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Financial and non-financial support to formal and informal out-of-home carers

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Background and introduction

This report describes the supports and services available to formal and informal out-of-home carers, including existing qualitative evidence from carers, in order to:

- analyse current gaps in support
- build an understanding of carers' needs and priorities
- understand the barriers to undertaking a caring role.

The key questions for this project are:

- What financial and non-financial support and/or services are currently provided to both formal and informal out-of-home carers?
- What are the gaps and inequities in the current support system?
- How do formal and informal out-of-home carers access and experience both Australian and state/territory government services and support?
- What are the needs and priorities of different groups of carers, and what barriers are there in undertaking a caring role?

The report comprises:

- an inventory of financial and non-financial support for formal and informal carers (based on information provided by the Commonwealth and each of the states and territories)
- descriptions of the barriers to the caring role
- a review of existing qualitative research on carers' experiences of supports and services, service gaps and inequities
- examples of good practice in out-of-home care (OOHC).

Carer characteristics

Out-of-home carers are those who care for dependent children, who are not their legal responsibility as parents, wholly or substantially in the carers' residence. There are two main types of carers:

- Formal carers, predominantly foster carers (not related to the child), but also formal kinship carers (related to the child), who are raising children as a result of care and protection orders from a court
- Informal kinship/relative carers (related to the child) mainly grandparents who do not have a court order in place.

No national data is available on the characteristics of carers but it can be found in state-based carer surveys or studies of foster carers.

In NSW, for example, the average foster carer is: female; aged 48 years; part of a couple carer household; Australian-born; has completed Year 10 schooling (or equivalent); is not in the labour force; and has been fostering for five years or less. Kinship carers in comparison are: more likely than foster carers to be older; more likely to have lower incomes and to be in public rental accommodation; be reliant on Centrelink income support and less likely than foster carers to be employed, or to have a university qualification.

Little is known about the exact number or characteristics of non-statutory informal carers in Australia. Most studies of kinship care indicate that the majority of informal kinship carers are grandparents, while others are aunts, uncles, older siblings and unrelated friends.

Financial support to carers

The financial support provided to formal carers varies between states and territories. All graduate payments according to the age and needs of the child and have a base rate of allowances, which is supplemented for those who have additional needs. There is a large variation in the graduations of both age and needs-based payments between the jurisdictions.

The types of expenses that are assumed to be covered by the base allowance and those expenses that are eligible for additional financial support vary between jurisdictions. All jurisdictions support foster and formal kinship carers with extraordinary expenses.

Most states and territories do not provide financial support, in the form of allowances or reimbursement of extraordinary expenses, to informal carers. However, Tasmanian informal carers are eligible for (fairly modest) allowances, and in NSW carers providing non-statutory care may be eligible for a Supported Care Allowance which is equivalent to the allowance paid to statutory foster and relative/kinship carers.

The only circumstances in which carers continue to receive a state or territory allowance for young people who have turned 18 is if the young person is in school, and in some jurisdictions additional conditions need to be in place.

There are specific Australian Government financial supports for carers, including the Foster Child Health Care Card and Grandparent Child Care Benefit. Family assistance is also provided to all carers on the same basis as other families. It is important to note that state and territory payments to formal carers are not considered as income for the purpose of determining eligibility for Australian Government payments.

Australian Government payments, unlike state and territory payments, are not dependent on the legal status of the carer: eligibility is based on ongoing day to day care and responsibility for the child.

Non-financial support to carers

All jurisdictions offer case management and training to foster carers though fewer formal kinship carers receive these supports. In most jurisdictions pre-service training is mandatory for foster carers only. The exception is Western Australia, where training is mandatory for all formal carers. In Victoria, exploration of a training package for formal kinship carers is currently underway. In most jurisdictions training is not available for informal kinship carers.

Respite services are highly valued by carers, but provision of such services for formal carers varies between states and territories. Respite services may be available to informal carers, depending on the presence and capacity of service providers.

Queensland, South Australia and Tasmania have respite and/or advocacy services for informal carers.

All jurisdictions have peak bodies for foster carers. The Australian Capital Territory has separate bodies for foster and formal kinship carers. In Victoria a separate kinship care peak advisory body is currently being established to ensure the specific needs and concerns of kinship carers are represented. In other jurisdictions the same organisation supports foster and formal kinship carers.

Most jurisdictions provide other services to formal and informal carers, including support workers and support groups, liaison officers in government departments, and helplines and printed resources.

The Australian Government has recently committed to establishing 25 MyTime peer support groups for grandparents and an additional four dedicated Grandparent Advisers in Centrelink offices to help grandparent carers access Centrelink payments and services and to provide referrals to other relevant services.

Barriers to undertaking a caring role

There is little research on the individual, social and structural factors that act as barriers to becoming a foster carer in Australia. The Australian Institute of Family Studies (AIFS) found the following factors to be important (Richardson, Bromfield & Higgins 2005, p. 17):

1. personal doubts as to whether prospective carers could be 'good' parents
2. the huge commitment required of carers
3. fear of the problems and challenges associated with difficult children
4. disruption to other family members
5. costs involved in fostering.

Other research suggests that the pace of modern day living deters many full-time working couples from offering to foster (McHugh et al. 2004). Other barriers to becoming a foster carer are suggested to be related to: age, education, employment, housing and health.

Carers' experiences of accessing support and services

Many studies of OOHC have emphasised the importance of support and services for statutory foster and kinship carers. As the situation of informal carers becomes more apparent, the importance of meeting their needs for support and services, which are not dissimilar to those of statutory carers, is also being recognised.

The need for a supportive environment for all carers begins in the recruitment stage; to ensure potential carers are made aware of their roles and responsibilities and are as adequately prepared as they can be, prior to children being placed with them. This is usually the case for all foster carers but can be more haphazard for statutory kinship carers. Kinship carers may have a very sudden entry into caring, while foster carers (generally) have time for preparation and training prior to commencing care. There are significant differences between the jurisdictions in the assessment and training of kinship carers.

For Indigenous carers it is apparent that the most appropriate supportive environment for recruiting, assessing and training carers is usually through Indigenous agencies.

Generally foster carers receive initial training, with many then attending regular, ongoing training—although there is a recognised need for better training and support for carers and child protection workers. Statutory kinship carers do not have the same access to training. It is widely considered that foster care training is a model of good practice for kinship carers, however specific training for kinship carers is also recommended. For kinship carers, where child protection workers are involved with the placement, a good understanding of how the 'system' works appears essential in understanding their role, rights and responsibilities and those of the department.

The quality of ongoing support appears highly variable. Studies of foster and kinship carers indicate great variability in how well carers feel supported. Kinship carers appear to have far less access to all types of support than foster carers.

The benefits of carers support groups are multi-faceted—from helping with social isolation, stress and strain; to the forming of strong bonds and relationships with other carers; to having access to information and support; and increasing skills and knowledge in caring for vulnerable children and young people.

Respite is as essential for informal carers as it is for foster and kinship carers. Respite, along with the range of supports mentioned above, can assist with the emotional and physical wellbeing of carers; assist with the stability of placements; help prevent placement breakdown; and ensure the retention of carers.

This summary has highlighted the importance of financial and non-financial support for carers. It has indicated that, while variable in delivery, there is a well-defined framework and structure in all jurisdictions to ensure

support and services are available to statutory foster and kinship carers and the children they care for. Similar frameworks and structures of support do not appear to exist for informal carers.

Service gaps and inequities

Many of the studies examined for this report are specific to a particular jurisdiction and time period. There have been recent significant changes to legislation, policies and programs in child protection and OOHC, particularly in relation to kinship/relative care in several jurisdictions. This has come about as a result of many wide-ranging inquiries. These developments reduce the potential to argue that findings from research conducted before 2010 are relevant to policy and programs outlined in the policy inventory. It is also clear that research findings on gaps and inequities in one jurisdiction cannot be generalised to all jurisdictions.

Taking a broad brush approach, gaps and inequities are apparent in three key areas: disconnect between formal entitlements and actual practice; support for informal carers; and service gaps. Some other key issues are also noted, including: relative neglect of the provision of prevention, early intervention and universal services for all families; legislation in another area that overrides the rights of carer/guardians; and 'Welfare to Work' legislation that impacts on informal carers.

Examples of good practice

Many support/services for carers (formal and informal) are part of a package. A key consideration is the interlinked nature of carer assessment, training, retention and support.

This section draws on studies that have highlighted examples of 'good' or 'promising' practice to support carers. The following examples and suggestions for better practice were found for formal/informal Indigenous and non-Indigenous carer families:

- AIFS research suggests that Indigenous agencies in all jurisdictions be given responsibility for the recruitment and training of Aboriginal and Torres Strait Islander foster and kinship carers. The use of a culturally specific assessment tools, enabling and supporting potential carers rather than approving, is recommended as good practice.
- The involvement of Aboriginal birth parents in family group conferencing or family decision making around placements and the use of a cultural support plan was a valued model. A good example is the Victorian Aboriginal Family Decision Making Program.
- Specialist Indigenous units, involved in culturally appropriate policy and planning, should be part of all child welfare/protection departments.
- The need for training for all kinship carers was highlighted with generic foster care models and specific programs for kinship carers recommended. Evaluations of Victorian initiatives such as the Circle Program providing therapeutic training for carers and Take Two a developmental therapeutic service for child protection clients have been positive.
- Grandparent support groups for formal and informal kinship carers are widespread throughout Australia and have been well received. Support groups form part of extensive grandparent programs in some areas offering face-to-face contact with a worker (preferred option for grandparents); advocacy; counselling; social support and information packs.

Conclusions: key findings

The provision of care for abused and neglected children and young people is a dynamic phenomenon involving numerous complex interactions between multiple parties. Interactions between all parties are governed by procedures and protocols determined by Commonwealth, state and territory legislation and policy and judicial decisions by the courts in relation to custody and guardianship of children. All levels of government have roles

and responsibilities in providing support to carers and it is hoped that this report will contribute to awareness of the concerns and issues.

The key findings of the report are as follows.

- All jurisdictions in Australia have well developed policies and programs and robust frameworks of support and service provision for formal carers in OOHC systems.
- There is no similar framework of support and services for informal carers.
- There is a lack of national and state/territory specific data on carers
- Indigenous children and young people are highly over-represented in OOHC systems and there are still large percentages of Indigenous children in OOHC not living with their extended family or in their Aboriginal community.
- Non-financial support is of critical importance however the needs of significant proportions of carers and children in their care are not met in a timely fashion.
- Australian jurisdictions are heavily reliant on volunteer carers to care for children and young people at 'risk of significant harm'. Recruiting and maintaining carers has become increasingly difficult.
- The increasing use of relative/kinship care is well-supported by governments and child welfare agencies but there is clear evidence that the provision of care by relatives and kin comes at great personal cost (financial and non-financial).
- Substantial support and services are required to meet the multi-dimensional needs of children and young people in care.

1 Introduction and background

The Social Policy Research Centre (SPRC) was commissioned by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to conduct a research project on financial and non-financial support to out-of-home carers. The project's objective was to explore the supports and services available to formal and informal out-of-home carers (foster, grandparent and kinship carers), in conjunction with existing qualitative evidence from carers, to analyse current gaps in support and build an understanding of carers' needs and priorities and the barriers to undertaking a caring role.

Out-of-home carers are people who wholly or substantially care for dependent children who are not their legal responsibility as parents, in the carers' residence. There are two main types of carers—formal (statutory) and informal (non-statutory). Formal carers may be foster carers (non-related to the child) or kinship/relative carers (related to the child). In Victoria, children are also placed in permanent care when a permanent care order is made by the Children's Court. Informal carers are mainly grandparent carers. Fuller definitions of formal/informal carers are as follows:

- **Formal (statutory) carers** are carers who are raising children as a result of either care and protection orders from a children's court, youth court or magistrate's court (depending on the state or territory the child or young person resides in). In general statutory or formal carers may be relative or kinship carers (usually but not always grandparents) or 'stranger' (i.e. non-related) foster carers. Some, but not all statutory kinship carers, may be assessed foster carers and may provide foster care to other children (non-related). Some assessed foster carers may be relatives of the child (AIHW 2010, p. 31).
- **Informal carers** are usually, but not always, relative carers and most relative carers are grandparents. In this report 'informal carers' refers to those carers who do not have a state or territory children's court, youth court or magistrate's court order in place. These arrangements may or may not be known to state or territory child welfare agencies. Informal carers may have a parenting order or consent order from the Family Court of Australia or Federal Magistrates Court. They are classified as informal carers because they are not part of the statutory out-of-home care (OOHC) system.

In this report the terms 'formal' and 'statutory' are used synonymously. The terms 'relative' and 'kinship' are also used synonymously.

Formal and informal carers have quite different characteristics, as the discussion below indicates.

1.1 Formal carers

There is no national database on formal foster and kinship carers and the only information on the characteristics of carers is to be found in state-based carer surveys or studies of foster carers. National data on foster carers is expected to be available through the Australian Institute of Health and Welfare in future *Child Protection Australia* reports (AIHW 2010, p. 5).

An analysis of survey data of foster carers (n=450) in New South Wales in 2003 indicated that the average foster carer is female; aged 48 years; Australian-born; has completed Year 10 schooling (or equivalent); is not in the labour force; and has been fostering for five years or less. A quarter of the carers (26.9 per cent) were in single-carer household (97 per cent female) and three-quarters were in carer-couple household (92 per cent with a primary female carer). Almost all foster carers owned or were purchasing their home. More than one-third of primary carers were in paid employment, as were almost three-quarters of secondary carers.[1] Of those who were not in employment, many relied on government pensions or allowances as their principle source of income. A majority of primary carers had incomes less than $400 per week and many had incomes below $200 per week. Secondary carers were more likely to have incomes over $600 per week. Almost half of

all carers had been fostering for five years or less but more than one-quarter had been fostering for 11 years or more. In total, 439 households were fostering 657 children at the time of the survey. Less than one-fifth of carers had fostered a child from a different cultural or ethnic background to their own. Most of those who had fostered Indigenous children were themselves from an Aboriginal or Torres Strait Islander background (McHugh et al. 2004).[2]

A New South Wales survey of kinship (n=51) and foster (n=72) carers also found most primary carers were predominantly female (Yardley, Mason & Watson 2009). The data indicated that kinship carers were older than foster carers, more likely to have lower incomes and to be in public rental accommodation and less likely than foster carers to be employed or to have a university qualification. Foster and kinship carers tended to be couple carers, although, of 39 sole carers, more were kinship (n=26) than foster carers (n=13). More kinship carers (48.6 per cent) were reliant on Centrelink income support than foster carers (29.4 per cent). More kinship carers (58.3 per cent) were receiving financial support for the children from Centrelink than were foster carers (45.1 per cent) (Yardley, Mason & Watson 2009).

More recent preliminary analysis of survey data of New South Wales foster (92 per cent) and kinship carers (8 per cent) (n=775) has similar findings on carer characteristics to the study by McHugh and colleagues (2004). In relation to all carers the survey found the primary carer was female (91 per cent). Three-quarters were couple carers and one-quarter single carers. Most carers (34 per cent) were in the 45–54 age group, with 25 per cent aged 55–64 years (Ghaly & Orr 2010).

1.2 Informal carers

Little is known about the exact number or characteristics of non-statutory informal carers in Australia. Most studies of kinship care indicate that the majority of informal kinship carers are grandparents, for example, 78 per cent of kinship carer respondents to the survey conducted by Yardley, Mason and Watson (2009) were grandparents. Aunts, uncles, older siblings and unrelated friends also acted as kinship carers.

Estimates of the numbers of grandparent carers (formal and informal) vary according to different data sources, in different years and depending on the definition of the family. For example Brandon (2004) estimated, using Household, Income and Labour Dynamics in Australia (HILDA) survey data, that in 2001 there were 27,718 grandparent care families. The ABS Family Characteristics and Transitions Survey (FCTS) in 2003 estimated 23,000 grandparent carers (guardians of children 0–17 years). Of the 23,000 grandparent carers almost half (47 per cent) were lone grandparent families, predominantly lone grandmothers (93 per cent) (ABS 2005). In 2006–07 the same survey estimated 14,000 grandparent families (guardians of children 0–17 years). No explanation was provided for the dramatic decrease in grandparent carer numbers (ABS 2008).

Work by Elliott (2007) on the 2006 census found 17,946 grandparents living with grandchildren. Around half (8,050) of the families had grandchildren under 15 years and the other half (8,901) had grandchildren 15 years and over. Elliot suggests that in some families grandchildren were being brought up by their grandparents while in others, older grandchildren may be providing care to their grandparents (Elliott 2007).

Grandparents may own their home (their primary asset), some may be working and others reliant on income support or superannuation/investments (that is retirement income). In 2003 one-third of grandparent carers were in employment. Of the two-thirds not in the labour market, most (63 per cent) were reliant on government income support or other income (37 per cent), for example superannuation (ABS 2005).

A recent study of New South Wales carers by Yardley, Mason and Watson (2009) included focus groups with informal carers (n=31). The majority of carers were grandparents, some sole grandparents, with an age range of 35 to 75. Children's ages ranged from babies to teenagers. Children were in their grandparents' care for a number of reasons related to the birth parent or parents, including mental or physical illnesses or disability; substance abuse; domestic violence; murder or suicide; and incarceration. In a few families, children with a disability were placed into the care of grandparents (Yardley, Mason & Watson 2009).

1.3 Out-of-home care in Australia

Out-of-home care is one of a range of services provided to children and young people who are in need of care and protection. OOHC in Australia is the responsibility of child welfare departments in the eight states and territories. In most cases, children in OOHC are on a care and protection order. The main form (94 per cent) of OOHC for children and young people (under 18 years of age) is a home-based placement in foster (47 per cent) or kinship/relative care (45 per cent). Residential care (4.8 per cent), in which mostly older children (12 years is the usual minimum age for entry in NSW) are placed in small groups in a community-based setting with full-time staff, is the other most used OOHC placement option. Foster and kinship carers who have children on child and protection orders are designated as 'formal' carers.

OOHC services are provided by child welfare departmental agencies and/or by non-government organisations (NGOs). For example, the child welfare departments in Queensland, South Australia and Victoria regulate, fund and provide OOHC services. Victoria funds NGO services to provide services and the government provides direct OOHC services to a very small percentage of children and young persons. In Queensland non-government organisations are responsible for more than 50 per cent of children and young persons in OOHC. In South Australia, in addition to funding some non-government agencies to provide OOHC services, the government provides case management for all children and young people in care. In New South Wales, Tasmania, the Northern Territory and Western Australia, government departments provide OOHC services and fund NGO OOHC services, monitored through funding or service agreements. The Australian Capital Territory department does not provide any direct fostering services but funds NGO OOHC services and monitors these through funding agreements. In Tasmania and the Northern Territory, contracting of non-government services is limited (Wood 2008, p. 653).

In Australia there are four dominant factors around the care placements of children: the increasing number of children in statutory care; the complex needs of children requiring care placements; difficulties in recruitment and retention of volunteer carers; and, most significantly, the over representation of Indigenous children in OOHC and the child protection system.

Recent reports from the Special Commission of Inquiry into Child Protection in New South Wales (Wood 2008) and the report into child protection and OOHC by the Victorian Ombudsman (Brouwer 2009) highlight the importance of these factors noting:

- increasing numbers of children/young people are in care for longer periods
- increasingly complex needs, at a cost per child, which continues to rise
- a decreasing pool of foster carers and foster care placements, and
- increasing number of Indigenous children entering care.

The following sections explore these factors in more detail. In the context of this report, however, it is also important to reflect on a number of organisational factors that have a bearing on attracting and recruiting potential carers but also in supporting and retaining carers in the formal system.

Increases in numbers in care and kinship care

The number of children in OOHC in Australia has more than doubled from 16,923 in 2000 to 34,069 in 2009. Australia is heavily reliant on foster and kinship care as placement options for children who can no longer live with their birth parents (AIHW 2010). Both nationally and internationally, the use of statutory kinship care as a placement option is rising. This reflects an increasing emphasis in child welfare legislation on using the 'least intrusive' option (that is, relative/kin care) when placing a child, and a recognition of the ability of kin/relatives to provide familial and cultural continuity in the lives of children. Other reasons include difficulties in recruiting and retaining foster carers and lower overall costs to child welfare departments when using kinship care (Brouwer 2009; McHugh et al. 2004; Smyth & Eardley 2008; Wood 2008; Vimpani 2004).

The lower overall costs to child welfare departments when using statutory kinship care are thought to be associated with minimal or no training requirements for carers, hence no cost for providing training. It is also not uncommon for kinship carers to have a reduced or more perfunctory assessment than foster carers and not to have case plans for the children in care. After assessment it is also rare for caseworkers to be allocated to kinship placements (McHugh 2009; Yardley, Mason & Watson 2009). A lack of caseworker support, supervision and case plans for children in statutory placements has accelerating cost benefits for governments. With minimal systematic attention to meeting the needs of children and their carers, costs associated with service provision are contained.

The perverse impact of the minimal involvement of child protection workers with kinship carers is highlighted in a recent report by the Victorian Ombudsman (Brouwer 2009). In Victoria, as in other jurisdictions, there appears to be less screening, assessment and monitoring requirements for kinship than for foster carers. The Victorian Ombudsman found that kinship care placements were more likely to be problematic due to minimal requirements, stating:

> There is evidence that a less rigorous screening process has been applied to family members which has placed children at risk … It appears that Child Protection workers are often placed in the difficult position of weighing the benefits of placing a child with a family member against any concerns they may have about the suitability of that family member. This difficulty is magnified by workload issues and scarce placement options
>
> …
>
> The combination of weaker screening processes and less ongoing monitoring appears to be creating vulnerability in the oversight of children placed in **kinship care** … children can remain in dangerous placements for lengthy periods of time where the system fails to adequately identify and assess the risk of a kinship placement (Brouwer 2010, pp. 63, 64).

Complexity of needs

Complicating factors in carer recruitment and retention include indications that more children and young people entering the care system have increasingly complex needs (that is physical and psychological disabilities and challenging behaviours) (KPMG 2010; Smyth & Eardley 2008). They are often reported to be harder to place and stay in care for longer periods than previously noted (NSW DoCS 2006; Wood 2008). It is not unusual to find national and international research studies reporting high numbers of fostered children and young people with aggression, sexualised behaviours, delinquency, emotional disturbance, learning needs, developmental delay and disabilities. There is also substance use/addiction in older children, and drug and alcohol affected babies (Ainsworth & Hansen 2005; Jarmon et al. 2000; Sellick 1999; Sultmann & Testro 2001; Triseliotis, Borland & Hill 2000; DHS 2003).

The complexity of children's needs in foster care placements is thought to reflect deinstitutionalisation (reduction in availability and acceptability of institutional residential care), greater rates of family breakdown, parental drug and alcohol abuse, HIV/AIDS, domestic violence, parents' mental health issues, declining informal and extended family support and the failure of early intervention programs to ameliorate abuse and chronic neglect in highly dysfunctional families (AIHW 2010; Barbell & Freundlich 2001; CAFWAA 2007; Colton & Williams 1997, 2006; Commonwealth SCAC 2005).[3]

Children with challenging behaviours (for example impulsive, withdrawn, distrustful or indiscriminate) and complex needs pose insurmountable problems for generalist foster carers (Barber, Delfabbro & Cooper 2001; Hillian 2006; McHugh et al. 2004; Stubbs, Spence & Scott 2003; DHS 2003). Multiple, unstable placements are not unusual for some foster children. For example, in New South Wales in 2004–05, only one-third (32.4 per cent) of all foster children had just one placement in their current care period; while 15.9 per cent had had four or more placements (NSW DoCS 2006). In the Ombudsman's investigation into OOHC in Victoria the similar situation of multiple placements for children in care was reported (Brouwer 2010).

Decreasing pool of foster carers

Numerous studies (national and international) have found that from the initial enquiry to accreditation, considerable numbers of potential carers drop out before training is finished, with many others leaving within

the first 12 months of caring. All Australian jurisdictions experience difficulties in recruitment and retention of carers (Smyth & Eardley 2008). In Victoria for example, it has been estimated that, unless significant changes occur in relation to carer recruitment and retention practices, the decline in new recruits, coupled with increasing numbers of carers leaving fostering, will reach a critical point by around 2015 (DHS 2005). In March 2009 a campaign was launched in Victoria to address the shortfall of 1,000 foster carers. In Australia and the UK the ageing of the current carer population is also perceived as a major problem as many of the current middle-aged and older, more experienced carers are leaving fostering (Higgins, Bromfield & Richardson 2005; McHugh et al. 2004; Triseliotis, Borland & Hill 2000).

With many national and international studies on foster and kinship carers reporting that the majority of foster and kinship carers are from low socio-economic circumstances, adequate reimbursement for carers is a critical factor (Farmer & Moyers 2008; McHugh 2002; McHugh et al. 2004; Schwartz 2002; Yardley, Mason & Watson 2009). The Victorian Ombudsman suggested that, given the challenging behaviours and complex needs of children in care, 'it is likely that the financial impost of inadequate payments is contributing to the difficulty in recruiting foster carers' (Brouwer 2010, p. 19). Similarly, the Special Commission of Inquiry into Child Protection in New South Wales (Wood 2008) raised concerns around the financial support to carers, noting:

- inadequate carer remuneration
- financial drain a disincentive to recruitment/retention of carers
- extensive delays in carers receiving payments or approvals for expenses incurred for the child or young person in their care (Wood 2008, pp. 626–9, 649).

Wood (2008) suggested that improving the level and timeliness of carer reimbursements would improve retention. With difficulties in recruiting and retaining carers, there is concern that with smaller pools of carers, there will be increased difficulty in appropriately matching the needs of the foster child with the capabilities of the carer, increasing the likelihood of placement breakdown (McHugh et al. 2004; Rhodes et al. 2003; Osborn & Delfabbro 2006; Sinclair, Gibbs & Wilson 2004; Brouwer 2010).

A further body of literature suggests that the responsibilities that foster carers are expected to carry out in meeting the complex needs of foster children require particular knowledge, expertise and experience. Indications are that, compared to times past, many (but not all) foster carers have progressed from their previous position of relatively unassertive, well-meaning and motherly women, to a new role of multi-skilled specialists dealing with the varied and complex needs of foster children (AFCA 2001; Kirton, Beecham & Ogilvie 2003; Waldock 1993). Researchers from developed countries, including Australia, see the future of fostering, despite a general lack of professional training and pay, as a professional care service. They suggest that the use of professional, well trained and well paid carers may well ameliorate some difficulties associated with carer recruitment and retention (BAAF 2006; Butcher 2005a; Hutchinson, Asquith & Simmonds 2003; Sinclair 2005; Smyth & McHugh 2006; Tearse 2010; Thorp. 2004; DHS 2003; Wilson & Evetts 2006).

Increasing number of Indigenous children in care

In Australia, as in Canada and New Zealand, there are significant numbers of Indigenous children in OOHC (McHugh 2009). In Australia, 31 per cent (10,512) of all children in OOHC are Indigenous. In all jurisdictions there are higher rates of Indigenous children in care compared to other children (45 per 1,000 children aged 0–17 years, compared with 5 per 1,000; Productivity Commission 2010, Table 15A.16).[4] The use of kinship care as an OOHC option is different in each jurisdiction, and in general there are more Indigenous than non-Indigenous children in kinship care placements. New South Wales has both the highest number of children placed with relatives/kin (56.7 per cent) and the highest percentages of both Indigenous (66.2 per cent) and non-Indigenous children (52.0 per cent) placed with relatives/kin (see Table 1).

Table 1: Children in out-of-home care placed with relatives/kin by Indigenous status, 30 June 2009

	New South Wales	Victoria	Queensland	Western Australia	South Australia	Tasmania	ACT	Northern Territory	Aust
Number of children									
Indigenous	3,303	343	855	693	265	33	46	79	5,617
Non-Indigenous	5,317	1,620	1,524	494	502	196	181	28	9,862
All children	**8,620**	**1,963**	**2,379**	**1,187**	**767**	**229**	**227**	**107**	**15,479**
Percentage of all children by Indigenous status									
Indigenous	66.2	46.7	34.5	57.9	50.9	25.4	46.0	22.1	53.4
Non-Indigenous	52.0	35.6	33.0	33.3	33.6	28.9	45.9	22.6	41.9
All children	**56.7**	**37.2**	**33.5**	**44.3**	**38.0**	**28.3**	**46.0**	**22.2**	**45.4**

Source: Productivity Commission 2010, Table15A.21

The higher use of kinship care for Indigenous children in Australia is a reflection of the emphasis in all jurisdictions on implementing the Aboriginal child placement principle (ACPP). The aim of the ACPP is to ensure Aboriginal children are placed (where possible) with members of the child's extended family or Aboriginal community. It is of interest to note that although New South Wales has a high number (2,926) of Aboriginal children placed with relatives and kin, only 200 of these placements are with Aboriginal agencies (Wood 2008, p. 644). As with non-Indigenous foster carers, there is also a shortage of Indigenous carers (foster and kinship) for Indigenous children (Wood 2008, p. 747).

The next subsection discusses the background to this project and the data sources used in the policy inventory and literature review.

1.4 Background to the project[5]

On 28 October 2008, a meeting of the Community and Disability Services Ministers' Advisory Council (CDSMAC) made the following decisions in relation to child care benefits for children in foster care and relative/kinship care:

- noted the connection between the National Framework for Protecting Australia's Children agenda and the Early Childhood Agenda
- noted the draft National Framework for Protecting Australia's Children recognises that governments at all levels need to consider the financial and non-financial support that is provided to out-of-home carers (formal and informal)
- agreed, noting the above context, to establish a working party to investigate and report back on options for out-of-home carers (formal and informal) to access financial and non-financial support as part of the work associated with the National Framework for Protecting Australia's Children and to feed into its three year action plan.

In accordance with these decisions a working group of CDSMAC was established. A teleconference of the working group, convened on 9 February 2009, agreed to the following terms of reference:

- to investigate options for out-of-home carers (formal and informal) to access financial and non-financial support available through the Commonwealth, states and territories

- to report back to CDSMAC on the outcome of the working group meeting for consideration in the national framework's three year action plan.

This research will help to inform future directions of this project by providing an analysis of the gaps and inequities in the current system of supports and services available to formal and informal out-of-home carers. The key questions for this project are:

1. What financial and non-financial support and/or services are currently provided to both formal and informal out-of-home carers?
2. What are the gaps and inequities in the current support system?
3. How do formal and informal out-of-home carers access and experience both Australian and state/territory government service and support?
4. What are the needs and priorities of different groups of carers, and what barriers are there to undertaking a caring role?

To address these questions, this report is comprised of an inventory of financial and non-financial support (based on information provided by each jurisdiction and the Commonwealth) provided to formal and informal carers (Sections 2 and 3); an examination of the barriers in undertaking a carer role (Section 4); a review of existing qualitative research on carers experiences of accessing support and services for the children in their care (Section 5); an examination of service gaps and inequities (Section 6); examples of good practice in supporting foster and kinship carers (Section 7); and key findings (Section 8).

1.5 Data sources: policy inventory

The working group agreed (17 February 2009) on a template for collecting information regarding the financial and non-financial support provided to formal and informal carers by each state, territory and the Commonwealth. It was proposed that the templates be completed by 17 March 2009.

Information on the current financial and non-financial support provided to formal and informal carers was collected from each state, territory and the Commonwealth Government. This information, including collated tables, was provided to SPRC in June 2010.

The templates requested information from the jurisdictions on the following types of support for (1) foster carers, (2) formal kinship carers and (3) informal kinship carers(that is those not subject to statutory child protection orders):

- Financial support:
  - reimbursements
  - other allowances
- grants/incidental payments
  - types of financial support available to carers of children that are no longer subject to a statutory child protection order (that is children that have left care).
- Non-financial support:
  - service coordination/case management/casework
  - specialist support, training or other initiatives targeted to support carers
  - respite services
  - advocacy services (peak body funding).

- Policy development: any current or approved work to address financial and non-financial supports available to carers.

1.6 Data sources: literature review

A review was conducted of the available Australian and international literature on the experiences of formal and informal out-of-home carers in accessing support and services, and the ability of support and services to meet the needs of care providers and the cared for children. Due to the very large international and local literature, the purpose of these searches was primarily to identify new studies and reports. Wherever possible, there was a focus on Australian material. Use was made of academic databases (Social Services Abstracts and Family & Society Studies Worldwide), as well as the National Child Protection Clearinghouse (Australia) and other web-based literature on formal and informal care of children and academic and grey literature on Aboriginal and Torres Strait Islander carers (Australian and international, especially New Zealand and Canada) and ethnic minority/culturally and linguistically diverse carers (Australian and international).

1.7 Limitations and caveats

As noted, material in Sections 2 and 3 is based on information provided to FaHCSIA by each of the states and territories. We have not attempted to verify the accuracy of this information. Changes to payment types and rates that occurred close to or after completion of this report may not be reflected here.

The jurisdictions were not asked to, and did not provide, information on the number of carers receiving financial and non-financial support. Analysis of this information could address the question of what gaps exist between support to which carers are entitled, and what they actually receive.

Several aspects of formal and informal care, while very important, were not included in the scope of this report, including:

- health, educational and wellbeing outcomes for children in OOHC (and for adults who have left out-of-home care) except insofar as they relate to support needs for carers
- clinical and therapeutic interventions for children in OOHC, such as interventions for attachment disorders
- the expenditure by different jurisdictions on OOHC and the unit costs of different service models
- the costs and benefits of policies and programs to protect children outside the OOHC system: for example early intervention and prevention programs and intensive family preservation services.

The material in Sections 4–8 is based on a review of the grey and published literature, as described above. This report is not a systematic literature review and does not include every practice, program and resource that is effective or promising. Due to the short time-frame in which the draft reports were produced, we drew heavily on our own research and networks.

2 Policy inventory: financial support

This section is based on information provided to FaHCSIA by the states and territories. It describes the financial support provided to carers by the states and territories, and variations within and between jurisdictions. Foster carers and formal kinship carers both receive the same rate of payment within each jurisdiction. However, there are significant differences between and within jurisdictions. These differences stem from:

- the age of the child in care
- the needs of the child for additional support, that is, whether the child has been assessed as having additional needs
- the legal status of the carer, that is, whether the child: is subject to a statutory child protection order, or has been otherwise identified by the courts or statutory child welfare agency as being in need of care and protection; or the child's circumstances are defined as informal care or private family arrangements. Most states and territories pay no allowances or contingencies to informal carers.

All states and territories graduate payments according to the age of the child (carers of older children receive, for the most part, more than carers of younger children) and any additional needs of the child. Most jurisdictions have different categories of age-based payment and have different means of assessing and reimbursing for additional needs.

2.1 Caveats

For this section of the report in particular, the following points should be noted:

- Except where stated otherwise, this section draws on information provided to FaHCSIA by each of the states and territories. We have not attempted to verify the accuracy of this information. Information on the number of carers who receive support, and the different kinds of support, was not collected for this project.
- Information on payment rates change annually (at different times in the year) as all jurisdictions adjust levels of allowances based on Consumer Price Index (CPI) changes. As a consequence, levels of allowances become out of date quickly. Moreover, jurisdictions will periodically make significant changes to the categories and eligibility of allowances (for example: New South Wales in January 2010, Tasmania in July 2010).
- The information in this section describes eligibility criteria for carers, and the scenarios in section 2.8 are illustrative examples of the Commonwealth, state and territory allowances that a carer could receive. Research with carers (described elsewhere in this report, especially sections 5.1 and 5.2) shows that carers often experience difficulty in gaining access to these payments for a number of reasons.
- In most cases, little information is provided by the states and territories on the proportion of carers who receive each level of needs-based payment. The exception is Victoria, which notes that Home Based Care General will represent about 60 per cent of clients, Home Based Care Intensive up to a maximum of 30 per cent of clients, and Home Based Care Complex a maximum of 10 per cent of clients. Generally, needs-based reimbursement to carers will match this funded service activity. This 60:30:10 split is for foster care only.
- Jurisdictions vary in the way carer payments are administered. In some jurisdictions allowances are provided to all foster and formal kinship carers by state child welfare agencies. In other jurisdictions carers receive their allowances from different agencies depending on whether they are fostering through a government or non-government agency. It is unclear if non-government agencies provide their carers with differential rates. It is possible that some NGO carers may receive different (for example higher) rates of allowance from those described here.

2.2 General (age-based) allowances

This section is based on information provided to FaHCSIA by the states and territories.

State allowances are designed to reimburse direct care costs for the child and household expenses: for example energy, food, clothing, vehicle and travel expenses, and pocket money. They are intended to ensure an adequate standard of living for the child, not to provide an income for carers. It is reasonable to assume that rates of allowance between jurisdictions vary, in part, because care and household expenses vary between jurisdictions.

Nevertheless, as Table 2 and Table 4 show, there is a large variation in the graduations of both age and needs-based payments, and it seems unlikely that this complexity is entirely due to differences in state/territory-based costs of living. Table 2 shows the rates of payments for children, by age, for each of the jurisdictions.

Table 2: Base rate of state/territory allowances

Years	$ per fortnight, per child, rounded to nearest dollar							
Age of child	Australian Capital Territory	New South Wales	Northern Territory	Queensland	South Australia	Tasmania	Victoria	Western Australia
0–1	433	413	256	410	279	351	262	323
2	433	413	256	410	279	351	262	323
3	433	413	256	410	279	351	262	323
4	433	413	256	410	279	351	262	323
5	486	463	277	410	310	402	262	323
6	486	463	277	441	310	402	262	323
7	486	463	277	441	310	402	262	381
8	486	463	332	441	310	402	273	381
9	486	463	332	441	310	402	273	381
10	486	463	332	441	310	402	273	381
11	486	463	332	480	310	402	311	381
12	486	463	375	480	310	464	311	381
13	486	463	375	480	445	464	419	438
14	486	622	375	480	445	464	419	438
15	652	622	451	480	445	464	419	438
16	652	622	451	480	603	464	419	438
17	652	622	451	480	603	464	419	438

Note: Information in this table was collated from information provided to FaHCSIA, at various times, by each of the jurisdictions. Individual jurisdiction information and currency is summarised in section 2.9 of this report.

Table 3 shows that each of the jurisdictions takes a different approach to graduating payments according to age, and that they all have different rates of payment. The minimum rate is normally provided to carers raising infants aged less than a year; the highest to carers of young people aged 15–17, although this is not the case in Tasmania.

Table 3: Summary of state/territory payment age bands and rates

State/territory	Number of age bands[a]	Payment range, $ per fortnight[b]
Australian Capital Territory	3	433–652
New South Wales	3	413–622
Northern Territory	5	256–451
Queensland	3	410–480
South Australia	4	279–603
Tasmania	3	351–464
Victoria	4	262–419
Western Australia	5	323–438

(a) Differential rates of payment based on age of child
(b) Minimum–maximum, base rate only, rounded to nearest dollar

The Australian Capital Territory provides allowances to carers based on the age of the child and their complexity of need. There are three age bands. Enduring Parental Responsibility (EPR) payments are paid to carers that have an EPR order, who have been provided with day to day and long term parental responsibility. This subsidy is intended to assist with all associated costs of caring for a child or young person and there is one rate of payment (that is not graduated according to age).

New South Wales provides allowances to carers based on the age of the child and their complexity of need. The base rate is called Statutory Care Allowance for statutory foster and relative/kinship carers, or Supporting Care Allowance, for eligible non-statutory relative/kinship carers. There are three age bands and two categories of needs-based payment. Note that while Queensland and Western Australia also graduate payments into three age bands, the age ranges are different in each state.

The Northern Territory provides allowances to carers based on the age of the child and their complexity of need. There are five age bands and six categories of needs-based payment.

Queensland provides allowances to carers based on the age of the child, their complexity of need and the location of the carer. There are three age bands and two categories of needs-based payment. Note that while New South Wales and Western Australia also graduate payments into three age bands, the age ranges are different in each state.

South Australia provides allowances to carers based on the age of the child, their complexity of need, and the location of the carer. There are four age bands and three levels of payment. Only two payment levels attract special needs loading: high intervention needs loading and physical/intellectual (special needs) loading.

Tasmania provides allowances to carers based on the age of the child and their complexity of need. It is the only state in which informal carers defined as being in private family arrangements are eligible to receive a state-based allowance. The highest base rate of payment for a carer in Tasmania is $464 per fortnight, for a 12–17 year old, plus $150 in additional payments for birthday and Christmas gifts.

Where the Victorian Child Protection Service or its agent places a child with a foster, kinship, or permanent carer, the carer—subject to an assessment process—is eligible to receive carer reimbursements. Victoria reimburses carers based on the age of the child and their complexity of need. The funding model for foster care is based on three levels of intensity (general, intensive and complex), with carer reimbursements graduated accordingly. Kinship and permanent carers are eligible to receive reimbursements at the general rate.

Western Australia provides allowances to carers based on the age of the child and their complexity of need.

2.3 Children and young people with additional needs

This section is based on information provided to FaHCSIA by the states and territories.

Each of the jurisdictions has a base rate of allowances, which is supplemented for carers of children and young people who have been identified as having additional needs.

The difference between the base and highest rate of payment is greater in Tasmania and Victoria than in any other jurisdiction, although it should be emphasised again that information on the proportion of carers that receive the base and highest rates of payments is unavailable. The comparison below should be regarded as illustrative of the differences **between** jurisdictions in how reimbursements for additional needs are calculated, and of the differences **within** jurisdictions between base and highest rate of payment.

For example, a foster or formal kinship carer with responsibility for a 13-year-old assessed as having the most complex of needs is eligible for an allowance that is:

- 2.4 times higher than the base rate in the Australian Capital Territory
- 1.9 times higher than the base rate in New South Wales
- 3 times higher than the base rate in Northern Territory
- 1.3 times higher than the base rate in Queensland
- 2.9 times higher than the base rate in South Australia
- 3.2 times higher than the base rate in Tasmania
- 3.2 times higher than the base rate in Victoria
- 2 times higher than the base rate in Western Australia.

Most of the states provide information, in a few cases quite detailed information, on the basis of calculations for both base rate and special needs allowances. However, as we discuss in section 5.11, consultations and research with foster and kinship carers reveal that many carers identify significant support needs for the children in their care, regardless of the level of formally assessed needs. Moreover, carers are acutely aware of the differences in allowances provided to carers, particularly when they know of other carers, in circumstances they regard as similar, who receive higher payments than they do.

Table 4 shows that each of the jurisdictions graduates payments for children with additional needs differently: the Australian Capital Territory has four and Victoria seven needs-based categories of payment; while Queensland and Western Australia have three and South Australia has nine.

Table 4: Summary of state and territory payment categories, foster carers and formal kinship careers

State or territory	Number of payment categories[(a)]
Australian Capital Territory	4
New South Wales	4
Northern Territory	6
Queensland	3
South Australia	9
Tasmania	4
Victoria	7
Western Australia	3

(a) based on care needs of child, including base rate

The Australian Capital Territory has four categories of needs-based payment: Basic Care, Care Level 1, Care Level 2 and Intensive Care. Care Level 1 and 2 and Intensive Care payments are subject to a Special Needs Subsidy Level Assessment which is conducted by a caseworker.

New South Wales has two levels of additional needs-based payment: Statutory (or Supported) Care + 1 and Statutory (or Supported) Care + 2 which are paid at the same rate for statutory and supported care. In addition, the Intensive Placement—Service Provider Allowance is for authorised carers who are caring for a higher-needs child or young person and is provided at a rate greater than Statutory Care +2 Allowance.[6] This allowance is reviewed either: every six months, when the case plan is reviewed, when there is a change in the circumstances of the child or young person or when the child or young person commences employment.

The Northern Territory has six categories of needs-based payment.

Queensland has three categories of needs-based payment. Queensland is also the only Australian state that has policy provisions for specialist kinship care for children with special and/or high needs. There are two options: specialist kinship care and specific response care. For children with moderate to extreme needs, specialist kinship care is a placement option that enables the child to remain with kin. Additional supports (available as required) include access to therapy, additional casework, support and respite. For children with complex to extreme needs there is the option of Specific Response Care; a model of care in which a kinship (or foster) carer is employed and paid a wage by a licensed service to provide intensive, therapeutic, home-based full-time care to a child (Queensland Government 2009).

South Australia has nine categories of needs-based payment: a base rate of payment and capped loadings of 25, 50, 75, 100, 150, 200, 250 and 300 per cent. High Intervention Needs loading is provided in support of those children and young people with extremely challenging behaviours that are not associated with an intellectual or physical disability. Physical/Intellectual (Special Needs) loading is provided in support of children and young people with intellectual and physical disabilities.

In Tasmania carers can receive additional payments to assist with the care of children and young people who have challenging behaviours or significant disabilities. Special care allowances may also be approved if a carer is actively engaged in a reunification plan.

Victoria has seven categories of needs-based payment for foster care only: General, Intensive (two levels), Complex (three levels) and Therapeutic (intensive level 2 with additional loading). Kinship and permanent carers are eligible for reimbursement at the general rate relative to the age of the child. A usual maximum of 97 children are placed in therapeutic care, also known as the Circle Program (see Section 7.3). This payment is comparable to Queensland's Complex Support Needs Allowance. Throughout the state and in each region, 60 per cent of all children/young people in foster care will be provided care at the General level of funding, up

to a maximum of 30 per cent at the Intensive level and up to a maximum of 10 per cent at the Complex level. As noted earlier, kinship carers are eligible for reimbursement at the general rate relative to the age of the child in their care. In exceptional circumstances, kinship and permanent carers may be eligible for an adjustment to their reimbursement on the continuum of reimbursements available to foster carers.

In Western Australia special needs loading rates are based on the number of hours per week of additional care, in excess of the normal requirements for a child in care. There are three age bands and five categories of needs-based payment.

2.4 Extraordinary expenses

This section is based on information provided to FaHCSIA by the states and territories.

Allowances are designed to cover most of the usual, ongoing costs of care. The states and territories also provide loadings or contingency payments, as one-off or periodic payments, for additional or extraordinary expenses. As Table 5 shows, there is considerable variation between jurisdictions as to the types of expenses that are eligible for these payments. The differences between jurisdictions stem from differences in the assumed inclusions for the base rate of allowances: for example, whether or not recreation and clothing costs are expected to be covered in all circumstances by the allowance (see also section 5.1).

Table 5: Summary of state and territory payment categories, loadings and contingencies for additional expenses

State/territory	Loadings and contingencies
Australian Capital Territory	Driving lessons and any associated costs Specific medical needs This includes expenses such as specialist services, that is orthodontist, paediatric, podiatrist, speech, optical, therapy, physiotherapy, therapeutic services and psychologist, DNA and pathology testing. Reimbursement will only be for the gap amount after Medicare payment. Supervised contact visits Child care expenses Child care, after and before school care for employment-related reasons and/or if it is in the child's best interest—i.e. opportunity to socialise with peers—this should not be full time (around maximum of 2 days a week). Vacation care and holiday camps should generally be from subsidy but can be negotiated if there are special circumstances. These would be to a maximum of $300 per child for attendance at camps or program in school holiday periods. Other one-off expenses/events Emergency accommodation, CIT/university fees, laptops/computers, passports, interstate/international travel, vocational programs, specific needs for a special program/purpose, costs of obtaining employment furniture or special requirements, suitable child car restraints (any purchase remains with child through any placement or if under 2 years old should be returned to agency to provide to other placements when required). Occupational health and safety requirements Respite care Private school fees All children and young people are encouraged to go to government schools. There is a sub-policy in *Care and Protection Services Manual* chapter D5, 'Enrolment in school—Public and Private' that should be followed before seeking any reimbursement for costs—for example disability needs, all other children in the household already attend a private school, the child/young person is already attending a private school, the child/young person wins an academic scholarship. University costs may be reimbursed up to 1 year post school. Damage to property or personal injury by child in care

Table 5: Summary of state and territory payment categories, loadings and contingencies for additional expenses (continued)

State/territory	Loadings and contingencies
New South Wales	Support in placement Back payments; child care; court ordered assessment reports; damages caused by children; school/education costs other than those covered by carer allowance; escort worker; establishment placement—crisis payments of $75 per child or young person; emergency accommodation payments, short–medium term up to a maximum of $350 per child or young person based on the child's assessed needs, and long term up to $1,400; legal costs; medical (approved optical and dental costs); out of guidelines payments; professional reports; professional therapy; removals/storage costs; respite/support workers; travel (excluding holidays). Birth family contact Accommodation for birth family, accommodation for carer/escort, child care—for example preschool, family day care and after school care related to facilitating birth family contact, escort worker, meals, recreation, travel (excluding holidays). Maintain identity and culture Cultural activities, escort worker, life story work, official documents, respite/support workers, travel (excluding holidays). Restoration plans Court ordered assessment reports, escort worker, legal costs, out of guidelines payments, professional reports, professional therapy, removals/storage, respite/support workers, travel (excluding holidays). Following restoration Child care, out of guidelines payments, school/education costs other than those to be covered by the allowance paid to carers, escort worker, professional reports, professional therapy, respite/support workers.
Northern Territory	Travel allowance Discretionary payments
Queensland	Establishment costs Child related cost (CRC) reimbursements Medical, education, travel and motor vehicle costs, property modifications (long-term placements only), support for high, complex and extreme needs, carer and client support costs, child care, outfitting, recreation, interpreter costs, family connection, regional loading.
South Australia	Establishment costs Educational expenses (periodic) School card for educational expenses School retention funding Placement Start-Up Payment Placement support funding Extraordinary expenses funding Remote area loading Refugee loading Aboriginal cultural support funding Respite Medical, dental, optical (exceptional) Grants/incidental payments Youth crossroads funding Dame Roma Mitchell Trust Fund Wyatt Benevolent Institution Grants Brokerage Funding Incidental expenses Carer payment, post guardianship education Other financial support

Table 5: Summary of state and territory payment categories, loadings and contingencies for additional expenses (continued)

State/territory	Loadings and contingencies
Tasmania[a]	Doctor's fees Specialist medical interventions Orthodontic treatment Private school fees Recurrent child care fees Child's component of private rental costs Child selected for an interstate trip as a member of a sporting team or other organised activity such as a debating team or youth orchestra Interstate and overseas travel A computer for the child Private tutoring/teachers' aide costs Recreational and sporting equipment and activities.
Victoria	New Placement Loading Paid for up to six months within each placement to assist with placement establishment costs. An extra $53.01[b] per fortnight (applicable to general rate only). Education and medical expense payment Paid quarterly, approximately $913 per annum. Education Assistance Initiative (EAI) Recently introduced[c] payment providing an extra $300 for a full year for children aged 5 to 11 years (primary) and $450 for a full year for children aged 12 to 17 years (secondary). **Not linked to the carer reimbursement, there are also provisions for:** Placement Support Grants (PSG) Additional funds that may be applied for to support a client in an out-of-home care placement. Client expenses For clients living at home or in out-of-home placements to improve or maintain the quality of the placement. High Risk Infant (HRI) brokerage Used to purchase expert parenting capacity assessments as well as baby goods and services for high risk infants and their families. High Risk Adolescent (HRA) brokerage To tailor a direct service response to meet an individual's specific needs.
Western Australia	Accommodation (other than normal care arrangements) Home modifications Education (boarding school attendance) Vehicles and extraordinary expenses. Clothing allowance (periodic) Specialised individual placement costs Case support costs, for example child care, health costs, legal costs

(a) Information in this table from Department of Health and Human Services Policy and Guidelines: Expenditure on Children and Young People in Out of home Care, July 2010, available online: http://www.fostercare.tas.gov.au/__data/assets/pdf_file/0020/31088/Guidelines_on_expenditure_on_children_in_care_3_July_2010_Final_2_.pdf

(b) 2010–2011 rate

(c) Inaugural payment made 16 August 2010

In the Australian Capital Territory, additional payments may be made to foster and formal kinship carers for a range of contingency items, which are outlined in guidelines and identified in care plans. These include emergency accommodation, child care, clothing, contact visits with birth parents, travel, education, training and employment, establishment costs, food, medical, dental, optical, home care and maintenance, personal needs, recreation and sport, respite, therapeutic services, toys, gifts and presents, utility costs, mobile phones, internet connections and driving lessons. In addition discretionary payments, which fall outside the contingency guidelines, can be made if approved.

New South Wales provides a range of contingency payments in relation to supporting the child or young person in the placement; for costs associated with birth family contact, maintaining identity and culture, around restoration plans and following restoration. A limited number of contingencies are also available for children and young people who have been adopted. For establishing placements New South Wales provides a crisis payment of $75 per child or young person; for short–medium term placements up to a maximum of $350 per child or young person, based on the child's assessed needs; and for long term placements up to $1,400.

In the Northern Territory, additional payments may be made for exceptional travel. Mileage allowance may be provided to carers receiving a standard payment where their travel costs are excessive: for example, if extended distances are travelled to school. In some situations, carers on special needs payments may receive mileage allowance. However, special needs payments are intended to cover the costs of excessive travel that it likely to be incurred to meet the needs of a child with special needs. Contingency payments or discretionary allowance may be provided to carers for child-related expenses that are not covered by the standard payment or special needs payments.

Specialist foster carers in Queensland may receive the Complex Support Needs Allowance (CSNA) for direct care and other needs-related costs associated with providing care for a child or young person who has been assessed with a complex or extreme level of need. This payment is comparable to Victoria's therapeutic category of payment as few children are assessed as having this level of complex needs.

Queensland carers receive establishment costs and start-up allowance for placements longer than five nights' duration. Child related cost (CRC) reimbursements are available for additional costs, not covered in the Fortnightly Caring Allowance or emergent in nature, including medical; education; travel and motor vehicle costs; property modifications (long term placements only); support for High, Complex and Extreme needs, carer and client support costs; child care, outfitting, recreation, interpreter costs etc; and family connection. A remote regional loading is provided to eligible carers, provided in addition to the Fortnightly Care Allowance (FCA), in common with South Australia but no other states.

Carers in South Australia are eligible for assistance in meeting establishment costs, which is based on the age of the child and ranges from $80 to $160. They also receive regular (at the beginning of each school term) payments to assist with educational expenses, and can apply for placement support costs of up to $5000, although most payments are smaller. Aboriginal Cultural Support Funding is available for cultural activities and support for Aboriginal children in care. It may be used to enable Aboriginal children to attend cultural camps; visit communities of origin to maintain connections; attend language and other recognised cultural training; visit places that teach the child about their culture; attend cultural functions; develop an Aboriginal Life Story Book; take part in Sorry Business (for example attending funerals); and other activities.

South Australian School Retention Funding is for a young person who is: under the guardianship of the minister; aged between 12 and 16 years; at risk of disengaging from school; or who has disengaged from all education opportunities. It can be used for costs associated with individually tailored responses to the young person's specific needs, including social and educational barriers to his/her engagement in learning for example mentoring, tutoring or school support officers. Carers, caring for a young person under guardianship who turns 18 years of age whilst still attending school full-time, will continue to be paid the Carer Payment until the young person completes their secondary education or leaves the care of the carer.

In common with Queensland, South Australia provides a remote area loading; in addition, it provides a refugee loading for the first six months that young people who are unaccompanied humanitarian (refugee) minors are in foster care.

In Tasmania additional annual payments are made for Christmas ($75) and birthday ($75) gifts. One-off payments, by way of vouchers, are provided to assist with establishment costs if the child is entering care for the first time. An initial payment for clothing, usually $300, in recognition that children may enter care with very little clothing, may also be provided. Carers of children who are in care on short-term orders receive an additional payment of $22 per child per week.

In Victoria additional loadings are made to the carer as reimbursement for placement establishment costs, education and medical expenses. Other forms of financial assistance are available outside the carer reimbursement which directly relate to the client's expenses or for purchasing goods and equipment that may be needed or for repeat exceptional costs.

Additional payments may be made in Western Australia for accommodation, other than normal care arrangements, home modifications, education (boarding school attendance), vehicles and extraordinary expenses. Carers for children on specialised individual placements also receive additional payments. One-off or recurrent payments may also be made to cover expenses over and above the regular day to day costs, for example gap fees for child care, health costs and legal costs. Periodic payments are made three times per year for clothing allowances: $178 for children under 7 years, $235 for children 7 to 12 years and $400 for children 13 to 18 years who are not eligible for Centrelink payments.

2.5 Informal carers

This section is based on information provided to FaHCSIA by the states and territories.

Most states and territories provide no allowances or contingencies to informal carers, defined as private family arrangements (Table 6). The exceptions are Tasmania and New South Wales. In Tasmania, informal carers receive relatively small payments. Prior to January 2010, informal carers in New South Wales were eligible for supported care allowance, but changes to legislation have imposed additional conditions for eligibility for this payment (discussed in the section on New South Wales below). Yet, as we discuss in section 5.4, the roles and responsibilities of informal carers are often identical to formal carers, and the children they are raising often have additional needs.

Table 6: Summary of state/territory payments, informal kinship carers

State/territory	Allowances, loadings and contingencies
Australian Capital Territory	None[(a)]
New South Wales	Those assessed as eligible: identical rates to foster carers[(b)]
	Other kinship carers: none
Northern Territory	None
Queensland	None
South Australia	None
Tasmania	$28 per child per fortnight. $728 per child (annual, over two payments) + $75 Christmas payment. Establishment costs ($400). Clothing costs ($165 annual). Contingencies: (up to $300 annual).
Victoria	None
Western Australia	None[(c)]

(a) There is a range of short term funding options available for families in need including clothing and food vouchers and emergency funding.
(b) Eligible kinship carers receive supported care allowance, as described below.
(c) Depending on whether they are an open case to the department, carers may apply for case support costs or financial assistance for incidental items that may assist in preventing a child becoming subject to a statutory child protection order.

Informal carers, mainly kinship carers, do not receive Australian Capital Territory government allowances.

Eligible informal carers in New South Wales receive Supported Care Allowance. Eligible kinship carers are those caring for children:

- **either** for whom the Minister of Community Services has been granted full parental responsibility or parental responsibility in relation to residence
- **or** where the Director-General of Human Services has formed the opinion that the child or young person is in need of care and protection but there is not an order of the Children's Court allocating parental responsibility to the Minister.

All other kinship carers are defined as being in private family arrangements. These informal carers, mainly kinship carers, do not receive New South Wales government allowances. Where kinship carers are raising children without child protection intervention and the involvement of Community Services, these are regarded as private family arrangements and carers are not eligible for an allowance from Community Services.

Kinship carers in Tasmania who have the care of a child who is not on a child protection order may apply for financial assistance through the Relative Care Assistance Program. To be eligible for the allowance, the relative carers must have taken all possible action to obtain maintenance payments from the person or estate that is liable to support the child. Applicant relative carers should also be in receipt of Centrelink assistance such as Carer Payments and Family Tax Benefit. The child should not be the subject of a Children's Court Assessment or Care and Protection Order that has transferred the custody and/or guardianship of the child to the Secretary of the Department of Health and Human Services.[7]

This financial assistance consists of $28 per child per fortnight and two lump sum payments of $364 per child per year. These carers also receive a one-off payment of $400 for establishment costs, a $75 annual Christmas payment and an annual payment for clothing of $165. Kinship carers can apply for reimbursement of child related costs from contingency funds, up to $300 per child per year.

Commencing in 2011 Western Australia offers a once-off 'Establishment Payment' of $1,000 to informal relative carers for each child in their care where a Safety and Wellbeing Assessment has been undertaken by the Department for Child Protection and the child is expected to remain in the relative's care as part of an approved safety plan.

Informal carers, mainly kinship carers, do not receive Northern Territory, Queensland, South Australian or Victorian government allowances. However, in South Australia, anti-poverty and financial assistance can be provided to informal carers experiencing financial hardship.

2.6 Financial support to carers when children have left care

This section is based on information provided by the states and territories to FaHCSIA.

The allowances provided by states and territories to carers of children and young people who are no longer in care, because they have left a placement or who turned 18, are summarised in Table 7. The only circumstances in which carers continue to receive a payment for young people who have turned 18 is if the young person is in school, and in some jurisdictions additional conditions need to be in place.

Table 7: Summary of state/territory payments to carers of children who have left care

State/territory	Allowances provided to carer when child/young person leaves care[(a)]	
	If young person turns 18 and is at school	Other circumstances of young person leaving care
Australian Capital Territory	Yes	Disability ACT and Care and Protection sit in the same department. Young people 18 plus transition from one service to the other, financial support through the OOHC subsidy continues until this transition is complete.
New South Wales	Possibly, if the young person is completing their HSC at the time they are due to be discharged from care	No
Northern Territory		Possibly, if identified in an after care case plan
Queensland	Foster and kinship carers in Queensland may still receive the financial support (Fortnightly Caring Allowance etc.) if a young person is still in full time education and has turned 18 years of age.	Young person aged 18 and older and transitioning to disability services: yes, until transition has occurred
South Australia	Yes	Possibly, based on individual circumstances. Anti-poverty and financial assistance can be provided by Families South Australian Offices to clients experiencing financial hardship.
Tasmania	No	
Victoria	Yes if young person turns 18 and is attending secondary school; allowance for calendar year in which young person turns 18 and an additional calendar year thereafter if young person is still attending school.	
Western Australia	Limited to social services and financial assistance, preferably identified in the leaving care section of the care plan.	Funded Leaving Care Services provide assistance. The department will continue to assist in relation to social services and financial assistance that has preferably been identified in the leaving care section of the care plan.

(a) The information provided by states and territories varied for this question. Blank cells indicate that no information was provided for these circumstances.

2.7 Australian Government payments

Information in this section was provided to the authors by FaHCSIA.

There are specific Australian Government financial supports for carers, including the Foster Child Health Care Card and Grandparent Child Care Benefit. Family assistance is also provided to all carers on the same basis as other families.

The Foster Child Health Care Card is not subject to an income and assets test, and is issued in the name of the child being cared for. Formal and informal carers can apply. The Foster Child Health Care Card entitles the

child in care to cheaper medicines under the Pharmaceutical Benefits Scheme (PBS), bulk billing for doctor's appointments (subject to doctor's decision), and more refunds for medical expenses through the Medicare Safety Net.

In addition, state and territory governments and local councils may offer further concessions on things like education and public transport.

Carers are eligible for the full range of Australian Government family payments such as Parenting Payment, Family Tax Benefit (FTB), Child Care Benefit, Child Care Rebate, the Baby Bonus and Maternity Immunisation Allowance. If the child being cared for has a disability, the carer may also be eligible for Carer Payment (child), Carer Allowance (child) and/or Carer Adjustment Payment. If the child or young person is an orphan, or is a refugee, or their parents are in long term imprisonment, and the child also meets other criteria, carers may be eligible for the Double Orphan Payment.

It is important to note that state and territory payments to formal carers are not considered as income for the purpose of determining eligibility for Australian Government payments.

Each of these payments is described briefly below (information provided by FaHCSIA).

Parenting Payment

Parenting Payment is to help with the costs of caring for children. Carers may be eligible if:

- they are single and have care for at least one child under 8 years
- they have a partner and they care for at least one child under 6 years
- the carer and their partner's combined income and assets are below a certain amount.

If a carer is granted the Parenting Payment (Single), they will have compulsory part-time participation requirements from the time the youngest child in their care turns 6 years of age.

However, there are a number of circumstances where an automatic exemption from participation requirements due to special family circumstances can be applied for Parenting Payment (PP) recipients, including:[8]

- if the PP recipient is a registered and active foster carer. Registered and active foster carers are defined in the Social Security Act as:
  - a person who meets the requirements of the law (or regulations) of the state or territory in which the person resides in order to be registered or approved to provide foster care in that state or territory.
  - the person is actively involved in providing foster care in that state or territory
- if a PP recipient is a relative but not a parent of a child and the child is living with the PP recipient in accordance with a family law order
- if the PP recipient is a relative but not a parent of a child, and the child is living with the PP recipient in accordance with a document prepared or accepted by a state or territory authority that has responsibility for the wellbeing of children. An automatic exemption from the activity test is granted to a PP recipient who is a relative (kin), but not a parent of the child, and cares for the child in accordance with a document that is prepared or accepted by the relevant state/territory authority that has responsibility for the wellbeing of children.

Family Tax Benefit Part A and Part B

Family Tax Benefit (FTB) Part A is the primary payment and is provided per child. The rate of FTB Part A depends on each family's individual circumstances. Carers may also be eligible to receive the FTB Part A Supplement. For 2010–11, the annual rate of the supplement is $726.35 per eligible child.

FTB Part B provides extra help to families with one main income earner, including sole parent/carer families with a dependent full time student up to 18 years. It is provided per family, per year. Carers may be eligible if they have a dependent child who is under 16 years, or an FTB child aged 16–18 years who is undertaking full-time study *and* either:

- Two parents/carers with one main income: the primary earner must earn $150,000 or less. The parent or carer earning the lower amount can earn up to $4,745 before it reduces the rate of the FTB Part B by 20 cents for each dollar over that amount.
- Single parent/carer families: parents or carers can get the maximum rate of FTB Part B if income is $150,000 per year or less.

Carers may also be eligible to receive the FTB Part B Supplement. This is provided at the end of the financial year. The 2010–11 rate of the supplement is $354.05 per family per year.

Child Care Rebate

The Child Care Rebate (CCR) helps carers cover the cost of child care when carers are working, training or studying. The CCR covers 50 per cent of out-of-pocket child care expenses for approved child care up to a maximum of $7,500 per child per year (indexed) for eligible families. There is no income test for the CCR. To receive the CCR as a quarterly payment, carers must claim Child Care Benefit as reduced fees. This is the case even if carers are eligible for Child Care Benefit but the Child Care Benefit entitlement is zero due to income.

To be eligible for CCR, carers must have:

- used approved child care during the year
- been eligible for Child Care Benefit
- passed the Child Care Benefit work, training, study test.

Child Care Benefit

Child Care Benefit (CCB) is a payment that helps carers with the cost of child care. Carers can get CCB if:

- they are a parent, foster parent or grandparent with a child in their care who is attending child care services approved by, or registered with, the government
- they are liable to pay for child care
- the child meets the immunisation requirements.

The amount of CCB a carer can receive depends on the type and amount of care being used, income and the number of children in care.

Eligible grandparent carers in receipt of an income support payment are able to receive Grandparent Child Care Benefit, which will cover the full cost of approved child care for up to 50 hours per child, per week.

Families of children at high risk of experiencing abuse and neglect and families suffering from financial crisis may be eligible for Special Child Care Benefit, which covers the full cost of approved child care.

Baby Bonus

The Baby Bonus helps with the extra costs incurred at the time of a new birth or adoption. The Baby Bonus is payable to a carer other than the parent of a newborn child within 26 weeks of the child's birth and who is likely to be caring for the child for no less than 26 weeks. It is also possible for the Baby Bonus to be apportioned between two carers. The Baby Bonus is currently $5,294 and is paid in 13 fortnightly instalments. Carers are only eligible for the Baby Bonus if their family income for the six months following the birth of the child is $75,000 or less.

Maternity Immunisation Allowance

The Maternity Immunisation Allowance is a non-income tested payment to encourage parents and carers to immunise the children in their care. The full amount of the Maternity Immunisation Allowance is $251 and is paid as two separate amounts. The first instalment is paid if the child is fully immunised between 18 and 24 months of age. The second instalment is paid if the child is fully immunised between four and five years of age.

Carer Payment (child)

Carer Payment (child) can provide carers with income support if they are unable to support themselves through substantial paid employment while they are providing care to a child aged less than 16 years with a severe disability or severe medical condition.

Carers may be eligible for Carer Payment (child) if they provide constant care in the home of the child they care for, and the child or children in their care is:

- a single child under 16 years of age with a severe disability or a severe medical condition
- one of two to four children under 16 years of age each with a disability or medical condition whose combined care needs are equal to that of a single child aged under 16 with a severe disability or severe medical condition
- one of one to two children and an adult who each have a disability or medical condition and their combined care needs are equal to that of a single child with a severe disability or severe medical condition
- among two or more children under 16 years of age each with a severe disability or a severe medical condition in an exchanged care arrangement.

Carer Allowance (child)

Carer Allowance (caring for a child under 16 years) is a supplementary payment that may be available to parents or carers who provide additional care and attention on a daily basis for a child under 16 years with a physical, intellectual or psychiatric disability. Carers may receive this payment if they:

- are looking after a child with a physical, intellectual or psychiatric disability who needs additional care and attention on a daily basis
- care for two children with disabilities and the children do not individually qualify the carer for Carer Allowance (child) but together create a substantial caring responsibility
- the carer lives with the child/children they are caring for.

Generally, if carers qualify for Carer Payment (child), they will automatically receive Carer Allowance (child).

Double Orphan Pension

The Double Orphan Pension assists with the costs of caring for children who are orphans. It is a tax-free payment of $53.50 per fortnight. An additional component of Double Orphan Pension, equal to the difference between the carer's entitlement to FTB for the child and the FTB received for the child immediately before they became a double orphan, may be payable.

The Double Orphan Pension can be claimed if:

- the child's parents or adoptive parents have both died, **or**
- one of the child's parents is dead and the other parent is in long-term imprisonment or is on remand for an offence that is punishable by long-term imprisonment, or lives in a psychiatric institution or nursing home on a long-term basis, or their whereabouts are unknown, **or**
- the child is a refugee and has not at any time lived in Australia with either or both parents, and whose parents are outside Australia or their whereabouts are unknown, **and**
- the carer has at least 35 per cent care of the child, if they claim the benefit on or after 1 July 2008, **and**
- the child is under 16 (or is a full time student aged 16 to 21 who does not get Youth Allowance), **and**
- the carer is eligible for Family Tax Benefit for the child (or would be eligible for payment but the carer's income is above the limit, or the child or the carer on behalf of the child, are receiving payments under a prescribed educational scheme), **and**
- the carer meets the residency requirements.

In addition to the Economic Security Strategy delivered in December 2008, the Household Stimulus Package delivered additional one-off payments to many carer families. This included up to $900 for eligible taxpayers, and $950 Back to School Bonus per school-age child for families eligible for FTB Part A.

Australian Government payments, unlike state-based payments, are not dependent on the legal status of the carer: eligibility is based on ongoing day to day care and responsibility for the child. Nevertheless, as we discuss in section 5.2, informal carers may not receive the Commonwealth payments to which they are entitled, for a number of reasons. They may be reluctant to apply for payments, as this could create conflict with the biological parents of the children, who would stop receiving these payments if the informal carers were to receive them instead. This conflict with parents could result in difficult family relationships becoming even more hostile, or even in changed care arrangements, as the loss of payments may motivate the biological parents to reclaim the children from the informal carers in order to reinstate payments.

2.8 State and Australian Government allowances: two scenarios

This section is based on information provided by the states and territories to FaHCSIA, and on information about Commonwealth payments which was provided to the authors by FaHCSIA.

In order to illustrate the differential rates of payments to which formal and informal carers are eligible, and the differences between rates of payment in the jurisdictions, two scenarios of **possible** receipt of Commonwealth and state allowances are given. The following scenarios are based on information provided by the states and territories, as summarised in section 2.9.

It should be emphasised that these scenarios are hypothetical only, and based on the formal entitlement of carers to state and Commonwealth payments. As we discuss elsewhere in this report, substantial research with carers shows that formal entitlements and actual receipt of allowances are often very different.

It should also be emphasised that the scenarios below will not apply to many statutory and informal carers. Carers who are not eligible for Commonwealth payments, for example, because their income is higher than the income limit for Family Tax Benefit, will be eligible for the payments in the left-hand columns of Table 8 and 9 only. Details of the income test for FTB Part A are available online: as at October 2010 the income limit for families with one child aged 0–17 is $101,191. People with dependent children, who are eligible for more than the base rate of Family Tax Benefit, may be eligible for Rent Assistance as part of their FTB Part A entitlement.

Details of the income test for Family Tax Benefit B are also available online: as at October 2010 the income limit for the parent earning the lower amount in two parent families with one main income is $24,291 for children under 5 years and $18,907 for children aged 5–18 years.

To keep the comparisons simple, some Commonwealth payments are not included in these scenarios. Child Care Benefit, Child Care Rebate, Double Orphan Pension, Baby Bonus, Parenting Payment, Carer Adjustment Payment and Maternity Immunisation Allowance are **not** included in the following scenarios. These payments are described in section 2.7. Further, income support payments available to all adults who meet income and residency requirements (including Newstart and Age Pension) are not included. The demographic data on foster and kinship carers partly supports these assumptions, as discussed in section 5.1. Although large-scale quantitative research on grandparent kinship carers in Australia is scant (Bromfield & Osborn 2007), existing research indicates that many grandparent carers rely on benefits or allowances as their primary income, partly because of their age. This is less true of foster carers; however McHugh and colleagues (2004) found that 75 per cent of couple carers had one carer in paid employment. Pensions and benefits are therefore not included here, for purposes of comparison and in keeping with the focus on support for carers specifically, rather than payments and services available to the general population.

The first scenario (Table 8) compares formal and informal carers raising a child aged 10 with no identified special needs. Around a third of children in OOHC, as at June 2008, were aged 10–14 (AIHW 2009). State-based allowances are not counted as income and so are not subject to an income test. Commonwealth allowances are subject to an income test, so assumptions about household income and composition are required. For the purposes of including Commonwealth allowances, it is assumed that the household income is less than $45,114 per year and if there is a secondary earner in the household that they earn less than $4,745 per year (that is, that the maximum rate of FTB is received).

It is further assumed, for simplicity and because the child is older than six that:

- the carers are not eligible for Parenting Payment[9]
- the carers do not receive Child Care Benefit or Child Care Rebate. It should be noted that carers of school-age children are eligible for these payments for out-of-school hours and vacation care. Payment rates for school-age children are 85 per cent of the non school-age rate.[10]

The second scenario (Table 9) compares formal and informal carers raising a child aged 10 with very high needs. In this scenario the rates that are assumed to be provided to non-specialist foster carers and foster kinship carers are included: that is therapeutic and specialist rates (Victoria's Therapeutic Allowance and Queensland's Complex Support Needs Allowance) are not included. For the purposes of including Commonwealth allowances, the same assumptions apply as to the previous scenario: it is assumed that the household income is less than $45,114 per year and if there is a secondary earner in the household they earn less than $4,745 per year (that is, that the maximum rate of FTB is received). In addition, for the purposes of including Carer Payment (child) and Carer Allowance (child), it is assumed that there are two partnered adult carers in the household, so the couple rate of Carer Payment is received.

As in the previous scenario, it is assumed that, because of the child's age, the carers are not eligible for Parenting Payment and do not receive Child Care Benefit or Child Care Rebate.

Income support payments available to all adults who meet income test and residency requirements (including Newstart Allowance and Age Pension) are not included.

Again, it should be emphasised that this and the previous table describe formal entitlements only, and that many formal and informal carers do not receive these payments. For the purposes of analysis the maximum rate of Commonwealth payments have been included, but many carers in receipt of Commonwealth payments will receive smaller amounts. Moreover, Victoria is the only state that provided data on the proportion of carers receiving the four categories of needs-based payment. If these figures can be extrapolated to the other jurisdictions, only around 10 per cent of children will be assessed as having the highest level of need.

Table 8: Scenario: raising a child, aged 10, base rate only

State/territory	State allowances: foster carers and formal kinship carers, $ per fortnight	State allowances: informal kinship carers	Commonwealth allowances: all carers	Total: foster carers and formal kinship carers, $ per fortnight	Total: informal kinship carers, $ per fortnight
Australian Capital Territory	485.70+ extraordinary expenses	–	FTB A: Fortnightly rates • 0–12 year old—$160.30 Annual entitlement includes the end of year supplement of $726.35 FTB B: Fortnightly rates • 5–18 year olds—$95.06 Annual entitlement includes the end of year supplement of $354.05 Rent Assistance: Fortnightly rates • 1–2 FTB children—$135.24 • 3+ FTB children—$152.88	876.30 + extraordinary expenses + FTB annual supplements	390.60 + FTB annual supplements
New South Wales[a]	463 + extraordinary expenses	–		853.60 + extraordinary expenses + FTB annual supplements	390.60 + FTB annual supplements
Northern Territory	331.80 + extraordinary expenses	–		722.40 + extraordinary expenses + FTB annual supplements	390.60 + FTB annual supplements
Queensland	441.21 + extraordinary expenses	–		831.81 + extraordinary expenses + FTB annual supplements	390.60 + FTB annual supplements
South Australia	309.52+ extraordinary expenses	–		700.12 + extraordinary expenses + FTB annual supplements	390.60 + FTB annual supplements
Tasmania	402+ extraordinary expenses	$28 per fortnight +$728 per year +$75 annual Christmas payment +$165 annual clothing payment		792.60[b]+ extraordinary expenses + FTB annual supplements	418.60 + FTB annual supplements + other annual payments.
Victoria	273+ extraordinary expenses	-		663.60 + extraordinary expenses + FTB annual supplements	390.60+ FTB annual supplements
Western Australia	380.85+ extraordinary expenses	-		771.45 + extraordinary expenses + FTB annual supplements	390.60 + FTB annual supplements

(a) As described in Section 2.5, some informal carers in New South Wales receive supported care allowance. In this table informal carers are those assessed as being in private family arrangements, and so not eligible for state payments in New South Wales or other jurisdictions

(b) Includes annual and twice-yearly lump sum amounts

Table 9: Scenario: raising a child, aged 10, very high needs

State/territory	State allowances: foster carers and formal kinship carers, $ per fortnight	State allowances: informal kinship carers	Commonwealth allowances: all carers (as at September 2010)	Total: foster carers and formal kinship carers, $ per fortnight	Total: informal kinship carers, $ per fortnight
Australian Capital Territory	1154+ extraordinary expenses	–	FTB A Fortnightly rates • 0–12 year old—$160.30 Annual entitlement includes the end of year supplement of $726.35 FTB B Fortnightly rates • 5–18 year olds—$95.06 Annual entitlement includes the end of year supplement of $354.05 Rent assistance Fortnightly rates • 1–2 FTB children—$135.24 • 3+ FTB children—$152.88 Carer Payment • $1079.60 per fortnight[d] Carer Allowance: • $106.70 per fortnight	2730.90 + extraordinary expenses + FTB B annual supplement	1576.90 + FTB B annual supplement
New South Wales[a]	917+ extraordinary expenses	–		2493.90+ extraordinary expenses + FTB B annual supplement	1576.90 + FTB B annual supplement
Northern Territory	995.50+ extraordinary expenses	–		2572.40+ extraordinary expenses + FTB B annual supplement	1576.90+ FTB B annual supplement
Queensland	585.21+ extraordinary expenses	–		2162.11+ extraordinary expenses + FTB B annual supplement	1576.90+ FTB B annual supplement
South Australia	1023.82+ extraordinary expenses	–		2600.72+ extraordinary expenses + FTB B annual supplement	1576.90+ FTB B annual supplement
Tasmania	1413+ extraordinary expenses	$28 per fortnight +$728 per year +$75 annual Christmas payment +$165 annual clothing payment		2989.90 + extraordinary expenses + FTB B annual supplement	1623.52[b] + FTB B annual supplement
Victoria	847[c]+ extraordinary expenses	–		2423.90+ extraordinary expenses + FTB B annual supplement	1576.90+ FTB B annual supplement
Western Australia	721.70 + extraordinary expenses	–		2298.60 + extraordinary expenses + FTB B annual supplement	1576.90 + FTB B annual supplement

(a) As described in section 2.5, some informal carers in New South Wales receive supported care allowance. In this table informal carers are those assessed as being in private family arrangements, and so not eligible for state payments in New South Wales or other jurisdictions.

(b) Includes annual and twice-yearly lump sum amounts

(c) Complex, non-high risk range. This rate of payment is not graduated by age (non-high risk and high-risk category, two levels within high-risk). Kinship carers are eligible for reimbursement at the general rate relative to the age of the child in their care. Kinship carer payments are generally not assessed at varying levels of intensity. This means that kinship carers would receive $273+ extraordinary expenses from Victoria in this scenario.

(d) ($496.30*2) + $87.00 = $1079.60

2.9 Summary tables: payment rates in each of the states and territories

This section is based on information provided by the states and territories to FaHCSIA.

Table 10: Australian Capital Territory carer payments as at 1 July 2010

	$ per fortnight, per child						
Age of child (years)	Basic Care	Care Level 1	Care Level 2	Intensive	Enduring Parental Responsibility (EPR)	Emergency Care	Respite Care
0–4	433.10	649.10	812.80	1029.00	643.20	731.00	592.20
5–14	485.70	729.20	961.60	1154.00			
15–17	652.40	977.00	1290.60	1548.80			

Table 11: New South Wales carer payments as at July 2010

	$ per fortnight, per child		
Age of child (years)	Statutory (or Supported) Care Allowance	Statutory (or Supported) Care + 1	Statutory (or Supported) Care + 2
0–4	413.00	618.00	818.00
5–13	463.00	696.00	917.00
14–17	622.00	933.00	1232.00

Table 12: Northern Territory carer payments as at 1 July 2008

	$ per fortnight, per child					
Age of child (years)	Standard	Crisis	Special needs low	Special needs moderate	Special needs high	Special needs very high
0–4	255.80	316.00	379.90	511.70	639.60	767.50
5–7	277.30	346.70	417.50	554.70	693.10	831.70
8–11	331.80	418.00	496.30	663.40	829.20	995.50
12–14	374.80	468.20	559.00	749.40	936.60	1124.20
15–17	450.80	564.10	678.00	917.60	1127.00	1352.40

Table 13: Queensland carer payments as at 17 March 2009

	$ per fortnight, per child	
Age of child (years)	Fortnightly caring allowance (FCA)	FCA + High support needs allowance
0–5	409.55	553.55
6–10	441.21	585.21
11+	479.61	623.61

Table 14: South Australia carer payments as at 18 March 2010

Age of child (years)	$ per fortnight, per child								
	Alternative Care Support Payments	High Intervention Needs/Physical/Intellectual (Special Needs) Loading[(a)]							
		25% Capped loading	50% Capped loading	75% Capped loading	100% Capped loading	150% Capped loading	200% Capped loading	250% Capped loading	300% Capped loading
0–4	278.58	329.97	381.35	432.74	484.12	586.89	689.66	792.43	895.20
5–12	309.52	369.05	428.57	488.10	547.62	666.67	785.72	904.77	1,023.82
13–15	445.28	517.27	589.26	661.25	733.24	877.22	1,021.20	1,165.18	1,309.16
16–17	602.52	690.54	778.55	866.57	954.58	1,130.61	1,306.64	1,482.67	1,658.70

(a) The level of capped loading provided will vary according to the particular needs of the child or young person and is subject to social work assessment and managerial approval

Table 15: Tasmania carer payments as at 3 July 2010

Age of child (years)	$ per fortnight, per child				
	Standard board	Intensive Level 1	Intensive Level 2	Complex Level 1	Complex Level 2
0–4	351.00	567.00	853.00	1145.00	1362.00
5–11	402.00	619.00	908.00	1197.00	1413.00
12–17	464.00	681.00	970.00	1258.00	1475.00

Source: Information in this table from Department of Health and Human Services Policy and Guidelines: Expenditure on Children and Young People in Out of home Care July 2010, available online: <http://www.fostercare.tas.gov.au/__data/assets/pdf_file/0020/31088/Guidelines_on_expenditure_on_children_in_care_3_July_2010_Final_2_.pdf>

Table 16: Victoria carer payments as at July 2010

Age of child (years)	$ per fortnight, per child				
	General	Intensive		Complex	Therapeutic
0–7	261.83	316.38	423.58	846.59–1323.15	530.90
8–10	273.45	346.89	460.76		568.08
11–12	310.59	416.65	556.28		663.60
13+	418.87	585.41	780.74		888.06

Table 17: Western Australia carer payments as at February 2009

	$ per fortnight, per child					
Age of child (years)	Subsidy payments	Special needs loading 7–14 hpw[(a)]	Special needs loading 15–21 hpw[(a)]	Special needs loading 22–28 hpw[(a)]	Special needs loading 29–35 hpw[(a)]	Special needs loading 36+ hpw[(a)]
0–6	323.45	364.14	424.83	485.52	546.21	606.90
7–12	380.85	433.02	505.19	577.36	649.53	721.70
13–18	438.25	501.90	585.55	669.20	752.85	836.50

(a) hpw = hours per week

2.10 Differences within jurisdictions: formal and informal carers

As each state and territory provides identical rates to foster carers and formal kinship carers, and in most cases provides no state allowances to informal kinship carers, the difference between the state allowances received by informal carers and other carers is equivalent to the state allowance.

Formal carers in the Australian Capital Territory receive between $433.10 (for a child under four with no additional needs) and $1548.80 (for a young person aged 15–17 with the highest level of assessed needs). Informal carers do not receive these allowances.

In New South Wales a carer with the day-to-day responsibilities of raising a 14–17 year old child with special needs could be eligible to receive $1,232 per fortnight, with access to a range of additional financial support (contingency payments) if they are a statutory foster or relative/kinship carer. If they are an informal carer (that is child/young person not in need of care and protection) they will receive no allowance or additional financial support.

As noted earlier, the difference between the base rate and highest rate of payment is greater in the Northern Territory and the Australian Capital Territory than any other jurisdiction.

A carer with the day-to-day responsibilities of raising a 15–17 year old will be eligible to receive $450 per fortnight, or up to $1,352 per fortnight for a young person with very high needs, if they are a foster carer or formal kinship carer. If they are an informal carer they will receive no state allowances.

Informal carers in Queensland receive between $409 and $623 less per fortnight than formal carers. Formal carers raising a child aged 11 and older are eligible to receive $479.61 per fortnight, or $623.61 if they have special needs. If they are an informal carer they will receive no state allowances.

The highest base rate in South Australia is $602.52 for a 16–17 year old. Informal carers do not receive South Australian Alternative Care Support Payments.

Tasmania provides the lowest base rates of all of the jurisdictions in allowances for carers but is the only state in which informal carers, or those defined as in private family arrangements, are eligible to receive any allowance at all.

To describe this in very broad comparative terms, formal carers of 10 year olds receive around $8,066 annually if receiving Standard Reimbursement; informal carers $1,621 (plus contingencies) annually.

In common with other states and territories, the difference between payments received by foster and informal carers in Victoria is significant. Foster care reimbursements can be assessed at varying levels of intensity (general, intensive, therapeutic and complex). As most children's needs are assessed as either General or Intensive, most foster carers are eligible to receive between $256 per fortnight (for a child under seven) and $763 per fortnight (for a young person with additional needs aged 13 and over), with additional payments towards medical or other services and establishment costs.

Formal kinship carers are eligible for reimbursement at the general rate relative to the age of the child in their care, with additional payments towards medical or other services and establishment costs. Informal carers receive no state allowances.

Informal kinship carers in Western Australia may receive between $323 per fortnight (for a child under six with no additional needs) and $836.50 per fortnight (for a young person with the highest level of assessed needs) less than a foster or formal kinship carer, although having primary responsibility for a child of the same age with the same level of need.

3 Policy inventory: non-financial supports and services

3.1 Case management, training, advocacy and respite

This section is based on information provided by the states and territories to FaHCSIA. It presents summary tables on the provision of four kinds of non-financial support (that is, services and support other than payments) which have been identified in research as critical areas for carers. Other services provided by the states and territories to carers are also described for jurisdictions where that information was given.

All jurisdictions provide early intervention, respite, advocacy and family support services for all families. Our primary focus here is on services specifically for carers (that is, services additional to those available to any parent).

There are differences between jurisdictions in how these services are offered, and most jurisdictions provide different kinds of services to foster carers, formal kinship carers, and informal carers. In sum:

- All jurisdictions offer case management and training to foster carers and formal kinship carers.
- In most jurisdictions pre-service training is mandatory for foster carers only. The exception is Western Australia, where pre-service training is mandatory for both foster carers and formal kinship carers.
- In most jurisdictions training is not available for informal kinship carers.
- The Australian Capital Territory, Queensland, Tasmania and Victoria provided detailed information on respite, including the entitlements of foster carers in numbers of days per year of respite (Queensland and Tasmania) and information on payments to primary and respite carers (Australian Capital Territory, Tasmania and Victoria). Other jurisdictions note that carers are eligible for respite if it is articulated in individual case plans. Respite services may be available to informal carers, depending on the presence and capacity of service providers.
- Queensland, South Australia and Tasmania have respite and/or advocacy services for informal kinship grandparent carers.
- Commonwealth funded respite is available to all carers of children with severe or profound disability whose needs are not being met by other state or territory government programs. Respite is allocated to carers subject to the availability of funding and prioritisation on a case by case basis by respite centres.
- All jurisdictions have peak bodies for foster carers. The Australian Capital Territory and South Australia have separate bodies for foster and formal kinship carers. Victoria is currently establishing a separate kinship care peak advisory body to ensure the specific needs and concerns of kinship carers are represented. In other jurisdictions the same organisation supports foster carers and formal kinship carers.
- The CREATE Foundation, the peak body representing children and young people in OOHC, receives funding from all jurisdictions as well as ad hoc funding from the Commonwealth. As the service is consistent across each of the jurisdictions, and the focus here is on carers, CREATE is not included in the summary tables.
- Most jurisdictions provide information on other services available to formal and informal carers, including support workers and support groups, liaison officers in government departments and helplines and printed resources. These are detailed in Section 3.3.

3.2 Summary tables

The summary tables for each jurisdiction have been constructed by SPRC, based on information provided by the states and territories to FaHCSIA. The text under 3.3 'Other services for formal and informal carers' is copied from the information provided by the states and territories except where stated otherwise.

It should be emphasised that the information in this section describes what carers are entitled to receive. However, as discussed elsewhere in this report, a very strong finding from research involving carers is that these services are often unavailable, or insufficiently available. The material in this section should therefore be read in conjunction with the remainder of this report, especially Section 4, and Sections 5.3–5.11.

Table 18: Australian Capital Territory summary of case management, training, respite and advocacy services

	Carer-specific services and support[(a)]		
	Foster carers	**Formal kinship carers**	**Informal kinship carers**
Case management	Yes		No
Training	Mandatory (Positive Futures Caring Together Program)	In development	Yes, if provided by NGOs
Respite	Yes	OOHC agencies are funded to provide respite to anyone in need	
Advocacy	DHCS provides funds for the Foster Care Association of the Australian Capital Territory	Kinship Care Australian Capital Territory	

(a) Services additional to those available to the general population; excludes carer recruitment and workforce development strategies

Note DHCS, (Australian Capital Territory) Department of Disability Housing and Community Services

Table 19: New South Wales, summary of case management, training, respite and advocacy services

	Carer-specific services and support[(a)]		
	Foster carers	**Formal kinship carers and non-statutory supported carers**	**Informal kinship carers**
Case management	Yes		No
Training	Mandatory (Shared Stories Shared Lives)	Yes, not mandatory	No
Respite	Based on assessed need of the child or young person and carer		No
Advocacy	Connecting Carers NSW; Aboriginal Statewide Foster Carer Support Service; Foster Parents Support Network		No

(a) Services additional to those available to the general population; excludes carer recruitment and workforce development strategies

Table 20: Northern Territory, summary of case management, training, respite and advocacy services

	Carer-specific services and support[(a)]		
	Foster carers	**Formal kinship carers**	**Informal kinship carers**
Case management	Yes		If requested
Training	Yes		No
Respite	If articulated in the case plan		No
Advocacy	NT Families and Children funds Foster Care NT		No

(a) Services additional to those available to the general population; excludes carer recruitment and workforce development strategies

Table 21: Queensland, summary of case management, training, respite and advocacy services

	Carer-specific services and support[(a)]		
	Foster carers	**Formal kinship carers**	**Informal kinship carers**
Case management	Yes		No
Training	Mandatory (Quality care: Foster care training)	Yes, not mandatory	No
Respite	Entitled to 30 days planned (dual) respite per financial year. Up to 42 days emergent respite payment is available to carers as required. An extension of this limit can also be approved.		Time for Grandparents (state-wide information line, free respite activities; overnight Grandfamily Camps for grandparents and grandchildren)
Advocacy	Foster Care Queensland (FCQ), Peakcare, Queensland Aboriginal and Torres Strait Islander Child Protection Peak Limited		No

(a) Services additional to those available to the general population; excludes carer recruitment and workforce development strategies

Table 22: South Australia, summary of case management, training, respite and advocacy services

	Carer-specific services and support[a]		
	Foster carers	**Formal kinship carers**	**Informal kinship carers**
Case management	Yes	Families SA Relative and Kinship Care Program	No formal
Training	Mandatory: training is a mandatory condition of registration as a carer	Families SA Relative and Kinship Care Program	No[b]
Respite	Yes (provided by NGOs)	Time for Kids	Time for Kids Grandparents—Respite and Support Service
Advocacy	Connecting Foster Carers SA Inc	Connecting Foster Carers SA Inc, Grandparents for Grandchildren SA Inc	Grandparents for Grandchildren SA Inc

(a) Services additional to those available to the general population; excludes carer recruitment and workforce development strategies

(b) Family based care service providers (government and non government) currently provide orientation training and some specialist training options. The South Australian government has committed $8.4 million over four years to provide improved assessment, support and training services to relative and kinship carers and their families.

Table 23: Tasmania, summary of case management, training, respite and advocacy services

	Carer-specific services and support[a]		
	Foster carers	**Formal kinship carers**	**Informal kinship carers**
Case management	Yes		No
Training	Yes		No
Respite	The Department of Health and Human Services funds two NGOs to provide respite and emergency care.		If available
Advocacy	Foster Carers Association of Tasmania		

(a) Services additional to those available to the general population; excludes carer recruitment and workforce development strategies

Table 24: Victoria, summary of case management, training, respite and advocacy services

	Carer-specific services and support[a]		
	Foster carers	Formal kinship carers[b]	Informal kinship carers[b]
Case management	Yes	Yes	No
Training	Yes, mandatory	No	No
Respite	Yes	Available via endorsed case plans	OOHC agencies can provide respite depending on service capacity.
Advocacy	Foster Care Association of Victoria	This role will be assumed by the kinship care peak advisory body.	No Informal kinship carers are eligible for kinship information and advice, and family services.

(a) Services additional to those available to the general population; excludes carer recruitment and workforce development strategies
(b) See section on 'A new kinship care program' in Section 3.3 below

Table 25: Western Australia, summary of case management, training, respite and advocacy services

	Carer-specific services and support[a]		
	Foster carers	Formal kinship carers	Informal kinship carers
Case management	Yes		No
Training	Yes, mandatory		No
Respite	Yes		No
Advocacy	Foster Care Association		No

(a) Services additional to those available to the general population; excludes carer recruitment and workforce development strategies

3.3 Other services for formal and informal carers

This section contains information provided by the states and territories to FaHCSIA.

Australian Capital Territory

There is a range of support programs for informal kinship carers and foster carers in the Australian Capital Territory that are provided by non government agencies. These are funded by the Australian Capital Territory Government or other funding sources. Informal carers are able to access these services and support.

The Aboriginal and Torres Strait Islander Services Unit in the Australian Capital Territory Department of Disability Housing and Community Services (DHCS) has a specialised Aboriginal and Torres Strait Islander Kinship and Foster Care program, which recruits, assesses, and supports Aboriginal and Torres Strait Islander kinship and foster carers in the Australian Capital Territory.

A carer liaison position has been established in DHCS which provides support for foster carers and kinship carers. The liaison officer has assisted in establishing kinship carer groups, developed a regular newsletter for carers, and is the contact point for carers who may have concerns or issues.

Non-government organisations that are funded to provide foster care services also provide a range of specialist supports, including training and carer network support as part of their contractual arrangements.

DHCS has access to a range of internal and external psychologists to provide assessment and counselling support in accordance with care plans. DHCS has also engaged the Australian Childhood Foundation to provide consultancy and wrap around support to specialist foster and kinship care.

In addition DHCS and non-government OOHC agencies work closely with other agencies to provide support as needed, for example health, mental health, family support.

New South Wales

Connecting Carers New South Wales operates a 24-hour support helpline for foster and relative carers.

Community Services (CS) psychologists offer a range of services for children and carers including individual and group counselling, discussion groups, behaviour management programs and training. The quarterly CS newsletter *Fostering Our Future* includes information on current news, and initiatives, and provides foster carers with a way to share stories, achievements and ideas. The newsletter is distributed to all foster carers and published on the CS website. CS also publishes and distributes a number of Fact Sheets as a resource for foster carers, parents and children and young people in care. The Fact Sheets provide carers with information such as case meetings, life story work and how to meet the health and educational needs of children and young people.

Northern Territory

Placement Support Teams facilitate social activities, such as coffee mornings, activities for National Foster Carers Day and Christmas parties for carers and children. Wherever possible these are joint efforts between the Northern Territory Families and Children (NTFC) Department, Foster Care NT and CREATE.

NTFC can provide ongoing case management support in a voluntary 'family support' capacity to informal carers caring for a child who is not subject to a statutory order. This support may be delivered for a period of time once the child's substitute care case is closed to ensure continuity and stability of services. Case management and casework would be on a voluntary engagement basis with the family.

Families may also refer themselves to NTFC at any time for additional support as required. NTFC can facilitate referrals to other agencies to address specific needs as necessary.

Queensland

The Foster and Kinship Carer Support Line is an after-hours telephone service for foster and kinship carers who may be seeking support with behaviour management or other concerns regarding the care of children.

The Child Health Passport (CHP), a joint initiative with Queensland Health, is a record of health information for a child in care, which is provided to the carer to assist with daily care. The CHP moves with the child to each placement and back to the family if reunification occurs.

Education Support Plans (ESP), a joint initiative with Department of Education, Training and the Arts, identify education goals for a child or young person in care and strategies to achieve those goals. Carers are included in the development of the ESP.

The Department of Communities provides funding to NGOs to host Foster and Kinship Care Week in their local communities. The week also includes the Foster Care Excellence Awards to celebrate foster carers, kinship carers, their families and extended networks. The main purpose of this event is to thank foster and kinship carers, and raise awareness of foster and kinship care within the community and provides an opportunity for the community to recognise carers' contribution to the care of children and young people in Queensland. Departmental resources, such as carer information sheets, online resources and the *Carer Handbook*, are also made available to carers.

The Foster Carer Card provides carers with ready identification for government agencies and hospitals. The card also provides access to a range of business discounts for foster and kinship carers to assist with their everyday caring costs. Participating businesses include automotive repairs, home maintenance, healthcare, accommodation and tourist attractions. All foster and kinship carers are eligible for the card.

Formal and informal support networks are also available to carers. Examples include attending a carer support group or discussing a particular issue with a child safety officer or a support worker from a non-government foster or kinship care service.

Evolve Interagency Service (EIS), a joint initiative involving Queensland Health, Disability Services Queensland and the Queensland Department of Education Training and the Arts, provides intensive therapeutic and behaviour support services for children on child protection orders and in OOHC who have significant behavioural and psychological issues and/or disability behaviour support needs. Carer support is provided through targeted training and support by EIS clinicians to provide foster and kinship carers with skills to respond to children and young people with specific needs such as conduct disorders or those who have experienced sexualised behaviour or who are sexually offending. Currently EIS staff from Queensland Health and Disability Services Queensland provide training and support to carers to promote greater understanding of children's behaviours (including sexualised behaviours) and the best way to respond to meet their needs. Some examples of the training offered are:

- Concepts of child abuse and trauma for OOHC
- Self harm: the research, reactions and responses
- Attachment in OOHC
    - Behaviour support and management plans
- Social skills: what are they, what impacts upon them and how can we help
- Parenting in foster care
    - Attachment training; understanding the impact of abuse and trauma.

South Australia

Foster, relative and kinship carers are now issued with identification cards. Carers can use the Foster Carers Card to prove their status as registered carers. They may present their card in conjunction with photo identification and their child's Verification of Child in Care form to demonstrate their relationship to the child or young person in their care. Carers can show their card to staff at hospitals, community health services (such as Child & Adolescent Mental Health Services (CAMHS)), SA Dental Service, doctors, pharmacists, schools, kindergartens and child care centres to show they are a foster, relative or kinship carer.

The Informal Relative Caregivers' Statutory Declaration was introduced by the state government. The declaration is a written statement made in the presence of an authorised witness that states that a grandparent/relative is informally providing full time care to a relative's child or young person. It can be used as evidence to establish care-giving status. It assists informal carers to enrol the child in school and work with the child's school to support the child's learning, consent to medical and dental treatment and gain access to other state government supports and services.

The Aboriginal Grandparents Social Support and Respite Project group meets fortnightly to support members and to raise individual or system issues that need to be addressed. The project also provides respite; retreats for grandparents, camps for grandchildren, and various cultural and family activities are offered during school holidays. Flexible, ongoing respite packages are also available to individual families. The project covers the Tea Tree Gully, Salisbury, Playford and Gawler council areas.

Aboriginal Kinship Program—Grannies Group Program is a peer support network of Aboriginal grandparents who advocate on behalf of their children, grandchildren and their communities on issues affecting them.

A Grandparents Raising Grandchildren Group has been established by a group of grandparents with the help of Anglicare SA and the Grandparents as Parents Project, through Helping Hand Aged Care provides information and support to grandparents who are full-time carers of their preschool and school-age grandchildren and who live in the local government areas of the Tea Tree Gully, Playford, Salisbury and Port Adelaide-Enfield.

The Fleurieu Support Group provides information and support to grandparents who are full-time carers of their grandchildren and who live in or around Victor Harbour.

Foster Carers Day and Foster Carers Week are celebrated by Families SA with events at Families SA Offices and central city venues. The Alternative Care Joint Partnership forum held in August 2010 brought together carers, Families SA staff and non-government service providers to identify and initiate collaborative working groups to address issues for foster carers in South Australia.

Tasmania

No additional services were specified.

Victoria

The Department of Human Services is progressively implementing a new kinship care program in Victoria. All informal kinship carers are eligible for kinship advice and information and kinship family services but not the more intensive placement support components provided by a community service organisation (CSO) or the Child Protection provided or accessed components. Aboriginal Community Controlled Organisations (ACCO) are expected to commence placement support services in 2011.

Informal, mainstream and CSO supports available to all kinship carers (in addition to those that are available to all families) are:

- family care teams
- kinship carers groups
- kinship information and advice service (including coordination/support for kinship carers groups).
- kinship family service (brief, occasional and short term support).

CSO and Child Protection services that are only available to formal kinship carers are:

- kinship placement support (statutory clients only):
  - placement establishment support (up to six months)
  - case contracted and case managed transitional support
  - case contracted and case managed long term support
- best interests statutory decision-making and implementation processes
- assessment and monitoring of suitability of kinship placements.

The Victorian Government Carer Card is a new discount and benefit card for primary, foster and kinship in Victoria. To be eligible for a Carer Card an applicant must be a resident of Victoria and either:

- a primary, unpaid carer of a person with a disability, a severe medical condition or a mental illness, or who is frail aged or in need of palliative care. This care must be provided in the home of the person requiring care
- a foster, respite, kinship or permanent carer in receipt of a DHS reimbursement payment
- a kinship carer.

The Carer Card provides the cardholder with discounts on a range of government and community activities, goods and services; discounts at participating private businesses; and free travel on public transport on Sundays and travel vouchers for two free return off-peak trips within Victoria.[11]

In order to support foster carers by ensuring an appropriate level of physical amenity, the DHS makes available funds for the purchase of 'Kids Under Cover' bungalows (subject to assessment and total annual funding of $200,000 for this initiative). Kids Under Cover is a registered charity in Victoria specialising in provision of bungalows for children and young people who require support. A bungalow can be placed at the property of a carer whether owned or rented by the carer. This allows the adolescent child of the carer to be placed in the bungalow (where the foster child is very young) or for an adolescent placed in foster care to be placed in the bungalow. The bungalows remain the property of the DHS and are removed when the care arrangement ceases. 'Kids Under Cover' can provide bungalow accommodation to informal and other relative carers through community and philanthropic funds.

Western Australia

Foster carers and their families have access to a confidential counselling service, available to each family free of charge for three sessions a year. Clinical psychologists, therapists and teachers are also available to help foster carers with the children and young people in their care.

District teams often hold functions and events to support carers, such as regular coffee mornings and networking meetings so carers get the opportunity to meet with other carers in their area.

3.4 Australian Government support

Carers have access to a range of support and early intervention and prevention programs and projects, including information and education, community development activities, counselling, education and skills training, dispute resolution and safe places.

The Australian Government has produced a brochure, *Are you a grandparent (or relative) caring for children?*, with information about Government benefits and payments for grandparent carers. This booklet is available from Centrelink and Family Assistance Offices.

The Australian Government recently committed to establishing 25 MyTime for Grandparents peer support groups. These groups offer a supportive environment for grandparents to meet and share ideas. These new peer support groups will commence from July 2011.

In addition, the Australian Government has committed to providing four new Centrelink Grandparent Advisors—one each in Melbourne and Brisbane, and two in Sydney—to build on the successful adviser position in Perth. These Grandparent Advisors will assist grandparents to access the government payments to which they are entitled, and provide referrals to other relevant services.

The Australian Government is also reforming its Family Support Program to ensure it better supports vulnerable and disadvantaged families, including a stronger focus on the needs of grandparent and kinship carers. All carers, including grandparent and kinship carers, can access the following services under the Family Support Program:

1. Communities for Children provide prevention and early intervention to families with children up to 12 years in communities of disadvantage. This includes meeting the needs of Indigenous families in remote locations.
2. Family Counselling Services deal with family relationship issues, including mediation, counselling for children, and broader parenting support.

3. Specialist Services, including Kids in Focus and Specialised Family Violence Services, help families affected by drug and alcohol abuse, violence and trauma.

4. Community Playgroups support families with young children.

In recognition of the varying degrees of formality in care arrangements, the Australian Government has made it easier for grandparents to claim Medicare benefits on their grandchild's behalf, even if the child does not appear on their Medicare card. The three main of ways of doing this are:

- Bulk billing medical practice staff can call 13 21 50 to get a child's Medicare card number to enable claims to be processed.
- Grandparents can pay for medical services, have the receipt made out in their name and claim the reimbursement from Medicare Australia.
- Where the grandparent is the primary carer and can provide evidence of this, the child may also be enrolled on their Medicare card.

4 Barriers to undertaking a caring role

4.1 Introduction

In understanding the barriers for potential carers it is important to first look at what attracts or motivates people to become foster carers. Studies that have examined why people decide to foster have predominantly focussed on individual and intrinsic factors. A survey of foster carers (n=450) found that around a quarter (27 per cent) reported that they always planned to foster; a fifth (21 per cent) were prompted to care because they knew a specific child or a relative's child who needed care; another fifth (19 per cent) responded to a media article/story; 12 per cent responded to a church/community group announcement; nine per cent were asked to foster by another carer; four per cent said it was a family tradition to foster; and three per cent said it was because they or their partner had been in care. Another reason given by a small number of carers was that they were childless and wanted to care for children. Once they began fostering, most surveyed carers' continuing motivations to foster were based on emotional and altruistic factors and were predominantly child focussed. They included: wanting to achieve positive outcomes for children; awareness that all children needed families; and wanting to make a difference in the lives of abused children (McHugh et al. 2004).

The survey findings were supported by workers and stakeholders in the study. Workers often used the word 'commitment' to express the enduring nature of carer intrinsic motivation to continue caring. Some workers thought that, for a small percentage of carers, fostering was a job that made them feel important in the community, giving them meaning and status (McHugh et al. 2004).

In a series of in-depth carer interviews (n=30) in a New South Wales study it was found that the motivation underlying fostering varied (McHugh 2007). For many carers it was a combination of factors. One emergent theme was that an underlying 'need' to foster came at the 'right time and place' in their life cycle. For some, the 'time' was right when their own children had left home, or if still at home, were of school age or older. For some younger women, it was when they realised adoption or having their own children was not possible. Others who had given up work, or were retired, had 'time' on their hands and space for a child. For five women the 'trigger' to foster was reading a foster carer advertisement in the paper.

Around a third (n=11) of the carers (including six Indigenous carers) had first-hand experience of fostering; coming from families where parents, aunties or sisters fostered. For these carers an ethic of care-giving had developed early in their lives. Three knew about fostering from immediate neighbours who fostered. Three carers, two of whom were Indigenous, had been kinship carers prior to fostering non-related children (McHugh 2007). A Victorian study found similar intrinsic motivations as to why foster carers were attracted to foster and what motivated them to continue fostering:

> For many people, the main reason they became a carer was that they had always wanted to do it (40 per cent). Another significant impetus is having second-hand contact [25 per cent], including personal contact with an agency, word of mouth, or having friends or family who are foster carers … the reasons people give for continuing to foster are reasonably stable over time … Over 80 per cent of carers cited 'making a difference in children's lives' and 'children deserve to feel safe'. (DHS 2007, p. 17–18)

The important emotional and altruistic dimensions that underlie the decision to volunteer to foster and continue to be a foster carer are not easily measured. It is therefore difficult to envisage which people might (or might not) be attracted to fostering, and what the other barriers might be that prevent people offering to foster. Some Australian researchers have suggested psychological testing of potential carers to improve understanding of motivation, better predict carer suitability and strengthen carer retention (Kennedy & Thorpe 2006).

The following section looks briefly at the studies that have considered individual, social and structural factors as barriers and then considers whether other factors, such as age, education, employment, housing and health may impinge on people's willingness to foster.

4.2 Barriers for formal and informal carers

A literature review on foster care conducted by AIFS found that factors identified as barriers to people considering foster care included (Richardson, Bromfield & Higgins 2005, p. 17):

- individuals' doubts about whether they would be a good parent
- the huge commitment that fostering was perceived to involve
- fear of the problems and challenges associated with difficult children
- concern about the potential disruption to other family members
- the costs involved.

In considering the national and international literature around barriers to fostering Richardson, Bromfield and Higgins concluded that:

> Australian research suggested that a desire to be a parent and a person's doubts about whether they would be a good parent were often cited by [people] as being influential in their decision about whether to become a foster carer. Similarly, social and structural factors acted as both an incentive and a deterrent to fostering ... International research presented also suggested that poor public perception of foster care and the foster care service system was a disincentive to fostering. (Richardson, Bromfield & Higgins 2005, p. 18)

In a study by McHugh and colleagues (2004) it was suggested that the pace of modern day living left many full-time working couples 'time poor' and that deterred them from offering to foster. One stakeholder argued that full-time worker couples often preferred to make a donation to a worthy cause, even sponsoring a child in an overseas country, rather than becoming involved in the day-to-day care of a foster child (McHugh et al. 2004).

A study by the Centre for Excellence in Child and Family Welfare (2007, p. 9)found that fostering may have a bad reputation due to negative word of mouth 'advertising' in rural and regional communities, especially when carers are distressed by having allegations of abuse made against them.

Other barriers to becoming foster or kinship carers are discussed in the following section. They include: age, education, employment, housing and health.

Age, in and of itself, does not preclude carers (foster or kinship) from considering a caring role. Many fostering websites suggest carers should be in their mid-twenties to be eligible for fostering. The age that women foster appears to have changed over time. A New South Wales study in 1986 found that female foster carers' age range was 25–49 years (Gain, Ross & Fogg 1987). Reflecting the decisions of contemporary women to partner and have children at an older age, studies in 2002, 2004 and 2007 found the majority of foster carers were older—in 2002, 40–60 years; in 2004, 35–54 years; in 2007, 40–54 years (McHugh 2002; McHugh et al. 2004; DHS 2007).

In Australia, increasing longevity and the increasing trend for women to have children when they are older, means mothers in their middle years (40 years plus) with dependent children and in paid work, and who have responsibility for ageing parents, are highly unlikely to have time to foster (McHugh 2007). In addition, young people's tendency to live longer with their birth family and to return home after periods of living away may, in some cases, reduce the likelihood of people with older children to foster and reduces the frequency of 'empty nests' (DHS 2007). The increasing age of current foster carers may indicate the likelihood of a time limited

involvement in fostering. Currently the ageing of the carer population is perceived as a major problem as many older, more experienced carers are leaving fostering (McHugh et al 2004).

Older age does not appear to deter kinship carers from 'parenting again'. Research in the UK found kinship carers are often an older (and poorer) cohort than foster carers (Nixon 2007; O'Brien 2000; 2001). A Victorian audit of kinship carers found that carers were predominantly single women (usually grandmothers or aunts) with half aged 50 years or more (DHS 2000). In a recent New South Wales study of kinship carers (n=39), the average carer age was 57 with the eldest being 74 years and the youngest 35 years (unrelated married man, caring for four unrelated children, one his godson). Most carers (70 per cent) were married and 30 per cent were single parents (all female: McHugh 2009). A confounding factor for ageing grandparents is the huge disparity in their age and the age of the children in their care. For older carers with possible health problems of their own, younger children can be physically demanding and older grandchildren more emotionally and mentally demanding (US DHS 2010). It is highly likely that older grandparents, taking on the care of young grandchildren, may not see them into early adulthood.

The education level of carers is not a barrier to fostering or providing kinship care. What is important is the ability of carers to assist children and young people in care in meeting their education challenges. Learning difficulties, poor scholastic skills, interrupted school attendance, truancy and difficulties at school are not uncommon characteristics of children in care in Australia and the UK (DHS 2003; Howe 2009; McHugh 2002; Triseliotis, Borland & Hill 2000; Yardley, Mason & Watson 2009).

A New South Wales study in 2004 found that less than half (42 per cent) of the primary foster carers had completed Year 10 or equivalent and approximately one-third (34 per cent) had completed Year 12 or equivalent. More than half of the primary carers (56 per cent) had completed a post-school qualification (McHugh et al. 2004). These findings on foster carer level of educational qualifications correspond to similar findings in a study conducted by the Australian Foster Care Association in 2000 (AFCA 2001).

Studies in Australia and the UK find that kinship carers are more likely than foster carers to be less well-educated and more disadvantaged (Hunt 2008; O'Brien 2000, 2001; Yardley, Mason & Watson 2009). Grandparent kinship carers may also feel out of touch with the habits and behaviours of children and young people, unfamiliar with contemporary practices around discipline, and lack the energy needed to keep up with the children in their care (Baldock & Petit 2006, p. 25).

One study, in New South Wales, found that over one-third (35.3 per cent) of foster carers and less than one-tenth (5.6 per cent) of primary kinship carers had a university qualification. Less than one-fifth (16.9 per cent) of the kinship carers had a post secondary qualification, compared with nearly two-thirds (58.8 per cent) of foster carers. Nearly half (42.3 per cent) of kinship carers had completed Year 9 compared with less than one-tenth of foster carers (7.8 per cent). The study also found that:

> Grandparents in particular are conscious of not having the relevant knowledge or contemporary educational background to assist their grandchildren with homework or to assess where children are in need of assistance (Yardley, Mason & Watson 2009, p. 45).

Yardley, Mason and Watson (2009, p. 45) also found that:

> Grandparents were more likely to be under resourced in terms of technology in the home. Many carers have reported difficulty in getting professional advice or finding support for children with learning difficulties, or children in need of coaching to catch up to their contemporaries after periods of absence from school.

Whilst little is known on whether kinship carers require training to assist with meeting educational needs of children, a survey of foster carers in 2004 found that 15 per cent had undertaken such training and 21 per cent would like to undertake this type of training. Of all types of training foster carers would have like to undertake, 'meeting the educational needs of children' was listed as the fourth highest in a list of 16 (McHugh et al. 2004). Kinship carers are in general provided with little or no training before taking on the care of children. It is evident from Yardley, Mason and Watson's (2009) study that an important issue for carers was support, to help them deal with the many needs of children, including their educational needs.

Another area of concern, connected to a lack of contemporary skills among grandparents, is in the area of 'parenting' (Yardley, Mason & Watson 2009, p. 58). Knowledge of modern parenting and awareness of development stages in young children's lives is of increasing importance in contemporary society (Arendell et al, 1997). Yardley, Mason and Watson's (2009, p. 116) study reported that some kinship carers did not see training as necessary, as 'raising one's own children successfully was training enough for the present task of caring for grandchildren'.

This belief was also echoed by a manager of a New South Wales OOHC service in another study. Kinship carers know the child and they know the family: 'some people don't like to be told how to parent, they think they know how to be parents', she observed (McHugh 2009). In contrast to some carer perceptions of their parenting skills, departmental workers in the study found that a parenting program (for example Triple P—Positive Parenting Program) had been well received by kinship carers.

A regional project officer from a carer support group interviewed for the study was organising a grandparent/relative carer parenting program to assist carers of adolescent children. The group is to be run by the child and adolescent mental health team, with the project officer supporting the workers (McHugh 2009).

An earlier study (McHugh et al. 2004) suggested that the significant increase in women's labour force participation in the last two decades may have resulted in fewer women considering a fostering role. This increase in labour force participation reflects a number of factors, including: women's higher education standards; changing social attitudes towards the role of women; the economic necessity for many to support themselves and/or to contribute to household income to ensure the wellbeing of their families; and, with rising longevity, the increasing need of women to secure an adequate income in retirement (McDonald 2001; Tearse 2010; Thompson 1999).

Foster and kinship carers can be constrained from participating in paid work. Recent work in the area suggests that, because of the reasons children come into care (for example abuse and neglect), they are more likely than other children to need carers to spend additional time with them (McHugh 2007). Researchers suggest that 'the nature and demands of providing a fostering service may limit the possibility of full-time involvement in paid work' by foster carers (Smyth & Eardley 2008). In their UK report, Sinclair, Gibbs and Wilson note that 'carer families are still comparatively unlikely to have ... a female carer who works full-time'. They go on to suggest that these features of fostering may constrain supply, noting that:

> The mechanism may have to do with motivation—those who want to work may not want to foster—or practicalities—it may be difficult to combine fostering with work, and some fostering schemes require at least one carer to be at home full-time (Sinclair, Gibbs & Wilson 2000, p. 26).

An example of an Australian fostering scheme where 'fostering and work' was combined was one where a primary carer was requested to care for a sibling group. The experienced carer, previously in part-time work, was asked to forgo paid work and become a full-time carer. The carer was set up in a house big enough to take the sibling group and 'paid' (a similar amount to her lost wages). The agency used other sources to make up the shortfall from departmental funding for the placement.[12] (McHugh et al. 2004, p. 36)

Nationally and internationally studies highlight the likelihood of foster carers, if employed (generally around one-third), to be predominantly in part-time employment, regardless of the ages of the children in their care (DHS 2000; McHugh et al. 2004; Tearse 2010; Yardley, Mason & Watson 2009). A more recent survey of foster carers in Victoria found almost half (46 per cent) of primary carers worked full-time and almost one-third (30 per cent) worked part-time (DHS 2007). Part-time work, particularly low-paid work, can be disadvantageous to carers. Employment rights and entitlements can be minimal and part-time work offers less job security, reduced eligibility for leave (sick, holiday or long service), and a reduced level of superannuation savings that lessens retirement income (Pocock 2005; Shaver & Thompson 2001; Thompson 1999). National consultations with carers (n=92) raised the issue of the lack of provision of a Superannuation Guarantee Contribution payment for carers and the impact of the 'loss' of the contribution for carers who had a career (for example caring for 20–30 years) in fostering (KPMG 2010).

Sinclair, Gibbs and Wilson (2000) suggest that one way of making it easier for female carers to combine work and fostering is to redefine fostering as 'work', and pay a salary accordingly. They state:

> Those who want to go out to work will appreciate after-school arrangements or a type of foster child that enables this to happen. Those who have teenage children may not want an additional teenage child. Foster carers who are over fifty may not want full-time fostering but might be willing to use their skills in some less demanding role such as that of respite carer (Sinclair, Gibbs & Wilson 2000).

An example in Australia in which fostering has been redefined as 'work' was found in a study of carers who provided intensive services for children with high needs. Workers in the program were quite accepting of the view that some people motivated to foster 'were doing it as a job'. They noted that carers are being asked to be 'more professional' and for some it is a way of earning a wage. Usually these carers are assessed as having skills and competencies to offer a professional service (McHugh et al. 2004).

A Victorian study with current and former carers included recommendations from carers about systemic changes to better support carers. These include:

- carers' desire to be treated as true partners in caring for the child, and to be treated with respect rather than suspicion
- professional recognition, including involvement in decision-making and case management
- recognition from agencies during and after difficult phases and events
- support and legal assistance when allegations of abuse are made (Centre for Excellence in Child and Family Welfare 2007, p. 23).

Kinship carers, usually in older age groups, are highly likely because of their age to have left work and/or be retired. Employment of any type is less likely for most kinship carers. Studies, here and in the UK and US found the main source of household income for kinship carers is often government income support payments (Smyth & Eardley 2008; McHugh 2009: Yardley, Mason & Watson 2009). An audit of Victorian kinship carers found only one-third were in paid employment and almost half were reliant on a pension or benefit (DHS 2000).

There is evidence that some kinship carers, and/or their spouses, previously in paid work leave their employment to care for related children, usually grandchildren (Yardley, Mason & Watson 2009; McHugh 2009). Caring brings financial strain to many families, with carers (mostly grandparents) in the Yardley, Mason and Watson (2009) study reporting changes in their financial situation since becoming a carer. Significantly more kinship carers (46 per cent) than foster carers (30 per cent) rated their financial situation as 'somewhat' or 'greatly' deteriorated (Yardley, Mason & Watson 2009). The financial situation of Indigenous grandparents caring for grandchildren has been found to be even more severely strained. Smyth and Eardley (2009) citing the analysis of HILDA data by Brandon (2004) found:

> In 2001, 43 per cent of children living with a grandparent only, were of Aboriginal or Torres Strait Islander descent. This household type also had the second lowest gross household income after lone mother households, had proportionately much higher rates of poor dwelling conditions than other household types and had generally high levels of socioeconomic disadvantage (Smyth & Eardley 2009, p. 10).

Whether a need for paid work is a barrier for people to consider becoming a foster (or kinship) carer is not clear. Research indicates that the opportunity costs from not being in the paid workforce while caring for dependent children are significant. Foster carers, particularly those with a lifelong commitment to fostering and/or because of the needs of the children cared for, are less likely than others to become involved in paid work, even as fostered children grow older (McHugh 2007; Tearse 2010). The UK research found the likelihood of not being employed also increases with the age of the primary carer (Tearse 2010).

Loss of earnings, superannuation and work entitlements (for example sick, recreation, and long service leave) are consequently of a higher order for long-term foster carers (McHugh 2007). For kinship carers, highly reliant on government income support and with possibly fewer options to combine paid work with caring, the additional financial strain could well result in placement instability and disruption.

In the assessment of foster carers, adequate and safe housing (that is availability of bedroom and living space required by a child in care) is a general requirement before a carer is accredited (Colton & Williams 2006). With the shortage of available foster placements it is, however, not uncommon for carers asked to take additional foster children or sibling groups to face 'overcrowding' problems until solutions are found. For other carers, space becomes problematic when long-term foster children grew older and need a room of their own, or where sibling foster children of the same sex cannot share a bedroom, due to personality or behavioural problems. One researcher found carers use various strategies at these times. Some carers build extensions, convert family rooms or garage space to bedrooms, purchase caravans, or move premises. Most carers appear do this at their own expense with only a very small number receiving financial assistance from the agency to help defray the costs. The research also found that a small number of carers in public rental were allocated larger dwellings through the intervention of agencies to the housing department in their particular state (McHugh 2009).

The housing situation of kinship carers is most likely to be very different to that of foster carers. Kinship carers, faced with a crisis situation and/or where less formal assessments are conducted, offer placements (often in small retirement properties) providing inadequate space and/or overcrowding for themselves and kin children. For example, a New South Wales study involving foster and kinship carers found more foster carers (75 per cent) than kinship carers (58 per cent) either owned or were paying a mortgage on their home. A similar percentage (14 per cent) of foster and kinship carers were in private rental accommodation. Significantly more kinship carers (28 per cent) were in public rental than foster carers (10 per cent; Yardley, Mason & Watson 2009).

UK and Australian research indicates that relocating and/or changing housing tenure to accommodate children or to keep them at their school is not an unusual occurrence for kinship carers (Griggs 2010; McHugh 2009; Yardley, Mason & Watson 2009). One study with kinship carers found:

> Some carers have reported needing to move out of homes they owned because they were too small and upsize into rental accommodation. Some carers who were already renting, reported having to move to cheaper rental areas away from social networks in order to afford houses with more bedrooms (Yardley, Mason & Watson 2009, p. 42).

Because so little is known about the situation of kinship carers (formal and informal) it can only be assumed that in some instances carer accommodation could be a barrier to some kinship placements owing to the size and type of housing. Examples of the consequences of 'inadequate housing' were provided by two formal kinship carers in a recent New South Wales study:

> During the assessment process, one carer who could not meet accommodation standards was told she had to move if she wanted to care for her grandson. The grandmother said that, after moving house, two of her older children [previously living at home] had to find alternative accommodation.
>
> One carer of four siblings (one girl, three boys) in a three-bedroom villa had to move (request from the department) to larger rental accommodation (a five-bedroom house) when the eldest child [in care] a girl, turned eight. They received no assistance from the department for any of the costs involved in moving (McHugh 2009, p. 90)

A more positive story was of an Aboriginal aunt (formal carer), who took on the care of seven siblings (nephews and nieces). She was provided with a four-bedroom house through the state housing department and beds and bedding were also supplied (McHugh 2009, p. 90). Whether housing is a barrier for statutory kinship carers is probably dependent on the assistance (financial and otherwise) of agencies requiring the kinship placement. As noted there is no available information on housing barriers for informal kinship carers.

Not being in 'good' health is a barrier to being a carer as having 'good' or 'reasonable' physical health is a pre-requisite for people applying to foster in Australia and elsewhere (Colton & Williams 2006). UK research found foster carers, in general, enjoy good health (Triseliotis, Borland & Hill 2000). One study in particular found carers on average enjoyed better health than the general population and concluded that it was in part due to their involvement in fostering (Kirton, Beecham & Ogilvie 2003).

Two studies in the UK found kinship carers in poorer health compared to foster carers (Hunt 2008; Nixon 2007). In a recent New South Wales carer study, just over one-tenth (12 per cent) of kinship carers rated their health

to be 'very good' with most rating their health as 'good' or 'reasonable'. A greater number of kinship carers than foster carers reported 'poor' to 'very poor' health. Factors, noted by the authors, as contributing to the health deterioration of kinship carers included 'additional stress, lack of sleep, worry, lack of time for attending medical appointments, having no personal time and the difficulties of finding child-care' (Yardley, Mason & Watson 2009, p. 43).

Measuring stress and strain is important in understanding the impact on kinship carers and their ability to continue providing care. In an evaluation of an intervention (short-term specialist support for grandparent-headed families (n=19) caring for grandchildren) researchers found prior to the intervention grandparents had scores on several measures 'indicative of acute emotional reactions'. The results of the intervention (support group and individual counselling) noted improvement on all measures for many grandparents (and grandchildren) (Horner et al. 2007).

Similarly for foster carers, UK and Australian research has found stresses and strains form an inevitable component of the fostering role, impacting on carer health and wellbeing (Beecham & Sinclair 2007; Clare, Clare and Peaty 2006). These findings for both foster and kinship care highlight the critical nature of appropriate support and services (for example counselling) for carers, when required, to prevent ill-health or chronic health conditions, becoming a barrier to caring.

4.3 Barriers to fostering for Indigenous people

Victorian researchers (AIFS and Centre for Excellence in Child and Family Welfare) examined the barriers specific to Indigenous people in relation to being a foster carer. The main barriers for Indigenous people were identified as:

> Material disadvantage experienced by many Aboriginal and Torres Strait Islander peoples; past government practices of assimilation (in particular the 'stolen generation'); and the mismatch between the formal out-of-home care system and traditional child rearing practices… (Higgins, Bromfield & Richardson 2005, p. 14)

Material disadvantage of Aboriginal and Torres Strait Islander peoples

The researchers noted that Aboriginal and Torres Strait Islander peoples are disproportionately represented among low-income earners and low-income households. Material disadvantage, exacerbated by a further Indigenous-specific characteristic of poorer health than the general population, is seen as a structural barrier, not only in recruiting but also in retaining Indigenous foster carers. The consultation process identified that it is not that Aboriginal people are not **willing** to provide foster care, but rather it is more the case that Aboriginal people, especially in more traditional areas and remote areas, are not available or not **able** to provide care, and meet the strict criteria attached to statutory care provision (Higgins 2008; Higgins, Bromfield & Richardson 2005, pp. 19–20). In light of the higher levels of material disadvantage of Indigenous carers, it is therefore even more critical to ensure that carers are appropriately resourced and adequately funded to meet the needs of the children in their care (Higgins 2008).

Past government policies and practices

The researchers found that a barrier for many potential Indigenous carers was the history of treatment of Indigenous people through past government policies and practices (for example the stolen generation, abuse of children in institutional care and deaths in custody). The research found that 'suspicion of government and historical aversion to child welfare acted as a powerful deterrent to the involvement of Aboriginal people as carers' (Higgins 2008; Higgins, Bromfield & Richardson 2005, p. 20).

The researchers suggest that the history of the stolen generation acts as both an incentive and a disincentive for Aboriginal people to become foster carers. Aboriginal people may be motivated to foster to help prevent another generation of children being disconnected from their people and their culture; Aboriginal people

may be disinclined to foster due to their own negative experiences with OOHC or due to mistrust of the public welfare system (Richardson, Bromfield & Higgins 2005).

Out-of-home care mode mismatch

A significant barrier for potential carers (kinship and foster) is that Aboriginal carers struggle to adapt to the non-Indigenous model of OOHC which fails to accommodate traditional child rearing practices, 'particularly in relation to shared care arrangements' (for example ad hoc shifting of care between Aboriginal families known by the child). In addition the researchers found that standardised foster carer assessment tools were not culturally appropriate in assessing potential Indigenous foster carers. Indigenous people, some with inadequate levels of numeracy and literacy, struggle with completing carer application and assessment forms. The requirement that all adult members in the potential carer household undergo criminal check is also a barrier to recruitment. In the consultation process it was clear that due to the higher possibility of Indigenous people having police records (for example often for minor offences relating to public drunkenness) potential carers were reluctant to apply to foster (Higgins, Bromfield & Richardson 2005, pp. 27–30).

In commenting on the increase in the numbers of children with complex needs coming into care Higgins (2008, p. 13) suggests that these 'hard to place' children are a significant barrier to recruiting Indigenous carers: 'particularly as there are insufficient services to support the complex needs of these children'. Other concerns for Aboriginal carers (formal and informal) noted by a manager of a New South Wales Aboriginal agency included:

- advancing age and health needs of potential carers which impacted on caring
- aged grandmothers and aunties caring for large sibling groups
- aged grandmothers and aunties with responsibility for chronically-ill spouses as well as kin children
- many carers' lifestyles completely 'turned around' with the demands of, and responsibilities for, very young kin children impacting in a detrimental way on their energy and stress levels (McHugh 2009, p. xi).

Whilst not specifically a barrier to fostering, it is important to acknowledge that the distinction between kinship (or relative) care and foster (or non-related) care is ambiguous in Aboriginal and Torres Strait Islander communities (Higgins, Bromfield & Richardson 2005). The concept of 'family' is much broader in Aboriginal communities than in Anglo communities. Higgins, Bromfield and Richardson suggest:

> Based on their unique cultural understanding of family and community relationships, it is a false dichotomy to divide the care sector into foster and kinship care for Indigenous people: most Aboriginal and Torres Strait Islander carers are known to the biological families of the children they are caring for, or can identify some family relationship to them, even if they are not part of the immediate biological family. The distinction between related and non-related carers is more real in Anglo-communities, where notions of family are much more tightly defined as a biological, nuclear family (Higgins, Bromfield & Richardson 2005, p. 58–9).

4.4 Summary

This section of the report examined the barriers for potential foster and kinship carers. There is little research in the Australian context on the individual, social and structural factors that are barriers to people becoming a foster carers. Work by AIFS (Richardson, Bromfield & Higgins 2005, p. 17) found the following factors to be important:

- personal doubts as to whether prospective carers could be 'good' parents
- the huge commitment required of carers
- fear of the problems and challenges associated with difficult children
- disruption to other family members
- costs involved in fostering.

Other research suggests that the pace of modern day living deters many full-time working couples from offering to foster (McHugh et al. 2004). Other barriers to becoming a foster carer are suggested to be related to age, education, employment, housing and health.

Studies indicate that foster carers are somewhat younger than kinship carers though with the ageing of the foster carer population the age distinction between foster and kinship carers is narrowing.

It appears from the research that the education levels of foster carers are higher than those of kinship carers. This factor could inhibit the ability of some kinship carers to assist grandchildren, with learning difficulties or in need of educational support (for example homework). Unlike foster carers, who have relatively easy access to parenting programs, the lack of contemporary parenting skills for grandparents and the lack of opportunities (and willingness) to become involved in training could add to the strain of caring and stability of the placement.

Most studies, both nationally and internationally, indicate that primary foster carers, if in paid work, are more likely to be in part-time employment. This is not the case for formal and informal kinship carers, who, due to older age, are more likely to be out of the workforce. More kinship than foster carers are reliant on government income support payments as their main source of household income. Kinship carers, particularly Indigenous carers, are more likely to be in strained financial circumstances than foster carers. The care penalty for carers (foster and kinship) where employment opportunities have been constrained is high. There is no compensation for carers' loss of earnings, superannuation and work entitlements from caring for dependent children and young people.

Housing size, type and space can be problematic for foster and kinship carers. Constraint on having enough available space can be dependent on the age and number of children cared for at any one time (and over time). For kinship carers who may have already downsized due to age and needs, the issue of housing space may be more critical. Due to full-time care of grandchildren it appears that kinship carers are more likely to relocate and upsize. Except in a few instances, it does not appear that foster or kinship carers are offered financial assistance, to assist them to meet their housing needs.

Being in 'good' health can be regarded as absolutely critical for carers of traumatised children and young people who have been abused and neglected, yet it appears from most studies that kinship carers are less likely than foster carers to enjoy 'good' health. Stress and strain are inevitable components of providing care for abused and neglected children for foster and kinship carers. It can be argued that it is crucial to provide effective support for the compounding affects of stress and strain on carers, particularly more vulnerable kinship carers.

Special attention was given in this section to the barriers that may be different for Indigenous people becoming foster or kinship carers. Barriers specific to Indigenous people included material disadvantage; past government policies and practices; a mismatch in OOHC models that are not appropriate for Indigenous families; and, whilst not specifically a barrier, the ambiguity of the terminology used to delineate 'foster' from 'kinship' care. The combination of these barriers, in addition to others noted above, highlight the need for more effective strategies to be put in place to assist Indigenous families.

There is limited research on the numbers, circumstances or characteristics of informal carers, who have limited or no contact with either child welfare departments of other agencies. It is speculated that barriers, in relation to employment, age, health, finance and housing, applicable to formal carers are equally cogent for informal carers.

5 Carers' experiences of accessing supports and services

As discussed in Sections 2 and 3, supports and services for statutory carers (foster and kinship) comprise a number of components. It is not possible to discuss support and services for carers without including the support and services provided for children and young people being cared for by others. Some supports and services are provided to assist carers in their role and meet their needs. Other supports and services are provided to meet the needs of abused and neglected children and young people in their care. Inevitably both types of support and services are interwoven in the placements for children in formal and in informal care. This point is well illustrated by carers in an AIFS report:

> Carers also intertwined the issues of supports for themselves and services for children; if children were provided with the services that carers believed that they needed, the carers in turn felt more supported (for example, providing timely therapeutic intervention for children with behavioural problems) (Higgins, Bromfield & Richardson 2005, p. 47).

Carers, in a recent consultation, re-emphasised the importance of support for carers stating: 'training and support is crucial to improving outcomes [for children], as well as for ensuring the sustained involvement of carers in the long term' (KPMG 2010, p. 3). In discussing access to support and services, the unmet needs and service gaps for some carers is also revealed, and discussion around both positive and negative aspects regarding the meeting of needs is included in this section.

Support for carers includes: initial assessment and training (in most jurisdictions this is essential for all foster but not all kinship carers); ongoing training (required by some jurisdictions for foster carers but not kinship carers); membership of carer associations and carer support groups (encouraged but not essential for either foster or kinship carers); and carer respite. Other important supports provided to carers are financial payments from the states to assist in the costs of caring for children and, in some cases, income support from the Australian Government (AFCA 2001; Baldock 2007; DHS 2003; CAFWAA 2002; Colton & Williams 1997; Sinclair, Gibbs & Wilson 2000; Triseliotis, Borland & Hill 2000).

The importance of support for statutory foster carers was highlighted in a national study (n=812). The study found that some carers were having their support needs met in some aspects, while others were missing out:

- Most respondents (84 per cent) rated support as 'absolutely essential' or 'very important'.
- Over two-fifths (41 per cent) reported they had 'just enough support to get by on'.
- Over half (51 per cent) rated the quality of the support as 'average' (35 per cent), 'very poor' (12 per cent) or 'extremely poor' (4 per cent).
- The main type of support received was from family and friends (55 per cent) and not from 'official' sources, for example caseworkers (AFCA 2001).

Numerous studies have been conducted on various aspects of support for foster and kinship carers and the findings from research are included in this section.

5.1 Financial support for statutory carers

As described in Section 2, carers may be eligible for allowances and income support payments from the state or territory in which they live, and from the Commonwealth, depending on their circumstances.

Australian government payments

Foster and kinship families may receive various forms of Australian Government financial support, either for themselves and/or for the children in their care. These include family payments available to all parents and carers raising children, and income support payments available to all adults who meet age, residency, income and assets requirements. Research studies indicate that the most common types of family support that carers rely on are Age Pension or Parenting Payment and for children Family Tax Benefit (FTB) Part A and Part B (AFCA 2001; McHugh et al. 2004; Yardley, Mason & Watson 2009). Carers who rent may also be entitled to Rent Assistance.

Since 2001 all carers, regardless of their income level, have been entitled to receive a Foster Child Health Care Card for the children in their care. There is also a range of other Australian Government benefits that carers may be entitled to receive, described in Section 2.7.

Many studies of foster and kinship care have found that a significant number of carers rely on income support payments as their main source of family income. For example, a study with foster carers in 2001 (n=139) found the main source of household income for just over half of the carers (54 per cent) was a wage or salary (usually their partner's); for another 25 per cent it was income support and for eight per cent it was retirement income (McHugh 2002).

In a study with foster carers (n=450) in 2003 the research found more than one-third of primary carers were in paid employment, as were almost three-quarters of secondary carers.[13] The main source of income for primary carers who were unemployed or not in the labour force was a pension or Parenting Payment with almost two-thirds (63 per cent) of primary carers indicating this as their principal income source. A majority of primary carers had incomes less than $400 a week, and many had incomes below $200 a week. Secondary carers were more likely to have incomes over $600 a week. Slightly more than half of the carers (53 per cent) said they received FTB for a child/children in their care (McHugh et al. 2004).

In focus groups with formal and informal kinship carers (n=36) the researcher found that 80 per cent of the carers were retired or not in paid work. The main source of household income for approximately half was retirement income, with around half receiving income support payments (McHugh 2009).

Similar findings were reported in a study with foster and formal kinship carers. Of the Of the kinship carers responding to the survey 35 per cent stated that they and 23 per cent that their partners were reliant on Australian Government income support payments as their main source of family income compared to 15 per cent of foster carers and 10 per cent of their partners. Gross household weekly income was lower for kinship carers (18 per cent had $1,000 or more) compared to foster carers (53 per cent had $1,000 or more). More kinship carers (42 per cent) than foster carers (23 per cent) received financial assistance (for example Family Tax Benefit) from Centrelink for the children (Yardley, Mason & Watson 2009).

State and territory carer payments

As discussed in Section 2.2, Australian jurisdictions provide allowances or subsidies to statutory foster and kinship carers to assist with the day-to-day costs of children in their care. All jurisdictions provide higher levels of allowances for carers of children with special needs, highly challenging behaviours and disabilities. The names given to these higher subsidies vary by jurisdiction and how the levels of higher allowances are determined is not always clear, although most jurisdictions use a 'loading' on the age-related basic subsidies.

There is substantial variability in the amounts provided to carers, by way of a basic subsidy, in the different jurisdictions. Comparing the levels of basic carer subsidies is a difficult task. The inclusion (or exclusion) of many basic items in a standard subsidy payment and the manner in which some items are treated varies between jurisdictions. Some jurisdictions provide regular additional allowances to carers for items that other jurisdiction include in their standard subsidy. For example, some states and territories provided additional clothing allowance (and/or educational or medical allowances) on a regular, but not weekly basis, while other jurisdictions include coverage of clothing and footwear, education and medical costs in the standard subsidy.

In relation to pocket money for children some jurisdictions provide guidance to carers in the amounts to be provided while others leave it to the discretion of carers to determine (McHugh 2002).

Each jurisdiction groups children into various age categories for payments. The level of standard subsidy provided to carers is based on the age of the child. The amount provided for various age groups varies between jurisdictions and there is no consistency between jurisdictions in how children of different ages are grouped into categories for age-related payments. Prior to 2000 it was not uncommon for some jurisdictions to rarely adjust the level of subsidy payments. In a survey with fostering agencies nation-wide (n=120) in 2000, agencies were asked how often the standard carer subsidy was adjusted by the CPI to reflect changes in the costs of living. Thirty-seven per cent said it was on an 'ad hoc' basis, 21 per cent did not know, 17 per cent said the level of subsidy had never been increased. For around 20 per cent the levels of carer subsidy were adjusted on a regular or automatic basis (McHugh 2002).

The huge variability in levels of allowances to foster carers has been a constant over many decades. At no time have governments assessed whether the levels of allowances provided to carers were adequate to meet the costs of the children in care or whether the level of allowances provided for children in different age groups reflected the cost of a child of a particular age in care.

In an attempt to address the issues of adequacy of basic subsidies to carers a study (Costs Study) was undertaken to investigate whether the current levels of carer subsidies provided by all Australian jurisdictions reflected the 'real' costs of fostered children. In was the opinion of a number of major (non-government) foster care agencies, that the absence of a national framework of payments to ensure adequacy and equity, and a lack of commitment to regularly update the levels of subsidies to reflect changes in the costs of living, were making an already difficult job unnecessarily frustrating, contributing to carers leaving fostering (McHugh 2002).

Using a budget standards approach, estimates of the costs of children in care for five age categories were developed. These estimates were defined as the 'foster care estimates' (FCE). These FCE were compared to the 2000 level of basic carer subsidy rates provided by the states and territories. The comparison between the FCE and the level of carer subsidies for children of similar ages indicated that in most jurisdictions the level of standard subsidies were substantially below, in many cases around half of the FCE. The finding provided strong support for the contention by the welfare sector that levels of the standard subsidy provided by jurisdictions were inadequate for meeting the day-to-day cost of children in care (McHugh 2002).

Table 26: Standard states' and territories' subsidy levels and foster care estimates by age of child, 2000 (dollars per week)[(a)]

Age of child, years	Australian Capital Territory	New South Wales	Northern Territory	Queensland	South Australia	Tasmania	Victoria	Western Australia	Foster care estimate
0–1	92	175	97	76	85	70	85	79	157
3	92	175	97	93	85	70	77	79	156
6	105	175	101	114	91	70	77	79	168
10	123	175	120	114	98	72	93	79	197
14	141	175	136	138	118	90	157	118	242/248[(b)]

(a) All dollar amounts rounded.
(b) $242 applies to a 14-year-old boy and $248 for a similar aged girl.
Sources: States' subsidy amounts for 2000 (Bray 1997, p. 34);
foster care estimate 2000 (McHugh 2002, Table 41).

The figures in Table 26 indicate that the highest level of subsidy for children in all age groups was in New South Wales: a flat rate of $175 for all carers. The lowest levels were provided by Tasmania (range $70–$90) and Western Australia ($79–$118).

The anomalous situation in New South Wales requires explanation. In July 2000 the Department of Community Services (DoCS, now Community Services) changed from an age-related payment regime to a flat-rate of $175 per week for all children. The relatively higher payment ($175) was expected to cover day-to-day costs plus costs for a range services including health, education and travel activities (for example medical appointments, tutoring etc). After expenditure of $1000 per annum (for each foster child in each separate area) was drawn from the subsidy, a carer could claim for further costs per calendar year. Child care costs (up to $80 per week) for pre-school foster children were also expected to be covered by the carer subsidy of $175 (McHugh 2002, p. 64–73).

In 2006, based on the Costs Study's recommendations, New South Wales reverted to age-related carer subsidies, increasing levels of allowances for older children and young people, reintroducing contingency payments for additional care costs, and removing all ceilings on costs to be met by carers. The new payment regime (Statutory Care Allowance, for statutory foster and relative/kinship carers, and the Supported Care Allowance, for non-statutory relative/kinship carers) was based on the FCE developed by the Budget Standards Unit at the Social Policy Research Centre and, based on changes to the CPI, carer subsidies were to be updated on an annual basis (DoCS 2006). (As noted in Section 2.5, changes to eligibility requirements for Supported Care Allowance were introduced in January 2010.)

Comparing state and territory levels of basic subsidies to the FCE was, and still is, a difficult task. Inconsistencies between state and territory payment regimes apparent in 2000 continue today. Data on carer payments in 2000 and 2009 indicate that some jurisdictions provide regular supplementary allowances (for example for health, education, clothing and pocket money) in addition to the carer subsidy, while other jurisdictions include these expenses in their standard subsidy. In general the level of subsidy is highly variable between the jurisdictions and there is still no consistency in how children of different ages are grouped into categories. All jurisdictions have different rates of payments for somewhat similar age groupings. In addition, the age-related bracket methodology used does not appear to reflect actual age-related costs, although all states and territories (except Victoria and Queensland) provide higher levels of subsidy for older children compared to younger children (McHugh, forthcoming).[14]

In the period 2000–09 there were significant changes in the levels of carer subsidies provided by the states and territories to formal foster and kinship carers. Several jurisdictions only substantially increased carer subsidy levels, but they are also regularly updating subsidy levels based on the CPI changes in the cost of living. It is also of interest to note that in the period 2002–09 all jurisdictions introduced regulations ensuring statutory kinship carers receive the same level of allowances as foster carers. In ascertaining how the various jurisdictions are faring compared to the FCE (updated based on CPI) the researcher found that, as in 2000, the variability in weekly subsidy levels between the states and territories for children in all age groups, is still as significant in 2009 (see Table 27) (McHugh, forthcoming).

Table 27: Weekly levels of state and territory subsidies and foster care estimates by age of child, December 2009 (dollars per week)

Age of child (years)	Australian Capital Territory	New South Wales	Northern Territory	Queensland	South Australia	Tasmania	Victoria	Western Australia	Foster Care Estimate
0–1	133	202	132	201	143	150	143	162	201
3	133	202	132	201	143	105	143	162	200
6	150	226	143	212	166	131	143	166	215
10	175	226	171	212	166	153	149	198	252
14	199	304	193	235	238	195	220	242	310/317[(a)]

Note: Author's calculations. Amounts may vary from tables in Section 2. South Australia, Victoria and Western Australia provide carers with regular mandatory payments for either education/health/clothing or pocket money. These are calculated at a weekly rate and included in the weekly subsidy rate for these states and territories. All dollars rounded.

(a) $310 applies to a 14-year-old boy and $317 for a similar aged girl.

Sources: State Foster Carer Associations and Departmental informants (various, 2009).

For example, for an infant (0–1 years old) the Northern Territory and Australian Capital Territory provides $132 and $133 respectively compared to Queensland and New South Wales at $201 and $202 respectively (amounts similar to the FCE). For older teens (14 years old) Tasmania ($195), Northern Territory ($193) and Australian Capital Territory ($199) have comparable rates, followed by Victoria ($220), Queensland ($235), South Australia ($238) and Western Australia ($242) compared to New South Wales at $304 (similar to the FCE). Overall, in absolute dollar terms, New South Wales and Queensland provide carers with the highest subsidy levels, and in three age categories (1, 3 and 6 year old) levels in New South Wales slightly exceed FCE levels.

Understanding the perspective of carers on whether the levels of allowance are considered adequate is important. In a New South Wales survey in 2003, carers were asked whether they thought the level of allowance they received was 'generous'; 'about right'; or 'on the low side'. Equal numbers of carers (46 per cent) thought the level was 'about right' or 'on the low side'. A small proportion (8 per cent) thought the allowance was generous. The carers of almost two-thirds of the children were receiving basic Care Allowance ($350 per fortnight); one-fifth received Statutory/Supported Care+1 ($525 per fortnight) and 9 per cent received Statutory/Supported Care+2 ($700 per fortnight).

In relation to the financial support they received over three-quarters (81 per cent) of carers agreed that the amount only met basic needs. Over two-thirds (70 per cent) thought that obtaining special allowances or contingency payments could be difficult. Over half (59 per cent) agreed that payments were often late and that this caused financial hardship. It was also clear that most carers (86 per cent) were not always told about the extra contingencies to which they were entitled. Just over half (51 per cent) had not experienced any financial difficulties as a carer while a significant proportion had (49 per cent). Delay (usually around 4–6 weeks) in receiving the subsidy was one of the main difficulties experienced by carers (McHugh et al. 2004).

In a more recent study with New South Wales foster and kinship carers (n=133) almost three-quarters of kinship (71 per cent) and most foster carers (95 per cent) were receiving carer allowances (Statutory Care or Supported Care Allowances). In relation to the level of allowances received, over half of kinship carers (54 per cent) and foster carers (59 per cent) received basic level, and significantly fewer kinship carers (17 per cent) than foster carers (36 per cent) received higher levels of payment. While the percentages were low overall, foster carers (14 per cent) were more likely to state that they had received additional financial support (for example contingency funds) from CS than kinship carers (4 per cent). In discussing financial issues for carers the researchers commented that:

> Unlike foster carers, kinship carers can be placed into several different categories—or no category at all—depending on the manner in which a child comes into care. If an order has been made placing the child in the care of the Minister, and the child is then placed in the care of grandparents or other relatives by Community Services then it is more likely (though not automatic) that a carer will receive the same care allowances and support services that are available to foster carers, and the child be assigned a caseworker (though this is also not automatic). If a child has come into kinship care by any other means—through an informal agreement, a parental consent order, or order from the family court, without previous DoCS (now Community Services) intervention (under the Child Protection Act) then a carer's status regarding financial and other assistance is somewhat blurred (Yardley, Mason & Watson 2009, p. 47).

Formal and informal carers often experience considerable difficulties in getting appropriate information about the state or territory and Australian Government payments to which they are entitled. Problems with staff at Centrelink or state/territory agencies are frequently cited by carers and others (CECFW 2007; Jenkins et al. 2010).

Focus groups with kinship carers (n=39) in another New South Wales study also found receipt of the Supported Care Allowance was seen by kinship carers as a 'bonus' and was highly valued (McHugh 2009).

5.2 Financial support for informal carers

Grandparents who take on the care of their grandchildren are eligible for the same Australian Government financial support as parents, including Family Tax Benefit. However, grandparents often do not receive these payments either because they cannot prove their eligibility or because they are reluctant to claim them for fear that the biological parents will reclaim the children if family payments are at stake (Centrelink 2007; Families Australia 2008). In some cases grandparents may also fear 'retribution, i.e. increased family violence or conflict' (Centrelink 2007). Grandparents who do pursue permanency through the courts often find that the process is enormously expensive. Court applications for parenting orders are especially costly when they are contested (Centrelink 2007; Family Rights Group et al. 2007).

In taking on the care of grandchildren, grandparents are faced with additional expenses associated with the costs of children. Not dissimilar to children in foster care, grandparents often find that, due to the psychological, emotional and physical health care needs of their grandchildren, there are greater expenses incurred than for other children (McHugh 2002). Other financial issues for grandparents were the cost of food, accommodation, transport, clothes and other activities. It is also rare for grandparents to receive any financial assistance when children arrive and they often have difficulties in accessing services for children who have experienced trauma and abuse, abandonment and/or rejection. Many grandparents have no option but to use their retirement or superannuation savings to raise grandchildren, with some losing the option of being self-funded retirees (COTA 2003; Mission Australia 2007).

Some of the grandparent participants in the project carried out by Families Australia (2008, p. 9) stated that they considered that income support payments, 'which are assessed against assets, which may include home ownership depending on individual circumstances, disadvantaged retired grandparents with little disposable income who unexpectedly found themselves caring for grandchild/ren.' This observation suggests that some grandparents consider that the criteria for receipt of income support (for example Age Pension, Carer Payment or Parenting Payment, depending on their circumstances) may disadvantage them because of the assets test requirement. There appears therefore to be an information gap for some grandparents about the ways in which both income and assets testing have a free area and a taper rate, designed to benefit recipients who have lower income from savings and fewer assets. In addition, the family home is exempt from assets testing in most cases.

The possibility of an information gap about income support entitlements is in keeping with the observation made in the Families Australia report that: 'Some grandparents stated that they have found it difficult to access information about matters such as financial and legal entitlements and support services for themselves or their grandchildren' (Families Australia 2008, p. 9).

Financial support for informal carers (for example grandparents) is available in New South Wales where relative/kinship carers providing non-statutory care may be eligible for a Supported Care Allowance following an assessment that determines the child or young person is in need of care and protection.

In Tasmania an allowance of $28 per child per fortnight is provided. In addition two payments of $364 per child per year are provided to carers. Carers also receive assistance with a one-off establishment payment ($400), clothing costs ($165 annually) and for contingencies (up to $300 annually) (see Section 2 for more detail).

The issue of state and territory financial support for informal carers was also raised by carers (n=92) in a recent national consultation process. The carers highlighted the 'nil or extremely low level' of financial support provided to relative carers (for example elderly grandparents) in some jurisdictions (KPMG 2010).

The issue was also raised in an AIFS report on *Enhancing out–of–home care for Aboriginal and Torres Strait Islander young people*. The writers found that carers and service providers noted that, without financial support for Indigenous carers, children in informal kinship placements were at high risk of entering the formal OOHC system (Higgins, Bromfield & Richardson 2005).

5.3 Non-financial support for statutory carers

Recruiting foster carers

Support, in the sense of encouragement and information about becoming a carer, commences at the first enquiry by a potential carer. Agencies need to know how best to find and support potential carers, who not only show interest, but will be prepared to continue through the fairly long and rigorous stages of assessment and training, before they are accredited (McHugh et al. 2004).

Research by McHugh and colleagues (2004) found that in information sessions for prospective carers, the use of experienced foster carers to explain both the negative and positive sides of fostering was a good strategy, reducing the likelihood of carers leaving during training or shortly afterwards. The study noted various strategies useful for recruiting carers. Workers said that well supported carers who feel respected and appreciated were the department's best recruiting tool. Positive 'word of mouth' messages to others in the community were perceived as one of the 'best ways' to recruit more carers. Carers felt the department needed to be honest in response to inquiries and potential carers needed to understand that fostering could be demanding on carers and carer families, particularly when caring for children with special needs or multiple problems.

The Centre for Excellence in Child and Family Welfare (CECFW) conducted the Best Practice Engagement Project to develop recruitment and retention practices in 2007. Twenty small projects developed strategies including electronic media (such as radio announcements), public space projects (presence at shopping centres, conference stalls), postcards and brochures, and the use of specialist staff (such as a recruitment and support workers organising information sessions for potential carers, new staff positions specifically to assist in recruitment and engagement). The project reports several positive outcomes, including increased professional interaction at all levels and increased respect for carers; greater understanding between community service organisations and the child welfare department; and improved carer participation in recruitment, retention strategies, assessment and training (Success Works and CECFW 2009).

Recruiting Indigenous carers

Limited information is available on useful strategies for recruiting Indigenous carers (Bromfield et al. 2007; CECFW 2008; McHugh et al. 2004). Useful strategies that have been identified include:

- positive 'word of mouth' referral from existing carers or through others in the local community
- use of a personal approach by workers to appropriate families in communities

- more formal recruiting practices included broad based, low key advertising, brief in content and conducted through local community organisations
- assigning Indigenous workers/agencies to recruit, assess, support and train new carers in a culturally relevant way
- using experienced carers in training sessions for new carers.

Assessment and training of foster carers

The initial assessment and training of foster carers is important in preparing them for their role: 'Assessment provides a means of identifying training and support needs of selected carers and therefore provides a means to increase their competency' (Richardson, Bromfield & Higgins 2005, p. 25). It is of interest to note that recent consultations with young people, who had left care, suggested that more thorough assessment and training tools for potential carers should be developed. More rigorous screening, education and training of all carers was required in light of the demands of caring for traumatised children and young people, and the need for a better understanding of the developmental needs of young people (KPMG 2010).

All jurisdictions have initial assessment and training packages for foster carers. For example, in New South Wales Step by Step (carer assessment) and Shared Stories Shared Lives (carer training) are used. Shared Stories Shared Lives trains foster carers in several specialised areas. Foster carers are also trained in understanding the legal and policy aspects of fostering; carer role and responsibility; department or agency role; record keeping; and financial entitlements and procedures (AFCA 2001; Hayden, Mulroney & Barnes 2000; McHugh et al. 2004).

A national survey (n=812) of foster carers found that the introductory and initial training received by carers was viewed positively (that is rated 'extremely good' or 'very good') by over 70 per cent of respondents. Subsequent ongoing training was rated slightly lower at 60 per cent (AFCA 2001). A further survey with statutory foster carers in New South Wales (n=450) found that two-thirds of respondents (66 per cent) were positive about their initial training, rating it as 'very good' or 'good'. One-fifth of respondents thought their training was 'reasonable' and only three per cent rated it as 'poor' or 'very poor' (McHugh et al. 2004).

In the study by McHugh and colleagues most (80 per cent) carers had received initial training and felt 'well prepared' to foster the children most recently placed with them (McHugh et al. 2004). Factors that would have further supported the carers included:

- receiving advanced notification about placements
- more background information about children
- resources/payment on child's arrival to meet the initial and essential needs (for example clothing/footwear, personal items, etc)
- a 'buddy' system linking new carers with experienced carers to provide additional support (McHugh et al 2004).

Detailed background information about the child being placed is regarded as critical by carers. In the national survey of Australian foster carers 72 per cent of foster carers rated the information provided about the foster child being placed with them as 'average', 'very poor', or 'extremely poor' (AFCA 2001).

Ongoing training of foster carers is becoming a more critical element in fostering. Greater skills, acquired through a combination of experience and training, are necessary to provide appropriate and quality care. Training not only informs and instructs carers, bringing greater knowledge and understanding; but it also acts as a support mechanism. Recent national consultations with carers (n=92) found the training of carers varied considerably between, and within jurisdictions, and whether a carer was with a non-government or departmental agency (KPMG 2010).

A survey of New South Wales foster carers (n= 450) in 2003 found that just over a quarter (26 per cent) had completed ongoing training. Over half of carers (53 per cent) reported that their ongoing training was 'good' (26 per cent) or 'very good' (27 per cent). Thirteen per cent thought their ongoing training was 'reasonable'. Three carers (less than 1 per cent) rated their ongoing training as 'poor' and 11 (2 per cent) rated it as 'very poor'. The most frequent form of ongoing training undertaken by carers was 'challenging behaviours'. An overwhelming majority of the carers surveyed said that ongoing training assisted them in their roles as foster carers (McHugh, et al. 2004). Other studies with carers have found that carers want formal accreditation and professional recognition (Butcher 2005a).

Carers who had not attended training gave the following reasons for not attending: training offered was irrelevant; training session times/locations were inappropriate; lack of respite or child care to attend; and transport difficulties. Workers in rural and regional areas noted that difficulties for carers, in relation to accessing training locations, respite or child care availability and travel time and costs, were exacerbated in isolated country towns. Many foster carers with pre- and school-age children requiring 'dropping off and picking up' have only 'small windows of opportunity' on any given day to travel to and access training sessions (McHugh et al. 2004).

In a New South Wales study in 2008 with foster carers (n=30) the researcher found most carers (n=17) were positive about their experiences of ongoing training. Carers who attended day training (2–4 hours) usually had access to child-minding, with carers paying $5 to cover lunch and child care. Other carers had training provided at monthly carer-support groups. Carers who were less positive about ongoing training said that the training offered was not applicable to their skill development, or to the age of their fostered child, or they simply did not have time to attend (McHugh 2007). The time available to carers to attend training was highlighted in recent national consultations with carers, with carers noting work or carer commitments limited their ability to attend training (KPMG 2010).

Some carers feel that all carers should undertake compulsory ongoing training, with payment for attendance; a favoured option was at least four mandatory one-day training sessions annually. They also feel that specialised training should be made available for carers of children with special needs (McHugh 2007).

The diversity of carers' needs indicates the need for a range of training opportunities. In particular, carers of children with complex needs may need specialist training in therapeutic models and interventions. Formal and accredited training may also be important to carers who want greater recognition of their expertise and skills. A formal Vocational Education and Training (VET) qualification is the Certificate IV in Child, Youth and Family Intervention (Residential and Out of home Care), which also covers workers in residential and non-residential facilities.

Advocates for the professionalisation of foster care argue that the best way to meet the complexity of children's needs, and to address the challenges involved in recruiting and retaining sufficient foster carers, is to require formal, ongoing training and provide remuneration and other resources to foster carers accordingly (Ainsworth & Maluccio 2003; Butcher 2004; Hutchinson, Asquith & Simmonds 2003; Pell 2008). However, the increasing professionalisation of carers may have unintended consequences that could impact on existing carers and prove a barrier to others considering taking on a caring role (such as potential tax-related issues if carers were considered to be agency employees).

International studies on ongoing training for foster carers highlight its importance. A survey of UK foster carers (n=944) found ongoing training to be an essential element in current fostering practices as it provided support to carers and was integral in retaining carers. The authors suggested that carers should be consulted by workers on the type of training required and any courses undertaken should be evaluated (Sinclair, Wilson & Gibbs, 2000, p. 179). In a US study, carers thought initial training was not sufficient and that all foster carers needed ongoing training (for example monthly sessions), especially in relation to contact with birth parents, how to manage stress and the impact of fostering on families. The US researchers suggested that if foster parents and departmental staff attend training together, it would help create a 'team approach' to better meet the needs of fostered children (Jarmon et al. 2000, pp. 15–16, 18).

Assessment and training of kinship carers

It appears that many, but not all, statutory kinship carers are assessed. In some jurisdictions modified assessment tools are used for kinship carers, with most based on foster care assessment tools. While highly inconsistent, it appears that in some jurisdictions, depending on the agency, some kinship carers are required to attend initial training (McHugh 2009). Work by Yardley, Mason and Watson (2009) found that most formal kinship carers (75 per cent) in their study had not been assessed or received any training. The 'inappropriateness' of the assessment processes was highlighted by carers:

> [A]ssessment processes were either nonexistent or untimely, and inappropriate to the existing circumstances of the family and the specific needs of the child in relation to the family as a whole. (Yardley, Mason & Watson 2009, p. 76)

The New South Wales study (n=133) found foster carers received significantly more training (mean=19 hours) than kinship carers (mean=0.08 hours). Over three-quarters (78 per cent) of kinship carers reported not being offered any training (Yardley, Mason & Watson 2009).

In focus groups of kinship carers (formal and informal) in New South Wales (n=39) the researcher found a highly diverse response from carers around assessment. Of a small group who had not been assessed, some, but not all received a Supported Care Allowance. One non-assessed carer in receipt of Family Tax Benefit for her grandchild said: 'Mine is by choice. I don't want to go down the DoCS (now Community Services) road'. Another said, 'I don't think I've been assessed, they've given me the support [Supported Care Allowance] for the children ... we just sorted it out between us ... we just said we'd look after the kids' (McHugh 2009).

Some carers either went through Community Services or the Family Court to have grandchildren placed in their care. One couple who had 'pushed' DoCS (now Community Services) to get their three grandchildren placed with them, said that they had never had an assessment: 'We got the children and then we went to court [Children's Court] over the next 12 months to obtain guardianship of the children'. The couple receive the Supported Care Allowance for the three children, and had access to a caseworker (mainly by phone) saying: 'I thought she was pretty good to us, really' (McHugh 2009).

Three of the 21 carers in one group had only been assessed after the children had been with them for some time. One carer who had been assessed 'later on' said: 'We didn't know about DoCS (now Community Services) until we had the kids for quite a while ... about 10 months ... then we applied to DoCS [now Community Services] for the money and then they assessed us'. A carer couple whose grandson had been in their care for 14 years, were not assessed till 2008. When receiving a letter in March 2009 saying they were 'approved' the grandmother said: 'We were excited!' (McHugh 2009).

Carers responded both positively and negatively to the assessment process. One grandmother, whose two grandchildren had been with her for about four months, said she had approached DoCS (now Community Services) to be assessed. DoCS arranged for a non-government agency worker to assess the family. When asked how the assessment was, she replied: 'It was fine, very quick, though. [They] just came in, asked how my husband's wages was ... said hello to [grandson] ... looked at [baby] then said, "Everything is fine" ... checked the police records'. When asked how long it took, she laughed and said, 'Probably 15 minutes'. Since the assessment (24 months ago), she has not had any contact with the department (McHugh 2009).

Another carer had found the whole experience 'very personal' and quite intense. She said the 'lady psychologist' had interviewed the couple for about three hours: 'They wanted to know the nitty gritty of the whole family, quite amazing'. Her two grandchildren (10 and 13 years) were also interviewed (separately). Another assessed carer who said the interviewer was 'quite pleasant' was unhappy about her 15-year-old granddaughter being interviewed 'in the bedroom with the door closed'. Two carers in the group whose children had been interviewed separately in closed rooms found that part of the assessment process 'offensive' (McHugh 2009).

In relation to initial and ongoing training of statutory kinship carers in a number of countries (Canada, Norway, New Zealand, UK and US) a recent study, found that, as in Australia, kinship care training was not a high priority (McHugh 2009). For example, some Canadian provinces require kinship carers to attend training

and some do not, with most 'encouraging' their carer to attend ongoing foster care training. New Zealand 'encourages' kinship carers to attend training and Norway 'requires' (though it is not compulsory) kinship carers to attend training. In the UK, unless kin carers are assessed/approved as foster carers, few receive any initial or ongoing training (Wheal 2001; Farmer & Moyers 2008).

It is not clear from the limited studies with kinship carers in Australia how the concept of 'training' fits with kinship carers and what type of training would best meet their needs (McHugh 2009: Yardley, Mason & Watson 2009). The McHugh (2009) study found that workers, agencies and organisations consulted for the project regarded training as critical in assisting kinship carers to increase their skills and knowledge. There was much debate over 'how' and 'when' training should be initially provided. There was strong support for training to be ongoing to meet the changing needs of kin children and carers. Most consultants in the study supported foster carer training as a model of good practice for kinship carers, though specific training for kinship carers was also suggested.

Evidence from focus groups with formal and informal kinship carers (n=39) in New South Wales, indicated that kinship carers who had a better understanding of the 'child welfare system' were those who had either received the initial foster carer training (Shared Stories Shared Lives) or were attending ongoing foster care training (for example seminars or forums). These carers also had a better sense of identity as a 'carer' than others in the groups, who were quite wary of being perceived as a 'carer', or having any connection with DoCS (now Community Services). The author noted that, while only speculative, it may be that training can provide a focus on issues, concerns or behaviours 'common' to most carers of abused and neglected children. A greater understanding of how to address or adapt to issues, concerns and behaviours arising from caring may be a supportive mechanism for carers. Knowledge of the 'system' and having a better sense of identity appears to ease some stress, strain and confusion, evident in other carers in the focus groups, with no knowledge of the 'system' and no training (McHugh 2009).

Assessment and training of Indigenous carers

In most jurisdictions assessment tools have been adapted for Indigenous families though Richardson, Bromfield and Higgins (2005, p. 29) found 'little documentation of assessment instruments and practices for Indigenous foster carers in an Australian context'. The work by Bromfield and colleagues (2007) found the assessment tools used for Aboriginal families were based on 'middle class living standards' and 'Anglo-European parenting and family values'. So as not to preclude care by Indigenous families the assessments of Indigenous families, they suggested, should employ a degree of 'flexibility', by acknowledging the material disadvantage (for example lower incomes and lower housing standards) of many Indigenous families and family values based on their culture.

One Aboriginal worker in the study by McHugh and colleagues (2004) stated that the current formal assessment, which involves a number of interviews, is hard on potential Indigenous carers. The worker said it was important for potential carers to know the worker's background so connections and supportive relationships could be developed and maintained. Recruiting in areas where the worker was less well known was also problematic, as many Indigenous people had experienced events within their wider family that were difficult to discuss with a 'stranger'. Allowing time to build trust and engagement were important in the assessment process (McHugh et al. 2004; CECFW 2008).

There is minimal research on training for Indigenous foster/kinship carers in Australia. One study (McHugh et al. 2004) found a Koori package put together by Koori workers in the New South Wales Department of Community Services, in addition to Step by Step and Shared Stories Shared Lives, was seen as appropriate for Indigenous carers (see also Higgins 2008). Workers interviewed in the study noted that the rigorous and professional approach, used in carer assessment and training, can be an intimidating process for some Indigenous families, resulting in reluctance to follow through and become a carer (see also QCMC 2004, p. 127). An overview of Victorian studies highlighted that Indigenous carers were not receiving 'timely, culturally relevant basic training' and non-Indigenous carers also wanted training in cultural competence when caring for Indigenous children (Higgins 2008).

Evidence from a US carer study also notes that complicated assessment processes may deter minority families 'who appear to react negatively to an intrusive assessment process'. The authors suggest that assessment processes should be sensitive to racial and cultural differences and use should be made of workers from the same cultural background as potential foster carers, to support carers and improve retention rates (Rodwell & Biggerstaff 1993, p. 415).

A study by McHugh and colleagues (2004) found that some Indigenous carers attend ongoing training sessions provided by the Foster Care Association, while others, who were uncomfortable with mainstream training sessions, preferred Indigenous-based agency training. Accessing training sessions by Indigenous carers was difficult, as many female carers did not drive or have access to a car, and many could not pay child care costs to attend training. One agency worker explained that providing child care and paying a small fee to carers assisted their Indigenous carers to attend training sessions. A later study in 2009 reported that all carers from an Aboriginal child care agency (New South Wales) who attended training were reimbursed for attendance ($50 for a half-day and $100 for a full day). This strategy had ensured high kinship carer attendance and has been instrumental in increasing carer understanding and skills in many aspects of caring for children. All Indigenous carers with Aboriginal child care agencies in New South Wales have training provided on a regular basis (McHugh 2009). It is of interest to note that although New South Wales has a high number (2,926) of Aboriginal children placed in kinship care, only 200 of these placements are with Aboriginal agencies (Wood 2008, p. 644).

In April 2010, the *Our Carers for Our Kids—a guide for training Aboriginal people applying to become foster carers in Victoria* was distributed for use by ACCOs in foster carer training across the state. The package was adapted for Victoria from New South Wales material, and provides Aboriginal foster carers with an introduction to the core foster care competencies. The package can be used to train Aboriginal and non-Aboriginal foster care applicants who provide foster care to Aboriginal children and young people.

The Victorian Aboriginal Child Care Agency provides cultural awareness training as a regular part of its training calendar. The two-day program provides non-Aboriginal carers of Aboriginal children with introductory knowledge and understanding. The training is compulsory for non-Aboriginal carers caring for Aboriginal children or young people.

Support for foster carers by agencies

In a 2005 study with Indigenous and non-indigenous carers, researchers found carers feeling mostly unsupported;

> [B]ut there were some exceptions, with some Indigenous and non-Indigenous carers feeling well supported, and able to communicate well with departmental caseworkers. Models in which the roles of carers were valued and appropriate supports were put in place to assist them in their role, were seen as superior (for example, carer development plans to identify carers' training and support needs, adequate staffing of dedicated foster-carer support workers). (Higgins, Bromfield & Richardson 2005, p. 47)

Indications of met and unmet need in relation to casework were found in a New South Wales foster carer survey. The study found the majority of carers had a caseworker with less than one-fifth (17 per cent) without a current caseworker. While over half of the carers (59 per cent) had regular contact with a caseworker, just over two-fifths (41 per cent) did not (McHugh et al. 2004).

Indications of met and unmet need in relation to ongoing support were noted in the same study with most carers having a 'very good/good' (66 per cent) or reasonable (22 per cent) relationship with their worker. Just over one-tenth (12 per cent) described their relationship as 'poor/very poor'. The overall level of support from caseworkers was however not seen quite as positively. Just over half (52 per cent) described the level of support as 'very good/good'. Around one quarter (26 per cent) thought it was 'reasonable' and over one-fifth (22 per cent) thought it was 'poor/very poor' (McHugh et al. 2004).

In relation to whether carers thought the department looked after its carers, over two-fifths (44 per cent) disagreed; a third (34 per cent) agreed; while a fifth (22 per cent) were unsure. This finding appears to indicate that while most carers had reasonable relationships and received support from a caseworker, carers did not find the department as a whole supportive of its carers. The study of New South Wales carers also included interviews with eight stakeholders who all agreed that casework was a critical component of carer support (McHugh et al. 2004).

Similarly, a Victorian study with current and former foster carers (n=73) reported that common areas of difficulty were problems with the child welfare agency, with unsupportive staff and caseworkers, and less useful training and support than had been anticipated (CECFW 2007, p. 9).

Support for kinship carers by agencies

A small study with formal kinship carers (n=15) in New South Wales in 2002 found the support carers valued was: financial, practical and/or emotional support. The main issues around support highlighted aspects of unmet need. These aspects included:

- difficulty in obtaining various forms of support from the statutory agency
- appreciation of financial assistance (for example allowance) but dissatisfaction with nature and amount
- 'good' caseworkers appreciated though some carers had no access to a worker
- role ambiguity for grandparents 'parenting' again added to carer stress and tension
- fraught relationships with adult children (that is birth families of children in care) exacerbated stress and strain (Gibbons & Mason 2003).

It appears from one carer study (n=133) that the unmet needs of statutory kinship carers is higher than for foster carers. The study found more foster carers (73 per cent) had caseworker support compared to kinship carers (44 per cent). Support from family and friends was also higher for foster (51 per cent and 55 per cent respectively) than kinship carers (43 per cent and 33 per cent respectively). Of some concern was the finding by the researchers that informal kinship carers felt 'threatened by authorities rather than supported by them' (Yardley, Mason & Watson 2009, p. 50). While only speculation, this perception may reflect a desire by informal carers not to get 'caught up' in the child welfare system and concern among them that, due to age, ill-health and poor financial circumstances, they may be perceived as not coping in their carer role (see also COTA 2003).

5.4 Non-financial support for non-statutory carers

Whether carers are 'formal' or 'informal' appears to have little relevance in distinguishing the characteristics and experiences of these carers. In their report on a study with kinship carers, mostly grandparents, Yardley, Mason and Watson (2009, p. 75) state:

> In our research findings the only characteristic that consistently differentiated formal and informal carers was the definition of some kinship carers (by one or more statutory organisation) as formal kinship carers, and the inclusion of these kinship carers on the organisation's database. In terms of other characteristics and the lives they lived, the similarities were such that the two groups (as officially defined) could not even be said to fit onto a visible continuum.

Some distinctions may be drawn between formal foster and formal/informal kinship carers, specifically in the area of existing relationships between kinship carers, children and their birth parents, not evident with foster carers (initially), and in the manner in which they become carers. Other experiences that are reported to be usual for grandparents, but unusual for others, include dealing with community stigma, lack of social support and difficulty in understanding how to get the payments to which they are entitled (Families Australia and the National Centre for Epidemiology and Population Health 2007). However, the needs of carers and the children they care for are not so dissimilar regarding supports and services as to warrant a different approach.

Two recent studies in the Australian context cover issues and concerns around informal kinship care and offer suggestions for appropriate support and services. For example, the study by Yardley, Mason and Watson (2009) provided a summary of the type of the needs and priorities of informal kinship carers and the support and services that would assist them:

- information about rights, obligations and support services
- access to appropriate supports
- treatment of carers with respect and dignity
- simplify systems to facilitate access to information and services
- provision of well-trained specialist officers and allied professionals in community, health and legal agencies
- recognition of the important community role of carers
- maintenance of ongoing funding arrangements for kin-care agencies, support groups and projects
- centralised advocacy.

In the study's focus groups informal kinship carers reported that they had received substantial benefit from the following:

- locally run kinship care support networks and projects (staffed)
- appropriate respite care
- camps for carers and children and activities for children
- opportunities for peer support
- supervision/support centred on the wellbeing of the child and the kinship care family
- agency support that met their needs, support groups and kinship care support networks
- financial and other practical assistance when necessary (Yardley, Mason & Watson 2009, p. 51).

In general Yardley, Mason and Watson (2009, p. 39) found that in relation to support for kinship carers:

> The most prevalent comment from [kinship carers] about resources was that they wanted parity with foster carers in terms of the supports available to them … they did want to be seen as having equal status and rights to resources appropriate to their own circumstances and needs and the needs of the children in their care.

Work by Baldock (2007) with grandparents caring for their grandchildren because of alcohol and other drug problems of their adult birth children, recommended similar supports and services for informal carers:

- listen to the voices of grandparents parenting grandchildren through regular consultations
- develop cross-sector reference groups to inform future policy and service provision
- provide financial assistance to meet the financial needs of grandparent families
- provide responsive and flexible respite and child care
- provide grandparents with opportunities for training, advocacy and leadership activities.

While these studies should not to be seen to represent all informal kinship carers, they nevertheless provide overwhelming evidence that the needs of carers of children being cared for because birth parents are no longer able (or willing) to care for them, are very similar. Suggested services and supports noted above are similar to those that would be suggested for statutory foster and kinship carers. Two neglected areas of non-financial support, often mentioned in research as quite specific to kinship carers, are: the need for counselling

services for kinship carers to address their anxiety and stress, grief and loss and anger and resentment at the role they have been 'forced' to take as 'parents again' due to their adult children's issues (for example parental substance abuse and/or mental health problems, domestic violence); and in managing contact arrangements with birth family members, which is often regarded as the most problematic area of kinship care (McHugh 2007).

5.5 Foster carer support and retention

Currently in most states and territories there is little available information on the numbers of carers entering or leaving fostering or why carers discontinue fostering. A New South Wales study with carers (n=450) in 2004 provided an indication of the factors. Sixty-three per cent of carers cited a lack of general support from the Department of Community Services and 35 per cent cited inadequate financial support (McHugh et al. 2004, p. 50). Similarly a review of home-based care in Victoria, with carers who had left fostering provided similar explanations for why they quit. Over half (53 per cent) cited changes in personal circumstances (for example increased work commitments or a new baby) and 38 per cent left due to an accumulation of negative fostering experiences including:

- negative impacts on carer's family and children (26 per cent)
- unreasonable demands by Department of Community Services (18 per cent)
- frustrations in dealing with the Department of Community Services (17 per cent)
- inadequate non-financial support (17 per cent)
- not being involved in decision making about child (16 per cent)
- inadequate financial support (8 per cent). (DHS 2003, p. 90–1).

Dissatisfaction at not being treated as a partner of a child's care team, and not being involved in the decision-making process about the child, was highlighted in recent national consultations with carers (n=92). There was a consistent view by carers that this had an inhibiting effect on achieving the best outcomes for the child (KPMG 2010; see also CECFW 2007).

Foster carers in one New South Wales survey were asked what they considered were the most important types of support for maintaining and retaining carers. In ranking five statements as to their level of importance, the lack of support in general was evident:

- more support from their caseworker (84 per cent)
- respect from workers (74 per cent)
- regular respite from caring (73 per cent)
- higher level of subsidy (56 per cent)
- fee plus subsidy payment (44 per cent) (McHugh et al. 2004).

Evidence from studies in the US indicates strong predictors of retention of carers include regular attendance by carers at a support group; having a good relationship with a caseworker; and receiving support and positive recognition in dealing with children's difficult behaviours. Carers left fostering due to systematic problems in foster care management, particularly around support for carers and children (Jarmon et al. 2000; Rindfleisch, Bean & Denby 1998). A study in the US by Rhodes and colleagues (2003) examined ways of retaining carers. Their study of 131 families focused on 11 family resources important for caring. The researchers found that the most frequently reported resources were: social support (family/friends); belonging to a church; being European-American; and having a college education. Families with more resources (above median income,

European-American and married) were more likely to continue fostering. In relation to retention, the authors stated:

> Most likely families who discontinue early could provide effective foster care, especially if offered adequate resources … families with incomes below the median are at high risk of dropping out … lower incomes might reflect a lack of other resources … that are important for retention (Rhodes et al. 2003, p. 149).

5.6 Kinship carer support and retention

Issues of retention for kinship carers are different from those for foster carers. In contrast to foster carers, kinship carers do not take on the care of non-related children. Evidence from international studies suggests that due to pre-existing relationships and strong family ties, placements in kinship care are often more stable and longer lasting than foster care placements (Brown, Cohon & Wheeler 2002; Greef 2001). This is also true, in the Australian context, of care by Indigenous kinship carers (Higgins, Bromfield & Richardson 2005). Recent work by Lutman and colleagues in the UK, however, has found that disruptions to placements were more likely for older children (due to difficult behaviour) than for younger children in kinship care placements. The research suggests that the placement of older children, placements with some relatives (that is aunts and uncles) and placements where the carer and child are 'less familiar', are more likely to disrupt and may need more support (Lutman, Hunt & Waterhouse 2009).

Other UK and US research indicates that kinship-placement breakdown has been attributed to an inadequate assessment (failure to assess specific needs), inadequate carer support (financial and non-financial) and inadequate supervision of family contact visits (for example required due to high levels of family conflict) (Hunt 2008; Leos-Urbel, Bess & Geen 2002). In the Australian context, a general lack of funding for Indigenous agencies (compared to non-Indigenous agencies) inhibits the provision of adequate supports and services for kinship carers, putting their retention as carers at risk (Higgins, Bromfield & Richardson 2005).

Caseworker support offered to kinship carers in New South Wales appears to be quite minimal. In focus groups with kinship carers (formal and informal) (n=39) the researcher found that after being assessed and a case plan agreed to, few carers saw a caseworker to follow up with the agreed case plan. Many carers did not even know if they had an allocated caseworker. Some carers were constantly being frustrated in their attempts to obtain caseworker support through their local Community Services Centre (CSC). For some carers, contact with caseworkers was marginal, with phone calls the main form of communication. A number of carers would have liked a caseworker to visit, so that some aspects that they were unsure about (for example contact) could be clarified. When caseworkers did become involved with the family, even for a short period, their support was appreciated (McHugh 2009).

Four Aboriginal carers in one focus group had reasonable relationships with their caseworkers. One carer with four grandchildren noted the positive aspects of having a caseworker: 'She calls around and she takes the kids out (for example bowling) and she organises camps every school holiday. I get two at Christmas time'. Two Aboriginal carers in a small country town had regular case conferences (six-monthly). Both expressed preferences for non-Aboriginal caseworkers due to privacy issues (McHugh 2009).

5.7 Carer support groups

In all Australian jurisdictions foster carers are encouraged to join their foster care association and to participate in regular (for example monthly) carer support group meetings. Many of the carer support groups are used for sharing information, networking, mutual help and learning and also for training, education and support (McHugh 2007; Smith & Smith 1990). Many groups are organised and run by experienced carers while others are organised and run by agency staff. Some carer-organised groups are open to agency staff on a regular basis, while other groups prefer to invite workers on a limited basis to provide information or clarify issues around worker/carer roles and responsibilities. Many foster carers find support groups are

important, with many carers developing warm and strong relationships with other carers. It is not uncommon to find, in (and outside) the groups, experienced carers supporting 'new' carers with mentoring and advice (McHugh 2007). UK research also highlights the importance of training/support groups for carers and the benefits of carers 'getting to know one another'. Researchers believe that the formation of carer networks may, over the longer term, far outweigh the benefits of the training conducted in the groups (Ogilvie, Kirton & Beecham 2006; Triseliotis, Borland & Hill 2000).

The McHugh (2009) study found evidence of numerous, long-standing 'grandparents caring for grandchildren' support groups in all Australian jurisdictions. These groups are rarely connected with statutory kinship carers, though the membership often appears to be a mix of formal and informal carers. Overall the nature and sizes of groups and the activities provided is highly variable. Some groups appear to be volunteer-based and informal while others are part of a community program with paid facilitators organising and running the groups. The concept of 'self-help' appears to be a strong component in these mainstream groups. A Victorian report notes the following benefits of grandparent support groups:

- provision of practical information
- discussion on parenting and child development
- debriefings on the impact of caring
- contact with other carers
- sharing feelings of grief/shame
- friendship and time out
- regular newsletters (DHS 2007, p. 26).

Yardley, Mason and Watson (2009; n=133), also commented on the value and benefits of carer support groups. Their study found 17 per cent of kinship carers belonged to support groups compared with 33 per cent of foster carers. The authors report that groups provide formal and informal kinship carers with support in a number of ways:

> ...[A] place to meet, a source of information, funds for social gatherings and respite (camps etc.) and groups and activities for children ... the support and friendship the groups provided was extremely important to the carers and assisted them to develop and maintain a degree of resilience through the cycles of crisis and change that characterise the kinship carers role. (Yardley, Mason & Watson 2009, p. 50)

The proliferation of grandparent support groups as a mechanism to reduce the caregiver burden, stress and isolation has been observed by Australian researchers. Few of these programs however have been formally evaluated and researchers have found little evidence indicating whether participation in the groups 'stimulates lasting change' in relieving the burden, stress and isolation of care giving. Researchers in one Australian study stressed the need for a cohesive conceptual framework for understanding the role of grandparent carers and elements of intervention and service provision that would be most effective for particular groups of grandparent carers (for example carers of younger or older adolescents, carers of sibling groups, carers of children from inter-racial marriages) (Horner et al. 2007, p. 80–82).

Indigenous support groups

In New South Wales Aboriginal foster and kinship carers attached to Aboriginal Agencies are supported by the Aboriginal Statewide Foster Carer Support Service (ASFCSS), established in October 2000. There are 24 Indigenous agencies and positions (including eight in the Sydney area) connected with ASFCSS. There are eleven Aboriginal Child and Family Services providers and 13 Aboriginal Foster Care Support District Officers in the Department's Community Services Centres (ASFCSS 2001, pers. comm.). The establishment of ASFCSS has resulted in many Indigenous carers being better supported than in the past. Agencies and/or individual carers (including non-Aboriginal carers of Indigenous children) can contact ASFCSS through their local agency

or designated worker to obtain information and have issues and concerns around supports and services addressed.

Indigenous kinship carers are differentiated from foster carers in their attendance at support groups. Many non-Indigenous foster carers, members of state and territory foster care associations or foster parent support networks attend regular carer support groups, receive ongoing training and receive updates of policy/program changes affecting their roles and responsibilities. Anecdotally, it is known that that while there is no obvious barrier to their involvement, few Aboriginal kinship carers participate in mainstream foster carer support groups or attend ongoing mainstream carer training (McHugh 2009).

The formal mainstream model of 'support groups for grandparents caring for their grandchildren' does not appear, from the McHugh (2009) study, to be as appropriate for Indigenous kinship carers. The study found, in one New South Wales region, organising kinship carer groups was difficult due to the wide geographical spread of carers. One non-Indigenous community agency worker attempted to establish a support group for kinship carers (Indigenous and non-Indigenous) but with no success. It was thought that an Aboriginal worker would be better able to attract Aboriginal carers' attendance at a group.

5.8 Respite for carers

In most foster care research studies the importance of regular respite, for the retention of carers and preventing placement breakdown, is noted (AFCA 2001: Baldock 2007: Butcher 2005b; McHugh et al. 2004; Rhodes et al. 2003). Respite may take a number of forms; for example, for carers of pre-school age foster children, child care can offer respite from the day-to-day care of children, allowing well trained and professional staff to address children's needs and support foster parents in their caring role. While organised weekend respite with another carer family can be of benefit to some carers and fostered children, some jurisdictions reduce the weekly amount of subsidy by the number of days the child is away from the main foster carer. Australian studies have found that for many foster carers, despite being informed that they were entitled to regular respite from their caring role, it was often one of the most difficult areas to organise and access either through their agency or the department (AFCA 2001; McHugh 2002; McHugh et al. 2004).

In focus groups with New South Wales kinship carers (n=39) McHugh found carers' access to respite was highly variable, with some carers never being offered any respite (2009). Some carers said they would appreciate a break while others were concerned about the impact on children if they were away from home, even for a few days. Other carers stated they could not get away at all because of their responsibility for elderly parents. Some carers noted that other members of the extended family had been assessed by the department, so they could provide respite (McHugh 2009).

Yardley, Mason and Watson also found both foster and kinship carers in their study expressing a high need for respite (2009, p. 51). As in the COTA report, the researchers found that informal kinship carers were 'desperate for respite' (COTA 2003; Yardley, Mason & Watson 2009). In their carer survey 22 per cent of foster and 10 per cent of kinship carers received respite. The study reports:

> Carers felt that regular access to respite would have given them the opportunity to manage challenges more successfully, remain resilient, maintain their health and keep on top of problems emerging with the children (Yardley, Mason & Watson, p. 43).

Camps for kinship families, or for grandchildren, are a form of respite much valued by carers. In one study grandchildren of some grandparent carers had access to one annual holiday camp, while others attended several camps a year, and other carers had access to vacation care. All were paid for by DoCS (now Community Services). Some kinship families went to kinship family camps (paid for by community agencies); other organisations managing grandparent groups gave respite for carers, by providing groups and recreational/sporting activities for young people (McHugh 2009). The value of camps for grandparent families was highlighted by a worker in the SPRC project on Grandparents as Primary Carers of their Grandchildren:

> We ran a camp last year and the people who came want it again, not only because they were with other grandparents but mainly because they could never be able to afford to do that. And also the activities the kids had lots of physical activities ... they don't always get that from the grandparents, swimming, canoeing; they couldn't afford it if they were going to do it themselves (state government department focus group, unpublished).

5.9 Allegations of abuse and foster carers

A survey (n=812) of Australian foster carers noted the importance of support for foster carers when an allegation of abuse was made. Nearly half (43 per cent) of surveyed foster carers knew of other carers who had ceased fostering due to a lack of support at the time of the allegation. Over two-thirds (70 per cent) of carers stated that the main form of support received by carers was from family, friends, foster carers and foster carer associations. Over one-third (40 per cent) of carers stated government departments offered 'extremely poor' support and fostering agencies were seen by 23 per cent of carers as offering 'very poor' or 'extremely poor' support (AFCA 2001). In another carer study in Queensland, a practical support that carers required to do their job well, and retain their careering role, was information/training on abuse allegations. Carers needed to know how to protect their own family from abuse allegations; how to deal with the department when allegations of abuse were made by foster children; and how to get support (including counselling) from the department at these times (Butcher 2005b; Briggs & Broadhurst 2005).

5.10 Culturally and linguistically diverse carers

The availability of specialised foster care programs appears to be limited. There are Muslim and Vietnamese foster care projects in New South Wales and a Muslim project in Victoria. The Muslim Foster Care Project (MFCP) in New South Wales was implemented in partnership with the Muslim community in Sydney 2002. The training package Shared Stories Shared Lives was translated into Arabic and Turkish and made more culturally appropriate for Muslim carers (Roude, Abdo & Abdallah 2001, pp. 4, 8–9). The MFCP was recently combined with the Vietnamese Foster Care Program (VFCP) to form the Multicultural Foster Care Team. The MFCP and VFCP could well be used as models for establishing other foster care projects for families from different cultures.

In Victoria, the Out of home Care in the Vietnamese Community Project undertook research with Vietnamese families, Vietnamese workers and other service providers. It found:

> Families from CALD communities are often organising informal and unsupported arrangements within their kith and kin networks for placement of their children, either temporarily or on a long term basis, when unable to care for them. These placements are often fragile due to lack of financial assistance, and lack of support services for the carers and the children/young people placed. They are often not recognised as kinship care placements.
>
> ... [A] lack of available ethno-specific home based foster care placements when children/young people enter the formal out-of-home care service system. This lack of placement options can result in loss of cultural identity for children and young people placed with families outside their culture of origin.
>
> ... [A] lack of culturally sensitive practice and service delivery from professionals working in both community service organisations and child protection, which can militate against reunification or maintenance of linkages between parents and their children/young people. (CWAV 2002, pp. 12–13)

5.11 Supports and services for children

This section of the report discusses the access and availability of support and services for children in care. The discussion focuses mainly on children in statutory care as there is limited research on support and services for children in the informal care of relatives (for example grandparents).

Supports and services required to meet the often substantial needs of children in foster and kinship care are multi-dimensional. The needs are often age-specific and based on histories of past trauma and the impact of abuse and neglect on individual children. Health (mental and physical), optical, dental, educational, therapeutic services (for example counselling, speech, physiotherapy, occupational) and recreational activities are among the main types of support and services required for children in formal and informal care (AFCA 2001; DHS 2003; CAFWAA 2002; McHugh 2002, 2009; Sinclair, Gibbs & Wilson 2000; Triseliotis, Borland & Hill 1998; Colton & Williams 1997).

Consultations with carers (n=92) noted: 'carers whose children are well supported are themselves better supported … this resulted in improved carer longevity and satisfaction'. Carers suggested that the support required by children in care included improving access to therapeutic, health and education services. Not being able to access services for children in a timely fashion was highly detrimental to children in care as an 'increase in severity of the issue … impacts on the potential for treatment success' (KPMG 2010, pp. 14, 17).

Health

McHugh found that health needs of foster children are considered 'high', with numerous national and international reports stating that, compared with children not in care, foster children experience more serious physical, mental and emotional health problems, many undiagnosed and untreated on entry into care (2009). US studies found that the fastest growing group of foster children—babies and young children—have very high rates of 'medical illnesses, developmental delays and substantial risks for psycho-pathology', which require extensive services (Clyman, Harden & Little 2002, p. 435; Jarmon et al. 2000, p. 6; Robertson 2005).

A national comparative study of Australian foster children (n=364), aged 4–18 years, with high support needs who had experienced placement breakdowns, found two thirds (65.4 per cent) had a conduct disorder and a third (33.8 per cent) suffered depression and/or anxiety. Over a quarter (32.4 per cent) had a diagnosis of ADHD, 30.5 per cent had an intellectual disability, 15.7 per cent had a personality disorder or a mental illness and 12.9 per cent had a physical disability (Osborn & Delfabbro 2005, p. 47). Carers (n=92) in a national consultation also highlighted the prevalence of mental health issues for children in OOHC (KPMG 2010).

Carers suggested that health services for children in OOHC should range from those that treat severe health deficits through to allied health services (for example speech therapy). Some carers highlighted adolescent health as an area requiring special attention, with other carers considering more attention needs to be paid to the emotional development of children, given the incidence of trauma in the care population. Some carers wanted emotional development to be grouped in the physical and mental health focus area (KPMG 2010).

Carers (foster and kinship) play a key role in meeting the complex health needs of children in care in advocating for, and obtaining required services. A study in 2002 found five issues in relation to foster children's health needs that were of particular concern to foster carers:

- lack of information about a child's medical background (including immunisation history)
- problems for carers in obtaining Medicare and Health Care Cards in a timely way, after a child was placed[15]
- substantial costs of pharmaceuticals (for example over-the-counter medications) for minor complaints (for example head lice, scabies, school sores) of children when placed
- need to access urgently required specialist services through the public health system where waiting lists of 6–12 months for specialist services were not unusual
- inability of some carers to include fostered children in their private health cover (McHugh 2002).

Education

Findings from a Victorian study with carers (n=199) of children in foster (75 per cent) and residential (18.6 per cent) care and education outcomes indicate that children and youth in care: 'perform academically

below what is normal for their age, are at risk of "disengaging" or are disengaged from school and often don't achieve any academic qualification' (Wise et al. 2010, p. 6).[16] The authors found that children covered by the survey were more likely (over one-third) than children in general (4.1 per cent) to have functional limitations due to long-term health, medical or behavioural conditions. It appeared from the report that in some instances, despite the best intentions and commitment by carers, teachers, caseworkers and counsellors, factors outside of their control (young person's previous trauma, feelings and behaviours and/or current situation with birth family) limited educational achievements.

Difficulties between the care and education systems and a lack of specialist and therapeutic support services were suggested as further reasons for young people's educational needs not being met. More training for carers in this area was mentioned in the report as of likely benefit to carers. While the Victorian government has programs in place (including formal Individual Education Plans for young people) to ensure the educational needs of children in OOHC do not go unmet, the authors suggest that: 'little progress appears to have been made in alleviating significant problems of school disengagement and education failure among children in OOHC' (Wise et al. 2010).

Carers in a national consultation process (n=92) also spoke of the difficulties children in care faced in the education system, including exclusion, stigmatisation and scapegoating. In relation to the education needs of children in care, carers did not have sufficient support to assist the children or to 'take on' the education sector (KPMG 2010).

Services for children in kinship care

The lack of accessible and affordable services for children was highlighted in focus groups with New South Wales kinship carers (n=39). While highly variable, some carers in the groups were more than satisfied with the services they had received through DoCS (now Community Services) and other agencies. Other carers were not as satisfied with services that had been recommended to them (for example counselling services for children). Due to long waiting lists other carers were struggling to meet the needs of the children in their care (McHugh 2009). The implementation of comprehensive health and development assessments, in New South Wales and Victoria for all children entering care, should ensure better support and services at an early stage of placements (AIHW 2010).

Services for Indigenous children in OOHC

Work by Higgins, Bromfield & Richardson (2005, p. 51) found Indigenous carers reporting 'significant gaps and inconsistencies in access to basic services to meet the increasing complex needs of children in care'. A lack of accountability and transparency in ensuring case plans delivered what was promised for children in care was frustrating for carers. In relation to health services for Indigenous children in OOHC, work by Higgins, Bromfield and Richardson found that locating placements for Indigenous children with disabilities was problematic, especially in some areas (remote/regional) where health and allied services were not available, and that there was limited capacity in the community to meet the special needs of children with disability. In addition, the lack of 'infrastructure and housing made it difficult to place children with families (for example lack of footpaths when a child was confined to a wheelchair)' (Higgins, Bromfield & Richardson 2005, p. 66).

As with non-Indigenous carers, the lack of health and personal information about children placed in their care was a consistent complaint of Indigenous carers. The writers highlighted the fact that the general lack of Indigenous services for children meant Indigenous children were often being served by non-Indigenous agencies whose services were not always culturally appropriate. Services required for children included:

> [H]ealth, mental health, counselling, remedial education, language and speech services. Carers felt that these services were provided on an ad hoc basis and that often children in care were expected to access these services through existing channels within the community … Carers felt that children in care should have priority access to services (Higgins, Bromfield & Richardson 2005, p. 51).

Other services for children

Carers are encouraged to involve foster children in a variety of leisure and recreational activities to increase confidence and for physical and mental wellbeing. Carers also use sports and activities as physical outlets for foster children, particularly those with challenging behaviours. One Australian study found outlays by foster carers on leisure/recreation/sport for children in care was extensive and not adequately covered by the carer subsidy/allowance. For some carers, costs for particular sports and activities were included in a child's case plan and were paid for (McHugh 2002). Studies of kinship carers in New South Wales (McHugh 2009; Yardley, Mason & Watson 2009) found that the recreational/social activities offered through regional kinship carers projects benefitted carers and young people. It was noted by the writers that participation by kinship families in the program 'reduced their sense of isolation and supported their connection with other people in shared circumstances' (Yardley, Mason & Watson 2009, p. 72).

Contact with/access to birth families

Other services for children include regular contact (when appropriate) with birth family members. Foster carers are not required to facilitate birth family contact, though many carers, with good or reasonable relationships with birth parents, provide transport and/or supervision (if required) for access/contact visits. Kinship carers are more likely than foster carers to facilitate and have ongoing contact with birth parents, usually their adult children. Accessing services, facilitating contact and attending appointments requires considerable time (and money) to be spent by all carers in transporting children to and from services. An Australian study found foster carers used their car on a daily basis with most stating that without a car they would not be able to continue fostering. The use of a car was also important for transporting children (of all ages) to and from school, because of truancy concerns, a child's lack of confidence, behavioural problems, and/or for safety reasons (McHugh 2002, 2009).

Casework

Case plans, review meetings and regular casework are also essential in meeting the support needs of children in care and supporting carers in the maintenance of the placement. McHugh and colleagues (2004) noted the importance of casework, with carers wanting caseworkers to work with them and build up ongoing relationships with children (McHugh et al. 2004). A study by Yardley, Mason and Watson (2009) found, for foster and kinship carers, 'caseworker support from DoCS' (now Community Services) ranked highly (1st and 2nd respectively) in the list of most important supports already received for the children in their care. In the study 44 per cent of kinship and 73 per cent of foster carers received caseworker support from DoCS (now Community Services) or another agency.

A UK study with young people found they valued the support offered by social workers, including regular visits, listening, providing practical and emotional assistance when required, respecting the young person as an individual, being honest, trustworthy, reliable and available. Of critical importance was a sense of continuity with a particular worker (that is long-term relationship); staff turnover/change adversely impacted on young people (and their carers) (McLeod 2008). This finding on the importance of casework to carers and young people is also echoed in other international studies (Denby, Rindfleisch & Bean 1999; Rhodes et al. 2003; Sinclair et al. 2004; Triseliotis, Borland & Hill 1998).

Services and support for young people leaving care

Young people transitioning out of care require leaving care plans identifying needs and the type and extent of support required. In consultation with young people and their carers, plans need to be prepared before the young person leaves care (KPMG 2010; McDowall 2009; McHugh et al. 2004). The most recent report card from CREATE, which conducts an annual national survey of young people in care and leaving care, found only one Australian jurisdiction (Western Australia) could provide data on the number of young people with a current leaving care plan. The study found around one-third (34 per cent) of eligible young people in care had no knowledge that a plan was being developed, and two-fifths (40 per cent) of those who had left care did not have a care plan. The CREATE report emphasises the importance for carers (foster and kinship) of being

'more aware' (that is receive training, support and relevant information) so as to prepare and assist the young person, for the transition/leaving care processes and the availability of services and support, as they approach this milestone in their lives (McDowall 2009).

Consultations with young people (n=64) who had been in care found that the support and services young people needed whilst in care included:

- positive relationships with carers and caseworkers
- sense of belonging to a family and/or community
- having a sense of stability
- access to resources to assist with personal needs, education and skills development
- maintaining connections/contact with birth families
- participating in decision-making about their lives
- planned leaving care transitions that support decision-making by young person; establish independent living skills; and offer supports and counselling in post-care period (KPMG 2010).

The provision of support and services for children and young people looked after by foster carers will be enhanced by the implementation by the Australian Government of national standards for OOHC in 2010. The introduction of the standards, a key action under the *National Framework for Protecting Australia's Children 2009–2020*, focuses on key areas, including access to health, education and training for children and young people; increased support for carers; and enhanced transition planning for all young people. The standards will ensure:

- comprehensive health assessments for children and young people entering care; appropriate and timely attention to ongoing medical needs; and written health records that will move with the child or young person if they change placements
- the development, implementation and regular review of individual education plans for children and young people in care
- the assessment and receipt of relevant ongoing training, development and support for carers
- transition-from-care plans for young people, commencing at 15 years of age, and reviewed at least annually. Plans will detail the support to be provided to young people after leaving care, and involves children and young people in its preparation (Macklin 2010).

5.12 Summary

Nationally and internationally, a number of studies of OOHC emphasise the importance of support and services for statutory foster and kinship carers. As the situation of informal carers becomes more apparent, the importance of meeting their needs for support and services, which are not dissimilar to statutory carers, is also being recognised.

The necessity of a supportive environment for all carers begins in the recruitment stage to ensure potential carers are made aware of their roles and responsibilities and are as adequately prepared (that is assessed and trained) as they can be prior to children being placed with them. Research studies indicate that this is usually the case for all foster carers but can be more haphazard for statutory kinship carers. This is due to the different pre-service circumstances of foster and kinship carers: the latter may have a very sudden entry into caring, while foster carers (sometimes) have time for preparation and training prior to commencing care.

There are significant differences in practices relating to assessment and training for kinship carers. Due to limited research (mainly New South Wales based), whether and when kinship carers are assessed and provided with support (mainly financial), appears highly dependent on the carers' jurisdiction and their individual agency. For Indigenous carers it is apparent that the most appropriate means for recruiting, assessing and training carers involves Indigenous workers, preferably through Indigenous agencies. In recruiting, assessing and training 'new' Indigenous and non-Indigenous carers, the utilisation of the knowledge of experienced carers in the various processes, is a highly recommended strategy.

Generally foster carers receive initial training before accreditation with many then attending regular, ongoing training—although there is a recognised need for better training and support for carers and child protection workers (KPMG 2010). Statutory kinship carers do not have the same access to training. A number of studies have found that the view of consultants, workers, stakeholders and carers is that foster care training is a model of good practice for kinship carers, however specific training for kinship carers is also recommended (cited in McHugh 2009). For kinship carers, where child protection workers are involved with the placement, a good understanding of how the 'system' works appears essential in understanding their role, rights and responsibilities and those of the department.

As with other aspects of support, the quality of the ongoing support for carers (for example allocated caseworker, positive relationship with workers/agency, case plans for the child, etc) appears highly variable. In general, all foster carers are supposed to have access to a caseworker (or carer support worker), have a case plan for the child and the child is also supposed to have regular contact with a caseworker. Access to services and support outlined in children's case plans is meant to be arranged by caseworkers in a timely fashion. Studies of foster and kinship carers indicate great variability in how well carers feel supported in their role, from highly positive to highly negative. In general, kinship carers appear to have far less access to all types of support than foster carers.

Carer support groups, available to statutory foster and kinship carers and to informal carers (for example grandparents), are well thought of by those who attend them. The benefits to carers are multi-faceted—from helping with social isolation, stress and strain to the formation of strong bonds and relationships with other carers, to having access to information and support and increasing skills and knowledge in caring for vulnerable children and young people.

Respite, a break from caring, is as essential for informal carers as it is for foster and kinship carers. Respite, along with the range of supports mentioned above, can assist with the emotional and physical wellbeing of carers, assist with the stability of placements, help prevent placement breakdown and ensure the retention of carers.

Having an allowance adequate to meet the day-to-day costs of children in care has been seen in numerous reports to be essential in supporting carers. Tasmania provides some financial assistance to informal carers and in New South Wales carers providing non-statutory care may be eligible for a Supported Care Allowance following an assessment that determines that the child or young person is in need of care and protection. Informal carers in all jurisdictions, if eligible, can access a range of Commonwealth payments.

Many studies of children and young people in care highlight their need for a wide range of services and support. Without access to timely and appropriate services and supports, children and young people in care and leaving care will not only have poor outcomes from their care experience, but their carers will also struggle to cope in their caring role.

This section highlights the importance of both financial and non-financial support for carers. It indicates though, that while variable in delivery, there is a well-defined framework and structure in all jurisdictions to ensure support and services are available to statutory foster and kinship carers and the children they care for. Similar frameworks and structures of support do not appear to exist for informal carers.

6 Service gaps and inequities

This section reflects on the previous three sections to analyse and identify where there are service gaps and inequities in meeting the needs and circumstances of formal and informal carers.

Some caveats are important to note before any such analysis is undertaken. Many of the research studies used in this report are specific to a particular jurisdiction and are also based in a particular time period. This makes it extremely difficult to argue that findings from studies before 2010 are relevant to the various current policy and programs outlined in the policy inventory.

Models of child protection (and OOHC) systems in each Australian jurisdiction have been designed for very different geographic, demographic and socio-cultural environments with different levels of infrastructure and levels of social and economic capacity. There is also the compounding factor, that in some jurisdictions, OOHC services are provided by government and/or NGO agencies and in others, NGOs or the state or territory agencies are the main providers. Practice standards in assessment, training and support between state-based agencies and NGO agencies are likely to have significant degrees of variability. The New South Wales Wood (2008) report indicated that carers attached to non-government agencies do much better in terms of support and services than do government agency carers. Often it is NGO agencies that provide for more intensive OOHC placements for children with high and complex needs.

It is difficult to suggest that findings on service gaps and inequities in one jurisdiction (or in different agencies within a jurisdiction) are relevant to another. OOHC policies and programs in all jurisdictions are constantly evolving as governments respond to issues and concerns and crises (for example the death of children in care or known to departments) in OOHC that prompt an inquiry (of which there have been many). It is often wide-ranging inquiries into child protection and child welfare systems that have resulted in new, or modified existing, policies and practices that have attempted to ameliorate gaps and inequities in child welfare systems. In the last decade such inquiries include:

- Barbour B 2009, *The death of Dean Shillingsworth: critical challenges in the context of reforms to the child protection system*, December, NSW Ombudsman Office, Sydney—New South Wales
- Bevan D 2003, *Report of the Queensland Ombudsman: An investigation into the adequacy of the actions of certain government agencies in relation to the safety, well being and care of the late baby Kate, who died aged 10 weeks*, Queensland Ombudsman Office, Brisbane—Queensland
- Brouwer GE 2009, *Own motion investigation into the Department of Human Services Child Protection Program*, P.P. no. 253, November, Victorian Ombudsman Office, Melbourne.
- Commissioner for Public Administration 2004, *Territory as a parent: a review of the safety of children in care in the ACT and of ACT child protection management*, Commissioner for Public Administration, Canberra—Australian Capital Territory
- Commission of Inquiry into Child Abuse in Queensland institutions 1999, *Commission of inquiry into the abuse of children in Queensland institutions*, Queensland Government, Brisbane—Queensland
- Crime and Misconduct Commission 2004, *Protecting children: an inquiry into the abuse of children in foster care*, CMC, Brisbane—Queensland
- Ford 2007, *Review of the Department for Community Development*—Western Australia
- Gordon S 2002, *Gordon Inquiry: Putting the picture together: inquiry into response by government agencies to complaints of family violence and child abuse in Aboriginal communities*, Perth—Western Australia

- Jacob & Fanning 2006, *Report on child protection services in Tasmania, Department of Health and Community Services Tasmania*, Hobart—Tasmania.
- Layton RA & South Australian Dept of Human Services & Review of Child Protection in South Australia & South Australian Dept for Families and Communities 2003, *Our best investment: a state plan to protect and advance the interests of children*, Department of Human Services, Adelaide—South Australia
- Murray G 2004, *The Territory's children: ensuring safety and quality care for children and young people. Report on the audit and case review*, Commissioner for Public Administration, Canberra, Australian Capital Territory—Australian Capital Territory
- Northern Territory Government 2010, *Growing them Strong, Together: Promoting the safety and wellbeing of the Northern Territory's children*, Report of the Board of Inquiry into the Child Protection System in the Northern Territory 2010, M Bamblett, H Bath & R Roseby, Northern Territory Government, Darwin—Northern Territory
- Wild & Anderson 2007, *Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse*, Northern Territory Government, Darwin—Northern Territory
- Wood J 2008, *Report of the Special Commission of Inquiry into Child Protection Services in New South Wales*, State of NSW, Sydney—New South Wales

Given the context of the discussion above, and the lack of data in each jurisdiction in relation to gaps and inequities in support and services for formal and informal carers, and possible barriers to potential carers, it is argued that a broad-brush and general approach is preferable, rather than a focus on those specific to one particular jurisdiction. In relating the findings of the policy inventory to qualitative research with carers there are three key areas of note:

- Disconnect between formal entitlements and actual practice
  The payments and support described in Sections 2 and 3 have been developed in recognition of the needs of carers and the children in their care. However, a great deal of research with carers indicates that support is not received and gaining access to services is prolonged and difficult. There is a range of reasons for this, including lack of appropriate information, trepidation about the child welfare system, and lack of resources. However, the gap between what carers are eligible to receive, and what they actually do receive, represents less than successful service systems.
- Support for informal carers
  In most cases, informal carers (including those who have had their guardianship recognised by the Family and Federal Magistrates Courts) are treated as private family arrangements by state child welfare authorities. The support and services to which foster carers are eligible are not provided to these informal carers. This is despite the fact that the day-to-day responsibilities for care, the characteristics of children in care, and the need for services, supervision and information are identical for foster and informal carers.
- Service gaps
  Although this is relevant to all children and families, not only those in foster or kinship care, a number of key services are inadequately available. These include respite services, allied health services such as dental, counselling and mental health services, and support in school. Children in OOHC have urgent needs for services as a result of the trauma they have suffered and the health and emotional problems consequent to that. In all jurisdictions these services can be very difficult for carers to access.

Other key issues:

- A key issue, not directly relevant to the scope of this paper, is the relative neglect of the provision of prevention, early intervention and universal services that support all families, including those at risk of entering the out-of-home-care system. One reason that support and services is so inconsistent between the jurisdictions, and change so often, is the extraordinary expense associated with the OOHC system. More

effective prevention and early intervention services would not remove the need for OOHC systems, but would significantly reduce the numbers of people directly affected, and so the pressure on state and territory governments.

- Another issue relates to situations where legislation can result in considerable distress for carers who are the guardians of children in their care. For example, the *South Australian Transplantation and Anatomy Act 1983—Section 5* states that guardianship orders cease upon the death of the child or young person, and that subsequent decisions regarding organ donation and funeral arrangements revert to the senior available next of kin. This can lead to significant distress in cases where longstanding care was provided by the guardian (that is carer) prior to the death of the child or young person. Other jurisdictions are also likely to have similar legislation with the unintended consequence of causing distress to carers.
- The third issue relates to 'Welfare to Work' legislation. As described in section 2.7, eligible out-of-home carers in receipt of an activity tested payment, such as Newstart Allowance or Parenting Payment, may be exempt from participation requirements for a period of up to 12 months. Changes introduced from 1 July 2010 provide an exemption from participation requirements for grandparents and other relatives who are entering into kinship care arrangements that are recognised through a court order or case plan. To obtain the exemption, they are required to provide documentation that demonstrates that the person is complying with a written order, prepared or accepted by a state or territory authority, that covers the kinship care arrangement. Where informal carers do not have a written order covering their caring arrangements, they may be required to meet their activity test requirements.

In summary, this section of the report reflects on the three previous sections of the report to analyse and identify where there are service gaps and inequities in meeting the needs and circumstances of formal and informal carers.

Such an analysis is problematic as many of the research studies used in this report are specific to a particular jurisdiction (for example New South Wales or Victoria) and a particular time period. This lessens the potential to argue that findings from research conducted before 2010 are relevant to policy and programs outlined in the policy inventory. Due to the jurisdictional variation in policies/programs it is also argued that findings on gaps and inequities in one jurisdiction cannot necessarily be generalised to all jurisdictions. The many wide-ranging inquiries into child protection and child welfare systems over the last two decades have resulted in new, or modified existing policies and practices that attempt to ameliorate gaps and inequities in child welfare systems.

Taking a broad-brush and overall approach to gaps and inequities is a preferred option, rather than focussing on those specific to any particular jurisdiction. Gaps and inequities are apparent in three key areas: disconnect between formal entitlements and actual practice; support for informal carers and service gaps.

Some other key issues are noted in this section including: relative neglect of the provision of prevention, early intervention and universal services for all families; legislation in another area that overrides the rights of carer/guardians; and 'Welfare to Work' legislation that impacts on informal carers.

7 Examples of good practice in supporting carers

One key focus of this study was to look for examples of good practice. Many studies/reports provide examples of 'good' or 'promising' practice but in general there is a lack of evidence to support the assessment of the practices. While not denying their likely efficacy, the advantages and disadvantages of most examples are, at this stage, only speculative. This section identifies studies that provide examples of promising practice in supports and services for formal and informal carers in the Australian context.

Many support/services for carers (formal and informal) are part of a 'package' (i.e. service system) that links different aspects or elements together—to use a well known saying, in this instance, 'the whole is more than the sum of its parts'. Some of the suggested 'good' practices wrap a number of services or supports together, and at times, it is not possible to highlight some aspects at the expense of others. Where it is clear that good or promising practice is associated with a single stand-alone service or support this is noted; in other instances, specific packages for carers are described. In some examples, good or promising practice applies to specific categories of carers, and in other instances the suggested practice is more generic. A key message from Higgins, Bromfield and Richardson highlights the interlinked nature of carer assessment, training, retention and support suggesting that:

> Assessment practices can influence the perceptions of potential carers, and be a barrier to recruitment; and levels of training and support are likely to influence retention. The issues of recruitment, retention, assessment, training, carer support and services for children are delineated as separate concepts … in regard to best practice [there is a] need to take into account the interlinked nature of these concepts (Higgins, Bromfield & Richardson 2005, p. 56).

This section draws on the work by researchers at AIFS and the SPRC who have conducted research with a specific focus on examples of 'good' or 'promising' practice to support carers in OOHC in Australian jurisdictions. It uses the various aspects, for example recruitment, retention, assessment, training, carer support and services for children, suggested by AIFS and SPRC in discussing promising practice.

7.1 Recruitment

One promising practice recommended by Higgins, Bromfield and Richardson (2005, p. 24) is for Aboriginal agencies to have responsibility for the recruitment of Aboriginal and Torres Strait Islander foster and kinship carers using community-based recruitment strategies (word of mouth, community networks, family days, information nights). Using current foster carers to speak at information sessions for prospective foster carers was seen as an effective and supportive recruitment strategy. In the recruitment process it was regarded as important that messages about providing care came from Aboriginal and Torres Strait Islander peoples.

In relation to the use of non-Indigenous carers for Indigenous children Higgins, Bromfield and Richardson (2005, p. 25) pointed to promising practice used by the Aboriginal and Islander Child Care Agency (AICCA) agencies in Victoria in recruiting non-Indigenous carers specifically for emergency and respite care.

> An Aboriginal child placed in emergency or respite care through [the program] cannot be with a non-Aboriginal carer for more than 7-days … [the program] will support and train these carers and will ensure that they are part of Aboriginal community activities—so children in their care will have community and family linkages. Although the placements will be for a short time, the non-Aboriginal carers will be part of the community and aware of all the nuances of community, and will understand the issues that children may have that are culturally based. (AICCA representative, cited in Higgins, Bromfield & Richardson 2005, p. 25)

To ensure the appropriateness of potential Indigenous carers, consultation with the prospective carers' community as part of the screening process, was seen as good practice by services providers (Higgins, Bromfield & Richardson 2005).

7.2 Assessment

In a study carried out for the Benevolent Society in 2009, the researcher found four examples of promising practice that were supportive of Indigenous and non-Indigenous kinship carers in the assessment process (McHugh 2009).

One example was to use a model of assessment that changed the emphasis from approving to enabling and supporting kinship carers to provide care for the child. Based on the work of Williams and Satour (2005) the model suggests the inclusion of a genogram (i.e. family mapping) allowing workers to gain an understanding of the family history, family constellation and social network. The process allows for information to be provided to the family about the agency and outlines the role and responsibilities of workers and carers. This process allows workers to:

- activate and mobilise resources for the carer family
- obtain approval and provide support to the carer
- construct a framework/case plan of support for the carer family.

A staff officer in a Queensland Aboriginal agency also noted the importance of family mapping ('genogram') (cited in Williams & Satour 2005). Mapping should occur when a child first enters the child-protection system, as the knowledge can preserve and support family connections, that are important to the child, but which may not be otherwise known about.

The second example was the use of the Victorian Aboriginal Family Decision Making Program when an Aboriginal child or young person becomes involved in the child protection system. The aim of the program is to bring together family members, extended family, elders, significant people in the child's life, the child/young person (where appropriate), a child protection officer and professionals. All meet and make decisions, about the child/young person's safety and wellbeing, in a supportive environment. The program is run by an Aboriginal convenor from Victorian Aboriginal Child Care Agency (VACCA), and a Department of Human Services (DHS) convenor and an Aboriginal elder from the program is present and involved. The meeting has three steps:

- Step 1 Information sharing
- Step 2 Private time—making the plan
- Step 3 Reconvening.

When an agreement is reached it is adopted by child protection officers as a guide to future planning and all attending are given copy of the case plan. The department (DHS), if involved, will support the family in implementing the plan. The convenors stay in touch with the family and the professionals and monitor progress. If successful after three months the program finishes. The benefits of the program are that 'it is respectful of culturally appropriate processes and places culture and community at the heart of the decision-making process' (VACCA 2008a).

The third example was provided by several stakeholders/consultants who emphasised the importance of including an Aboriginal worker/agency to assist the family in the decision-making process and giving particular attention to the views and preferences of Aboriginal birth parents regarding who is to care for the child. The use of cultural support plans supporting Indigenous children's identity and connection to their land and culture was also seen as good practice and supported carers in their role.

The fourth example was the development by New South Wales Community Services (previously DoCS) of a Cultural Support Case Plan (CSCP) for Aboriginal children in care. The aim of the CSCP is to gather cultural information to enable culturally appropriate placement decisions to be made by workers and 'to engage carers in the maintenance of a child's or young person's Aboriginal identity by identifying key cultural events, family connections and services' (DoCS 2008, p. 17).

In assessing Indigenous carers, the use of a culturally-specific assessment tool was seen as good practice by Higgins, Bromfield and Richardson (2005, p. 31). Standardised assessment tools fail Indigenous people as they are designed according to Anglo-centric values of parenting, and are not compatible with traditional Indigenous child-rearing practices. The rigid standards in relation to the physical environment (numbers of bedrooms, etc) may not be appropriate in Aboriginal housing situations. While the best interests of the Indigenous child are paramount and safety should not be compromised there is a need for some flexibility in the assessment process. Informal narrative approaches to assessment were the preferred technique with Indigenous families.

In recognition of the issues outlined by Higgins, Bromfield and Richardson (2005) regarding the need for a culturally-specific assessment tool, work is currently underway in this area. A Sydney-based OOHC trainer and consultant is developing a kinship care assessment tool in consultation with an Aboriginal consultant with expertise in OOHC and an Aboriginal psychologist who has mentored Aboriginal agencies for over 10 years. The new tool signals a departure from mainstream foster care tools to a unique assessment of kinship carers. The new model is culturally appropriate and recognises the unique role of kinship carers in **raising** not **caring** for children. The tool is strength-based and is informed by an ecological framework that uses an 'exchange of information' approach to assess the capacity, strengths and needs of kinship carers. As a collaborative endeavour the tool reflects cultural norms and is designed, to be completed by workers and kinship carers with the outcomes informing an Action Plan outlining unmet needs, risks, services and support. In the tool the participation of children and young people in kinship care is captured in an interview entitled 'Your Say' (Hayden 2010 pers. comm.).

7.3 Training

Higgins, Bromfield and Richardson (2005, pp. 34–8) found Indigenous carers who had been adequately prepared for the caring role felt more supported. Training provided by local Aboriginal and Torres Strait Islander services about the nature of the department, how it worked, and how carers fitted into the broader picture, was regarded as an example of promising practice. Another example of promising practice was suggested by an AICCA representative:

> Even Aboriginal foster carers need cultural sensitivity training because they can be a bit short about practices outside their connected community … Many foster parents have been foster children and lost their culture because they may have been fostered by non-Aboriginal foster parents, so we need to help them re-connect with their culture and give them that strength [that] makes them stronger in doing the role of a foster carer. (AICCA representative, cited in Higgins, Bromfield & Richardson 2005, p. 38)

In discussing good practice with kinship carers, a community project officer (New South Wales) felt the word 'training' was inappropriate for kinship carers as it could undermined a carer's sense of self and worth (McHugh 2009). When 'training' was suggested to grandparents, who had already parented, they felt that it implied that their parenting was inadequate. The worker suggested that 'support' or 'help' in dealing with the challenges that children can bring would be more appropriate terminology. Based on her experiences working with grandparents the officer suggested training in:

- understanding the modern education system and curriculum
- understanding grief and trauma in children and ways that carers can help children deal with their changed world, and

- dealing with the carer's own trauma and ongoing grief (McHugh 2009).

Training offered in a supportive and user-friendly environment was suggested as good practice for Indigenous carers by a staff officer from a Queensland Aboriginal agency. The Queensland Department of Child Safety had developed a DVD for kinship carers and using DVD for training was suggested by the worker. The officer thought that training should be part of the carer's support package and workers on regular home visits should provide one-on-one training, advice and information (McHugh 2009).

New South Wales government child welfare staff consulted for the McHugh (2009) study noted a definite need for kinship carers (Indigenous and non-Indigenous) to be offered training to support them in their caring role. Two training programs—a modified version of Shared Stories Shared Lives and the Triple P (Positive Parenting Program)—had been well received by non-Aboriginal kinship carers in one Community Service Centre (CSC) in New South Wales.[17] The CSC, in conjunction with workers in an Aboriginal agency, planned to implement an adapted version of Triple P training for their Aboriginal kinship carers.

In relation to therapeutic training for carers of children with challenging behaviours, an example of promising practice is a Victorian initiative that has proven to have positive impacts on carers. The Circle Program is a foster care pilot program that 'provides therapeutic training for all key individuals in the care relationship, with an emphasis on equal and collaborative communication between all key individuals'. Carers in the program are selected based on their skills, knowledge, family circumstances and availability and then provided with ongoing training, learning opportunities and support (KPMG 2010, p. 13).

The use of training forums (with carers paid to attend) for Indigenous kinship carers was seen as a promising way of bringing carers together for support and training. Prior to the forum's commencement, carers chatted informally and made contact with other carers. The manager of the Aboriginal agency commented that Aboriginal carers do not like to have the focus on themselves when issues/needs of kin children were being discussed. The forums allowed carers to listen and absorb the advice and information. This allowed carers to draw their own conclusions about the relevance of the advice/information to their kin children and they were subsequently able to seek out a caseworker for the assistance they required (McHugh 2009).

The low-key informal approach to the provision of support or training for Indigenous kinship carers, suggested above, is also supported by the work of Higgins, Bromfield and Richardson (2005). Further good practice in facilitating contact between kinship carers was through social activities such as picnics/outings and camps for kinship families. This also provides opportunities for information sharing and training.

7.4 Non-financial support

Support for carers is often agency-specific, in that some agencies (often non-government) appear to offer better support packages to their carers than others do. A study by McHugh outlined an example of good practice by an Aboriginal child-care agency in New South Wales (McHugh 2009). The agency provides all children in kinship and foster care with an initial health assessment and an annual check-up/assessment with a general practitioner in the agency's office. The Aboriginal agency is closely linked to an Aboriginal health service and they are extensively involved in assisting with meeting the health and therapeutic needs of kinship children. To assist all kinship and foster carers, monthly weekend respite and camps were provided and vacation care was organised in school holidays.

Higgins, Bromfield and Richardson (2005, p. 50–3) suggest aspects of good practice in tailoring support services to meet the needs of Aboriginal and Torres Strait Islander carers by:

- employing Indigenous caseworkers, policy and professional development support workers and cultural consultants within child welfare departments to oversee case plans, inform policy and consult on culturally appropriate responses

- having specialist Aboriginal and Torres Strait Islander Units (ATSIU) within these departments to communicate (i.e. translate and mediate) between the department and Indigenous carers
- establishing regional lead Indigenous agencies responsible for recruitment, assessment, training and support of Indigenous carers
- establishing a service/peak body for all Aboriginal agencies responsible for providing intensive ongoing training and support for Indigenous carers state-wide
- providing information to non-Indigenous carers on the cultural needs of Indigenous children in care
- ensuring agencies have an 'open door' policy so carers will feel welcome.

7.5 Carer support groups

There are numerous examples of good practice in programs and projects for grandparents caring for their grandchildren in most Australian jurisdictions (McHugh 2009; Mission Australia 2007; Yardley, Mason & Watson 2009). For example the Nowra Grandparents Program run by Mission Australia provides educational workshops, advocacy, counselling and social support. The program provides grandparent families (around 50) with recreational activities (including respite for grandparents), links to services, handbook and information kit. Grandparents in the program have noted clear benefits from participation in raising their grandchildren; dealing with stress; coping with legal difficulties; improved self-esteem and enhanced relationships. Mentoring for adolescents being cared for by grandparents is part of the program (Mission Australia 2007). In the SPRC's current ARC project on 'Grandparents as Primary Carers of their Grandchildren' interviewed workers in the Nowra Grandparents Program noted that arranging tutoring for grandchildren is a very important component of the program. Funding from a corporate donor allowed the program to provide tutoring for several of the grandchildren. As the worker explained 'It made an enormous difference in their lives'.

Good practice in aspects of grandparent/kinship carer support groups was also found in the McHugh study (2009). The importance of encouraging the maintenance of existing grandparent support groups was noted by a regional co-ordinator of a kinship care program, although, the project officer also noted that not all groups want, or need, an 'outsider' (i.e. paid worker/facilitator) to run their group. Further evidence of promising practice was the availability of a web-based Resource Kit for Relative Carers containing information on financial assistance, legal information, support services and carer stories. As noted earlier in this report the co-ordinator was organising a program to assist carers of adolescent children. The group is to be run by the child and adolescent mental health team, with the project officer supporting the workers (McHugh 2009)

Promising practice was revealed in a Tasmanian-wide Grandparents Rearing Grandchildren (GRG) project. The project included the establishment of a grandparent advisory council of seven members. All carers in GRG support groups vote for a grandparent in their region to represent them at the council meetings. Issues are brought to meetings, and council members and the project co-ordinator, seek ways of resolving them. The project also produces information packs for grandparent carers. They are provided to carers and others at the Community Services Expo and other open days. The information packs have benefitted grandparents who have been unaware of the GRG project and helped link them to a support group (McHugh 2009).

Researchers have found the availability of handbooks and information kits for grandparent carers are essential elements of good practice (McHugh 2009; Gurney & Orr 2006; Yardley, Mason & Watson 2009). One failing of this type of information source (particularly hard copy versions) is that, unless the information included in the handbook/kit is constantly updated, its relevance diminishes over time.

In the SPRC's current ARC project on Grandparents as Primary Carers of their Grandchildren the researchers discussed good practice ideas for grandparent carers in relation to appropriate information provision. In the data analysis, a key concern of service providers and advocates working with grandparents was the provision of accurate, timely, complete and up-to-date information to assist grandparents in accessing key supports and

services. Information in multiple formats was consistently mentioned as the best way to reach grandparent carers. This included websites, face-to-face meetings, support groups, hotlines, flyers and newsletters. Across the board, and in line with the study's literature review, support groups were consistently mentioned as one of the best ways for grandparents to receive, and digest, information. It was also acknowledged by service providers that grandparents prefer face-to-face contact when seeking information (Jenkins et al. 2010).

Respite options for kinship carers often form a part of facilitated grandparent projects, where social activities/sports for grandchildren provide short breaks for carers. Evidence of good practice was found in a grandparent project where the project officer organised carers in a support group, to draw up a list of those wanting to be involved in providing respite for one another when they needed a break. The carers discussed completing foster care training so that when weekend respite was needed they could, as authorised carers, take specific children (under the Minister's parental responsibility). This was seen as a necessary step because, before children are allowed to 'sleep-over' at other people's homes, statutory kinship/foster carers of children—for whom parental responsibility lies with the minister—require approval from the statutory child welfare department or agency.

Good practice for non-Indigenous carers of Indigenous children was reported by Higgins, Bromfield and Richardson (2005). In two jurisdictions, Indigenous children whose placement was managed by a non-Indigenous agency (because they were not identified as Indigenous at placement) were eligible to receive services, such as attendance at cultural camps, from the Indigenous service provider.

7.6 Children's services

In the SPRC's current ARC project on Grandparents as Primary Carers of their Grandchildren an interviewed grandfather (informal carer) had a very positive story around promising practice in one school. His grandson had progressed through a particular school (kindergarten to primary) in a very supportive environment. On an ongoing basis the school provided 'that little bit extra' for the child and encouraged the grandparents to become involved with the child's education and with the school (grandmother does class reading). With an opportunity to spend time, that they did not have when their own children were growing up, the grandfather said 'the school have been so supportive—there with him in his early years of education—but it's so important that he absolutely loves the fact that we can go there and help with his reading or with his class reading'.

7.7 Summary

Many support/services for carers (formal and informal) are part of a 'package' (i.e. service system) that links different aspects or elements together. A key message highlights the interlinked nature of carer assessment, training, retention and support.

This chapter drew on the work by AIFS and SPRC where studies have highlighted examples of good or promising practice that would support carers. The following examples of good or promising practice and suggestions for better practice were found for formal and informal Indigenous carer families.

Many supports and services for carers (formal and informal) are part of a 'package' (i.e. service system) that links different aspects or elements together. A key message highlights the interlinked nature of carer assessment, training, retention and support.

- Suggested promising practice from AIFS research was for Aboriginal agencies in all jurisdictions to have responsibility for the recruitment of Aboriginal and Torres Strait Islander foster and kinship carers. In recruiting Indigenous carers the use of community-based strategies (word of mouth, community networks, family days, information nights), current foster carers and Aboriginal and Torres Strait Islander people to speak to prospective foster carers was recommended. As part of the screening process for potential carers, consultation with the community as to the prospective carers' appropriateness was suggested. The use of

a culturally-specific assessment tool that has a degree of flexibility and informality while ensuring that the best interests of the Indigenous child are paramount and safety is not compromised was also suggested. The provision of cultural camps run by the Aboriginal service-providers for non-Indigenous carers of Aboriginal children was seen as good practice.

- When assessing potential Aboriginal carers an example of promising practice was to use the concept of 'enabling' and 'supporting' carers rather than 'approving'. In this model the development of a genogram (i.e. family mapping) is encouraged in understanding the family history, family constellation and social network. This model allows workers to activate and mobilise resources for the carer family; obtain approval to provide support to the carer; and construct a framework or case plan of support.
- Another model of good practice is the Victorian Aboriginal Family Decision Making Program. This program brings family together with elders, significant people in the child's life, the child/young person (where appropriate), child protection officer and professionals. All parties meet to make collaborative decisions, about the child/young person's safety and wellbeing. The model is respectful of culturally appropriate processes and places culture and community at the heart of the decision-making process.
- Stakeholders and consultants in a New South Wales study agreed that an example of good practice was non-Indigenous agencies including an Aboriginal worker to assist families in the decision-making process. Including the views and preferences of Aboriginal birth parents in determining who is to care for the child is also seen as important, as is the use of cultural support plans (for example New South Wales Community Services Cultural Support Case Plan) to ensure Indigenous children are able to maintain their identity and connection to land and culture.
- A promising practice, used by AICCA agencies in Victoria, is the recruitment of non-Indigenous carers specifically for emergency and respite care for Aboriginal children. Non-Aboriginal carers receive support and training from Aboriginal workers to provide short-term emergency or respite care. The non-Aboriginal carers are part of the community and gain an understanding of culturally based issues for children.
- As suggested by a Victorian AICCA representative the training of Indigenous carers should be provided by local Aboriginal and Torres Strait Islander services. Echoing this suggestion was the example provided by a New South Wales manager of an Aboriginal agency who provided forums for Aboriginal kinship carers. Paying the Aboriginal carers to attend forums encouraged them to come together for support and training. The manager commented that Aboriginal carers do not like to have the focus on themselves when issues and or needs of kin children were being discussed. Forums allowed carers to listen and absorb advice and information and, in their own time, seek out a caseworker for the assistance they required.

Several aspects of good practice in tailoring support services to meet the needs of Aboriginal and Torres Strait Islander carers were suggested in the AIFS research:

- Employing Indigenous caseworkers, policy and professional development support workers within child welfare departments.
- Having specialist Indigenous units within departments.
- Establishing a regional lead Indigenous agency to recruit, assess, train and support Indigenous carers.
- Establishing a service or peak body for all Aboriginal agencies responsible for providing ongoing training and support for Indigenous carers state-wide.
- Appointing cultural consultants within child welfare departments to oversee case plans, inform policy and consult on culturally appropriate responses.
- Providing information to non-Indigenous carers on the cultural needs of Indigenous children in care.
- Ensuring agencies have an 'open door' policy so carers will feel welcome.

Other examples of good or promising practice were found in supports and services for all carer families.

- Workers in New South Wales suggested that caution be used in discussing training for kinship carers. Kinship carers need support and/or help with the modern education system and curriculum; understanding children's grief and trauma; and how to deal with their own trauma and ongoing grief. In New South Wales an example of this type of support is the use of the programs Shared Stories and Shared Lives and Triple P (Positive Parenting Program), which have been well received by non-Aboriginal kinship carers. Workers suggested that an adapted version of Triple P could be suitable for Aboriginal kinship carers.
- An example of promising practice is the Victorian initiative, the Circle Program, which provides therapeutic training for key individuals in the care relationship and is proving to have a positive impact on carers. Carers are selected based on their skills, knowledge, family circumstances and availability, and receive ongoing training, learning opportunities and support.
- Take Two is a developmental therapeutic service in Victoria for children who have suffered abuse and neglect and are child protection clients. It is a partnership between Berry Street, Austin Child and Adolescent Mental Health Services (CAMHS), La Trobe University School of Social Work and Social Policy, Mindful Centre for Training and Research in Developmental Health and the Victorian Aboriginal Child Care Agency (VACCA). The project evaluation found evidence that Take Two is making a substantial difference in the lives of children through therapeutic interventions. These therapeutic approaches involve a focus on the children within their environment and developing an enhanced understanding of the consequences of abuse and neglect and effective responses to these, including appropriate cultural responses (Frederico, Jackson & Black 2010).

In numerous research studies carer support groups are consistently mentioned as a useful model in ensuring carers receive, share and digest relevant information on support and services. Many informal carer support programs provide social activities such as picnics, outings and camps for groups of kinship families. The social activities and sports for grandchildren provided in many programs are seen as useful in providing respite for grandparent carers. Three examples of promising carer support programs include:

- The Nowra Grandparents Program, which provides educational workshops, advocacy, counselling and social support to carers. The program includes recreational activities (including respite), links to services, a handbook and information kit. Tutoring and mentoring for adolescents is also part of the program.
- Springwood Neighbourhood Centre (New South Wales) runs support groups for carers and has produced a web-based Resource Kit for Relative Carers containing information on financial assistance, legal information, support services and carer stories. The co-ordinator of the relative care program has encouraged the maintenance of existing grandparent support groups, commenting that not all groups want, or need, an 'outsider' (i.e. paid worker/facilitator) to run their group.
- The Tasmanian-wide Grandparents Rearing Grandchildren (GRG) program encourages carers to become advocates for other carers. GRG has a grandparent advisory council and as issues/concerns arise they are resolved by council members together with the project co-ordinator. The project also produces information packs, which benefit grandparents, unaware of the GRG project, and help link them to existing carer support groups.

In a current ARC project on Grandparents as Primary Carers of their Grandchildren examples of key supports and services for grandparents include using multiple formats to reach carers: websites, face-to-face meetings, support groups, hotlines, flyers and newsletters. The researchers noted that when requiring information, face-to-face contact with a worker was the preferred option for grandparents. It was noted that while handbooks and information kits developed for grandparent carers are essential elements of good practice the information contained in a handbook or kit needs to be constantly updated to maintain relevance.

8 Conclusion: key findings

This report comprises an inventory of financial and non-financial support for formal and informal carers (based on information provided by each state and territory). It examines the barriers for potential carers in undertaking a caring role, and also examines carers' experiences of accessing supports and services and discusses unmet needs and service gaps for carers and for children and young people in care systems. Reflecting on the various policies and programs for foster and kinship carers, the barriers for potential carers and carers' experiences of accessing support and services the report notes the difficulties in analysing and identifying in specific jurisdictions service gaps and inequities in meeting the needs and circumstances of formal and informal carers. The report also summarises examples of good practice in OOHC.

The key findings of the report are as follows.

- In relation to child welfare systems and with regard to the provision of statutory foster and kinship care in Australia, all jurisdictions in Australia have well developed policies and programs. There are robust frameworks of support (financial and non-financial) and service provision for carers in OOHC systems.
- There is no similar coherent framework of support and services for informal carers (predominantly grandparents) in any state or territory jurisdiction. The main form of financial support for informal carers, where there is no formally recognised need for 'care and protection' of a child or young person by a statutory authority, is by way of Commonwealth income support payments through Centrelink. Access to support and services for many informal carers appears to be totally reliant on a carer's ability to find information on their rights and entitlements to support and services.
- A lack of national and state/territory specific data on carers (formal and informal) means it is very difficult to provide more than a superficial overview of how carers are faring. For example, in relation to foster carers there is little or no data on: overall numbers and characteristics of carers; types of carers (long- or short-term, respite, crisis, therapeutic, etc); proportion of carers by level of needs-based payments; number of carers recruited annually; number of carers leaving fostering and why; and numbers required to keep the OOHC system viable. There is also a lack of similar information nationally, on numbers and characteristics of kinship/relative carers, both formal and informal. More importantly, a general lack of outcome (short- and long-term) data on children in OOHC in Australia, means there is no evidence base to determine whether foster or kinship care provides better outcomes for children.
- Indigenous children and young people are highly over-represented in the OOHC systems. Despite the implementation of the Aboriginal Child Placement Principle in all jurisdictions there are still large percentages of Indigenous children in OOHC in most jurisdictions not living with their extended family or in their Aboriginal community (see Table 1).
- In relation to financial support, all jurisdictions provide their statutory foster and relative/kinship carers with the same level of carer allowance. While all jurisdictions have age-related payment systems there is no coherence in the age groupings or amounts provided to carers of children in specific age groups. In addition, based on estimates of costs of children in care, the age-related bracket methodology used by most jurisdictions (except New South Wales) does not appear to reflect actual age-related costs (McHugh 2009). Comparing the levels of basic carer subsidies is difficult as the inclusion or exclusion of many basic items in a standard subsidy payment and the manner in which some items are treated varies widely. Some jurisdictions provide carers with regular additional allowances for items that other states include in their standard subsidy (for example for clothing, education and medical costs). In relation to loadings to base carer subsidy for children with special needs, and contingencies for carers' additional and extraordinary expenses, there is similarly considerable variation between the jurisdictions. It is therefore difficult to establish whether carers in one jurisdiction are being equitably treated, *vis-a-vis* carers in another jurisdiction. The Commonwealth provides family payments to all eligible families, including foster and kinship/relative families. Commonwealth

assistance that specifically benefits grandparent carers includes the Foster Child Health Care Card and Grandparent Child Care Benefit.

- Non-financial support, by way of support and services, for formal and informal carers and the children they care for, is of critical importance to meeting carer needs and the needs of abused and traumatised children and young people. In all jurisdictions, both formal and informal carers are entitled to receive a range of supports and services. Evidence from numerous research studies (Section 5) and from wide-ranging inquiries into child protection and welfare systems (Section 6) in all jurisdictions indicate that, for significant proportions of carers, the child protection and child welfare systems fail to deliver the support and services that carers, children and young people may be entitled to receive. The Australian Government also provides a range of support, programs and projects for carers of children and young people. Handbooks, booklets, information kits and support groups for informal grandparent carers are seen as essential elements of good practice. Also seen as important is face-to-face contact with service providers when grandparents are seeking information.
- Australian jurisdictions are heavily reliant on volunteer carers to care for children and young people at 'risk of significant harm'. Recruiting and maintaining carers, an absolutely essential facet of the viability of OOHC systems, has become increasingly difficult in all jurisdictions. There appear to be numerous factors both intrinsic (for example motivation, commitment) and extrinsic (age, health, employment, housing) that may prevent people from seeing themselves as potential carers. For Indigenous carers the mismatch between a highly westernised OOHC system and traditional child-rearing practices is a significant barrier to 'fostering'. The declining numbers of volunteer carers, and the increasing need and desire for most adults in contemporary Western societies to be in paid work, suggest that other options may need to be considered if foster care and kinship care are to remain viable as OOHC placements. However, this requires that both formal and informal care arrangements be brought into the ambit of policy development.
- The increasing use of both formal and informal kinship care is well-supported by governments and child welfare agencies as the preferred OOHC option for children and young people, particularly Indigenous children and young people. Yet there is clear evidence, from the few available Australian research studies, that the provision of care by relatives and kin comes at great personal costs, both financial and non-financial. National and international data indicate that kinship carers (particularly Indigenous carers) compared to foster carers are older, poorer, have greater health care needs and are less well equipped with the required resources to 'parent again'. The required knowledge, abilities, skills and behaviour of grandparents, caring for abused and neglected children with complex needs and challenging behaviours, appears to be no different from that required of foster carers, yet research evidence strongly indicates that statutory kinship carers are often less well-supported and serviced in every aspect of their role than foster carers. While their characteristics and experience are similar to statutory carers, informal carers, having little or no connection or access to formal care systems, appear to be even more disadvantaged.
- Substantial supports and services are required to meet the multi-faceted needs of children and young people in care. Numerous national and international studies highlight the poor outcomes for young people who have been in care. The implementation of national standards under the National Framework for Protecting Australia's Children is essential to ensure that children and young people have access to healthcare, education and training and that there is enhanced transition planning for all young people preparing to leave 'care'.
- There are many examples of good and promising practices for both Indigenous and non-Indigenous families involved in OOHC. From carer recruitment, assessment and training through to support and support groups there is strong evidence that highly committed policy makers and program developers, government and non-government workers and carers, are finding innovative and successful ways of providing quality care to children and young people.
- The provision of care for abused and neglected children and young people is a dynamic phenomenon, composed of numerous complex interactions involving a number of parties including the children and their birth families who enter child welfare systems; caseworkers responsible for the children in care; and carer families who provide the volunteer services in caring for children. Interactions between all parties

are governed by procedures and protocols determined by specific state and territory legislation and policy and also involve judicial decisions by the courts (federal and state/territory) in relation to custody and guardianship of children. All levels of government have roles and responsibilities in providing financial and non-financial support to formal and informal carers and it is hoped that this report will be a contribution in recognising the concerns and issues.

Key terms and list of shortened forms

Key terms

For the purposes of this report, the following definitions are used:

- **Formal (statutory) carers** are carers who are raising children as a result of either care and protection orders from a children's court, youth court or magistrate's court (depending on the state or territory the child or young person resides in). In general statutory or formal carers may be either relative or kinship carers (usually but not always grandparents) or 'stranger' (i.e. non-related) foster carers. Some, but not all, statutory kinship carers, may be assessed foster carers and may provide foster care to other children (non-related). Some assessed foster carers may be relatives of the child (AIHW 2010, p. 31).
- **Informal carers** are usually, but not always relative carers, and most relative carers are grandparents. In this report the term 'informal carers' refers to those carers who do not have a state or territory children's court order in place. These arrangements may or may not be known to state or territory child welfare agencies. Informal carers may (or may not) have a parenting order or consent order from the Family Court or Federal Magistrates Court. They are classified as informal carers because they are not part of the statutory out-of-home care (OOHC) system. In this report the terms 'formal' and 'statutory' are used synonymously. The terms 'relative' and 'kinship' are also used synonymously.
- In this report the term 'carer' is used to describe those who are raising a child (or children) with or without a disability. We acknowledge that in some contexts the term 'carer' denotes only those who are caring for people with a disability or impairment due to frailty or illness.

List of shortened forms

ABS	Australian Bureau of Statistics
ACPP	Aboriginal Child Placement Principle
ACT	Australian Capital Territory
A&PC	Adoption and Permanent Care
AFCA	Australian Foster Care Association
AICCA	Aboriginal & Islander Child Care Agency
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ASFCSS	Aboriginal Statewide Foster Carer Support Service (NSW)
BCG	Boston Consulting Group
CCB	Child Care Benefit
CCR	Child Care Rebate
CDSMAC	Community & Disability Services Administrations Council
CHP	Child Health Passport
CAMHS	Child & Adolescent Mental Health Services
CECFW	Centre for Excellence in Child & Family Welfare (Vic)
CPI	Consumer Price Index
CSC	Community Service Centre (NSW)
CSCP	Cultural Support Case Plan
CSNA	Complex Support Needs Allowance
CRC	Child related cost
CS	Community Services (NSW)
DHCS	Department of Disability Housing and Community Services (ACT)
DHS	Department of Human Services, Victoria
DoCS	Department of Community Services, NSW [now Community Services NSW]

ESP	Education Support Plans
EIS	Evolve Interagency Service
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
FCQ	Foster Care Queensland
FCA	Fortnightly Care Allowance
FCAT	Foster Care Association of Tasmania
FCAV	Foster Care Association of Victoria
FCTS	Family Characteristics & Transition Survey
FTB	Family Tax Benefit
GRG	Grandparents Rearing Grandchildren
HILDA	Household, Income & Labour Dynamics Australia
NGO	Non-government organisation
NSW	New South Wales
NT	Northern Territory
NTFC	Northern Territory Families & Children
OCSC	Office of the Child Safety Commissioner, Victoria
OOHC	Out-of-home care
PCO	Permanent Care Order
Qld	Queensland
QATSICPPL	Queensland Aboriginal & Torres Strait Islander Child Protection Peak Limited
QCMA	Queensland, Crime and Misconduct Commission
SA	South Australia
SCAC	Senate Community Affairs Committee (Commonwealth)
SPRC	Social Policy Research Centre
Tas	Tasmania
TripleP	Positive Parenting Program
UK	United Kingdom
VACCA	Victorian Aboriginal Child Care Agency
VFCP	Vietnamese Foster Care Program (NSW)
Vic	Victoria
WA	Western Australia

Endnotes

1 The primary carer is defined as the carer who carries out most of the day-to-day care of foster children. The secondary carer is the partner in carer couples. Most primary carers are female (92 per cent).

2 The authors acknowledge the diversity of Aboriginal and Torres Strait Islander peoples, who have different languages, cultures, histories and perspectives. For ease of reference, this report refers to Aboriginal and Torres Strait Islander peoples collectively as Indigenous people except where specific organisations/agencies use the term, 'Aboriginal'.

3 While not a significant factor in Australia, in a number of countries there are children with HIV/AIDS in foster care, and children in foster care due to the death of one or both parents from AIDS-related conditions. The impact of HIV/AIDS on millions of children in African countries is placing great pressure on foster/kinship care systems (Colton & Williams 2006).

4 According to the Census (2006) approximately 2.5 per cent of the Australian population identify themselves as being of Indigenous (Aboriginal or Torres Strait Islander) origin.

5 Material in the 'Background to the project' and 'Data sources: policy inventory' sections was provided by FaHCSIA

6 Note that there is a relatively small number of intensive foster care placements relative to the number of children in foster and kinship care: 583 intensive foster care placements in 2008/9 (BCG 2009, p. A.48), of 16,524 children and young people in out-of-home care as at 30 June 2009 (CS 2010).

7 Information in this paragraph is from the Tasmanian Department of Health and Well Being Directory Relatives Allowance Package webpage <http://www.dhhs.tas.gov.au/service_information/information/relatives_allowance_package> (retrieved 16 August, 2010).

8 Information in these paragraphs is from the *Guide to Social Security Law 3.5.1.270 Participation Requirements Exemption in Special Family Circumstances—Automatic (PP)* webpage: <http://www.fahcsia.gov.au/guides_acts/ssg/ssguide-3/ssguide-3.5/ssguide-3.5.1/ssguide-3.5.1.270.html> (accessed 16 August, 2010).

9 Single parents, grandparents and foster carers are eligible to receive Parenting Payment if they meet the requirements of the income test and care for a child aged under 8 years (if single) or a child aged under 6 years (if partnered). *Centrelink Parenting Payment—eligibility* web-page: < http://www.centrelink.gov.au/internet/internet.nsf/payments/parenting_eligible.htm > (retrieved 16 August 2010).

10 *Centrelink Child Care Benefit—payment rates* web-page (retrieved 16 August, 2010) http://www.centrelink.gov.au/internet/internet.nsf/payments/ccb_rates.htm

11 Information in this paragraph is taken from Victoria's carer card website: <www.carercard.vic.gov.au>.

12 As part of a larger organisation (i.e. charity with funding/donations from other sources) some non-government agencies have the capacity to increase the level of payments to carers.

13 The primary carer is defined as the carer who carries out most of the day-to-day care of foster children. The secondary carer is the partner in carer couples. Most primary carers are female (92 per cent).

14 In 2000 Victoria provided higher rates for children aged 0–1 year compared to children aged 2–7 years and Queensland had lower rates for older children 16–17 years compared to younger 14–15 year-olds reflecting the eligibility of older teen's for Australian Government income support payments.

15 An important amendment to Australian Government legislation in 2001 (from 1 July) is that all carers regardless of their income level are eligible for a HCC for all children in foster and kinship care (cited in McHugh, 2007).

16 A small proportion (6.5 per cent) of children surveyed was placed in 'lead tenant' arrangements (Wise et al 2010, p. 16).

17 In NSW many OOHC agencies use Shared Stories Shared Lives for training foster carers. The package is widely used as the main carer training material.

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Occasional Papers

1. *Income support and related statistics: a ten-year compendium, 1989–99*
   Kim Bond and Jie Wang (2001)

2. *Low fertility: a discussion paper*
   Alison Barnes (2001)

3. *The identification and analysis of indicators of community strength and outcomes*
   Alan Black and Phillip Hughes (2001)

4. *Hardship in Australia: an analysis of financial stress indicators in the 1998–99 Australian Bureau of Statistics Household Expenditure Survey*
   J Rob Bray (2001)

5. *Welfare Reform Pilots: characteristics and participation patterns of three disadvantaged groups*
   Chris Carlile, Michael Fuery, Carole Heyworth, Mary Ivec, Kerry Marshall and Marie Newey (2002)

6. *The Australian system of social protection—an overview (second edition)*
   Peter Whiteford and Gregory Angenent (2002)

7. *Income support customers: a statistical overview 2001*
   Corporate Information and Mapping Services, Strategic Policy and Knowledge Branch, Family and Community Services (2003)

8. *Inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years*
   Commonwealth Department of Family and Community Services submission to the 2003 House of Representatives Standing Committee on Ageing (2003)

9. *Inquiry into poverty and financial hardship*
   Commonwealth Department of Family and Community Services submission to the Senate Community Affairs References Committee (2003)

10. *Families of prisoners: literature review on issues and difficulties*
    Rosemary Woodward (2003)

11. *Inquiries into retirement and superannuation*
    Australian Government Department of Family and Community Services submissions to the Senate Select Committee on Superannuation (2003)

12. *A compendium of legislative changes in social security 1908–1982*
    (2006)

13. *A compendium of legislative changes in social security 1983–2000*
    Part 1 1983–1993, Part 2 1994–2000
    Bob Daprè (2006)

14. *Evaluation of Fixing Houses for Better Health Projects 2, 3 and 4*
    SGS Economics & Planning in conjunction with Tallegalla Consultants Pty Ltd (2006)

15. *The 'growing up' of Aboriginal and Torres Strait Islander children: a literature review*
    Professor Robyn Penman (2006)

16. *Aboriginal and Torres Strait Islander views on research in their communities*
Professor Robyn Penman (2006)

17. *Growing up in the Torres Strait Islands: a report from the Footprints in Time trials*
Cooperative Research Centre for Aboriginal Health in collaboration with the Telethon Institute for Child Health Research and the Department of Families, Community Services and Indigenous Affairs (2006)

18. *Costs of children: research commissioned by the Ministerial Taskforce on Child Support*
Paul Henman; Richard Percival and Ann Harding; Matthew Gray (2007)

19. *Lessons learnt about strengthening Indigenous families and communities: what's working and what's not?*
John Scougall (2008)

20. *Stories on 'growing up' from Indigenous people in the ACT metro/Queanbeyan region*
Cooperative Research Centre for Aboriginal Health in collaboration with the Telethon Institute for Child Health Research and the Department of Families, Housing, Community Services and Indigenous Affairs (2008)

21. *Inquiry into the cost of living pressures on older Australians*
Australian Government Department of Families, Housing, Community Services and Indigenous Affairs submissions to the Senate Standing Committee on Community Affairs (2008)

22. *Engaging fathers in child and family services: participation, perception and good practice*
Claire Berlyn, Sarah Wise and Grace Soriano (2008)

23. *Indigenous families and children: coordination and provision of services*
Saul Flaxman, Kristy Muir and Ioana Oprea (2009)

24. *National evaluation (2004–2008) of the Stronger Families and Communities Strategy 2004–2009*
Kristy Muir, Ilan Katz, Christiane Purcal, Roger Patulny, Saul Flaxman, David Abelló, Natasha Cortis, Cathy Thomson, Ioana Oprea, Sarah Wise, Ben Edwards, Matthew Gray and Alan Hayes (2009)

25. *Stronger Families in Australia study: the impact of Communities for Children*
Ben Edwards, Sarah Wise, Matthew Gray, Alan Hayes, Ilan Katz, Sebastian Misson, Roger Patulny and Kristy Muir (2009)

26. *Engaging hard-to-reach families and children*
Natasha Cortis, Ilan Katz and Roger Patulny (2009)

27. *Ageing and Australian Disability Enterprises*
Shannon McDermott, Robyn Edwards, David Abelló and Ilan Katz (2010)

28. *Needs of clients in the Supported Accommodation Assistance Program*
Australian Institute of Health and Welfare (2010)

29. *Effectiveness of individual funding approaches for disability support*
Karen R Fisher, Ryan Gleeson, Robyn Edwards, Christiane Purcal, Tomasz Sitek, Brooke Dinning, Carmel Laragy, Lel D'aegher and Denise Thompson (2010)

30. *Families' experiences of services*
Morag McArthur, Lorraine Thomson, Gail Winkworth and Kate Butler (2010)

31. *Housing costs and living standards among the elderly*
Bruce Bradbury and Bina Gubhaju (2010)

32. *Incentives, rewards, motivation and the receipt of income support*
Jacqueline Homel and Chris Ryan (2010)

33. *Problem gamblers and the role of the financial sector*
The South Australian Centre for Economic Studies (2010)

34. *Evaluation of income management in the Northern Territory*
Australian Institute of Health and Welfare (2010)

35. *Post-diagnosis support for children with Autism Spectrum Disorder, their families and carers*
kylie valentine and Marianne Rajkovic, with Brooke Dinning and Denise Thompson; Marianne Rajkovic, Denise Thompson and kylie valentine (2011)

36. *Approaches to personal money management*
The Social Research Centre and Data Analysis Australia (2011)

37. *Fathering in Australia among couple families with young children*
Jennifer Baxter and Diana Smart (2011)