommendation would require additional financial investment and targeted application of resources. However the anticipated long term benefits to the sector are considerable.

3.3 Recommendation 3: Support for ACCOs' recruitment and retention of foster carers

Particular attention and additional support be provided by Aboriginal Community Controlled Organisations (ACCOs) to examine and support the retention and recruitment of foster carers including gathering the data documented in this study.

Direct consultation with Aboriginal communities and agencies needs to be undertaken to compare and contrast the profile of demand, service issues and to develop recommendations. This needs to take place in the context of trust and relationship.

3.4 Recommendation 4: Additional support to develop an expanded profile of foster carers

A review of international literature regarding recruitment and retention of foster carers identifies some of the significant changes in the profile of foster carers reflected in the increase in single females who are mostly in their middle years, professional couples in paid work and same sex couples.[75]

75 Pell, op. cit., p 8.

The author comments that

'This change in carer profile will necessitate a change in how we provide support to carers. Single carers, families where the single parent or both parents work, and the increasing incidence of multiple placements all mean that additional support will be required to sustain these placements and carers and prevent early burnout and placement breakdowns.'[76]

It is recommended that foster carers who are single females, professional couples in paid work and same sex couples are surveyed to support greater understanding of the particular support needs required to ensure that these foster carers are able to continue in their caring role. It is recommended that findings from this survey are used in recruitment and training processes.

3.5 Recommendation 5: Ensure sufficient foster carers to meet the demand

The literature and data presented in this report confirms a shortfall in the number of foster carers (at least 500). To ensure that the supply of available foster carers is increased in line with the demand it is recommended that:

- Current foster carers are supported to stay in their foster care roles for longer by:
  - Identifying and addressing the DHS system issues that negatively impact on foster carers;
  - Learnings from the Therapeutic Care Pilot Evaluation be used to address the impact young people who are 'acting out' (because of the impact of trauma) have on foster carers – this may occur through the wider application of the therapeutic approach giving due consideration to the current evaluation of therapeutic foster care and the recommendations of the evaluation.
- A greater proportion of enquirers are supported to become accredited foster carers. This may require the identification of:
  - Blockages and methods to overcome the blockages;
  - Resource requirements and how and when the funding and human resources will be employed to increase the conversion of enquirers to active foster carers.
- Particular attention be paid to developing strategies that can respond to the disproportionately high demand for foster carers in regional locations;
- The emphasis on targeting younger people should continue to counter the retirement rate of older foster carers.

3.6 Recommendation 6: Rural supplement

A supplement is proposed to address additional costs associated with the high cost of travel in regional and rural areas. It is recommended that such a supplement draw on the Area Remoteness Index of Australia (ARIA) developed by the Australian Bureau of Statistics (ABS).[77] A similar supplement is currently in use in Commonwealth funded case managed community aged care in regional locations[78].

76 ibid.
77 Australian Bureau of Statistics, loc cit.
78 Department of Health and Ageing, loc cit.

4. Literature Overview: Recruitment and Retention of Foster Carers

This overview has targeted literature relating to trends and issues regarding recruitment and retention of foster carers. The introduction of mandatory reporting in the mid-1990s, an increase in population and the levels of social disadvantage across parts of Australia, and the advent of the Children Youth and Families Act 2005 (which establishes kinship care placements as the first preference among OHC options) have resulted in increased demand for home based care (foster care and kinship care).[79]

The main themes to emerge from the review included:

- This issue is not confined to Australia – it is a world-wide issue;
- Foster carers need to feel that they are valued, supported and acknowledged by community service organisations;
- Placements would be more successful if there was increased communication between foster carers, family and CSOs regarding the child's needs, past and support requirements;
- There is a need to ensure that foster carers are not under financial strain as a result of undertaking a foster care role;
- Foster carers wish to be included in decision making processes and be included in care teams and the development of support strategies
- The length of time for foster carer accreditation in Victoria has proved a setback for many applicants;
- Many existing foster carers have a need to tell potential recruits 'how it is';
- The foster care demographic (which previously consisted mainly of women who stayed at home, supported by her partner/husband) is changing as society changes – single people, same-sex couples and older carers now constitute a significant proportion of the foster carer population;
- As older foster carers exit the system there will be a shortfall in the number of foster carers available unless effective recruitment strategies are in place, alongside effective retention strategies;
- There are a number of innovative recruitment, support and retention projects under way across Victoria, which will inform the development of recruitment and retention strategies that are best practice and respond to the growing need for foster carers.

Griffin C & Laister B, *Strengthening Carers 2011*, Foster Care Association of Victoria Inc, June 2011.

This report builds on previous surveys designed to identify the support needs of foster carers. The report contains information covering what works for carers and ideas for improvement such as carer participation in care teams and value and recognition for carers.

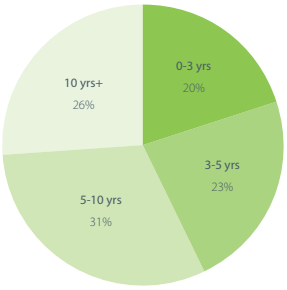
The report covers the response demographic including the household composition of carers (pg 12) and length of carer involvement (pg 13) – see diagrams below.

Respite/Emergency/Short Term Care	Long Term Care	Permanent Care
9 carers had 1 child/young person	23 carers had 1 child/young person	7 carers had 1 child/young person
7 carers had 2 children/young people	6 carers had 2 children/young people	4 carers had 2 children/young people
2 carers had 3 children/young people	1 carer had 3 children/young people	
1 carer had 4 children/young people	1 carer had 4 children/young people	

(Results based on 61 responses)

79 This overview does not specifically consider residential care which is considered in Chapter 5 .

How many years have you been a carer?



The report highlighted a number of areas requiring improvement or enhancement in the support and recognition for carers:

- Increased inclusion, acknowledgment and consideration within the care team in the areas of decision making and knowledge of the child and the child's progress, and increased respect and recognition for the role carers play in the sector
- Caregiver reimbursements must be improved to meet the cost of care
- Increased availability to formal respite and more effective and targeted informal respite that meet the needs of individual placements
- Increased financial assistance
  - Availability of petrol and travel reimbursements, particularly for rural carers;
  - Consistency across all placements/regions in terms of what 'extra' reimbursements and entitlements are made available to carers;
  - Waiving of means testing against carer incomes for eligibility to Commonwealth government entitlements;
  - Access to clothing vouchers/allowances and travel cards for children and young people in care;
  - Agencies and Department of Human Services (DHS) to not make carers feel 'guilty' or 'only focused on the money' when carers are seeking additional financial support;
- More effective, streamlined and forthcoming sharing of information by agencies and DHS to enable carers to better understand and care for the children placed with them.

O'Neill C & Laister B, *Carers Support Needs Survey Report 2010*

In 2010 FCAV and Post Placement Support Service (PPSS) undertook a carer supports needs survey with foster, kinship and permanent carers and adoptive parents. In terms of support for carers, the data analysis and subsequent report found in part that:

- Carers found some support offered by their agency worker to be unhelpful;
- Carers had difficulty obtaining mental health supports for either themselves or the children or young people in their care;
- It was difficult for carers to access and attend relevant training;
- Carers' ability to cope with long term placements varies over time;
- Many carers have found their caring role to be an isolating and lonely experience;
- Many carers spoke of the joys that foster parenting had brought to their lives;
- Many carers identified that the support of friends and family had greatly assisted them in their roles as carers.

When reviewing the data it became clear a further intensive look at the support needs specific to foster carers was required.

Centre for Excellence in child and Family Welfare, *Strengthening the Recruitment and Retention of Foster Carers in Victoria*, Monograph Series 2007

This document was prepared in 2007 and based on surveys and DHS data. It noted that (page vii):

'Despite falling demand for foster care (due to redirection of children into kinship care), the supply of foster carers available to the OHC system has declined more quickly than the demand for foster care. In 2001-02 there were 'around 5,500 active caregivers providing (all forms of) OOH care in Victoria. This figure represent[ed] an increase of 1067 caregivers (25%) over the period 1997-1998 to 2001-2012' (DHS 2003b: 38).

If that rate of increase had continued, there would now be around 6,875 carers available to the whole OOH care system. However, the number of foster carers has declined each year since 1998-99 by 7% overall (DHS 2003b: 39). According to the DHS snapshot, on 28-02-06 there were 985 foster carers actively providing placements to 1509 children and young people in Victoria. Of the 985 active carers, 650 foster carers were listed as 'available' to take a new placement.

By far the most important characteristics described for successful carers are 'commitment and resilience', specified amongst the top three characteristics and specified number one quality for five of the regions. Also important are 'flexibility' and 'an easygoing nature', 'an understanding of the deeper issues' and 'a caring and compassionate nature'. In addition to a lack of carers, CSOs report that there is often a 'mismatch' between the needs of children/young people requiring foster care and the carers who are available to take placements. There is not an adequate 'pool' of carers to give the program the flexibility and quality it requires.'

On recruitment and retention, it details that 'current carers described a number of things that made them proud, happy or rewarded to be a foster carer; most commonly they mentioned the positive outcomes for their foster child and the positive feedback they received from their foster child:

- Positive outcomes for child
- Positive feedback from children
- Positive changes in child's personality/behaviour and emotional wellbeing
- Involvement in major events
- Positive changes in child's physical health
- Positive feedback from professionals or parents.' (page viii)

'Carers were also asked what did not work well for them. Concerns most commonly related to 'problems with DHS', 'problems with unsupportive staff and case workers' and 'process issues'.

Concerns or areas that were not working so well for carers included:

- Lack of information that comes with child
- Nature of the child
- Interference with personal life
- Lack of continuity in workers
- Lack of respite care
- Financial drain
- Lack of community support and acknowledgement.' (page ix)

Centre for Excellence in Child and Family Welfare, *By next Tuesday … Best Practice Engagement Project, Foster care Recruitment and Retention*, 2008

This best practice manual is a summary of the innovative engagement strategies within the Best Practice Engagement Project undertaken by the Centre for Excellence and Success Works during 2007-2008. It includes a wide range of:

- Recruitment Strategies encompassing positive messages, media, follow-ups, postcards and brochures, pathways and specialist staff;
- Targeting including adolescents, indigenous carers, multicultural and other groups and geographic targeting;
- Internet and web-based engagement;

- Recognition and support of carers which includes celebrations, carer support groups, acknowledgement and support – it also detailed a buddy system for new and potential carers undertaken by the Upper Murray Family Care, Kilmany Uniting Care, Anglicare, FACV, and DHS (page 92);
- Training and development including combined training, support and coordination.

'The Best Practice Engagement Project was designed to help all Victorian CSOs further develop recruitment and retention practices, based on evidence, testing and sharing practice wisdom.' Page 12

'Recruitment and retention issues are intertwined. … Shortage of carers means that available carers are likely to become burned out. … Shortage of carers can lead to emergency placements added on to an existing placement, or unrelated children placed together, with potentially destabilising effect.' Page 81

This document is imperative to the development of ongoing recruitment, retention and carers support projects.

Wilks S & Wise S, *The Care Factor: Rewards and Challenges of Raising Foster Children*, Anglicare Victoria, August 2011

This report was prepared by Anglicare Victoria, which is a major provider of foster care in Victoria. *The Care Factor: Rewards and Challenges of Raising Foster Children* report highlights findings from a 2010 survey undertaken to obtain information about the demographic profile of Anglicare Victoria foster carers and to understand what carers see as the rewards, motivations and challenges of fostering. *'The overarching aim of conducting the research was to better understand the demands on carers in providing foster care in order to inform better support to carers and thus reduce the number of carers who exit the system. Information about the rewards and motivations of fostering was also intended to inform the recruitment of new foster carers in order to maintain adequate capacity within the system.'* Page 3

'Analysis of the survey data indicated that the typical Anglicare Victoria carer was:

- Female (86%)
- Aged 45-54 years (38%)
- English speaking (99%)
- Had completed a non-school qualification (53%) such as a trade certificate or higher education degree;
- Had been fostering for two years or less (29%).

Most commonly, carers households were headed by a couple (rather than a single adult) (56%) and tended to care for a single foster child only (59%) (i.e. no birth children live in the household). Of foster carers living in households with other adults, most (88%) shared fostering duties with at least one other adult. The vast majority of carer households had home internet access (91%) and were usually located in metropolitan Melbourne (72%).' Page 3

'Qualitative findings about fostering's challenges reinforced 'parenting' and 'system' challenges as the key demands of the role. Poor experience with government and non-government agencies (26% of responses) and parenting challenges (25% of responses) were the top two themes relating to fostering's challenges. One in four carers indicated that they had felt at some stage in their fostering career that becoming a foster carer was a wrong decision. Among those who answered this item in the affirmative, most (83%) nominated difficult child behaviour as a reason for feeling this way.' Page 3

Australian Foster Care Association Inc, *Supporting Carers of other People's Children: A handbook on support for foster, relative and kinship carers and the children and young people in their care*, Commonwealth of Australia 2006

This handbook is a resource for support workers, carers and families. It covers the roles of government and state in foster care, summarises available Australian government support including child care benefit and carer payment, carer allowance and other payment schemes. It also guides carers to organise foster children's passports, concession cards and medicare cards, and access legal aid.

The resource also provides information on a state-by-state basis and identifies state resources and programs.

Department of Human Services (Victoria), *The home-based care handbook*, Child Protection and Family Services, 2007

This document is a handbook resource for carers and workers in the foster care and out-of-home care sector. It covers a wide range of topics including: an overview of Victoria's out of home care and child protection sector; roles and responsibilities of carers and staff; communication and information sharing; health needs of children and young people; background screening checks and registration of carers; and quality of care concerns.

It defines foster care as: '[services] provided by volunteer carers in their own homes. Foster carers are usually not known to the child or young person before the placement. This type of care can be short term, maybe just overnight, or long term, sometimes extending for years.' Page 4

It notes that: 'When a child or young person from a culturally and linguistically diverse community is placed in home-based care, carers and staff should be sensitive to the linguistic, cultural and religious diversity of the child or young person, and acknowledge the importance of these factors in their life.' Page 14

The handbook also contains a comprehensive list of community service organisation and DHS regional contact details.

Victorian Ombudsman, *Own Motion investigation in Child protection - out of home care*, May 2010

This report on the enquiry into the out-of-home care system including kinship and foster care processes rocked the sector when it was released. It has a focus on the development of processes to ensure the safety and security of children in care. It covered a number of 'issues' relevant to this review including the screening of carers, availability of care, suitability of care and case management support provided to foster carers.

The report notes an increase in kinship care models and a decrease in foster carer placements. 'The decreasing number of foster care placements is primarily caused by a lack of supply. The department advised that over the past 12 months regions have reported an increasing difficulty in securing suitable foster care placements for children. This is particularly so in relation to adolescent placements and placements in rural regions.' page 9

'… the department advises that 60 per cent of all foster carers receive the lowest amount of reimbursement payable. When the challenge of caring for damaged children is considered, it is likely that the financial impost of inadequate carer payments is contributing to the difficulty in recruiting foster carers.' Page 19

Foster carer screening processes:

'Foster carers must complete a training and accreditation process which is described as taking approximately six months before they are allowed to have children placed in their care. However, [the ombudsman] identified significant variation in the timeframes for accreditation. One community service organisation stated that their accreditation process generally took between two and four months. In contrast to this, other witnesses from the sector stated that in their experience, the accreditation process usually took somewhere between eight and 12 months.

Following an initial expression of interest and attendance of information sessions, potential foster carers are required to complete 16 hours of compulsory training aimed at developing their skills and understanding of children who have come from difficult family circumstances.' Page 59

'The department attributes the diminishing number of foster carers in Victoria to a decrease in the level of 'volunteerism' in the community and the changing nature of modern family structures. The foster care system has always tended to rely heavily on women who are not in the paid workforce as volunteers. However, dual income families are becoming increasingly common and this is reducing the number of available foster carers from that demographic.' Page 70

'The Foster Care Association of Victoria also suggested that although the foster carer recruitment process is thorough, the length of time involved may be a deterrent for some volunteers. Representatives suggested that the process can take up to twelve months and that making sure the process is as streamlined as possible without sacrificing rigour may be of assistance in recruiting foster carers.' Page 71

'Both foster carers and kinship carers face significant challenges and the department needs to ensure that adequate support is provided to these placements. Appropriate support has the potential to improve the quality of care provided and minimise the chance of placement breakdown. It is crucial that carers feel supported if the department is going to retain existing carers.' Page 111

Australian Institute of Health and welfare, *Child Protection Australia 2009-10*, Child Welfare series Number 51, January 2011

Child Protection Australia 2009–10 is the fourteenth annual comprehensive report on child protection. The report provides detailed statistical information on state and territory child protection and support services, and some of the characteristics of the children receiving these services. Page vii

'In the last 12 months, the number of children in out-of-home care increased by 5% from 34,069 to 35,895. Since 2005, the number of children in out-of-home care rose by 51% from 23,695 to 35,895 in 2010 (4.9 to 7.0 per 1,000 children).

Across Australia, 46% of children in out-of-home care were in foster care, 46% were in relative or kinship care and 5% were in residential care. This is consistent with the distribution observed over the last 6 years.

From 2004–05 to 2006–07 the number of children admitted to out-of-home care increased by 3% from 12,531 to 12,906. Between 2007–08 and 2009–10 the number of children admitted to out-of-home care decreased by 7% from 12,891 to 12,002, with a 6% decrease observed in the last 12 months. " Page viii

Family type

Single parent (female) and intact two-parent families had the highest proportions of substantiations across most jurisdictions with available data (Figure 2.3 and Table A1.7). In Tasmania, single parent (female) and two-parent (step or blended) families had the highest proportions of substantiations. In comparison, 2007 population data show that 73% of families with children aged 0–17 years were in intact families, 20% were one-parent families and 7% were step or blended families (ABS 2008).

Female single parent families may be more likely to be over-represented in substantiations because they are more likely to have low incomes and be financially stressed (Saunders & Adelman 2006) and suffer from social isolation (Loman 2006; Saunders & Adelman 2006). These factors have all been associated with child abuse and neglect (Black et al. 2001; Coohey 1996). Further, family type is recorded at different times during the child protection process across jurisdictions, which may affect the comparability of data. Page 21

Among those jurisdictions with available data, 1,427 households commenced foster care and 1,151 exited foster care in 2009–10. In Victoria and South Australia, a greater number of households exited than commenced foster care (Table 5.2 BELOW). In all other jurisdictions, a greater number of households commenced than exited foster care. Data were not available in Queensland for households commencing or exiting foster care. In New South Wales data were not available for households exiting foster care. With the need for foster carers increasing, the attraction and retention of appropriately skilled foster carers is a high priority across Australia. Page 59

McAloon C, *Foster Care in Crisis*, ABC Gippsland, 26 March 2010

This article looks at the state of foster care. 'Since then [the 2007 Recruitment and Retention Research] the number of children needing care has increased, but the number of foster carers has remained pretty much steady, leading to a very difficult situation.'

'Josh Fergeus, the Centre's policy and project leader for foster care and kinship care, says the system is virtually at breaking point. 'With a limited number of carers available a lot of placement providers are having to make some compromises which leads to more potential issues for a child down the line. It's not the ideal match and they are not getting exactly what they need from our system.'

He says an added complication is that because of a changing society, there just isn't the same pool of people to draw foster carers from. Families where one partner stays home and raises the children are much less common then they used to be.

'We are seeing those families less and less, we're seeing dual income couples and a lot more career-focused women out there, which means that that traditional pool from where foster carers were drawn from has been dwindling.'

Mr Fergeus says that changing demographic has led agencies to broaden their scope of eligible foster carers.

'We are very explicitly saying now that foster carers can be aged anywhere from 20 and above, making it very clear to same-sex couples that they can also provide foster care and that they can really make a very strong contribution to the foster care system. To single people as well, to men, in particular that they are eligible to provide care, and to older people as well.''

Pell A – 2008 Churchill Fellow, *An examination of the progress of Recruitment and Retention of Foster Carers in the USA, UK and in the Republic of Ireland*, The Winston Churchill Memorial Trust of Australia, 2008

This document encompasses the findings of a study tour to the USA, UK and Ireland, where the author studied recruitment and retention strategies, critical learnings and areas for discussion in Australia. The main findings include:

'Recruitment of foster carers is an issue of national concern with most agencies across Australia experiencing difficulties in recruiting and retaining foster carers. The reasons include, but are not exclusive to:

- Increase of women in the workforce
- Increased need for double incomes in families
- Inadequacy of reimbursements to carers
- Increased complexity of children requiring care – challenging behaviours and specific needs
- Inadequate support for carers; a perceived lack of respect for carers' skills, and knowledge and recognition of the difficulty of the caring role
- Fear of the unknown amongst prospective carers in the community - often impacted on by negative media coverage of children who require care
- Fear of potential or actual false allegations of abuse

Increased complexity of the system which surrounds out-of-home care – resulting in higher workloads and less time for workers to support placements.

The decreasing interest in becoming a carer has resulted in more carers leaving the system than new carers entering the system, at around 7% per year in Victoria alone. There was more than a 40% decline of carers from 97/98 to 01/02 in Victoria. Concurrently, the carer cohort is ageing, with the average age of carers increasing from 24 – 45 in 1986; to 35 – 54 in 2004. In addition to this, the number of children in care continues to rise annually with a 56% increase in Victoria alone from 1996 – 2004.' page 7

'The profile of foster carers has changed over the last decade with the increase of women in the full time labour force having the major impact. Recruitment campaigns are now often targeted toward particular demographic sections of the community who, over the last decade have shown more interest in becoming a carer. Some of the significant changes in the profile include, but are not exclusive to:

- Single females who are mostly in the their middle years
- Professional couples in paid work
- Same sex couples.

This change in carer profile will necessitate a change in how we provide support to carers. Single carers, families where the single parent or both parents work, and the increasing incidence of multiple placements all mean that additional support will be required to sustain these placements and carers and prevent early burnout and placement breakdowns.' Page 8

'It is argued by UK carer support agencies that a professional foster care system will recognise the carer as a key partner in the team surrounding the child, with particular responsibilities that will have equal validity and importance along with other sections of children's workforce – child care, pre-school, Maternal Child Health etc. The view is that the term professional has two meanings:

1. a description of a task, usually work, and it marks a distinction from a voluntary or amateur approach, and
2. is used to distinguish between occupational groups and is associated with some form of licensing and qualification.' page 17

Page 21

Marcenko M, Brennan K & Lyons S, *Foster parent recruitment and retention: Developing resource families for Washington State's children in care*, Partners for our children, 2009

This US report consists of the results of a literature review and an analysis of trends in foster parent and child characteristics. Recruitment strategies should take into account the motivations reported by foster parents including:

'• to save children from harm and to take in children who need loving parents • moral/religious duty • friends' experience and family and community encouragement • contact with foster parents or children • interest in adopting • personal resources (e.g., adequate housing and time) • employment in a helping profession (e.g., teaching and social work)' page 3

'Key Findings

1. 'Word-of-mouth' from satisfied caregivers is believed to be the most effective recruitment tool.
2. Negative public perceptions, burdensome application processes, and poor agency responsiveness contribute to recruitment challenges.
3. Targeted recruitment is more effective than general media approaches.
4. Foster parents are motivated by altruism and/or a desire to adopt.
5. Many foster parent applicants do not complete the process.
6. A small percent of foster parents provide the majority of care.' Page 4

'Foster parents are the best asset the agency has for recruiting new foster parents. Focusing on the needs of existing foster parents and recognising their contributions is critical to recruitment of future foster parents.' page 4

Attracting and keeping carers newsletter, the fostering network, Feb 2012

This is a bi-monthly UK-based newsletter which promotes fostering recruitment, retention and support ideas across the UK. It promotes fostering and enhances the sheer range of strategies.

It may be a good method to support carers and ensure that feel a part of a wider support network.

Training Matters newsletter, Vol 9 Num 3, NC DSS Family Support and Child Welfare Services, July 2008

Training Matters is produced by the North Carolina Division of Social Services Family Support and Child Welfare Services Statewide Training Partnership, an organisation dedicated to developing and delivering competency-based, job relevant, accessible child welfare training.

This monthly US-based newsletter covers issues relevant to the foster care sector and child welfare system.

The July 2008 publication focuses on Core Strategies for Recruiting and Retaining Resource Families. The article identified three core strategies:

1. Use current foster parents:

Foster parents can aid recruitment and retention in many ways, including:

a. Sharing experiences and allowing newly-licensed families to meet children in care before their first placement

b. Helping prospective resource families complete applications

c. Providing parts of pre-service and ongoing trainings

d. Following-up with new contacts with an in-person visit or phone call

e. Providing support groups

f. Organising recognition/appreciation efforts and events

g. Providing individualised mentoring for new foster parents

2. Use Culturally-Sensitive Recruitment:

Recruiting foster families of color can pose a particular challenge when there is mistrust between agencies and communities. The frequency with which children are placed with foster families of a different ethnicity can contribute to this sense of mistrust.

3. Use the Media:

To enhance the agency's profile in the community. Best practice in recruitment is to not only pursue targeted recruitment for specific needs, but also to consider the agency's overall presence in the community' page 2

Department of Health and Human Services (Tas), *Messages from Foster Carers*, Children and Family Services, May 2008

This document summarises 'key messages', feedback and comments from foster carers and the Tasmanian out-of-home care sector in three main sections: Recruitment and Retention; Communication and Support; and Carer Payments and Reimbursements.

Recruitment and Retention:

'Foster carers are singles, couples and families, all with the same aim - to ensure that children and young people who need out of home care are looked after in the best possible way to promote their health, wellbeing and life's progress.' Page 5

'Issues that foster carers have identified within the recruitment process include a lack of honesty and openness as to the 'true' experience of foster caring as well as the length of time it takes to get through the process to become a foster carer.' Page 5

'Carers highlighted that better support to them from staff would enhance retention, with some indicating that they would continue, rather than cease being a carer, if support improved.' page 6

Communication and Support:

'Carers are saying that better communication is the key to improving the foster care system.

The main areas where foster carers highlighted support issues included: • in obtaining and regularly updating care plans for every child in care; • timely and accessible respite care; • support and information from the child protection workers about caring for the child; • improve responsiveness for requests (eg regarding school excursions) so the child is not further disadvantaged; • availability and opportunity for further training and education of carers.' Page 7-8

Carer Payments and Reimbursements

Issues identified included:

- 'Current payment guidelines and the conditions that allow foster carers to receive reimbursement are too hard to understand.
- Standard payments are seen as inadequate or only 'just' covering basic costs of caring for the child and needs to keep pace with inflation and the increased cost of living expenses (eg. food, petrol, electricity etc).
- Reimbursements can take any time from one week to over six months before they are received by the carer.' Page 10

Piescher, KN Ph.D, Schmidt, M MSW LGSW & LaLiberte T Ph.D, *Evidence Based Practice in Foster Parent Training and Support: Implications for Treatment Foster Care Providers,* Center for Advanced Studies in Child Welfare, October 2008

'The report on evidence-based practice in foster parent training and support is based on a comprehensive review of empirical literature conducted between May 20, 2008 and August 15, 2008 by the Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota's School of Social Work.' Page i. It covers a review of training activities as well as a review on support practices including benefits, integrated nodels, involvement, respite, social support, and wraparound supports.

'In a study of foster parents who quit, consider quitting, and plan to continue fostering, the major reasons foster parents provided for quitting included lack of agency support, poor communication with caseworkers, lack of say in children's futures, and difficulties with foster children's behaviour.' Page 90-91

The authors conducted a comprehensive literature review with a focus on: benefits (health insurance, service provision, and stipends), foster parent collaboration with agency staff and biological families, level of care, respite, support from agency workers and community members, support inventories, and integrated models of support and training.

'Treatment foster parents' involvement in collaborating and/or partnering with others in the treatment of foster care youth is viewed as highly important. Most often, collaboration occurs between treatment foster parents and foster care agencies or biological parents. This collaboration can take the form of involvement in service planning, parenting, and visitation.' page 97

'A substantial decline in the number of qualified foster homes and a sharp increase in the number of children in need of foster care have led child welfare professionals to place greater emphasis on foster parent retention. While agencies can do little to retain foster parents who leave the system for personal reasons, those who leave because of dissatisfaction with agency policies and practices may be retained if the reasons for their dissatisfaction are identified and eliminated. One factor commonly identified as one of the strongest influences on foster parents' satisfaction is involvement in service planning.' Page 101

Hampshire County Council, *People like You: Fostercare, Statement of Purpose 2011-2012*

This document provides an overview to assist people to understand how the foster care sector works in the Hampshire County of England. It covers service provision, recruiting and approval processes, training, reviews and statistics. Of interest is the supporting carers section which comprises both a financial support and practical support section.

Practical support states 'All foster carers work with an allocated family placement social worker who has responsibility for managing and supporting them. Six-weekly supervision visits are complemented by a series of support groups, automatic membership of Hampshire's Fostering Network and access to daily and out of hours duty services. Foster carers can also directly access a range of support services for themselves and the children in their care. These services are listed in the Foster Carers Handbook and in a separate Support Directory and are known to the supervising social worker. In addition to formal support, foster carers are encouraged to participate in informal support and social activities organised by other foster carers.' Page 5

Other highlights include the development of a fostering DVD and Fostering Fortnight which both effectively promote fostering in the wider community.

5. Targeted out-of-home care literature review

Understanding the context in which foster care recruitment is placed requires an understanding of the range of challenges and innovations which impact on the out-of-home care sector as a whole. The following extract from the *Therapeutic Residential Care Pilot Evaluation* undertaken by Verso Consulting for DHS (2009-2011) provides an overview of the current context of OHC in Victoria and Australia, with reference to the international context.[80]

5.1 Out-of-home care in an Australian context

For the most part, a secure home in which children need to grow emotionally as well as physically is taken for granted by the majority of Australians. However, for a growing proportion of children and young people the experience of family relationship breakdown, loss and trauma through child abuse or neglect mean that a secure and safe home is not a reality.

It is the role of the Department of Human Services (DHS) to respond to concerns from the community regarding children perceived to be at risk of harm. This role involves assessing the level of risk to the child and then taking appropriate action. The action taken may result in Child Protection removing the child or young person from the care of his or her parents and placing them in out-of-home care (OHC). Alternative care arrangements may be the result of voluntary child care agreements between families and the Department of Human Services, which may be either short or longer term.[81] The majority, however, result from intervention by statutory authorities or courts, where formal care occurs following a child protection intervention.[82]

In 2008-2009 almost 8000 Victorian children experienced an OHC placement for some period of time.[83] At a national level, the proportion of Australian children (aged 0 – 17 years) residing in some type of formalised living arrangement outside of the family home has increased annually over the past decade by a total of 115%.[84] At 30th June 2008, the national rate of children in these circumstances was 6.2 per 1000, compared to half that rate the previous decade.[85] [86]

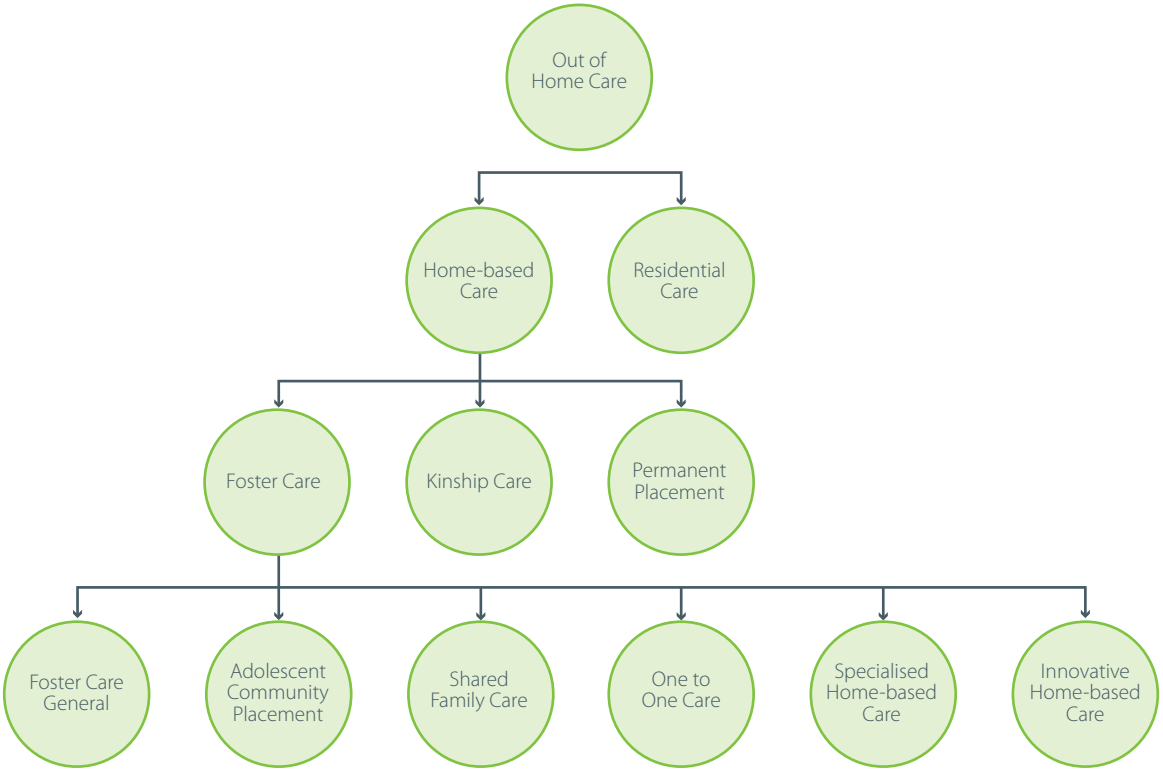
There are a range of formal care options that fall under the umbrella of out-of-home care (OHC) (Figure 13).[87] These include foster care, kinship care, and forms of private board, which are types of home-based OHC provided by volunteers or family members that are subsequently reimbursed by their state or territory for the care of the child.[88] Whilst the statistics vary by state and territory, these types of home-based arrangements cater for the majority (approximately 94%) of children and young people residing in OHC.[89]

Other types of OHC are not organised in a home environment, but instead children reside at a facility. These include forms of general residential care and specialised residential care. These options cater for a smaller percentage (less than 5%) of the OHC population Australia-wide, who for important reasons cannot live within a home-based setting. As at the 30th June 2008 reporting period, this proportion equated to 619 young people who could not be placed within foster care arrangements.[90]

It is this smaller, core population of children and young people for whom the current service system is the least adequate. This group requires highly specialised and intensive support for a complex range of emotional and behavioural problems.

80 Faircloth et al, op. cit.
81 The DHS advised that 110 such agreements were in place at 31 December 2007 and that a further 919 agreements were entered into between 31 December 2007 and 31 December 2008
82 Victorian Ombudsman, *Own motion investigation into Child Protection – out of home care*, Victorian Government, Melbourne, 2010.
83 ibid.
84 Bromfield et al., 2007.
85 Australian Institute of Health and Welfare, *Child protection Australia 2007-08*, Child Welfare Series No.45, Canberra, 2009, p ix
86 loc. cit.
87 Usage of term out-of-home care varies across countries. Within Australia there are two main categories: home-based where the child is placed in the home of a carer; and residential facility based where the child is placed within a facility under care of the staff there (Osborn, 2006).
88 A L Osborn, *A national profile and review of services and interventions for children and young people with high support needs in Australian out of home care*, University of Adelaide, Australia, 2006.
89 Australian Institute for Health and Welfare, 2009, op. cit.
90 ibid

Figure 13: Out of Home Care System in Victoria (DHS, 2003)[91]



5.2 Children and young people requiring intensive services

For this population of children and young people within the residential care population, the experience of early, repeated, significant trauma, multiple family relationship breakdowns, serious child abuse or neglect is a typical scenario. For this group, there is a wide spectrum of resulting behaviours relating to the degree of emotional disturbance experienced. The types of behaviours include running away through to very high risk behaviours including sexually acting-out, self-harming, harming others, prostitution, crime, alcohol and drug problems.[92] [93] [94] [95]

Whilst the overall proportion of children and young people in OHC who display very challenging behaviours is relatively small, the services required to accommodate their needs are very costly. Highly specialised, intensive services in terms of specialised staff, one-to-one time, appropriately secure accommodation, carefully planned amenities and the engagement of broader community resources.[96]

The current service system is ill-equipped to provide the required one-on-one intensive counselling and constant monitoring that is needed for treatment and safe management of this group.[97] [98] Reviews of the types and configuration of services, the conditions for their effectiveness and efficacy are topical across foster care systems internationally.[99] [100] [101] So too are discussions about systemic issues and the interfacing agencies (e.g. juvenile justice; police; education) that inevitably

91 Department of Human Services, *Public Parenting: A review of home-based care in Victoria*, Victorian Department of Human Services, Victoria, 2003.
92 Osborn, op. cit., p 42.
93 Department of Human Services, op. cit.
94 J Morton R Clark & J Pead, *When care is not enough: A review of intensive therapeutic and residential service options for young people in out-of-home care who manifest severe emotional and behavioural disturbance and have suffered serious abuse or neglect in early childhood*, Department of Human Services, Victoria, Australia,1999, p 4.
95 S Wise & S Egger, The Looking After Children outcomes data project; final report, the Australian Institute of Family Studies, Melbourne, 2007, pp 67-68.
96 Victorian Ombudsman, op. cit., p 86.
97 Department of Human Services, op. cit. p 2
98 Victorian Ombudsman, op. cit., p 64.
99 Morton Clark & Pead, op. cit.
100 Wise & Egger, op. cit.
101 H Bath, Residential Care in Australia Part 1: Service trends, the young people I care and needs-based responses, in Children Australia, 33(2), 2008a, pp. 6-7.

engage with these children and young people and their role in facilitating care continuity and consistency.[102] [103] One step along the pathway toward understanding better service design has been the detailed profiling of this high needs group. One aspect in common across this small population is the complexity of emotional and behavioural problems. A composite of a suite of problems is the most common finding, with each combination being uniquely individual. Thus this group is highly heterogeneous and so individualised approaches to assessment, care and treatment are required.[104] [105] [106]

The spectrum of emotional and behavioural problems that tend to manifest among this group have been documented and researched in depth.[107] [108] Numerous studies have focused at different levels of symptomatology including:

- Neurophysiological processes; in children exposed to significant trauma, brain function deviates from the norm and is comparable to brain activation patterns in adults suffering with Post Traumatic Stress Disorder (PTSD);
- Neuropsychiatric symptoms are age related and specific, but may include a range of syndromes, such as for example, PTSD. Presenting PTSD symptomatology includes conduct difficulties; anxiety; phobias; and depression;
- Cognition and learning problems resulting in maladaptive behaviours (e.g. poor self-regulation);
- Neurodevelopmental consequences, such as a reduced ability to cope and adapt.

The neurophysiological findings provide direct evidence for the real physical and psychological consequences of trauma on the developing child. Children that have been exposed to ongoing and significant trauma (e.g. abuse, neglect, abandonment) demonstrate different brain development and functioning.

Commonly diagnosed among children who have suffered significant ongoing trauma are: severe personality disturbance; poor mental health; a range of anti-social behaviour; and later parenting difficulties. These are typical behavioural and emotional sequelae of what is referred to as complex trauma.[109] Observationally, a defining feature of many young people within this group is aggressive behaviour that harms or violates the rights of others.[110] The aggressive behaviour is a major reason cited internationally, for placement into residential care, primarily as a means to control or improve the behaviour.[111] There are different patterns of aggressive behaviour. However, two major patterns have been described in extensive studies of young people who have experienced complex trauma.[112] One pattern, in which the aggression is planned and instrumental, is termed proactive aggression; and one in which it is reactive and impulsive, marked by frustration, anger or fear, is termed reactive aggression. Importantly, there are different developmental profiles behind these patterns and different implications for treatment.

The developmental sequelae of exposure to complex trauma are highly varied. Essentially, they are underpinned by problems with the *'regulation of affect and impulses; memory and attention; self-perception; interpersonal relations; somatisation; and systems of meaning'*.[113] In addition to the behavioural, developmental and psychiatric issues cited above, there are a range of other issues also affecting these young people:

Intellectual disability: a large percentage (ranging from 14% to 40%) of these young people have a mild intellectual disability;[114] [115]

- Neurodevelopmental problems: there are a number of conditions and syndromes that are prevalent among this group of young people. These include Austistic Spectrum Disorders; Foetal Alcohol Syndrome/Effect; Attention Deficit/Hyperactivity Disorder; Tourette's Disorder; Right Hemisphere Deficit Syndrome or Nonverbal Learning Disorder; chromosomal disorders and learning difficulties;

102 ibid,
103 Victorian Ombudsman, op. cit., p 12.
104 Morton Clark & Pead, op. cit., p 133.
105 Bath, op. cit., p 6-17.
106 D Lane, *Residential care – at the frontline of practice...Views from the United Kingdom*, Children Australia, 33 (2), 2008, pp 37-39.
107 Morton Clark & Pead, op. cit., p 3-28.
108 Bath, op. cit., p 6-17.
109 ibid
110 ibid
111 R Clough, R Bullock, A Ward, *What works in residential child care: A review of research evidence and the practical considerations*, National Children's Bureau, www.ncb.org.uk, 2006, p 70.
112 A Schore, Early relational trauma, disorganized attachment, and the development of a predisposition to violence, in *Healing trauma; attachment, mind, body and brain*. W W Norton& Co, New York, 2003.
113 B van der Kolk et al., Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. Journal of Traumatic Stress, 18(5), 2005, pp 389-399.
114 A Redoblado-Hodge, *Neuropsychological profile of young people in alternative care*, Sydney, Rebank House, 2004.
115 Department of Human Services, *The audit of children and young people in home-based care services*, Victoria, Melbourne, 2002, p 6.

- Mental illness: formal mental health diagnoses have been recorded in a large proportion (97%) of children in UK residential facilities.[116] Corroborating UK research reported that a considerable proportion of children were not receiving psychological help.[117] Australian research supports the observation that children with mental health problems are unlikely to find stable placements, which further reduces their chance of receiving appropriate mental health care.[118] Community connectedness: problems with school are typical of this group due to learning difficulties, behavioural problems, and truancy histories.[119] Problems with engaging with family, personal relationships and community participation present significant challenges to young people feeling connected. This group is at a significantly higher risk of interacting with the justice system.[120]

This group of children and young people require a specialised approach to their care and treatment which recognises the deep trauma that they have experienced. People in this group are 'attachment resistant' and as such are not inclined to seek out or accept help offered from caregivers. They are reluctant to form any bonds with them, and as such gaining their trust is extremely difficult.[121] Due to the high prevalence of attachment disorder among this group, developing a therapeutic alliance is especially challenging.[122]

There are a number of theoretical frameworks that form the underpinnings of a range of contemporary approaches to care and treatment for this most fragile and vulnerable group. These theories and what constitute 'best practice' are discussed in subsequent sections.

5.3 How the service gap presents

Some discussion of the evidence supporting the observation of the crisis in the Australian care system follows.

The crisis may be viewed in macroeconomic terms as demand for services not being met by supply.

Demand for OHC services has grown significantly in recent times.

Regions across Victoria have reported an increasing difficulty in securing suitable foster care placements for children, particularly for adolescents and in rural regions.[123]

This has been attributed in part to a combination of legislative changes that have resulted in increased reporting of child abuse.[124] [125]

Contrasting with a rising proportion of children being placed in OHC which has coincided with a constriction in the range of available service options for OHC, with significant reduction in group care.[126] [127] [128] [129]

Supply-side issues, such as decline in the availability of OHC placements occur for reasons which are complex, and shared with foster care systems around the world.[130] Supply-side issues include a diminishing pool of foster carers due to:

- fewer volunteers entering the role;[131] [132]
- attrition of the existing carer pool due to financial pressures and lack of support by government agencies;[133] [134]

116 McCann & James, 1996
117 G Dimigen et al., *Psychiatric disorder among children at time of entering local authority care: Questionnaire survey*, British Medical Journal, 319 (7211), 1999, pp 675
118 Bromfield et al., 2007, p 37.
119 ibid, p 40.
120 Community Services Commission, *Just Solutions - Wards and juvenile justice*, Sydney, 1999.
121 Morton Clark & Pead, op. cit., p 46-48.
122 ibid., p 49.
123 Ombudsman Victoria, op. cit., p 70.
124 Osborn, op. cit., p 24.
125 Department of Human Services, 2003, op. cit.
126 Osborn, op. cit., p 7.
127 Department of Human Service, 2003, op. cit.
128 H Bath, 2008a , op. cit., pp 6-17.
129 ibid
130 Department of Human Services, 2003, op. cit.
131 Osborn, op. cit., p 9.
132 Department of Human Services, 2003, op. cit.
133 Osborn, op. cit., p 10.
134 Department of Human Services, 2003, op. cit.

- a greater proportion of children and young people with high support needs requiring placements for which carers are ill equipped to manage, thus increasing stress levels and subsequent burn-out.[135] [136] [137] [138]
  - The real crisis, however, extends beyond a simplistic macro-economic imbalance. It manifests as the inability of the OHC System to meet its primary objective. This is to maintain as stable an environment as possible for these children, maximising the opportunity for them to receive appropriate therapeutic treatment with a view to becoming well-functioning and productive members of their community.

The general objective of OHC as stated by the Department of Human Services is

'...to provide short or long term out-of-home care services for children and young people unable to live at home due to risk of abuse and neglect. The services must provide for the safety, permanency and the positive development of children and young people.[139]

The true impact of the gap in services is best understood in terms of how these children experience the system. Failings of the system most commonly present as unstable care placements. This means that these children with the highest support needs are the most likely to be moved from one placement to the next, often in quick succession as carers, including foster carers, are ill equipped to meet the childrens' needs and find they cannot cope.[140] A South Australian longitudinal study of 235 children over a 12 month period, showed that 40% of children in foster care in that state had experienced 6 or more previous placements.[141] Whilst this study is now dated, the data is comprehensive and rigorously collected, providing the best available picture on Australian OHC and forming the basis of 14 publications as recent as 2005. These SA studies are summarised in Bromfield and Osborn, (2007). The relevance of the SA findings to other states and territories has also been noted by the authors. Similar placement histories were confirmed for children with high support needs in Vic, WA, SA and Qld.[142]

The South Australian findings are also reflected in Victorian OHC placement statistics.[143] A total cohort of 1802 children who entered home-based care for the first time in 1997-98 was audited over a five year period. Of this cohort, 1235 children entered kinship care, 437 entered foster care and 130 entered adolescent community placement. Twenty-three percent of the total cohort had 5 or more placements, with the number of changes differing according to the first placement type. Kinship care was the most stable care type with 18% of clients experiencing 5 or more placement changes over the 5 year time frame. Thirty-nine percent of those entering through foster care experienced 5 or more placements over the 5 years and for those entering adolescent community placement, 35% experienced 5 or more placements with 21% experiencing 8 or more.[144] Generally, young people aged 11-14 had the highest number of placements with a peak of 9 on average for those in adolescent community placement.[145]

The term 'foster care drift' was coined in recognition of this very serious problem of placement disruption. The problem has grown in significance over the past 20 years despite measures to address it.[146] [147] There are many factors that contribute to foster care drift, including social worker practices, how the placement agency interacts with and supports carers and the skills and experience of the foster carer.[148] Within the limited foster care pool, suitable placements for children with higher needs are more difficult to find, are more challenging for foster carers and are also at higher risk of being unsuccessful resulting in placement breakdown and contributing to the problem of foster care drift.[149] There is strong evidence to show that children with more serious support needs and challenging behavior are at higher risk of placement breakdown as foster carers are ill-equipped to deal with the children that they are assigned.[150]

135 J G Barber P H Delfabbro & L Cooper, *The plight of disruptive children in out-of-home care, in Children's Services: Social Policy Research and Practice,* 5, 2002, pp 201-212.
136 Osborn, op. cit., p 26.
137 Department of Human Services, 2003, op. cit.
138 Victorian Ombudsman, op. cit., p 13.
139 Department of Human Services, 2003, op. cit.
140 Osborn, op. cit., p 24.
141 PH Delfabbro, JG Barber, L Cooper, *Placement disruption and dislocation in South Australian substitute care*, Children in Australia, 25, 2000, pp 16-20.
142 Osborn & Delfabbro, *National comparative study of children and young people with high support needs in Australian out-of-home-care,* School of Psychology, University of Adelaide, Australia, 2006, pp 9-12.
143 Department of Human Services, 2003, op. cit.
144 ibid.
145 Department of Human Services, 2003, op. cit.
146 Obsborn, op. cit., p 25.
147 Delfabbro Barber and Cooper, op. cit., p 16-20.
148 Obsborn, op. cit., p 23-24.
149 Obsborn, op. cit., p 24-25.
150 J G Barber & P H Delfabbro, *Children in Foster Care*, Routledge, London, 2004.

The problem, however, has been recognised as a systemic one, extending beyond individual practice.[151] It has been recognised by experts in the field and by carers directly looking after the children that the profile of those entering care has shifted from requiring just care and accommodation to a greater proportion requiring treatment for severe emotional disturbance.[152] Indications are that 15 – 20% of the children currently placed into care in Australia are unsuitable for foster care, based on their 'very challenging' behaviour traits.[153] This estimate is also supported by evidence that children and young people are entering care later, after many years of deprivation and abuse and therefore with higher levels of distress.[154] [155]

Due to the way in which foster care placements are prioritised, with children displaying the most challenging behaviours being placed first, the likelihood of achieving placement stability is severely reduced and opportunity for subsequent treatment is limited.[156] [157] [158] [159] [160]

5.4 Current policy directions

The current crisis in OHC has been articulated as the culmination past policy decisions that resulted in the closure of institutions without finding a suitable alternative.[161]

The Children, Youth and Families Act 2005 provides the legal framework for the work of family services, child protection and placement service. Recent policy has acknowledged problems with the OHC system as requiring a system-wide overhaul. Examples are the *Best Interests framework for vulnerable children and youth*, the *Vulnerable Youth Framework* and *When care is not enough*.[162] [163] [164]

Formal statutory enquiries from four states in Australia (Vic, WA, SA and QLD) have also recognised the failure of foster care to meet the complex needs of many children in care and in particular those with the highest degree of emotional and behavioural challenges.[165] [166] [167] [168]

More recently in Victoria the Protecting Victoria's Vulnerable Children Inquiry recommended that:

The Government should, as a matter of priority, establish a comprehensive five year plan for Victoria's out-of-home care system based on the goal, over time, of the growth in the number of Victorian children and young people in care being in line with the overall growth in Victorian children and young people and the objective of improving the stability, quality and outcomes of out-of-home care placements.[169]

151 Bath, 2008a , op. cit., pp 6-17.
152 Department of Human Services, 2003, op. cit.
153 J G Barber P H Delfabbro & L Cooper, *The plight of disruptive children in out-of-home care, in Children's Services: Social Policy Research and Practice,* 5, 2002, pp 201-212.
154 P Mendes & B Moslehuddin, *From dependence to interdependence: Towards better outcomes for people leaving state care*, Child Abuse Review, 15 (2), 2006, pp 110-126.
155 Bath, 2008a , op. cit., pp 6-17.
156 Osborn, op. cit., p 24-25.
157 ibid.
158 Mendes & Moslehuddin, op. cit., pp 110-126.
159 Barber & Delfabbro, op. cit.
160 Barber & Delfabbro, op. cit.
161 Bath, 2008a, op. cit., pp 6-17.
162 Victorian Government, *The Best Interests framework for vulnerable children and youth*, 2007.
163 Victorian Government, *The Vulnerable Youth Framework, 2007.*
164 Morton Clark & Pead, op. cit.
165 P Ford, *Review of the Department for Community Development: Review Report*, Department for Community Development, West Australia, 2007, pp89-107.
166 R Layton, *Our best investment: A state plan to protect and advance the interests of children*, South Australian Department of Human Services, Adelaide, South Australia, 2003.
167 QCMC, *Protecting children: An inquiry into abuse of children in foster care*, Queensland Crime and Misconduct Commission, Brisbane, Australia, 2004, p 187.
168 Victorian Ombudsman, op. cit., p 14.
169 Hon, P Cummins, Prof D Scott & B Scales , *Report of the Protecting Victoria's Vulnerable Children Inquiry*, Vol 2, State of Victoria, Department of Premier and Cabinet, 2012, p 256.

Whilst precise service models have yet to be articulated, there is a specific call for inclusion of therapeutic approaches into both residential care and foster care. In order to meet these calls for a more therapeutic approach, a paradigm shift away from focusing on the traditional 'care and accommodation' needs toward an appropriate treatment focus is required.[170] Also acknowledged is the need to shift away from the current 'crisis response' approach toward a more planned and coordinated systemic response.[171]

The above findings are echoed in reports from academic institutions.[172] [173] [174] [175] They are also echoed in industry peak organisations.[176] Research in the field also emphasises the importance of a therapeutic approach.[177] [178] [179] [180] [181] [182] [183] [184]

Whilst policy direction is congruent with the implementation of a therapeutic approach, shifting practice from the dominant 'care and accommodation' paradigm has been incremental with few therapeutic residential programs available across Australia.[185] [186] Recently the Victorian Government has funded a pilot therapeutic foster care pilot known as the Circle program. An evaluation of this program has been undertaken by LaTrobe University.

A recent review of residential care services across Australia summarised current problems with service provision including: a reliance on semi-skilled carers; non-essential qualifications and training; weak conceptual and theoretical models of practice; and policy that is dominated by traditional social and welfare work models and values with the focus on care, protection, rights, social inequality and political action.[187] Bath calls for a system-wide shift to include the following:

Services design that meets multiple needs of the young people, not merely care and accommodation needs;

- Research into new prevention, foster care and residentially-based services with a treatment focus;
- Adoption of an evidence-based approach to treatment models with proven track records and positive outcomes;
- Qualified and trained personnel able to recognise and know how to address needs such as: substance abuse; personality disorders; anti-social behaviours and mental health problems;
- A collaborative and multi-disciplinary approach to service provision including social work, psychology, psychiatry, recreation and education;
- Goal directed services that are accountable and can demonstrate outcomes.[188]
  - These are the features required across the out-of-home care system including foster care if the needs of children and young people are to be met.

170 H Bath, *Services for children and young people with high support needs – it's time to rethink*, Developing Practice, Summer (5), 2002/2003, pp 5-10.
171 Bath, 2008a , op. cit., p 6-17.
172 Delfabbro & Osborn, 2005, pp 17-29.
173 M Liddell et al., *The state of child protection: Australian child welfare and child protection developments 2005*, National Research Centre for the Prevention of Child Abuse, Monash University and Australian Childhood Foundation, Melbourne, Australia, 2006, pp 39-40
174 Osborn & Delfabbro, op. cit., p 91.
175 M Frederico, A Jackson, C Black, *'Give Sorrow Words' – A language for healing: Take Two second evaluation report*, LaTrobe University, Bundoora, Australia, 2006, p 156
176 CAFWAA, *Call to action for Australia's children*, Child and Family Welfare Association of Australia, Sydney, Australia, 2007, p 37.
177 F Ainsworth, *The precarious state of residential care in Australia*, Social Work Education, 17 (3), 1998, pp 301-308
178 F Ainsworth, *The effectiveness of residential programs for 'at risk' adolescents*, Children Australia, 26 (2), 2001
179 F Ainsworth & P Hansen, *Programs for high needs children and people: Group homes are not enough*, Children Australia, 33 (2), 2008, pp 41-4.
180 H Bath, *Missing the mark: Contemporary out-of-home care services for young people with intensive support needs*, Association of Children's Welfare Agencies and Child and Family Welfare Association of Australia, 1998.
181 Bath, 2002/2003, op. cit., pp 5-10.
182 Flynn et al., *Residential care in NSW*, Association of Children's Welfare Agencies, available at www.acawa.asn.au, 2005, p 48.
183 Morton Clark & Pead, op. cit., p 65-71.
184 L Bromfield & A Osborn, *Getting the big picture: A synopsis and critique of Australian out-of-home care research*, Australian Institute of Family Studies, 26,2007, pp 1-3.
185 H Bath, *Review and options development report for St Vincent's adolescent care program*, Marist Youth Centre, 2004.
186 D Halliday & J Darmody, *Partners with families in crisis: Parent responses to a system of care*, Spectrum Publications, Richmond, Victoria, 1999.
187 H Bath, 2008a, op. cit., pp 6-17.
188 H Bath, Residential care in Australia Part 11: A review of recent literature and emerging themes to inform service development, in *Children Australia*, 33 (2),2008, pp18-36.

5.5 'Therapeutic approaches' to care and treatment: practice frameworks, their theoretical underpinnings and service models

It is generally well understood that all children and young people who find their way into the OHC system have experienced some degree of significant trauma, abuse or neglect.[189] In Victoria, in 2001-2002 an audit of 1600 children in home-based care conducted by the Victorian DHS showed that 95% of all children entering foster care had a history of protective involvement. Thus the vast majority of children entering care would have experienced some form of abuse and or neglect.[190]

Furthermore, research evidence from Australia, the United Kingdom, Canada and the United States indicates that outcomes are not always good for children taken into OHC.[191] Overwhelmingly, the research provides clear evidence that children and young people across the whole OHC system have a greater struggle in achieving many of the educational, social and other developmental milestones compared with children in the general community.[192] [193] [194] [195]

Thus it is acknowledged here that the vast majority of children and young people in the OHC system require and deserve some level of therapeutic treatment for their experiences of trauma, abuse and or neglect. Wise and Egger (2007) point out the limitations of tracking outcomes for children and young people particularly if they shift across different types of care options and /or attempt to reunite with their birth family.[196] Due in part to the limited reliability of tracking individual clients across the OHC system as a whole it is unclear exactly how well trauma is being addressed.

Also, one could argue that the overall approach to prioritising care placements is not driven by a trauma theory approach, but rather by pragmatism and a need to manage risky behaviour in an environment of limited service options. This view is supported by findings by Wise of an entrenched practice culture which emphasises risk assessment at the expense of what happens in placement; the pressures of day-to-day practice and heavy caseloads; and limited resources.[197]

As indicated earlier in this review, the spectrum of behaviours that manifest as a result of trauma is very broad with some presenting as more challenging than others. Those children and young people that are at the more challenging end of the behaviour spectrum represent the highest level of risk and require the most intensive resources. This is not to say however, that those with less challenging or risky behaviours are less traumatised.

Setting issues of prioritising placement to one side, trauma-informed approaches to therapeutic treatment are now becoming a key focus across OHC and in particular, for the care and management of children and young people who present with symptoms of complex trauma and the highest levels of risk.

The following section includes some discussion about trauma and the theories underpinning approaches to its treatment. Whilst it is acknowledged that separating practice frameworks from their theory is somewhat artificial, the following section is organised in this way for ease of discussion. Some explanation of the terms 'therapeutic' and 'treatment' is first provided and this is then followed by an explanation of some of the frameworks for therapeutic practice.

Trauma literature and a 'therapeutic approach'

Current literature treats trauma and abuse as separate concepts. For different types of abuse, theoretical frameworks also have remained discrete and singularly address abuse, neglect and exposure to violence. For instance, literature on sexual abuse is separate to physical abuse however; it is likely that children who experience one will experience the other. Whilst the literature on sexual abuse focuses on specific models of helping children to recover, the literature on physical abuse focuses on how to stop parents from re-offending, rather than how to assist children to recover.[198] The problems experienced by the population of children and young people within the OHC system are highly complex

189 Wise et Egger, 2007, p 15.
190 Department of Human Services, 2003, op. cit.
191 Wise et Egger, op. cit., p 19.
192 loc. cit.
193 S Wise S Pollock G Mitchell C Argus & P Farquhar,*Care system impacts on academic outcomes*, Research Report 2010, Anglicare Victoria and Wesley Mission Victoria, 2010
194 Barber & Delfabbro, op. cit.
195 M G Sawyer et al., The mental health and wellbeing of children and adolescents home-based foster care, *Medical Journal of Australia*, 186(4),2007, pp 181-184.
196 Wise & Egger, op. cit., pp 151-152.
197 S Wise, *The UK Looking After Children approach in Australia*, Australian Institute of Family Studies, 1999.
198 D Finkelhor & A Browne, *The traumatic impact of child sexual abuse: A conceptualization*, American Journal of Orthopsychiatry, 55 (4), 1985, pp 530-541.

and are comprised of a composite of problems such as combinations of trauma, abuse and neglect. Conceptually, an integrated theory addressing composite problems would be ideal to inform practice. However, such a theory is yet to be fully articulated.

The effect of complex or developmental trauma is well described by childhood trauma experts as having a pervasive impact on the developing brain resulting in wide-ranging behavioural and neurobiological symptoms including depression, attention disorder, somatic illnesses, interpersonal problems and impulsive and self-destructive behaviours.[199] [200] [201] [202] [203] Treatment of these complex trauma symptoms has tended to focus on individual symptoms separately, rather than getting to the heart of the trauma.

For instance, diagnostic tools such as the traditional DSM-IV, describe trauma as an isolated traumatic incident producing discrete behavioural and biological responses to discrete triggers. However, this runs counter to the clinical picture presented by traumatised children who overwhelmingly experience trauma in the context of intimate relationships. Van der Kolk states that 'these children have come to organise their neurobiology and psychology in response to seeing the world as a threatening and overwhelming place.' Traditional DSM-IV diagnostic criteria do not account for the effect of exposure to childhood trauma on development. Infants and children who experience multiple forms of abuse often experience developmental delays across a broad spectrum, including cognitive, language, motor, and socialisation skills, and display very complex disturbances with different and fluctuating presentations.[204]

In relation to the limitations of the current diagnostic criteria, Ford states that the magnitude of the problem has crystallised only in the last few years as the accumulated research evidence has become more integrated. It has relatively recently revealed that *'we are somehow missing many children who we cannot fully and accurately diagnose.'*[205]

van der Kolk asserts that because of the emotional dysregulation that traumatised children frequently display, as well as self-harming behaviours they may adopt as coping mechanisms, they are too frequently diagnosed with bipolar disorder and treated exclusively with drugs and behaviour management.[206] [207]

In order to better understand the consequences of complex and developmental trauma on child mental health, emotional and general wellbeing, the application of trauma and attachment theories have proven to be a useful approach. Perspectives such as developmental psychopathology also provide a useful lens to examine the impact of child maltreatment on children's mental and emotional health.[208]

A detailed discussion of the trauma literature is beyond the scope of this review, which aims to focus only on the key theories that currently inform therapeutic practice frameworks. These relate to: issues of disrupted attachment; complex or developmental trauma; and neuro-physiological development. First, some explanation of terms therapeutic and treatment is provided.

What is meant by a 'therapeutic' approach?

Defining the terms 'therapeutic' and 'treatment' is important in understanding what a broadly 'therapeutic' approach aims to achieve. Treatment may refer to the medicalised understanding of problem definition and intervention.[209] However, it also has broader meaning which is captured in Bath's definition:

'…a purposeful approach or intervention with a clear conceptual or theoretical basis, designed to meet specific change objectives.'[210]

199 Ford, op. cit. pp 89-107.
200 B van der Kolk, Clinical implications of neuroscience research in PTSD, *Annals of the New York Academy of Sciences*,1071, 2006, pp 277-293.
201 Spencer & Pynoos, *Post-Traumatic Stress Disorder in Children (Progress in Psychiatry Series)*, Amer. Psychiatric Pub., 1985.
202 S Marans, *Listening to Fear: Helping Kids Cope, from Nightmares to the Nightly News*, Holt Paperbacks, 2004
203 M Moran, Developmental Trauma Merits DSM Diagnosis, Experts Say, *Psychiatric News*, 42(2), 2007, p. 20.
204 B van der Kolk et. al.,, Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma, *Journal of Traumatic Stress*, 18(5), 2005, pp 389-399.
205 Moran, op. cit., p 20.
206 van der Kolk, 2005,op cit., p 389-399.
207 Moran, loc. cit.
208 M Frederico, A Jackson, C Black, 2005, *Reflections on complexity-Take Two first evaluation summary report*. La Trobe University, Bundoora, Australia.
209 Bath, 2008a, op. cit., pp 6-17.
210 Bath 2002-2003, p 9.

This non-medicalised conceptualisation of treatment is consistent with those proposed by others.[211] [212] [213] Thus treatment services may appropriately target a range of outcomes, including educational needs, or the restoration of family.[214]

At a minimum, a therapeutic approach to care includes the provision of clinical treatment, such as counselling services as appropriate. A therapy or treatment component can be distinguishable from the provision of day-to-day care, or the 'carework' as Anglin refers to it.[215]

Anglin proposes that it is this day-to-day carework that has a most significant role in the healing process and treatment of young people's trauma and distress.[216] In addition to specifically tailored clinical treatment, this particular group of attachment resistant children and young people also require approaches to the carework that are congruent with attachment and trauma-iinformed frameworks for practice.

Generally, a therapeutic approach to carework extends to all points of contact and interaction between the child and carers. However, whilst policy direction is congruent in its support of a therapeutic approach, what actually comprises such an approach is less clear. How to practice 'therapeutically' has not been well articulated, leaving much to be interpreted by those who are in direct daily contact with the children and young people in care.[217]

Furthermore, what a systemic response to therapeutic practice entails is even less clear as sectors such as child protection, juvenile justice, and education aim to achieve separate goals.[218]

Presently, the dominant theoretical underpinnings of practice frameworks are drawn from the disciplines of traditional social and welfare work, foregrounding care (care and accommodation), protection, rights, social inequality and political action.[219] [220] There is however, growing influence from disciplines such as psychiatry, psychology and education as the need for a treatment focus to practice emerges.[221]

The key theories underpinning approaches to therapeutic practice

A central tenant of therapeutic practice frameworks is the need to stabilise the living environment for those troubled children and youth who enter the OHC system. The theoretical framework that informs this central tenant relates to attachment, trauma and the neurobiology of these. This theoretical framework also has some consistency with resilience theory.

Attachment Theory

Essentially, attachment refers to the *'enduring affectionate ties that children form with their primary caregivers.'*[222] [223] Attachment theories in childhood development vary in detail, however, they all fundamentally support the premise of stability in the young person's environment.[224] [225]

The reasons why multiple disruptions to placements are so serious are best understood in terms of how young brains develop, and the requirement for a stable, secure attachment figure. The issue of 'foster care drift' and the harms of placement disruption are so concerning because of our understanding of the importance of attachment.

The quality of early attachments is necessary for children to develop a sense of security, confidence and acceptance.[226] Bowlby asserted that children form only one strong attachment, usually to the mother and that the strength of this attachment lays the foundation for later psychosocial and cognitive development. Serious developmental impairment

211 J Anglin, *Pain normality and the struggle for congruence; Reinterpreting residential care for children and youth*, Haworth Press, Binghampton, New York, 2002.
212 H Vorrath & L Brendtro, *Positive Peer Culture*, New York, 1985.
213 N Hobbs, *The troubled and troubling child*, The American Re-education Association, Colombus OH, 1994.
214 Halliday & Darmody, op. cit.
215 Anglin, op. cit.
216 ibid.
217 Victorian Ombudsman, op. cit., p 88.
218 ibid., p 92.
219 Bath, 2008a, p 14.
220 T Morrison, *Staff supervision in social care: Making a real difference for staff and service users*, Pavilion Publishing, Brighton, UK, 2005.
221 Anglin, op. cit.
222 J Bowlby, *Attachment and Loss, Vol. 1 Attachment*, Hogarth Press, London, 1969
223 Ainsworth et al., Patterns of attachment: Assessed in the strange situation and at home, Erlbaum, New Jersey, 1978.
224 Bowlby. op. cit.
225 M Rutter, Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57, 1987, pp 361-331.
226 Bowlby,1968, op. cit.

may result from being separated from the mother in infancy.[227] Later work by Rutter supports the contention that children are capable of forming multiple attachments, and that it is the quality of the care, rather than just the continuity with a single attachment figure that is most important.[228]

The founder of attachment theory John Bowlby, described 'attachment' as an in-built human drive toward forming and maintaining attachments with others.[229] [230] [231] [232] Whilst attachment theory is proposed to be universal in its application, it is acknowledged that there are culture-specific aspects of attachment.[233]

Particular patterns of attachment are formed in early childhood and these remain influential across the entire lifespan.[234] The first three years of life are the most crucial in terms of influencing how later attachments will be formed in adulthood.

A key concept in attachment theory is the internal working model. Fundamentally, a person's internal working model generates and carries a mental representation of the self, other people and the world in general.[235] Within these representations of self are

'expectations and beliefs about one's own and other people's behaviour; the lovability, worthiness and acceptability of the self; and the emotional availability and interests of others, and their ability to provide protection.'[236]

Patterns of attachment behaviour among very young children (under the age of 2 years) have been researched and documented under experimental conditions. Of particular note, Ainsworth documented the reactions of infants (aged 12 to 18 months). In her famous 'strange situation' experiment, the mother left the child alone in a room full of toys. The child was then joined by a friendly stranger, after which the mother returned and greeted the child. Three types of reaction were identified as relating to the degree of secure attachment between infant and mother.[237] Main and Soloman later confirmed Ainsworth's findings and describe an additional variant of Ainsworth's attachment styles among infants who have been maltreated. A disorganised pattern of attachment is one where the child shows contradictory actions.[238]

The later consequences of disrupted early attachments have been inferred through case studies and correlation studies. Disrupted early attachments are consistently associated with severe personality disturbance, poor mental health, a range of anti-social behaviour and later parenting difficulties.[239] [240]

Trauma Theory

Trauma is generally defined as *'..psychological injury caused by some extreme emotional assault'*.[241] The core experiences of psychological trauma are disempowerment and disconnection from others. [242]

A traumatic experience may involve the experiencing or witnessing an event involving actual or threatened death or serious injury, or a threat to the physical integrity of self or others.[243] Typically, the person's response will be intense fear, helplessness, or horror of an overwhelming nature. Due to trauma experiences being so overwhelming, often they are not fully integrated into memory.

227 ibid.
228 Rutter, op. cit., pp 316-331.
229 Bowlby, op. cit.
230 J Bowlby, *Attachment and loss Vol 2: Separation-anxiety and anger*. The Hogarth Press, London,1973.
231 J Bowlby, *Attachment and loss Vol 3: Loss-sadness and depression*, The Hogarth Press, London, 1980.
232 J Bowlby, *A secure base: Clinical applications of attachment theory*, Routledge, London, 1988.
233 V Colin, Human attachment, McGraw Hill, New York, 1999.
234 J Bowlby, *A secure base: Clinical applications of attachment theory*, Routledge, London, 1998.
235 S Fairchild-Kienlen, *The clinical assessment of attachment disorder in children 3-13: An evaluation of the Attachment Disorder Assessment Scale (ADAS)*, University of Texas, Arlington USA 2001
236 D Howe et al., Attachment theory, child maltreatment and family support-A practice and assessment model, Macmillan, London 1999.
237 Ainsworth, op. cit.
238 Main & Solomon, *Disorganized/disoriented attachment*, 1986.
239 Morton Clark and Pead, op. cit., p 52.
240 Osborn, op. cit., pp 96-98.
241 A Reber, *Penguin Dictionary of Psychology*, 2nd Edition, Penguin Books, London, 1995.
242 J Herman, *Trauma and recovery: the aftermath of violence-from domestic abuse to political terror*, Basic Books, New York, 1997.
243 ibid.

Typically, experiences that may represent the traumatic experience even in part, may act as 'triggers' (i.e. internal or external cues) that reactivate the person's experience of the traumatic event. The re-living of the traumatic event includes acting or feeling as if the traumatic event were actually happening, with intense physiological reactivity and arousal.[244]

The experience of trauma may be a discrete and isolated event, or it may be ongoing and more complex such as that experienced by people subject to prolonged, repeated trauma. As discussed earlier, approaches to understanding and treating trauma tend to draw on the American Psychiatric Association description of isolated or discrete traumatic events that are associated with the description of Post-Traumatic Stress Disorder (PTSD).[245] However, trauma experts emphasise the need to distinguish the nature of discrete trauma from the more pervasive and complex forms.[246] [247] [248] This difference between the two types is summed up by Herman:

People subject to prolonged, repeated trauma develop an insidious, progressive form of post-traumatic stress disorder that invades and erodes the personality. While the victim of a single acute trauma may feel after the event that she is 'not herself', the victim of chronic trauma may feel herself to be changed irrevocably, or she may lose the sense that she has any self at all.[249]

The experience of complex trauma for children and young people is extremely pervasive as it occurs within the daily context of primary care giving relationships therefore, the potential 'triggers' are very diverse and constant.[250] They may include seemingly benign, normal sensory experiences such as a particular smell, taste, sight, sound, tactile experience, and relational interactions such as for example facial expressions, tone of voice, and physical contact.[251]

Herman states that in order for children and young people to survive and negotiate chronically traumatic events, they tend to develop maladaptive coping styles resulting in *'...an immature system of psychological defences.'*[252]

Trauma is understood to be just as much a neurobiological and psychophysical experience as it is psychological and emotional.[253] Importantly, the physical dimension to the trauma has implications for therapy because people experiencing the trauma have limited conscious control over their actions and emotions.[254] The profound and pervasive effects of neurobiology on behaviour are highlighted by van der Kolk:

The fact that reminders of the past automatically activate certain neurobiological responses explains why trauma survivors are vulnerable to react with irrational, sub-cortically initiated responses that are irrelevant and even harmful in the present. Traumatised individuals may blow up in response to minor provocations; freeze when frustrated, or become helpless in the face of trivial challenges.[255]

This leads now into discussion about the application of neurobiology to interpersonal human behaviour underpinning some aspects of therapeutic practice.

Neurobiology of attachment and trauma

For centuries scholars have known to some degree that the capacity to express full human potential is related to the balance of developmental opportunities and challenges. In extreme cases of developmental challenge such as maltreatment – threat, neglect, humiliation, degradation, deprivation, chaos, and violence – children express a range of serious emotional, behavioural, cognitive, and physiological problems.[256]

244 ibid.
245 van der Kolk, 2005, op. cit., p 389-399.
246 ibid.
247 Ford, op. cit. pp 89-107.
248 S Marans, *Listening to Fear: Helping Kids Cope, from Nightmares to the Nightly News*, Holt Paperbacks, 2004
249 Herman, op. cit., p 86.
250 van der Kolk, 2005,op. cit., pp 389-399.
251 ibid.
252 Herman, op. cit., p 96.
253 van der Kolk, 2006 , op. cit., pp 277-293.
254 ibid.
255 ibid.
256 B Perry, Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics, *Journal of Loss and Trauma*, 14, 2009, p 38.

How a person's interpersonal or relationship experiences, particularly in the first five years of life, impact the development of the neural pathways involved in attachment and self-regulation is important to understand for success of therapeutic interventions.[257] [258] This area of study that explores how neurobiology relates to human behaviour is defined as interpersonal neurobiology (INB).[259] [260]

Research evidence supports the contention that the development of healthy brain structure, anatomy, function, synaptic networks and neurons are to a significant extent experience dependent.[261] [262] Human brain development has been characterised in detail and the following summary has been taken from Perry.[263] It is known that brain development occurs sequentially, in a hierarchical fashion. There are four main atomically distinct regions of the brain:

- Brainstem
- Diencephalon
- Limbic system
- Cortex.

During development, the brain organises itself from the bottom up, from the least complex (brainstem) to the most complex (limbic and cortical) areas. Each of these main regions develops and becomes fully functional at different times during childhood. For example, at birth, the brainstem is responsible for regulating cardiovascular and respiratory function and is mostly organised in utero. The cortical areas responsible for abstract cognition have years before they will become fully organised and functional. Each brain area has its own timetable for development, with micro-neurodevelopment (synaptogenesis) being most active in different brain areas at different times and as such, more sensitive to disruptive experiences during these times. Thus the very same traumatic experience will impact an 18-month old child differently to a 5-year old child.

The brain also organises in a use-dependent fashion. Undifferentiated neural systems are critically dependent on sets of environmental stimuli and micro-environmental cues (e.g. neurotransmitters, cellular adhesion molecules, neurohormones, amino acids, ions) in order for them to develop properly. Stressors, particularly prolonged or repetitive, impact the development of neural networks, altering their future use and function.

Thus, when infancy and childhood is characterised by ongoing relational trauma, a variety of brain insults occur that cause serious, long-term and relatively intractable neurobiological, psychological, emotional and behavioural impairments.

Briefly, assaults on the developing brain result in the following physiological changes:

- Prolonged, excessive secretion of the stress hormone cortisol, causing:
- over-pruning of synapses related to cortex development (involved in the modulating and regulation of emotion and response to stress);
- damage to limbic system inhibiting soothing functions at a physiological level;
- reduction in brain size;
- impaired development of the corpus callosum resulting in impaired creativity and problem solving skills;
- reduction of the hippocampus, the part of the brain concerned with memory and development of a sense of self in the world.
- Over-use and over-development of the primitive portions of the brain:
- predisposition to significant and chronic levels of impulsivity, reactivity, dysregulation, aggression, hyper-vigilance, hyper-arousal, hypersensitivity, bias towards perceiving threat and hostility and a persistent state of stress response;

257 B Perry & E Hambrick, *The neurosequential model of therapeutics*, Reclaiming children and youth, 17 (3), 2008, pp 38-43.
258 D Siegel, An interpersonal neurobiology of psychotherapy: The developing mind and the resolution of trauma, in *Healing trauma; Attachment mind body and brain*, W W Norton & Co, New York, 2003.
259 A Schore, Early relational trauma, disorganized attachment and the development of a predisposition to violence, in *Healing trauma; attachment mind body and brain*, W W Norton, New York, 2003.
260 M Soloman & D Siegel, Healing Trauma: Attachment, mind body and brain, WW Norton & Co, New York, 2003.
261 Siegel, op. cit.
262 Perry and Hambrick, op. cit., pp 38-43.
263 ibid.

- Under-development of the midbrain area and under-development of the higher brain areas (prefrontal and orbitofrontal cortex);
- lack of empathy, violence, poor executive planning and control of inhibitions and inability to process, contextualise, and understand life experiences. Predisposition to a host of neuro-psychiatric problems.

However, neurobiological research has shown that the development of brain structure, circuitry, and biochemistry is use dependent.[264] [265] To varying degrees, aspects of the brain possess plasticity. This means that the harmful effects of trauma and attachment disruption on brain development may be positively altered in the context of a highly intentional, therapeutic environment.[266]

Importantly, in order for therapeutic interventions to succeed, they must be in tune with the neurobiological profile of the brain and be developmentally appropriate.

The Neurosequential Model of Therapeutics (NMT) is a recent approach to mapping brain function in order to guide the therapeutic process.[267] Whilst this approach is in its very early stages, it has shown some promising results and its evaluation continues.[268]

Resilience

As a broad concept, resilience has been studied over several decades and encompasses a number of foci including for example, individuals, families, communities and culture.[269] [270] [271] Generally, resilience is understood as the capacity to 'bounce back' from adversities.[272] The concept of resilience is important to children in care because it has been argued that children are less able to cope with stressors compared to our forefathers, partly due to being sheltered from challenging opportunities and learning how to manage risk within increasingly risk averse society.[273]

Historically, research has tended to focus on pathology and problems rather than strategies of coping, elevating pathology into the scientific realm and coping into 'folklore'.[274] A dominant focus on psychopathology has tended to obscure the focus on positives, strengths, and as described by Robbie Gilligan the 'ordinary plenty of life'.[275]

A focus on attachment theory, trauma and neurobiology may be viewed by some as being too medicalised, or psychopathological in focus.[276] However, whilst much is known about how resilience emerges little is known about the ways in which these processes can be influenced and the application of resilience theory in practice is relatively recent.[277] [278] [279] [280]

264 Perry and Hambrick, loc.cit.
265 Solomon & Siegal, op. cit.
266 B Perry, Examining child maltreatment through a neurrodevelopmental lens: Clinical application of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, 14, 2009, pp 240-255.
267 ibid.
268 ibid.
269 A VanBreda, *Resilience Theory: A literature review*. South African Military Health Service, Military Psychological Institute, Social Work Research & Development, Pretoria, South Africa, 2001.
270 Rutter, op. cit., pp 316-331.
271 M Resnick L Harris & R Blum, The impact of caring and connectedness on adolescent health and wellbeing. Journal of Pediatrics and Child Health, 29(Supp1),2003, p s3-s9.
272 T Newman, *Promoting resilience: A review of effective strategies for child care services-summary*, 2002, at www.barnados.org.uk/resources.
273 ibid.
274 VanBreda, op. cit.
275 R Gilligan, *Promoting resilience: a resource book*, British Agencies for Adoption and Fostering, London 2001.
276 R Lemay, *The implications of adopting a resilience model*, accessed 18-11-10 at www.office-for-children.vic.gov.au/every-child-every-chance/keeping-informed/whatsnew/rc2006
277 Newman, op. cit.
278 Rutter, op. cit., pp 316-331.
279 Resnick Harris & Blum, op. cit., pps3-9.
280 M Rayner & M Montague, Resilient children and young people, Deakin University Policy and Practice Unit, Melbourne, Victoria, 2000.

However, a focus on attachment theory (i.e. emphasis on building capacity for secure, nurturing, attachment-promoting relationships with older, capable adults) is understood to underpin the building of resilience and may act as a *'buffer to mitigate the impact of overwhelming stressors, and to support recovering and healing'*.[281] [282] [283]

Thus rather than presenting opposing approaches, resilience theory and an attachment and trauma focus may offer a consistent, complementary approach.

Practice frameworks

Cohesion, coherence, context, clarity, consistency, comprehensiveness, coordination and common language! These are the recurring words that describe the intent of practice frameworks. Practice frameworks extend beyond the provision of treatment, encompassing carework.

The daily interaction between the children and their carers afford many more opportunities to effect behaviour change objectives than do discrete sessions of therapy.[284] Thus approaches to the day-to-day carework that are situated within attachment and trauma-informed practice frameworks have been modelled to create an overall therapeutic environment for these children.

There are several practice frameworks that have been described as congruent with a therapeutic approach. Those most commonly cited practice frameworks in the literature are briefly described below.

Looking After Children (LAC)

The *Looking After Children* (LAC) framework is an assessment, case planning, and review system designed to promote positive development outcomes among children and young people in OHC.[285] It originated in the UK[286], and was first implemented in Victoria in 1999 for clients in residential and foster care.[287] It is however, not practised consistently and is does not cover all of OHC (i.e. not kinship or permanent care).[288]

The LAC framework assesses seven developmental dimensions along which children should progress to achieve long-term wellbeing in adulthood and provides a framework for improving practice by linking outcomes to the processes needed to bring them about:

- Health
- Education
- Identity
- Family and social relationships
- Emotional and behavioural development
- Social presentation
- Self-care skills

This framework was endorsed by the Victorian DHS in 2009 and has only recently been implemented. Therefore there is little longitudinal data available.[289] Whilst the framework provides badly needed key records for monitoring, quality improvement and associated communication and planning processes, it has been criticised by some as being too heavily bureaucratic and risk management focused.[290] [291]

281 M Blaustein and K Kinniburgh, Intervening beyond the child: The intertwining nature of attachment and trauma, in *Attachment self-regulation and competency(ARC): A treatment framework or intervention with complexly traumatised youth*, The Trauma Centre at Justice Resource Institute, Massachusettes, 2005.
282 Rutter, loc.cit.
283 Resnick Harris & Blum, loc.cit.
284 A Ward, *Therapeutic communities for children and young people*, Jessica Kingsley Publishers, London, 2003.
285 Department of Human Services, 2003, op. cit., p 122.
286 UK Department of Health, *The children act now: messages from research*, The Stationery Office, London, 2001 p 126.
287 Wise, 1999, op. cit.
288 Victorian Ombudsman, op. cit., pp 54-56.
289 ibid., p
290 T Knight & S Caveny, *Assessment and action records: will they promote good parenting?* British Journal of Social Work, 28, 1998, p 29-43. Knight et al., 1998
291 P M Garrett, *Mapping child-care social work in the final years of the twentieth century: A critical response to the 'Looking After Children' system*, British Journal of Social Work, 29, 1999, pp 27-47.

PACE – Playful, Accepting, Curious, Empathetic

Being able to effectively communicate with children and young people who have experienced significant trauma is critical to developing safe and secure-attachment promoting relationships. Such relationships are a fundamental building-block for all other interventions.[292] Thus the provision of primary attachment figures is the central task of the state as a good parent. Unless this is achieved, the other services offered are unlikely to be effective.

In order for traumatised young people to begin to address their trauma, they require a safe place for reflection without re-enacting the trauma response.[293] The beginning point for intervention is assisting the young person to negotiate safe interpersonal attachments. The young person can then be helped to realise *'...that they are repeating early experiences and to find new ways of coping by developing new connections between their experiences, emotions and physical reactions.'*[294]

Dyadic developmental psychotherapy (DDP) focuses on the creation and fostering of a safe relational context or system within which attachment disruption may be repaired and trauma symptoms such as neurobiological, physical and emotional dysregulation can be explored and addressed.

DDP suggests what to say to the young person, and how to say it. The how part is significant to young people who have experienced relational trauma and who have a multitude of trauma cues in their daily interactions.

Thus aspects of meta-communication (tone of voice, volume, facial expression etc.) are critical in communicating with traumatised young people. If the meta-communication is not regulated appropriately, the young person will become neurologically and physiologically aroused. The message of the communication will be lost in the background noise of the young person's flight/fight/freeze response.

PACE provides the following framework for communicating with young people:

- Playful
  - playfulness is one of the first things to disappear from a relationship because negativity, frustration and worry are so entrenched
  - the young person can appear jaded and depressed
  - without fun or joy, there is less reason to respond
  - being playful allows the carer to see if they can 'warm up' the young person and begin to form a relationship
  - playfulness helps the young person to relax
  - playfulness helps to build a therapeutic relationship that can withstand the approaching explorations into painful areas of the young person's life.
  - Accepting
  - to give the young person the message the we accept all of their feelings and motivations behind their behaviours
  - seek to explore what is behind the behaviour before rushing in to change it
  - when a young person experiences someone else's complete acceptance of their feelings and understanding of their behaviours they will more likely open up to explore the roots of behaviours and feelings
  - acceptance can be a powerful response to a young person's resistance to us as it means accepting their emotions, motives, thoughts etc and not trying to judge or change them
- Curious
  - curiosity '…can open doors and windows long nailed shut around what meaning the child has made of their caregivers' motive'[295]
  - when facing hard topics, it protects the child from feeling paralysing or rage-triggering shame
  - it helps assure the feeling of acceptance, even as the most self-deprecating feelings begin to rise and keeps the processing going
  - curiosity helps turn off the young person's internal, abuse-sensitive alarm system (the flight, fight, freeze reaction)
  - the young person is likely to stay better regulated and be able to continue exploring hard topics

292 Morton Clark & Pead, op. cit., p 59.
293 van der Kolk, 2005, op. cit., pp 389-399.
294 van der Kolk, loc. cit.
295 R Spotswood, *Resources, exercises and examples*, in *Creating Capacity for Attachment – Dyadic Development Psychotherapy in the Treatment of Trauma-Attachment Disorders*, Wood'N'Barnes, USA, 2005, p 84.

- helps to promote the young person's openness and the trust that there will be no humiliation, rejection, anger or punishment
- curiosity gives the young person hope to remain engaged in the hard process of sharing past experiences
- Empathetic
- the young person feels that they are being really listened to
- the young person can sense that there is a personal investment in them.[296]

Childrens' Best Interests Framework

The Children, Youth and Families Act, 2005 provides a set of guiding principles that guide practice across OHC. The Best Interests Framework incorporates the following key points:

- Children and young people must be protected from cumulative harm and their care needs viewed in the context of their development;
- Children and young people are to be provided with a stable and nurturing care environment and placed with direct care staff who are able to enhance the child or young person's care experience
- Ensure immediate and ongoing stability of placements for meeting the individual needs of children and young people through planning, monitoring, assessment and review to meet the best interests of the child / young person;
- Maintain the child / young person in their local community, through maintaining relationships with family and friends and connections with established networks;
- Maintain and enhance the family's ability to participate in decisions and maintain relationships.

Congruence in Service – Understanding Group Home Life and Work

The following theoretical model for residential care practice was constructed by Professor James Anglin from extensive research across residential care services in North America.[297] The research identified a number of core variables as being vitally important to understanding group home life and group home work. The most significant of these variables was the 'congruence in services of the children's best interests'. Residential care services may demonstrate congruence or incongruence to varying degrees across its provision of services. Anglin's study identified that each residential care home was in a 'struggle for congruence' and at the centre of the struggles was typically the intention to serve 'the children's best interests'.

Anglin identified three dominant psychological processes related to the central problems in the 'struggle for congruence in service of the children's best interests':

- Creating an extra-familial living environment
  - the overall aim of the residential care program is the development of a home-like setting which is not attainable within an institutional facility and removes the emotional intimacy and intensity of a family environment. Residential care staff, whilst not replacing families, take on the functional aspects of parents as a component of their role
  - a fundamental tension is inherent in this form of care due to the extra-familial home dimensions and management and staff not understanding this defining aspect of group home life
  - Responding to pain and pain-based behaviour
  - pain-based behaviour refers to 'acting-out' behaviour and internalising processes such as depression, often the result of internalising pain. An ongoing challenge in dealing with this pain and pain-based behaviour in residential care is not to unnecessarily inflict secondary pain experiences on residents through punitive or controlling reactions from staff
- Developing a sense of normality
  - a key element of developing a sense of normality in a residential care service is to ensure that despite the trauma and abuse and 'lack of normality' that normal life experiences can still be engaged in
  - the residential setting can provide a bridging experience and be influenced by the way staff respond to pain-based behaviour in the extra-familial living environment

296 A Becker-Weidman & D Shell (Eds), *Creating Capacity for Attachment – Dyadic Developmental Psychotherapy in the Treatment of Trauma-Attachment Disorders*, Wood 'N' Barnes, USA, 2005.
297 Anglin, op. cit.

From Anglin's research, the following eleven key ingredients of an effective residential care system achieve the above stated psychological processes were also identified. These key 'interactional dynamics' need to be present in a congruent manner at all and across levels of the organisation i.e. extra-agency, managerial, supervisory, carework/team and youth and family:

- Listening and responding with respect;
- Communicating a framework for understanding;
- Building rapport and relationships;
- Establishing structure, routine and expectations;
- Inspiring commitment;
- Offering emotional and developmental support;
- Challenging thinking and action;
- Sharing power and decision-making;
- Respecting personal space and time;
- Discovering and uncovering potential;
- Providing resources;

Anglin also described important characteristics of successful group home environments. The following seven characteristics were identified through Anglins' research, from discussions with young people and staff:

- Staff-youth relationships
  - group homes should not strive to be surrogate families as children and young people already have a family
- Physical setting
  - in a well functioning group home, a young person knows that staff will be able to accept more challenging behaviours and can offer a safer environment while they work out their problems
- Number of people in the household
  - having more staff in a group home is preferred by young people who cannot cope with the level of intimacy in a foster home. Young people tended to be appreciative of the caring nature of full/part-time and casual staff that came without the intensity or expectations of close or ongoing intimacy
- Time element (of carers on site)
  - young people preferred the longer staff shifts (3 to 4 days straight) rather than 8 or 12 hour shifts
- Style of care
  - the less intimate and youth-centred attention of staff members (compared to the intimacy of foster care) may make the difference between the experience of change and another failure experience
- Intensity of care/treatment
  - well-functioning family group homes in the study were continually seeking to provide therapeutic care and consistency of structure and expectations with an intensity that is impossible to maintain in a foster care setting. Many young people indicated that they needed this level of intensity as they struggled with their problems
- Supervision of carers
  - close and direct supervision were provided both in the moment and over time. Attentive and competent supervision was a core and essential element contributing to a well-functioning group home

Sanctuary Model – Practice Framework

The Sanctuary Model is a trauma informed model of residential treatment developed by Dr Sandra Bloom.[298] It is underpinned by various components that inform a framework for practice, including:

- Training in trauma theory for all administrators, staff and support staff;
- Training in milieu management for all administrators, staff and support staff;
- Values clarification process – commitment to non-violence and democratic process;
- SAGE/SELF training – focuses on the idea of adults becoming wiser, or SAGE and children developing a healthier sense of SELF. SAGE and SELF represent four non-linear, key areas of recovery that provide an organising framework for the complex problems presented by trauma survivors. The key areas of recovery are: affect management; emotional management; grief; loss; emancipation; and future;
- Integration of Sanctuary/SAGE concepts into regular interactions;
- Treatment planning;
- Team meetings;
- Community meetings;
- System level policies and procedures;
- Trauma diagnosis and treatment planning for all clients with their involvement;
- Concrete behavioural goals within SAGE/SELF framework;
- Psycho-educational materials;
- Psycho-educational groups based on SAGE/SELF framework;
- Trauma-specific treatment;
- Continuing education materials for staff;
- On-going, interdisciplinary milieu management and case reviews;
- Regular individual/group consultation and supervision;
- Prevention of secondary trauma;
- Evaluation of outcomes.

Bloom emphasises the impact of a trauma sensitive culture as being:

- Less violent and safer for clients and staff;
- Greater understanding of the damaging impact of trauma and abuse on children, staff and the organisation;
- Less victim-blaming and less punitive and judgmental responses;
- Clearer and more consistent boundaries;
- Higher expectations and greater sense of responsibility;
- Improved ability to articulate goals and create strategies for change;
- Better understanding of re-enactment behaviours – staff and children's;
- More democratic at all levels;
- Better staff morale and less turnover;
- More success with real and lasting change;

298 S Bloom, The Sanctuary Model of organisational change for children's residential treatment, in *Therapeutic Community: The international Journal for therapeutic and supportive organizations*, 26(1), 2005, pp. 65-81.

5.6 Literature Review Conclusion

There is an urgent need to address the limited range of care options available to children and young people, with high support needs across the Australian out-of-home care system. Currently there is no definitive Australian research and evaluation to guide the design of appropriate foster care or residential care for this particular population.[299]

Studies of models of care tend to focus at a higher level in the out-of-home care system, comparing various types of foster care, kinship care and residential care.[300] There has been precious little focus on defining a service model for therapeutic residential care, with attention to details such as: house design, group size and composition, and number of staff and their respective roles. There has also been little focus on defining a service model for therapeutic foster care. The evaluation of the pilot Circle program in Victoria may assist with defining such a model which further enables its capacity to respond to children and young people with high support needs.

As such, the current evaluations of both therapeutic residential care and therapeutic foster care are timely. The literature demonstrates how therapeutic approaches can be interpreted and applied in practice. The capacity of both residential and foster care to incorporate these therapeutic approaches can result in improved placement options for children and young people.

299 Bromfield & Osborn, op. cit., p23-32.
300 ibid.

'There is an urgent need to address the limited range of care options available to children and young people, with high support needs across the Australian out-of-home care system. Currently there is no definitive Australian research and evaluation to guide the design of appropriate foster care or residential care for this particular population.'

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Attachments

Attachment 1: Survey Tool

Attachment 1: Survey Tool

Foster Care Communication & Recruitment Strategy Evaluation - Phase 3

Foster Carers in Victoria

Updating information on the state-of-play of the supply and demand of the Victorian foster care system

1. *Name of Foster Care Provider (Please specify service provider name, DHS region, and Local Government Areas covered)*

   _____

2. *Please provide the name of a contact person and a phone number to enable clarification of the survey information if needed:*

   Name:_____ Phone number:_____

   Role of contact person:_____

3. ***New Enquiries** - In order to promote and encourage growth of the foster carer pool, obtaining a picture of new foster carer enquiries is an important aspect. Therefore, we would like to obtain a report of the new enquiries received by your organisation over the past 12 months, which includes the following fields:*

   a. How many new enquiries have been received over the past 12 months (i.e. not double counting repeat enquiries)?

   _____

   b. What is the main mode of enquiry to your organization? (e.g. Hotline, Foster a Brighter Future website, CSO direct)

   _____

   c. Please list the postcode areas you cover and identify how many new enquiries were received in each of these over this period (e.g. 3000 = 4, 3020 = 6 etc)

   _____
   _____
   _____

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Attachment 1: Survey Tool

Foster Care Communication & Recruitment Strategy Evaluation - Phase 3

d. How many times did the age of the primary enquirer fall into the following categories (the primary enquirer is the household member to make the initial contact)?

i. 24 and under_____
ii. 25-34_____
iii. 35-44_____
iv. 45-54_____
v. 55-64_____
vi. 65-74_____
vii. 75+_____

e. Please list the cultural backgrounds of your new enquirers (e.g. Australian, CALD, Aboriginal/Torres Straight Islander) and how many people within your new enquirer pool comprise each group:

_____
_____
_____
_____
_____
_____
_____
_____

f. What type of households do your new enquirers live in? (*Please specify the number and percentage that these subgroups represent of your foster carer pool*)

i. Single women: number_____% of total pool _____
ii. Single men: number_____% of total pool _____
iii. Childless couples: number___ ___% of total pool _____
iv. Couples with children at home: number_____% of total pool _____
v. Couples with children who have left home: number___ ___% of total pool _____
vi. Same sex couples: number___ ___% of total pool _____
vii. Other (please specify) number___ ___% of total pool _____

_____
_____
_____
_____

Attachment 1: Survey Tool

Foster Care Communication & Recruitment Strategy Evaluation - Phase 3

g. How did your new enquirers hear about the service? Please list the type of media and the number of new enquiries within each group

i.	Internet:	number_____% of total pool _____
ii.	Brochure:	number_____% of total pool _____
iii.	Poster:	number___ ___% of total pool _____
iv.	Stall / event:	number_____% of total pool _____
v.	TV:	number___ ___% of total pool _____
vi.	Radio:	number___ ___% of total pool _____
vii.	Newspaper:	number___ ___% of total pool _____
viii.	Word of mouth:	number___ ___% of total pool _____
ix.	Other (please specify)	number___ ___% of total pool _____

4. ***Active Foster Carers*** -

a. As at 1st July, 2011, how many active foster carers were registered with your service? Active carers include those who currently have a placement, those who are accredited and available to take a placement, and those who have been on hold for 3 months or less.

_____

b. How many extra foster carers do you estimate are required to fully service the demand in your Local Government Area? If you cover multipled LGAs, please list individually (i.e. City of Darebin: 8 extra foster care households, City of Moreland: 6 extra foster care households etc.). This information is extremely important for inclusion in communications with local media.

_____

c. How many foster carers exited from your service during the previous financial year (2010/2011)?

_____

d. What percentage of your carer pool did these exits represent?

_____

e. What types of families are currently providing foster care? (*Please specify the number and percentage that these subgroups represent of your foster carer pool*)

i.	Single women:	number_____% of total pool _____
ii.	Single men:	number_____% of total pool _____
iii.	Childless couples:	number___ ___% of total pool _____
iv.	Couples with children at home:	number_____% of total pool _____
v.	Couples with children who have left home:	number___ ___% of total pool _____
vi.	Same sex couples:	number___ ___% of total pool _____

Attachment 1: Survey Tool

f. What number of households fostering for your organisation currently provide, or are able to provide, care to sibling groups?

_____

g. On average, how long do foster carers provide care for your organization?

_____

5. ***Children and referrals -***

a. During the last financial year (2010/2011), how many children were referred to your service?

_____

b. As at the 1st July 2011, how many children were in foster care under your service?

_____

c. Does the above figure represent an increase, or a decrease on the previous financial years figure? Please specify the percentage change.

_____

d. If the change in foster care placements represents a decrease, where are the children being placed instead?

_____

e. If the change in foster care placements represents an increase, what explanation would you offer for this?

_____

f. What percentage of children placed in foster care through your service, are placed more than 50km away from their home?

_____

6. ***Newly accredited carers -***

a. In the last financial year (2010/2011), how many new carer households were newly accredited with your service? What percentage of your total carer pool does this number represent?

_____

b. What number of carers accredited during the last financial (2010/2011) year have had a placement?

_____

c. What are the types of care that the newly accredited carers are providing? (i.e. respite, long-term, emergency, etc.)

_____

d. What is the percentage of the newly accredited carers from the last two financial years who have already exited the system?

_____

Attachment 1: Survey Tool

Foster Care Communication & Recruitment Strategy Evaluation - Phase 3

7. Additional comments -

Please use this page if you need additional space for your responses - indicating which question/s the comments relate to.

_____
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Thank you for your time in completing this survey

Attachment 2: Survey Response Summary

Attachment 2: Survey Response Summary

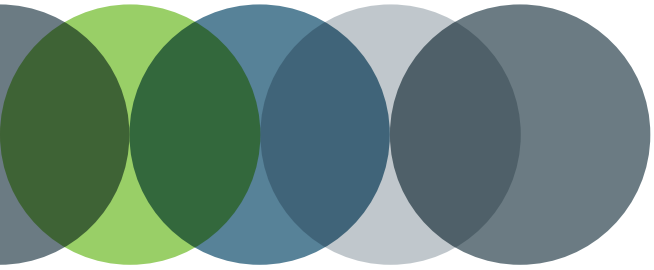
Community Service Organisation	DHS Region	Proposed DHS Local Area (TBC)	Survey Returned	
Anchor Foster Care	Eastern	Outer East	×	1
Anglicare Victoria	Eastern	Outer East	✓	2
Anglicare Victoria	Gippsland	Gippsland	✓	3
Anglicare Victoria	North and West	Hume Moreland	✓	4
Baptcare	North and West	Western Melbourne	✓	5
Berry Street Hume	Hume	Goulburn	✓	6
Berry Street Gippsland	Gippsland	Gippsland	✓	7
Berry Street North and West	North and West	North East	✓	8
Berry Street Southern	Southern	Inner East	✓	9
Brophy Family & Youth Services	Barwon South West	Western District	✓	10
Child & Family Services	Grampians	Central Highlands	✓	11
Community Connections	Barwon South West	Western District	✓	12
Gippsland & East Gippsland Aboriginal Coop	Gippsland	East Gippsland	×	13
Glastonbury Child & Family Services	Barwon South West	Barwon	✓	14
Good Shepherd Youth & Family Services	North and West	North East	✓	15
Lisa Lodge	Grampians	Central Highlands	✓	16
MacKillop Family Services	Barwon South West	Barwon	✓	17
MacKillop Family Services	North and West	Western Melbourne	✓	18
MacKillop Family Services	Southern	Mornington Peninsula	✓	19
Mallee Accommodation & Support Services	Loddon Mallee	Mallee	×	20
Mallee Family Care	Loddon Mallee	Mallee	✓	21
Mildura Aboriginal Corporation	Loddon Mallee	Mallee	✓	22
Murray Valley Aboriginal Coop	Loddon Mallee	Mallee	×	23
Oz Child	Southern	Outer South	✓	24
Quantum Support Services	Gippsland	Gippsland	×	25
Rumbalara Aboriginal Coop	Hume	Goulburn	×	26
Salvation Army Southern (Peninsula Youth and Family Services)	Southern	Mornington Peninsula	✓	27
Salvation Army GippsCare	Gippsland	Gippsland	✓	28
Salvation Army Westcare	North and West	Brimbank Melton	✓	29
St Lukes Anglicare	Loddon Mallee	Loddon	✓	30
Uniting Care Gippsland (Kilmany)	Gippsland	East Gippsland	×	31
Uniting Care Werribee Support & Housing (Bridges)	North and West	Western Melbourne	✓	32
Upper Murray Family Care	Hume	Ovens Murray	✓	33
Victoria Aboriginal Child Care Agency	North and West	Hume	×	34

Attachment 2: Survey Response Summary

Community Service Organisation	DHS Region	Proposed DHS Local Area (TBC)	Survey Returned	
		Moreland		
Victoria Aboriginal Child Care Agency	Southern	Outer South	×	35
Waverley Emergency Adolescent Care	Eastern	Inner East	✓	36
Wesley Youth Services	Eastern	Outer East	×	37
Wesley Youth Services	Southern	Outer South	✓	38
Wimmera Uniting Care	Grampians	Western District	✓	39
Youth for Christ	Eastern	Inner East	✓	40

Sources: www.dhs.vic.gov.au (accessed 29/3/12); project data collected by Verso Consulting

Notes



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Centre for Excellence in Child and Family Welfare
Level 5/50 Market Street Melbourne 3000.
Tel + 61 3 9614 1577
www.cfecfw.asn.au

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