

Being Clear About the Objectives and Characteristics of Foster Care: Making Fostering Work by Acknowledging the Importance of Care Planning for Restoration, Assessment and Long Term Care in Organisational Arrangements

Barnardos Australia's Monographs describe practice experience and research in child welfare. Many of the issues facing workers in the area of family support, child protection, out of home care, adolescent welfare and management are complex. These Monographs aim to explore the issues confronting workers and provide encouragement for workers to be reflective.

Abstract

Barnardos Australia supports the specialisation of foster care services to meet the needs of the broad categories of children who require out of home care. Firstly, the vast majority of children are only in care for very short periods and the children then return to their immediate or extended family. For the majority of children in this category, foster care can be thought of as part of ongoing support to families, often part of a continuum of care to meet the needs of children in need and their families (or as an assessment period for Court decisions). However, some children are highly unlikely or will never return home. They require a different form of care and need to be supported to attach to their new permanent family, based on a belief that continuous long term living situations are significant for a child's development. This permanency should be able to be legally completed by adoption. However the category of children who enter the care system at adolescence has particular needs best met by adults who are skilled with that age group rather than attempting to recreate family life. For positive outcomes carers need to be realistic in their desire to help a child and understanding of their capacity for the specific task to be undertaken.

Barnardos has found foster care most successful when provided in separate programs:

- emergency and short term, restoration or family support placements which include placements when children await Court decisions,
- placements offering care for children who have Permanent Care Orders,
- adolescent placements.

In addition we provide:

- respite care (crisis or planned),
- bridging for long term care or permanent care.

To make foster care function carers need to be adequately paid and supported. Workers need to be able to provide skilled strong support to carers while offering continuity for children.

Key words: bridging care, carer recruitment, carer training, carers, community placements, crisis care, foster care, kinship care, permanent care, professional care, respite care, short term care.

Introduction

Australian out of home care provides very poor outcomes for children. Many children drift inappropriately in the care system due to poor care planning, and this can result in poor attachments to a foster family and an inability to trust adults. Often children are moved from placement to placement without finding a family who will provide them with permanency and consistency. Furthermore, there is a crisis in Australian foster care, with rapidly reducing recruitment and very poor retention rates. Much of this can be attributed to enhanced workplace participation and foster carers having poor payment, support and confused expectations as to their role. The challenging behaviour of many of the children, affected in part by children's confusion over their care plans has added to the difficulties in recruiting and retaining carers. In Barnardos' experience it is essential to differentiate between types of foster care required by a child and ensure that specialised programs cater for particular care options to improve these outcomes.

This paper outlines an approach to foster care which may improve these outcomes.

The need for specialised services

Unless distinctions are made between care planning for restoration or long term care, children and young people will continue to be placed in foster care inappropriately. This increases the likelihood of placement disruption, carers becoming disillusioned, the alienation of birth parents, and children damaged.

The child's care plan should fundamentally affect the type of placement. The different goals of restoration or long term care affects:

- How the child attaches to the foster family. Should carers stress the temporary nature of the relationship and act accordingly or develop close relationships with stress on continuity in discussion with the child? Research since the 1950s had highlighted the harm experienced by children left to drift in the care system, unable to return home but also lacking support to develop a sense of belonging with new families.
- The nature of the work undertaken by the welfare agency. The goals and expectations of case work with parents and the child, carer training and payments, casework support, worker training and structure of the welfare service are all affected.
- Carers' motivation and training which will affect the outcome of the placement.

This paper recommends that children for whom restoration looks likely, be placed in specially developed short term placements. Restoration requires extensive case work support, incorporation of parents in planning, intensive contact arrangements and a supportive relationship between carer and parent. If these short term programs are separate from long term care, they can focus on 'gatekeeping' and children are less likely to move in an unplanned way from one type of care to another.

Children who have established Court Orders which require long term care or adoption care plans need to move into specific placements where carers and children can concentrate on developing long term

attachments. The critical issue for children, particularly those of pre-school age, is that they have the space and support in achieving attachment with their new family. Older children who are displaying challenging behaviours will need more time to make this happen. Carers need to be prepared to share the intimacy of their family life with an unrelated child. Any decision that would undermine this process should be opposed, as it is clear from research that children's self esteem and sense of stability is enhanced if they can relate to supportive and affirming adults.

This paper recognises that plans may change as information comes to light and that planning may be delayed because of the length of Court processes. Short term placements should be used, in order to maintain the possibility of restoration whilst assessment is undertaken. Workers should advocate for the speedy resolution of these situations. Court delays can be problematic for children's welfare particularly where short term placements with restoration as the goal go on for too long (delays may last up to a year). This affects the child's attachments. Repeated attachment losses are extremely damaging to children. Court delays also have implications for the carers who may not want a long term placement but form emotional attachments to the child.

Barnardos also offers support to kinship placements. Although not considered as part of the formal care system kinship placements are a crucial part of the care provision for children unable to return to their birth parents and these placements can be either on a voluntary basis or with a Court Order. They do not require monitoring and supervision in the same way that foster care does but can benefit from support and provision of resources of various kinds. Barnardos' family support programs provide both professional and financial support when required and appropriate.

For the definition of 'fostering' and its different forms of care see Appendix 1.

Evidence for the effectiveness of separating types of care

Through a partnership with Dr Elizabeth Fernandez of the University of New South Wales, Barnardos' Find-a-Family has, over the last ten years, been involved in a longitudinal study of 59 children who entered long term specialised care (Fernandez 2006b, 2006c and 2007). This research shows the effectiveness of specialised long term care programs. The research into specialised long term care has involved assessments of the children's needs and strengths, interviews with caseworkers, carers and children. Dr Fernandez reports that carers refer to positive changes in their children's behaviour, social skills, educational achievements, self esteem and the coming together as a new family. They spoke of cohesive relationships with their children and reflected on the children's positive achievements. While recognising that the children did not always do very well academically, carers were positive about small achievements made by the children. Dr Fernandez has also studied the effects of short term care as a form of family support (Fernandez, 2006a) and is undertaking research into the effectiveness of restoration programs.

In addition, data collected over the past 30 years shows that Barnardos' restoration and assessment placements (known as Temporary Family Care Programs) have had 98% stability. From the commencement of the Find-a-Family Program in 1984, 78% of the children placed remain or have remained in their first permanent care placement until independence. It should be noted also that of the children coming into care during this period one third have been adopted.

These findings are in contrast to research on the outcomes of generalist foster care. The 'outcomes for children and young people in out of home care are well below community standards' (Cashmore and Paxman, 1996). Their study showed that children and young people who had grown up in care had worse educational, mental health and future life outcomes than the general community. Children in long term care in New South Wales had an average number of 3.9 workers with 6.5% having experienced as many as 10 workers and a number not knowing the name of their worker. Children and young people frequently lived in unstable foster care and the average number of placement changes was 6. In Victoria, children and young people had an average of 3.4 foster placement changes and

23% had 5 or more placements over a five year period (Victorian Government, 2003 p.59). Some children were abused in care (Ritchie, 2005).

Research conducted in South Australia from August 2000–April 2001 (Gilbertson and Barber, 2004) indicated that 56% of children in care did not have a current case plan. Only 32% of young people were involved in the development of a plan, only 50% of children were seen monthly, 53% of young people experienced at least one change of social worker in the preceding twelve months and 49% had a family contact plan, while less than half had a case review in the preceding twelve months. Co-ordination around education plans was low. The situation was little different in other States. In addition we know that attempts to move children and young people back to their parents were successful in only one third of situations (over a five year period) with 17% having had two or more failed attempts at reunification (Victorian Government, 2003 pp.53-55).

The need to acknowledge carers roles through adequate payment

It has always been a struggle to find foster carers, however practice indicates that carer numbers are linked to the payments and support provided. It is therefore crucial that payments are adequate and related to demand and supply, both in geographical areas and expectations and skill level of the carers. Currently in Australia, most agencies recruit for a range of carers not specifying a special need, in order to obtain a ‘pool’ of carers. This type of undifferentiated recruitment poses problems when specific skills or attributes are desired. This can mean that valuable agency time is wasted in recruiting carers who will not be needed, are not suitable for the task required or will not be used within a realistic time frame. Specific recruitment for a particular carer task, for example, weekend respite care or recruiting for a particular child, tends to be more efficient in financial and resource terms as well as producing better outcomes. In long term care, individual recruiting or ‘matching’ for children has been found to be more successful than recruitment for a general pool of long term carers.

Much of the reason for generalist foster care’s poor outcomes arises from the poor remuneration of carers. Historically, foster care has been a relatively inexpensive, undervalued and un-evaluated method of child care which depended on the voluntary generosity of families in the community to look after the State’s needy children. In the late 19th and early 20th centuries children were ‘boarded out’ and the notion of providing this service for financial gain was highly suspect. A conjunction of professional concern about institutionalisation and rising costs drove welfare departments to close residential units in the late 1990s, putting enormous pressure on foster care resources.

The ‘cheap’ alternative of foster care appeared increasingly attractive to governments but with the changes to the nature of those requiring care, adequate finance to foster care programs has been ignored. Although professional foster care is a relatively recent phenomenon the residue of this suspicion about payments or allowances lingers on. There is increasing recognition that without adequate remuneration there will be insufficient carers available (CAFWAA (Children and Family Welfare Agencies of Australia), 2002 and 2007). Carer and out of home care peak bodies have continued to raise the issue of the difficulty of recruitment without the adequacy and indexation of allowances and contingencies being addressed. Rising housing costs in Sydney and the subsequent increased need for women to participate in the workforce has reduced the pool of families willing to consider fostering. Those considering becoming carers must look at the cost of care both emotionally and financially and so providing various incentives can be an important strategy in successful recruitment.

In addition, the level of difficulty of the children and young people coming into care has put a strain on the system as much more is now expected of carers. There is also now a need to financially recognise the specialist skills required of carers in providing care for children from difficult backgrounds, with challenging behaviours and special needs or disabilities. There are extra expenses linked with foster care due to both added wear and tear from the children and the need for added supports, such as attending counselling etc. In rural areas there are other complexities in the

management, financing and resourcing of placements. Two studies have attempted to properly cost both the direct (McHugh, 2002) and indirect costs of care (McHugh, 2007) “Costs and Consequences: Understanding the Impact of Fostering on Carers”, PhD thesis (available from www.sprc.unsw.edu.au).

The need for casework support of placements

Carer families, whether they are short or long term, are the most critical resource for children and young people who need to live away from home. However, often their services are taken for granted and are not managed as a scarce resource and carers are not always given the recognition or professional attention that will enhance their performance and increase their willingness to stay in the system. Naturally there are difficulties with foster care as there are with any type of out of home care but properly planned and organised foster care works well and children have benefited from this experience.

Much is expected of carers in coping with distressed children coming into their care for either restoration or long term care. The children are already suffering from the (current or past) trauma of separation from their own families and need specific understanding of their needs and problems. Foster children come from backgrounds where they have suffered serious disadvantages and most have been seriously abused or neglected. Recruitment of carers needs to take all this into account along with the intrinsic differences in each type of care. For care leading to restoration the major focus is on children as a short term visitor whereas for those children unable to safely return home the carers need to see them as a family member. Work undertaken within the long term care area is slow and considered whereas for crisis and short term care it is immediate and brief.

The importance of continuity of caseworkers

Continuity of care involves agencies seriously addressing the issue of retention of staff so that there is stability for the child in retaining both the same worker over a long period of time. Importantly, ‘unconditional care’ means that for a child in the welfare system there are important and significant relationships that will last. Cashmore and Paxman (1996) indicated that for children and young people who are stable in placements, their carers are most likely to fill this role. Interestingly they also found that some foster carers who had had only short contact with a child or young person had become highly significant people by tracking pathways and progress long after a foster child had left their care. As direct caregivers, foster carers are in a unique position to make connections with young people, forging links within days of full time contact that would take social workers many months to develop, if ever.

Addressing support for carers

It is now widely recognised that foster carers should be seen as working in partnership with agency workers and birth parents in providing for the best interests of children. However, it is clear that offering placements to emotionally deprived and behaviourally challenging children places enormous stress on carers and their families and there needs to be reasonable financial compensation and support if it is to succeed. If we are going to gain or retain their services it is critical that they are supported and resourced appropriately and paid realistically for the difficulties of the task. Research worldwide indicates that fostering outcomes were deemed to be positive for the child where carers received training and support. The day to day support of foster parents by foster care workers has been shown to have a considerable impact in reducing the number of disrupted placements. However, organisationally it is important that carer support be delivered by a foster care worker responsible for the child/young person and not by a separate group of workers. The role of support needs to

encompass fully adequate information about children and young people in the care of foster carers and effective involvement in decision making. Carers usually know as much or more than professionals.

References

- CAFWAA. (2002). *A Time to Invest*, Children and Family Welfare Agencies of Australia, Melbourne
- CAFWAA. (2007). *A Call to Action for Australia's Children*, Children and Family Welfare Agencies of Australia, Sydney
- Cashmore J and Paxman M. (1996). *Wards Leaving Care: A Longitudinal Study*. Sydney: NSW Department of Community Services
- Fernandez E. (2006a). Effective interventions to promote child and family wellness: a study of outcomes of intervention through Children's Family Centres. *Child & Family Social Work*. 9: pp.91-104
- Fernandez E. (2006b). Growing up in care: Resilience and care outcomes. In *Promoting Resilience in Child Welfare*, ed. RJ Flynn, PM Dudding, JG Barber. Ottawa: University of Ottawa Press
- Fernandez E. (2006c). How children experience fostering outcomes: Participatory research with children. *Child and Family Social Work*. doi:10.1111/j.1365-2006.00454.x
- Fernandez E. (2007). Unravelling Emotional, Behavioural and Educational Outcomes in a Longitudinal Study of Children in Foster-Care. *British Journal of Social Work*. Advance Access published on April 18, 2007; doi:10.1093/bjsw/bcm028
- Gilbertson R and Barber JC. (2004). The systemic abrogation of standards in foster care. *Australian Journal of Social Work*. 57: pp.31-45
- McHugh M. (2002). *The Cost of Caring*, Association of Child Welfare Agencies, Sydney
- McHugh M. (2007). "Costs and Consequences: Understanding the Impact of Fostering on Carers", PhD thesis (available from www.sprc.unsw.edu.au)
- Ritchie C. (2005). Looked After Children: Time for change? *British Journal of Social Work*. Advanced Access published May 2005: pp.1-7
- Victorian Government. (2003). *Public parenting: A review of home-based care in Victoria*, Victorian Government, Melbourne

Appendix 1 Definition of ‘fostering’ and objectives

“To provide care for children in the homes of families in the community for various periods of time by authorised organisations.”

Within the definition of fostering, distinct categories can be identified but Barnardos identifies two main types of foster care:

1. Those that link back to birth families as a major source of attachment.
2. Those where the move is to a permanent out of home care placement, with access to birth family to ensure knowledge of history and identity for the child.

Care linked to restoration

Emergency

This is where care is limited to a maximum of 6 weeks. The outcome is the child’s return to his/her own family home within this period.

Short term/Restoration care

This is where care is limited to a maximum of three months or the period of time when the decision to issue Care Orders is before the Court. Decisions and plans for the long term future of the child are resolved during this period.

It is critical that programs are developed with a definite time limit to ensure that short term care does not drift into long term care, with the consequent detrimental effect on the child and the program (that is, carers’ confusion about their function).

Respite care

A support to families by providing regular ‘time out’, by placing children on a planned regular basis with a consistent foster family. Care is usually one or two weekends per month for school age children.

Respite care has a dual function in giving stressed parents a regular break from child rearing, and provides children with a consistent adult role model in addition to their parent. Another important function is that children have another adult watching over them and helping to keep them safe.

Long term care

Increasingly government policy has focused attention on permanency outcomes for children. If restoration is an outcome of a Court decision the seeking of permanency within their home should be commenced as soon as possible.

Care linked to permanency in out of home care

Bridging/Intake care

Bridging or intake carers provide care for children on a temporary basis for those who are awaiting placement into permanent care. The period can be as short as a few weeks or for as long as it takes to obtain effective long term placement. If children are not in short term care but require immediate placement because of disruption intake carers bridge the gap until a matched respite carer is found.

These carers can care for a wide range of children, provide stability for children while a family is recruited, prepare them for their move into a permanent home and facilitate case managers getting to know their children.

It is through the relationship with these carers that the child is assisted to explore more appropriate ways of behaving and to understand the implications of their history.

Respite care

A valuable support to permanent carers and children is the break of a regular weekend per month. Respite carers occasionally provide additional time during the school holidays. This regular respite provides the carers with time and space to nurture their own relationships and, where applicable, to spend individual time with their birth children.

Respite strengthens the family unit and enables the carers to provide a stable environment and quality care. Respite also provides the child with the opportunity to explore different activities and relate to yet another positive and safe family where they can experience the give and take of family life.

Permanent care

Where children are unlikely to ever be able to return home, permanent families are recruited to provide a caring family environment for children until they are able to live independently. These families provide children with an environment that will support their development and healing and will notice and welcome small changes. Where the parties concerned have indicated a desire for adoption this may be a possibility as adoption is seen as one of a range of permanency options. The efficacy of this is assessed by focusing on how to serve the best interests of the child, even though consent from the birth family cannot be guaranteed. For some children this will promote their sense of wellbeing, enhance their life choices and increase future options.

Adolescent care/Community placements

Community placements provide a care alternative for adolescents who are unable or unwilling to live with their own families. These are young people who neither want nor need an alternative ‘family’ in the traditional sense of foster care. A range of placement options is offered to young people on a continuum from placement in households through to supported independent living. Community placements offer a ‘package’ of support and accommodation tailored to a young person’s individual needs. Common to all community placements is the support given to the young person in care by direct care workers (either foster carers or paid employees of the organisation) on an individual basis.

Community placements with carers are made when an adolescent is not ready to live independently. Whilst safety and stability of care are provided, carers do not ‘parent’ the young person in the sense of making crucial decisions about the young person’s life. Rather, support, acceptance and assistance are key factors, and young people are actively helped to develop the skills needed to live in the wider community.

Community placements other than with carers can be informal arrangements such as when a young person finds their own place to stay but needs assistance in order to maintain it. Community placements may also consist of:

- boarding arranged and subsidised by an agency,
- head-leased flats, supported public housing, private tenancy arrangements,
- alternatives such as caravans set up in locations preferred by the young person.