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Foster Care from a Historical Perspective

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Foster care has been available in Australia for almost 150 years. Carers have long been recognised as "the ultimate volunteers" who care for the most traumatised, emotionally disturbed children in the nation. Given that they provide the foundation stone of the child protection system, one might expect carers to be supported and valued. Numerous studies have shown otherwise. Warning signs over the years have been ignored by child welfare authorities resulting in carers leaving the service faster than they could be recruited and the most needy young children being placed in caravan parks, cheap motels and group homes supervised by occasional, inadequately trained, generalist carers employed on seven hour contracts by agencies.

■ **Keywords:** Out-of-home care, foster carers, child protection, policy, practice, education, training

Historical Aspects of Foster Care

The concept of foster care was introduced to Australia by Caroline E. Clark (Spence, 1907). On March 14th 1866, signing herself with the initial "C", Clark wrote to the South Australian Register indicating that the Edinburgh (Scotland) Scheme for Boarding-out Destitute Children with foster carers had been tried over a period of eight years and was more successful than herding them in institutions where they were influenced by criminals. Clark became the first foster carer for two destitute children. Realising that foster care would be less expensive than group care, the Chief Secretary, Arthur Blyth gave his approval on this. The government paid carers the equivalent of what it would have cost to keep the children in institutions (Davey, 1956, p. 3).

Blyth and Clark formed the first Boarding-out Society to receive foster children and pay maintenance fees. The government opposed this until Adelaide's orphanage became over-crowded and fostering was needed to meet the emergency (Davey, 1956, p. 7). The demand for out-of-home care was attributed to the 1851 Gold Rush resulting in fathers abandoning their families, leaving many homeless and penniless. Children were rescued from brothels and street prostitution.

In 1867, a Bill was introduced to cater for the separation of convicted juvenile offenders and state wards. However, departmental records confirm that, a hundred years later, juvenile criminals and neglected children were still housed together at Seaforth Children's Home in Adelaide's southern suburbs.

In 1871, when the Magill Orphanage was over-crowded, the Board quietly adopted the policy of fostering state wards. A society was formed to ensure that all of these children received visits from its members in all parts of the colony. The Destitute Persons Relief Act of 1872 legalised the practice but the supervision of foster children was unreliable because it was undertaken on a voluntary basis. Nevertheless, the Board chose foster carers carefully on the recommendation of a Miss Moule who had years of experience with children. This was different from Victoria where state licenses (costing one shilling) were entrusted to police, described by Spence as men in "obnoxious blue" (Spence, 1907, pp. 60–61). A Melbourne journalist named Alice Henry accompanied Miss Moule on her rounds and "couldn't believe that supervision could be so strict and at the same time, so kindly. She was amazed at the love of the paid foster-mothers for the little ones. As a rule only one infant is allowed in one home" (Spence, 1907, pp. 60–61). The child had to have a separate bed in a light and well-ventilated room. Drains were inspected and had to be kept sweet and clean. The child's milk had to be kept separately. Miss Moule and her philanthropic friends provided advice, friendship and practical help including the provision of clothing and equipment. The character of the foster carer was said to influence

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the "real mothers" and contact was encouraged. In 1904–1905 there were 139 children in foster care in Adelaide, mostly from country areas (Spence, 1907, p. 62).

In 1872, regulations concerning boarded-out children were gazetted. Children of 3–9 years could be boarded with approved foster families. They must attend school and if the distance from school was greater than two miles, tuition was to be provided. Orphanage children were placed with foster carers for only 2–3 years, then, concerned only about the cost, the government gave notice that carers must either adopt them and lose their allowance or accept the children's immediate removal. Nevertheless, despite the inhumane approach, fostering became so popular that in 1875 the number of South Australian orphanage children reduced from several hundreds to thirty-nine.

Spence and Clark supported adoption in some circumstances. They directed the policy that stopped children from being herded in orphanages and asylums to being treated as individuals. Spence wrote that it was the law that children should not be brought up in institutions but in homes. It was decreed that the child in state care should have as good a schooling as the child who had parents and enjoyed an ordinary life, preferably in the country going to school with other young fellow citizens and going to church with the family, having the ordinary duties (Spence, 1907).

In 1909, at the first national conference of child advocates, it was announced that a State Children's Advancement Fund had been established to assist children in ways beyond the scope of governments; for example it provided special education for gifted children and those with disabilities. Spence, a keynote speaker, highlighted the problems of group care and gained unanimous approval for foster care (Davey, 1956, p. 27). Spence and Clark made it very clear that housing young children in institutions was damaging to their wellbeing.

> "It was the earlier recognition of the fundamental principle that every child was a potential citizen and that the State had a duty towards him that formed so important a factor in directing the system which controlled State children. Therefore, to board the child in a home instead of placing him in an institution became the chief means of achieving that end. It is this boarding-out system which has made the distinctive South Australian methods and brought her into the forefront of progressive social legislation".
>
> (Davey, 1956, p. 41)

Not surprisingly, the rush to foster (with no training for carers or supervisors) was fraught with problems. Children who had already been institutionalised and exhibited the characteristic, emotionally disturbed behaviours were rebellious and difficult to handle. By the end of the 1950s, the concept had been re-assessed and fostering was recognised as a very subtle and delicate task demanding careful preparation and skilled supervision. Fostering had become a piece of emotional re-tooling requiring great understanding. Nevertheless, there was an enormous gap between theory and practice.

The movement towards a more professional approach was accompanied by an emphasis on training. By 1981, NGOs were responsible for the provision of group care. Sixty per cent of Anglicare's child care budget came from the government. Dickey, Martin, and Oxenbury (1986, p. 304) confirmed that there was an abundance of federal money throughout the 1970s and opportunities for socially creative initiatives. In other words, there was no excuse for departments to maintain out-of-date children's services or employ untrained foster carers and caseworkers. Unfortunately, Dickey et al. (1986) show that two-thirds of South Australia's welfare department money was spent on enlarging the administration, not services. This would account for the fact that, even in the heyday of funding, the out-of-home care of children and young people was seriously neglected.

Although the annual reports showed that management recognised the importance of training staff and foster carers and knew that large group homes were damaging to children's development, the department continued to build them to accommodate the increasing number of babies and toddlers in state care. Children's Homes accommodated in excess of 100 children and they were often reported to be overcrowded.

The 1970 departmental Report to the South Australian Minister showed that serious criticisms were directed against group home staff. There were references to "poor attitudes, inexperience and high turnover", all of which could be damaging to children's wellbeing (Dickey et al., 1986, p. 312). The Department was accused of failing to address critical issues of practice and implementation. While it was spending a colossal amount of money ($36 m in 1982–1983), only one-third of that went on client services.

The Report of the South Australian Social Welfare Advisory Council (Department for Education and Child Development, 1969) stated that children in residential nurseries had typically suffered from both emotional and intellectual handicaps and functioned worse than counterparts who were not in care. The unsuitability of this residential care for small children was also confirmed, both by intensive current studies and by data on older children with a history of early entry into care (p. 12).

The report advised that there was "much to confirm the accepted opinion that residential nurseries should be a last resort for babies and younger children" (p. 12). "There is an urgent need to avoid the institutionalisation of babies and pre-school children" (p. 14) and more work needed to be done to prepare foster parents for emergency placements.

Page 18 of the 1969 report emphasised the need to train foster carers as "semi-professional persons . . . The aim must be to place the child with mature adults, capable (with skilled help) of understanding the child's problems and needs and of offering a warm and stable atmosphere which will

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contribute to the development of acceptable social relationships" (p. 19).

The report showed that a specially prepared schedule was provided for the assessment of applications for foster care. "Of special interest is the degree of 'motherliness' and of possessiveness by the female applicant" (p. 20). It was also known that success depended on "the careful matching of children and foster parents", taking account of children's needs and background and the parents' values and home environment (p. 22). The Department claimed to recognise and pay attention to the matching of children and carers. Case files show a very different story.

Ki Meekins was in state care from 1965 until 1983. His mother gave birth to two sets of twins within a year, increasing her family to eight young children (Meekins, 2008). She received weekly critical visits from Departmental Officers from 1956 for the following recorded reasons:

- Mrs. Meekins had given birth to twins who were adopted because they were born outside marriage. Because of their immorality such mothers had to be visited weekly by welfare workers in accordance with the regulations;
- The family was impoverished as a result of the father's frequent unemployment, low wages and large family; this led to allegations that the family lived in "unsatisfactory housing";
- "The domestic situation", i.e., it was believed by the welfare officer that the father had "ill-treated his wife and children".

Ki and his twin were charged with being "neglected and unfit guardianship" at the age of six months (20.12.1965). The reasons given were that:

- Their father was in debt and gas services had been "cut off".
- The mother admitted previously leaving her children in the grounds of the Finsbury Hotel while she had a drink in the bar (Department Document dates 27:1.3.1966).

Obviously, none of the above constituted an emergency sufficiently serious to warrant the removal of six-month-old infants to an institution housing over a hundred children. All of the Meekins children were placed in different institutions. As adults, the adopted twins were the only Meekins children who did not have a criminal record (Meekins, 2008).

There is no suggestion that the parents physically abused the boys or that either parent had been drinking alcohol when Child Welfare Officers visited the home. The children were always adequately clothed and adequately fed and the house, though sparsely furnished and too small for this large family, was always recorded as being neat, clean and tidy and there was always food in the fridge.

The Department contributed substantially to the breakdown of the family despite the official role (confirmed by Annual Reports) being to provide support, resources and friendly advice. The Child Welfare Workers' records revealed that their behaviour towards the mother was authoritarian, disparaging and judgmental, uninformed (given the knowledge available at the time), threatening and often unprofessional.

In Ki's pre-school years, there was little evidence of Child Welfare Officers paying attention to his emotional needs or even knowing what they were. Concerns came from other sources, e.g., psychologists and the matron of the children's home who recommended again and again that he be removed from large group care into foster care. When this finally happened, the carers were selected because they were religious disciplinarians. Thereafter, thrashings and sexual abuse were ignored despite staff being mandated reporters. When Meekins, who suffers from post-traumatic stress disorder, sued the Department for negligence, their only defence was that their staff were untrained between 1968 and 1983 (Meekins, 2008). Despite the well-publicised findings of Bowlby (1953) and Robertson & Robertson (1969) that young children need one reliable, regular carer and an opportunity to prepare for and adjust to change, the Department reported that very young children needed little preparation for their placements. It did confirm that children were unsuitable for foster care when they experienced long periods of institutionalisation and/or had serious behavioural difficulties and/or a history of a number of placements. In other words, the Department's own reports acknowledged that the institutionalisation of pre-school children was likely to result in serious disadvantage and, furthermore, that placing them in foster care after a long period of institutional care made the placement vulnerable to breakdown.

The work of Welfare Officers included improving standards of child care (at home) and maintaining family cohesion to avoid removing children but Dickey et al. (1986) showed that Welfare Officers were chosen because of their membership of a specific Protestant church and case notes show that these aims were not met. By 1966, it was recognised that group care had a deleterious effect on schooling, employment and delinquency records and fostered children performed better than children in group homes. In 1974, Britain's highly respected NSPCC drew attention to the harmful effects of multiple placements in a publication entitled "Yo-yo children". It was reported that American children had an average of 4–5 foster placements at the age of 13 years and this number gave authorities cause for concern. This compared favourably with the 44 changes of placement experienced by Ki Meekins in South Australia between 1968 and 1983.

Foster Care in the 21st Century

At the turn of the century, Australian and international literature confirmed that the role of a foster carer had never been more difficult. Kennedy (2004) reported that 43% of Australian and British carers had been accused of some form of harm to their charges. While most of these complaints were found to be vexatious, the effect on carers was

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noteworthy, because all investigations are stressful, even when false. They invariably involve the removal of foster children, an absence of counselling for carers' families for handling feelings of grief, loss and concern for the children's wellbeing and frustration because carers were denied access to the reports written about them. International writers agreed that, far from being lauded for their efforts, foster carers were frequently derided by the public, the system, their neighbours and relatives and nothing seemed to have been learned from history and research.

In 2004, British researchers Sinclair, Gibbs, and Wilson described foster carers as the ultimate community volunteers. They noted that the role of a foster carer goes far beyond ordinary parenting; carers are on duty seven days a week and 24 hours a day, taking distressed children into their homes at a moment's notice for unspecified periods of time. They have to hand them back without demur when instructed to do so, irrespective of children's wishes or their own. Foster carers are expected to manage and tolerate the emotionally disturbed, violent, destructive, and sexualised behaviours of traumatised children and be respectful to their parents, however abusive or negligent they may be. In addition, they have to cooperate with caseworkers who are often young, recent graduates who lack parenting and life experience, and display scant knowledge of child development, abuse, disabilities or managing the difficult behaviours of traumatised children.

Researchers warned governments that they were losing carers faster than they could recruit them. In 2002, Carter showed that one-third of foster carers had left the system within two years of registration. In Victoria, the recruitment rate declined by 40% in five years. The high turnover of newly registered carers suggested that something was seriously wrong (Carter, 2002) but warning signs appear to have been ignored.

In a three-year Queensland study of 115 carers, respondents consistently used the terms "crackers", crazy or mad to describe their decision to foster children (Thorpe, 2003, 2004). Half of these carers had not completed pre-service training and all familial-carers were untrained. Nearly all (98%) expressed the need for an accredited training course and a structure that matched children with appropriately trained carers. The view was supported by 100% of key stakeholders and informants. A New South Wales (NSW) survey of 450 carers also showed that more than a third had no training, 66% lacked training for caring for children with disabilities, 60% had no training for handling self-destructive behaviours and over half had no training for family contact and returning children to their birth families (New South Wales Department of Community Services, 2004).

The question of training is linked to the ongoing debate surrounding the issue of volunteerism versus professionalism in foster care. The concept of volunteer implies that only average parenting skills are required. When fostering children who have been severely traumatised, this is clearly wrong. Increasingly, it is argued that, for foster carers to be effective in changing the lives of severely damaged children, they need either semi-professional or professional status with relevant training and payment for skill development. A survey of Australian carers showed that 25% thought that fostering should be paid work, 25% said it is already "semi-professional" and 50% thought it should be because it involves "more than being a parent" (Thorpe, 2004).

So what is involved in fostering children? In 2004, the characteristics of children in care in the Australian Capital Territory included:

- Exhibiting serious behavioural, emotional or development problems including attachment disorder.
- Having experienced serious sexual abuse and/or involvement in prostitution or the sexual abuse of younger children.
- Involvement in criminal activities, mental health problems and/or disabilities.
- Suffering from foetal alcohol syndrome.

In addition, many children had experienced parental rejection, abandonment or death (Vardon, 2004). The most common characteristics of birth parents were identified as drug and/or alcohol dependence negatively affecting parenting (56%); repeated incidents of sexual or physical violence (49%); parent diagnosed with a mental illness (38%) and parents in jail for crimes (15%). Over 75% of families had multiple characteristics. All foster children had suffered from a loss of stability (Vardon, 2004). Clearly, any group of persons designated to work with children with such traumatic backgrounds need to have a well-developed body of skills and knowledge including child development and child maltreatment upon which to draw. They also need educated, experienced support from relevant agencies if they are to remain committed to such a difficult role.

Given their importance, one might expect foster carers to be respected and even treasured by government departments that are reliant on them for protecting children. Researchers and writers have shown consistently that the opposite is true. Carers' expertise is commonly discounted regardless of their professional qualifications and they are regarded only as voluntary, basic child-minders. Carter (2002, 2004), Sinclair et al. (2004), Smith (2004), and Lovatt (2003, 2004) are just a few of many researchers who concluded that carers were exploited by governments and agencies responsible for their supervision. Although child protection services rely on these minimally or untrained volunteers to provide a high standard of care, security and nurturance for traumatised children (Briggs, Broadhurst, & Hawkins, 2004; Carter, 2002, 2004; Lovatt, 2003, 2004; Moore, 1991), they are often treated as ignorant child-minders who foster only for financial gain. In reality, it was found that they subsidised the taxpayer while providing a crucial social service. Foster carers are often inadequately reimbursed by statutory agencies for the legitimate expenses they incur. Milburn (2002)

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noted that Victorian carers threatened to refuse new referrals because of failure to reimburse basic expenses incurred in child rearing. Carers commonly cater for children with special needs that necessitate travel for assessment, counselling, psychiatric and medical treatment as well as private tutoring for deficiencies in literacy and numeracy. The failure of government departments to refund legitimate expenses is an ongoing concern and cause for dissatisfaction in the foster care community.

The main request of carers however, was not for more money but for support and respect from caseworkers (Lovatt, 2004). One of the most frequent complaints was that they were denied vital information about the health problems and dangerous behaviours of new arrivals. Unaware of children's histories of arson and sex offending, some carers have inadvertently placed themselves, their own and other children at risk of harm. The sexual abuse of carers' own children by foster children is a common reason for carers seeking de-registration (Smith, 2004).

The 2004 Survey of Foster Carers

In 2004, a national study was undertaken by Briggs and Broadhurst (2005) for the Australian Association of Foster Carers. All of the carers were enthusiasts attending conferences at their own expense. Initially, 48 foster carers completed a 35-item questionnaire that elicited their experiences of threats, violence and intimidation and the effects of these incidents on them and their families. A second group of 101 foster carers completed a different questionnaire that focussed on their experiences of threats and violence, exploring the level of support available from their state foster care agency. Both surveys collected qualitative and quantitative data.

Participants in the first survey had been fostering children for over 10 years. A large proportion experienced violent and threatening behaviour, mostly instigated by the foster child's birth parents but also their foster children. Foster carers experienced psychological abuse by professionals from related non-government and government agencies as well as their peers.

Nearly a quarter of the respondents took sick leave from their employment as a result of violence. Two-thirds of carers received no training to prepare for the incidents experienced. All respondents identified fear as the most pervasive effect of threatening and violent behaviour. Carers feared for their own and their families' physical safety, in addition to fearing legal action. Approximately one-fifth of carers experienced major life disruptions as a result of violent and threatening behaviour. These disruptions included moving house, interstate, or changing children's schools. Over half experienced very low levels of support following an incident of work-related violence.

Seven respondents reported that their foster children were routinely removed during investigations and although allegations were not substantiated, foster families and children were exposed to considerable stress. Of those who were investigated, a quarter experienced negative outcomes such as:

1. Lack of support from caseworkers who allegedly listened only to complainants and assumed they were telling the truth.
2. Being forced to withdraw requests for children to receive treatment for sexualised behaviours.
3. De-registration which, in turn, resulted in ill-health. No counselling was made available to foster carers.

Half of the foster carers felt emotionally exhausted, while three quarters felt burnt-out. Nearly half found fostering children to be highly frustrating and found themselves often worn out at the end of the day. Foster carers reported that the impact of the violence, threats and intimidation contributed to a loss of interest and enjoyment in their role.

The second survey investigated foster carers' experiences of working with the state-based agencies responsible for their foster children. Carers reported that their relationships with agencies were highly unsatisfactory and unrewarding, and that support workers did not have an adequate understanding of caring for foster children. In many cases, children's interests and safety were not prioritised. Carers were subjected to high levels of mistrust and denigration. Over half of the respondents reported that the relationship was uncooperative. Two-thirds of participants experienced ongoing harassment by caseworkers or senior social workers. Some also referred to the breaking of confidentiality by senior workers in communications with birth parents and other foster carers. Senior staff had publicly ridiculed carers' parenting skills and concerns for children. One-third reported receiving threats of de-registration and removal of children. Carers were accused of incompetence, emotional disturbance, and/or being "too emotionally involved" with the children when they:

- sought help for handling violent, sexualised, and emotionally disturbed behaviours;
- suggested the need for professional assessment or therapy;
- sought advice for handling disabilities;
- reported that children were re-abused on contact visits to parents.

Persistent and numerous false allegations were also a major issue for this second group of foster carers. The agency responses were often inappropriate and inflammatory, with little to no support offered to carers. Reports were stressful as they resulted in investigations and often the removal of foster children. Carers and their families were traumatised by these processes.

Violence, intimidation, and the lack of support from caseworkers adversely affected foster carers' social lives and family relationships, especially when (false) accusations of

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abuse were also made. Allegations resulted in ostracisation by other carers because of the risk that they would be targeted by senior social workers for fraternising with persons reported to the department. No carer received agency support after they reported threats, intimidation or violence.

The authors noted examples of systematic abuse including detrimental and negative management practices and a lack of respect for the expertise and professional qualifications of foster carers. Carers referred to a lack of inter-agency communication and collaboration and departmental work culture that involved bullying and intimidation. Also noted was the hypocrisy of departments emphasising the importance of providing a stable environment while inflicting a succession of workers on children. Carers mentioned that staff changed frequently, were inexperienced and inadequately trained. Other issues related to the lack of resources put into the system and the effect this has on children. Such issues included leaving children with known abusive parents resulting in severely emotionally traumatised children entering the foster system.

Briggs and Broadhurst (2005) concluded that the negative treatment of foster carers by government departments and foster children is psychologically distressing and results in burn-out. Children were removed at short notice or visited birth parents irrespective of their wishes or reports of re-abuse. Carers received no support or counselling to cope with stress, loss and their concerns about the re-abuse of children returning to dangerous families against their wishes. Carers appeared to pay a high physical, emotional and financial price to foster vulnerable children. The data suggested that both carers and staff did not receive adequate training for their roles, which requires specialised skills and knowledge of traumatised and disabled children. The unsupportive and sometimes disrespectful behaviour of staff added to the already stressful experience of being a foster carer. These issues undoubtedly contributed to carers leaving the system and the growth of less satisfactory group homes.

Government Interest in Foster Care

Around the time that these research results were published, pressure from lobby groups also raised government interest in foster care. In August 2004, the Commonwealth of Australia published "*Forgotten Australians*", a Senate Report describing children's experiences in institutional or out-of-home care (Senate Committee Report: Community Affairs References Committee, 2004). In the same year, a Queensland report showed that a lack of resources, training, assessment, therapeutic intervention services, and monitoring were the cause of massive problems for foster children (Crime and Misconduct Commission, 2004). Queensland, with more than 4000 children in foster care, was said to be 50% under-funded compared with other States (Queensland Government Department of Child Safety, 2004). NSW [DoCS] commissioned research by the Social Research Policy Centre at the University of NSW, which showed the need for more carers and reforms to improve recruitment and retention (New South Wales Department of Community Services, 2004). In Victoria, an audit of foster care by the Department of Human Services in 2002 presented a picture of an under-funded, volatile, unstable, emergency-driven, under-skilled, poorly intellectually equipped and neglectful system with a capacity to inflict further harm on children (Carter, 2002).

Carter (2004) insisted that governments should adopt a more humanitarian, child-centred social policy that placed the cherishing of children at the centre of a new vision for foster care.

More recently, there have been several state government investigations into out-of-home care. These have included the Parliament of South Australia Select Committee on Statutory Child Protection and Care, the South Australian Child Protection Systems Royal Commission, and the Victorian Government Protecting Victoria's Vulnerable Children Inquiry. Additionally, the federal government Royal Commission into Institutional Responses to Child Sexual Abuse held a specific public hearing examining child sexual abuse in out-of-home care. Below is a summary of the key issues for foster carers identified in these investigations. Ten years after the research by Briggs and Broadhurst (2005) was conducted, it appears many of the issues identified in their research are still experienced by foster carers.

Training and Support

A number of witnesses provided evidence that foster carers are not provided with adequate support, training or access to relevant professionals. Carers are frequently required to look after children with high care needs, behavioural issues, histories of complex trauma and/or disabilities. As one witness stated:

> The success of a placement is on the skills and the capacity of a carer to be able to translate knowledge and learning into practice in a child-centred way that actually supports the child whilst they are in placement.
>
> (Royal Commission into Institutional Responses to Child Sexual Abuse, 2015b, p. 14733)

The inadequate and often unaccredited training provided is not sufficient to allow carers to cope with the complex care needs of children. Kinship carers are provided with even less training and support than foster carers. This systemic negligence results in burn-out and carers leaving the system:

> . . . a lack of specialised support and training and associated poor working conditions experienced by foster parents are contributing to placement breakdown and negative outcomes for those children who cannot access a family-based placement to meet their needs. Obviously, this situation also has an impact on the recruitment and retention of foster parents.
>
> (Legislative Council, 2014, p. 70)

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Support in the form of respite is also important:

> . . . [carers] can actually have a little bit of time out to just build their reserves so that they can then keep going to look after this child . . . for many carers respite is the biggest joke that they can crack, because respite simply isn't available. Because we have not got enough carers to provide the front-edge care, there are not enough carers to provide respite, because that's seen as an optional extra.
>
> (Royal Commission into Institutional Responses to Child Sexual Abuse, 2015b, p. 14742)

Funding

Carers reported receiving insufficient funding to cover costs, in the context of increasing requests to care for children with complex needs:

> It's very expensive to be a carer in Victoria. Our carer reimbursements are among the lowest in Australia, yet we are expected to do more and more with these . . . Foster care is the only volunteering which is 24 hours a day, seven days a week and where you are also required to spend your own money in the role of volunteering. It's a bit like working for free and then paying the community some money each day to be able to keep doing it.
>
> (Cummins, Scott, & Scales, 2012, p. 253)

Access to ongoing funding that changes in response to the current needs of the child is required:

> Very often, the costs of these children don't present themselves until quite some years down the track where they start to have serious dental problems or even mental health problems, and no money is made available, because the arrangements have been made, all the funding has been settled, so there is an expectation that this arrangement is done and dusted and it's just going to take care of itself. That often doesn't happen. We need an insurance scheme that carers know about that will give them some comfort about the fact that they are not going to have to sell their house to meet huge medical costs attached to these children.
>
> (Royal Commission into Institutional Responses to Child Sexual Abuse, 2015b, p. 14745)

Inadequate funding and training occurs in the context of higher requirements and expectations placed on foster parents compared to birth parents:

> . . . a carer is expected to have the knowledge of the impact on trauma on a child, include the child's birth family where appropriate, enable frequent contact with the child's siblings, seek and act on advice from social workers and therapists.
>
> (Legislative Council, 2014, pp. 19–20)

Communication

Foster carers reported that they were not given vital information about children's histories, needs, physical and emotional ill-health, behaviours or disabilities. Inadequate handover and lack of transparency makes it incredibly challenging for carers to meet the often complex needs of children. Carers also reported government agencies deliberately withholding relevant information and putting unacceptable pressure on carers to secure a bed for a child. Poor placement matching and lack of such essential communication can lead to serious further harm to children:

> . . . if there are other children in the home, whether they be birth children or whether they be other foster children, they have a duty of care to make sure those children stay safe. There have been breakdowns where information has not been shared in the first instance. The child arrives and then there is harm and, at times, sexual abuse perpetrated on children who are already in that home.
>
> (Royal Commission into Institutional Responses to Child Sexual Abuse, 2015b, p. 14775)

There were also reports of children's histories not being accurately recorded, with workers providing subjective views informed by their personal values rather than critical objective evidence.

Decision Making

A consistent issue reported by carers was exclusion from decision making processes. There was a lack of recognition of carers' expertise and knowledge. Carers were not treated as stakeholders, let alone equal partners, in the care process. They reported having no sense of control or voice, experiencing exclusion from the care planning process:

> . . . there was a family who had a child with them for three years. He came to them straight from hospital. A new caseworker came on to the case and just automatically went, "Okay, here's a potential reunification". For 18 months this kid was having regular access that was absolutely traumatising him. The carer was asked to put the child into the car because he was so out of control. He was biting, hitting, screaming, saying, "I don't want to go, I don't want to go". But the worker would continually say, "Sorry, this needs to happen". The carer actually – we encouraged her to refuse to put him into the car.

The peak body for carers in South Australia, Connecting Foster Carers (CFC), argued that equal or more weight should be given to the evidence and insights of carers as they spend substantially more time with children than staff and importantly:

> . . . witness the actual, real life, consequences of decisions made by the Court, the Department and agencies on children and young people . . .
>
> (Connecting Foster Carers SA Inc., 2015, p. 9)

Furthermore, carers reported being not listened to, disregarded, ignored, blamed, ridiculed disbelieved, bullied, and harassed by staff. Carers became unwilling to share information, difficulties, or concerns with government agencies, as

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this information could be interpreted against them. Carers felt that if they challenge or complain, they are punished.

Carers experienced changes to assigned staff, systems, and procedures with little or no transition. Due to high turnover, staff were reported to be often newly graduated and thus inexperienced, with inadequate supervision and education in the area. Staff were also reported to have large unmanageable workloads.

Birth Parent Contact

Children are often required to have ongoing regular access visits with their birth parents which in some cases is inappropriate. Visits were described as difficult and stressful for carers to organise, as multiple visits per week could be required. Carers reported an increase in children's problematic behaviours following such visits, as they were described as disruptive to relationships and negatively impact on children's development.

Removal

When there were concerns about placements, children have been removed with no or little notice or explanation to carers. This event was described as traumatic for all parties involved. It was reported that:

> Whilst there are policies and procedures in place to deal with these matters . . . more often than not, procedures are not followed in a fair, timely, respectful and competent manner.
>
> (Legislative Council, 2014, p. 70)

CFC surveyed eight foster parents who had children removed from their care as a result of care concerns. All respondents reported that they were not assisted to access an independent advocate and there were no agreed mechanisms for ongoing communication. All participants felt the investigation process was unsatisfactory, and seven respondents had no case conference relating to the removal prior to it occurring. Seven respondents also advised the government agency of their support needs regarding challenging behaviours, which were not met.

Care concerns are managed by the government agencies inconsistently which can cause stress to the carers and inappropriate removals. When care concerns are raised, a red flag can be placed on carers' police checks. Foster parents lost their jobs as teachers' aides and drivers of school buses, even when allegations were found to be false. Carers reported no knowledge of an avenue of appeal if children are taken from them or care plans changed. Approved foster carers can be rejected by individual workers and their carers reported that there appears to be little to no accountability for the decisions made against them.

Retention

The issues outlined above have understandably led to poor retention of foster carers, despite a dramatic increase of children in care, with more carers exiting than commencing:

> There has been a sustained net decline in the number of foster carers in Victoria and over the past two years, the number of households exiting foster care totalled 806 compared with 517 households commencing foster care.
>
> (Cummins et al., 2012, p. 249)
>
> Our experience is that carers leave because they feel undervalued, they feel that they have not been supported well enough and that they are not involved in the decision making around children.
>
> (Royal Commission into Institutional Responses to Child Sexual Abuse, 2015b, p. 14741)

The submissions and witnesses called to give evidence reported highly negative experiences of working with government agencies. CFC stated that the majority of enquiries they receive from carers are regarding concerns with the government agency. They and others argued that these concerns are the primary cause of decreased recruitment and retention of carers. Carers are leaving the system as it is "tough yakka" (Legislative Council, 2014, p. 19), with a high level of scrutiny from multiple accountabilities discouraging carers. CFC reported that there are two main categories of carer dissatisfaction with government agencies:

1. A lack of legal acknowledgment and rights; and
2. A lack of transparency and permanency with placements. (Connecting Foster Carers SA Inc., 2015, p. 5)

The Australian Foster Carers Association collects survey data on carers exiting the system asking what they would like changed. Consistently the key response is

> . . . respect, respect, respect – personal respect, feeling valued by the system, being told they are valued, certainly being included in decision making – and this is decision making about the child and, also, anything associated with the child which may have an impact on other members of the family. There are many decisions that will be made without carers even being consulted.
>
> (Royal Commission into Institutional Responses to Child Sexual Abuse, 2015b, pp. 14742–14743)

Australian Children in Out-of-Home Care

The Australian Institute of Health and Welfare (AIHW) 2015 statistics showed that 93% of all children living in out-of-home care in Australia were in home-based care. Of that figure, 41% were in foster care and 48.5% in relative/kinship care. A further 6% of children were placed in alternative living arrangements (Table 3 of AIHW, 2015). At 30 June 2014, the vast majority of children in out-of-home care had been in care for more than a year. Twelve per cent of children had

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been in out-of-home care for 1–2 years, 28% for 2–5 years, and 41% for more than 5 years. Australian Bureau of Statistics population projection data for 30 June 2014 indicated that Aboriginal and Torres Strait Islander children would comprise 5.5% of all children aged 0–17 years in Australia (Australian Institute of Health and Welfare, 2015); yet in 2013–14 they constituted nearly 35% of all children placed in out-of-home care. In all jurisdictions, the proportion of Aboriginal and Torres Strait Islander children on placement orders was higher than that for other children. In 2013–14, the vast majority of children taken into care were aged from 0–4 years (44.4%). An Aboriginal and Torres Strait Islander child can only be placed with a non-Indigenous carer if an appropriate placement cannot be found from the preferred groups (Lock, 1997). However, it was admitted that where demand outstrips supply, children have to be placed in homes that may not comply with the principle. Even when placed in accordance with the principle they can become disconnected from their culture (Scott & Higgins, 2011).

Many children in out-of-home care continue to experience multiple placement changes (Delfabbro, King, & Barber, 2010; Rubin, O'Reilly, Luan, & Localio, 2007). In a study profiling children in out-of-home care in South Australia, Delfabbro, Barber, and Cooper (2002) found that 20% of the sample had from 3–5 placements, 18% had 6–9 placements, and almost a quarter of all children (24%) had experienced ten or more previous placements while in care despite the knowledge of the damaging consequences being available for more than half a century. Again, not much has changed in relation to placement instability, with the Commission for Children and Young People and Child Guardian (2014) reporting that, in Queensland, the 2679 participants in their study experienced an average of 2.7 placements with more than one-fifth having had more than three placements. This is much less than some other states, with children in South Australia, Tasmania and Northern Territory reporting an average of approximately six placements (McDowall, 2013). NSW was more stable, reporting four placements on average. Nationally, 57% of children experience only one or two placements. This figure is 70% in NSW. Aboriginal and Torres Strait Islander children and children living in residential care endure more disruption to placements (McDowall, 2013). A number of researchers have found a correlation between continued instability, insecurity and adverse psychosocial and physical health outcomes (McDowall, 2013), even years after leaving care (Cashmore & Paxman, 2007). Rubin et al. (2007) found that placement instability is "a significant contributor to a child's risk for behavioural problems unrelated to the baseline problems that a child had on referral for placement" (p. 343).

Some continue to advocate for the professionalisation of foster care in a bid to facilitate recruitment and help the increasing number of children coming into the system with complex and challenging behaviour problems (Butcher, 2005; Connecting Foster Carers SA Inc., 2015); and as more carers require an expansion of skills and ongoing training to respond to these complex behaviours of children exacerbated by instability (McHugh & Pell, 2013). This was a key recommendation in Senate Committee Inquiry report into out-of-home care (Community Affairs References Committee, 2015).

Conclusion

Traumatised children can often exhibit challenging behaviour that requires care beyond the practices of normative parenting (Murray, Tarren-Sweeney, & France, 2011). To provide this necessary care to the most vulnerable in our community, we must firstly provide relevant training and support for the carers and staff. Although the evidence reported in this commentary is critical of government agency staff, there are many workers protecting and listening to children in demanding and difficult circumstances. Workers are also victims of an unsupportive system. Staff turnover is indicative of unmanageable caseloads, complex and frightening work, lack of training, support and supervision (Hunt et al., 2015). It is not surprising that foster carers report inadequate everyday practice from workers who have to prioritise bureaucratic processes and life-threatening situations due to overwhelming workloads.

To provide optimal care for children in care, staff need to be working in supportive, educational, and functional environments. Carers require the same (Centre for Excellence in Child and Family Welfare, 2013; Whenan, Oxlad, & Lushington, 2009). Recruitment and retention of critically needed foster carers will not occur without the provision of adequate support (Centre for Excellence in Child and Family Welfare, 2007, 2012), including financial support (Community Affairs References Committee, 2015). Young people who have experienced being in care are themselves advocating for ongoing training and support for carers (Royal Commission into Institutional Responses to Child Sexual Abuse, 2015a). Support needs to co-occur with carers' perspectives being understood, including the marginalisation, stigma and disempowerment they report (Blythe, Jackson, Halcomb, & Wilkes, 2011). Carers need to be empowered, treated as equal partners in the care of children, involved in decision making, and respected for their specialised knowledge and experience (Blythe, Halcomb, Wilkes, & Jackson, 2013; Centre for Excellence in Child and Family Welfare, 2007).

If we first look after and appreciate staff and carers, the current unacceptably high turnover in both groups will decrease. This is evidenced in research showing that carers are more likely to continue fostering if they are emotionally and practically supported, and involved in decision making (Geiger, Hayes, & Lietz, 2013). With decreased turnover, ongoing relationships between professionals, carers and children will aid continuity of care and communication, ideally decreasing irresponsible and uniformed decisions about forced birth parent contact and reunification.

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More satisfied carers, workers and children will lead to improved placement stability, which in turn will improve mental and physical health outcomes for traumatised children. Additionally, improved practice and stability for all stakeholders will increase the chances of children forming strong supportive and safe relationships, which will enhance security, and resilience for future negative events and recovery from past trauma (Cashmore & Paxman, 2006; Commission for Children and Young People and Child Guardian, 2014). Vitally, as the Royal Commission into Institutional Responses to Child Sexual Abuse has shown, children may be more able to report abuse (Royal Commission into Institutional Responses to Child Sexual Abuse, 2015a).

Taking a historic look at foster care and carers, it is clear that the issues are well established with a sound evidence base, and the problems have been publicised for more than a decade. Policy and practice have not changed in response to the evidence, despite the millions of dollars poured into parliamentary inquiries and Royal Commissions.

Governments, department administrators and university and Technical and Further Education (TAFE) course planners need to ask themselves why that is and remedial steps should be taken immediately to ensure that quality foster care is achieved.

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