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Identifying strategies to better support foster, kinship and permanent carers

FINAL REPORT

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Contents

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Views expressed in this report are those of the individual authors and may not reflect the views of the Australian Institute of Family Studies or the Australian Government.

Glossary

Term	Description
ACCO	Aboriginal Community Controlled Organisation
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIHW	Australian Institute of Health and Welfare
AIFS	Australian Institute of Family Studies
Child Placement Principle	Aboriginal and Torres Strait Islander Child Placement Principle
DSS	Department of Social Services
COAG	Council of Australian Governments
Coalition of Peaks	Coalition of Aboriginal and Torres Strait Islander Peak Organisations
NDIS	National Disability Insurance Scheme
PCA Victoria	Permanent Care and Adoptive Families Victoria

Executive summary

This is the final report from the research project Identifying Strategies to Better Support Foster, Kinship and Permanent Carers. This research project was undertaken by the Australian Institute of Family Studies (AIFS) and by Murawin, an Aboriginal research and evaluation consultancy. The research was commissioned by the Department of Social Services (DSS) to identify the support needs and best practice support approaches for carers in Australia.

This project consisted of two components:

- a desktop review of available services and supports to carers and best practice in providing supports
- consultations with key stakeholders and carers.

Findings from the desktop review were presented in detail in the 'Interim report and desktop review' presented to the DSS in 2020. This final report brings together findings from the desktop review with data from the consultations. These findings are presented in this report, together with a description of the project methodology and a discussion of the implications of the project.

Study methodology

Desktop review

The desktop review used a quick scoping review approach and was undertaken in several iterative phases. The aim of the review was to outline the nature and extent of research activity about carers in Australia. The review found that the body of research on carer needs and effective supports is limited, particularly in the Australian context.

Stakeholder and carer consultations

A program of consultation and interviews was undertaken across several jurisdictions. The consultations aimed to add depth and context to the review of existing literature and provide important lived experience views on how carers can best be supported. A total of 29 stakeholder interviews and 26 carer interviews was conducted over six jurisdictions. Half of the carer consultations were with Aboriginal and/or Torres Strait Islander carers.

Carers in Australia

Chapter 3 of this report presents key facts about carers in Australia, drawing on large-scale national data collections and studies and supplemented by smaller non-representative state- and territory-based surveys. At 30 June 2020 there were 24,578 households with a care placement. In addition, there were 1,165 children who received third-party parental care orders in 2019–20, and 334 were subject to finalised adoptions. In line with the trends in previous years, there was a decrease of 156 foster care households and an increase of 1,100 kinship care households. Aboriginal and Torres Strait Islander children continue to be over-represented in the out-of-home care system and implementation of the Child Placement Principle continues to be inconsistent.

The average Australian carer is most likely to be female, in her early 50s, not in paid work or working part-time and with no post-secondary education. She is likely to have a lower household income when compared with the overall Australian population. There are also important differences between foster and kinship carers, with kinship carers more likely to be older, single and unemployed, have a lower income, and be in poorer health than foster carers. There are very little data describing the characteristics of permanent carers or adoptive parents in Australia, and no publicly available data on the numbers or characteristics of informal carers.

Current and projected supply and demand for carers

There are no reliable data that predict future demand and supply of carers. There is a lack of data on prospective carers across all carer types but it is particularly difficult to predict the future supply of kinship carers – in part because kinship carer placements often begin at short notice and most jurisdictions do not have a register of potential kinship carers. However, stakeholders and experts almost universally identified a need for more carers and predicted that demand for carers would increase due to an increasing number of children entering the out-of-home care system. Participants in the consultations identified a particular shortage of specific types of carers:

- Aboriginal and Torres Strait Islander carers
- carers for children with complex needs
- carers willing to take sibling groups or children of any age or gender
- emergency and short-term carers
- carers in particular geographic regions, including regional and remote areas.

Apart from greater efforts in family finding – especially for Aboriginal and Torres Strait Islander kin – suggestions for increasing the pool of carers included decreasing the amount of bureaucracy in assessment, more culturally appropriate assessment of potential Aboriginal and Torres Islander carers and increased financial and other forms of assistance.

Pathways into caring

The evidence review and consultations revealed that most carers' entry into caring is motivated by altruism, often allied with knowledge of the care system or of other people who are carers. For foster carers, altruism was most often expressed as a general love for children and a desire to give back to the community. In contrast, for kinship carers, altruistic motivations were often more specific and driven by the needs of a known child within the family and familial obligation. Aboriginal and Torres Strait Islander carers commonly become carers for these reasons but were also often motivated by cultural norms that prioritise kin caring and a recognition of the importance of keeping children connected with culture and community.

The entry into permanent care or adoptive parenting appears to be slightly different. Carers who begin their caring journey seeking a permanent placement or adoption can be motivated by a desire to start a family and/or by broadly similar altruistic ideas as foster carers. However, many permanent carers (and adoptive parents) were already in a caring role – as foster or kinship carers – and thus their entry into this role is less a form of 'recruitment' or entry into caring than it is a transition between roles and legal status. For many such carers, this move was seemingly driven by a desire to increase the permanency of their bond with a child and a wish to limit government intervention in their lives.

The evidence showed that recruitment into caring was also about more than the personal motivations of carers; entry into caring was enabled and sometimes hindered by the carer recruitment and assessment processes of government and carer support agencies. In particular, the process of recruiting and assessing kinship carers was identified as not always meeting the needs of prospective carers or families. Many stakeholders – particularly those representing Aboriginal and Torres Strait Islander children and carers – suggested that family finding was often inadequate, and this impacted the implementation of the Aboriginal Child Placement Principle. In addition, Aboriginal and Torres Strait Islander carers and peak bodies described several barriers to becoming a carer including excessive paperwork, the need for police checks and clearances and a mistrust of the statutory child protection system. These issues can also be experienced by other potential carers, but they were understood to be especially significant for Aboriginal and Torres Strait Islander carers.

Other reported barriers to entry into caring included perceived inadequate support and the length of the recruitment and assessment process. These barriers were identified particularly in relation to adoption and permanent care. Many of these barriers to caring, and challenges associated with recruitment and assessment processes, are compounded for children, families and potential carers living in regional, rural or remote areas.

Chapter 4 also addresses some of the qualities and practices that research and key stakeholders and experts have seen as necessary for the caring role. Rather than focusing on specific skills achievable via training, most stakeholders and carers emphasised carer qualities such as warmth, openness, flexibility and being responsive to the needs of the child. Carers also identified the importance of love and a safe family environment. When skills were mentioned, stakeholders and carers most commonly noted the importance of understanding trauma, while Aboriginal and Torres Strait Islander carers and stakeholders noted the importance of carers supporting a child's connection with kin, community, culture and Country.

Key challenges for carers and exiting care roles

The evidence review and consultations with carers and stakeholders identified a number of key challenges for carers. These were identified as occurring in four (overlapping) areas:

- systemic challenges
- challenges inherent to the caring role including meeting the needs of children, and the impact of caring on the carer, including the financial impacts
- challenges nurturing a child's connection with community, culture and Country
- challenges with family contact.

Systemic challenges and the relationship with state bureaucracy were identified as one of the most important sets of challenges and sources of carer frustration. These challenges included perceived excessive bureaucracy, the high turnover of caseworkers, inadequate communication from government or service providers, and a sense of feeling unheard and excluded from decision making about the child. Although the research literature identified family contact as a particular challenge for carers, most carers in this study reported positive experiences with family contact. Aboriginal and Torres Strait Islander carers and stakeholders, in particular, noted the importance of family contact for supporting a child's connection to culture.

Aboriginal and Torres Strait Islander carers often experience many of the same challenges as non-Indigenous carers; however, these were sometimes compounded by limited financial resources, living remotely, experiences of systemic racism and workers in the out-of-home care workforce exhibiting a lack of culturally safe practices.

Carer challenges are closely associated with carers giving up their caring roles. There were observed differences between carers in this regard, with kinship carers most often ceasing caring when a child returned to their birth parents or aged out of the placement. In contrast, foster carers tended to continue caring through multiple placements. Foster carers appear to end this role for a range of reasons that could include a change of personal circumstances – such as ageing or changed financial circumstances – but were also commonly associated with the challenges of caring. Hence, support for carers in meeting or avoiding these challenges was identified as a potentially important tool for carer retention (even if the empirical evidence for how to support carers in this way is still relatively sparse).

Supports for carers and barriers to accessing support

Drawing on the evidence review and consultation with carers and stakeholders we identified a range of carer needs and supports:

- financial support
- training
- support with transitions
- positive relationships with caseworkers
- respite
- help with birth family relationships
- access to specialist services
- peer support
- cultural support.

While many carers already access such supports and services, and when delivered effectively they are understood to support carer retention, rigorous evidence for the effectiveness of most supports is still lacking. The consultations also revealed variance and inconsistency in the levels of support that carers in different jurisdictions, or across different care types, were eligible for. For some carers, this could lead to significant hardship and potentially to placement breakdown.

Overall, the research found that kinship carers – including many Aboriginal and Torres Strait Islander carers – often receive less support than foster carers despite commonly having fewer financial resources than foster carers. Stakeholders and carers identified a need for clear information and advice about support for all carers but especially for kinship carers and for Aboriginal and Torres Strait Islander carers. Permanent carers and adoptive parents are also not eligible for government supports despite the assertions of the agencies that support and advocate that permanent carers and adoptive parents also often need support, particularly as the child in their care ages and their needs evolve over time. Aboriginal and Torres Strait Islander carers were shown to have many similar needs for support as non-Indigenous carers; however, these needs could be intensified due to higher levels of socio-economic disadvantage, geographic location and challenges accessing government systems. Aboriginal and Torres Strait Islander carers are likely to benefit from assistance in navigating statutory and support services, the delivery of services by ACCOs, and support from an out-of-home care workforce that is culturally safe.

Many carers also experience barriers accessing support. These were often interrelated and included difficulties accessing support or services in regional or remote areas, issues with using technology to access services, long wait times for services, a lack of knowledge of available supports or inconsistent advice about eligibility, and a lack of time to attend training or appointments. Aboriginal and Torres Strait Islander carers were also described as sometimes being hesitant accessing government and carer support services due to the legacy of past child removal practices, current high rates of child removal as well as experiences of systemic racism or culturally unsafe services.

COVID-19, carers and out-of-home care services

As a result of COVID-19 there was a significant and visible shift to increased remote provision of services and/or training via video conferencing or telephone. Although remote service delivery meant that services could continue to be delivered, some services reported challenges supporting carers who lived in rural and remote communities, had limited access to technology or who simply preferred or needed face-to-face contact. However, for many carers, remote service delivery had many positive benefits and reduced barriers to service access by allowing for greater flexibility, bringing services to areas that may not have had them and by increasing a sense of cultural safety for some Aboriginal and Torres Strait Islander carers. COVID-19 also reportedly affected services' ability to recruit new carers due to a reduced ability to conduct in-person recruitment and assessment.

The effects of COVID-19 on carers and children are still to be fully understood and experiences of the pandemic also varied significantly across Australia and thus had varying effects. There is as yet limited research on this topic and a particular lack of peer-reviewed literature. The evidence review and consultations also identified challenges for carers associated with:

- financial hardship
- home schooling
- social isolation
- job loss
- disrupted routines
- decreased access to services
- challenges with family contact.

Aboriginal and Torres Strait Islander carers, particularly Aboriginal and Torres Strait Islander kinship carers, have been reported to have disproportionately experienced the negative impacts of the COVID-19 pandemic due to their social and economic disadvantage as well as difficulties maintaining contact with their birth family, community or taking part in cultural activities due to travel restrictions.

Carers and stakeholders consulted for this study were located in areas with very different experiences of the pandemic (and of associated government responses), and they also expressed a wider range of views about the effects of COVID-19 than were found in the existing literature. In particular, several carers consulted for this study reported that they were not overly affected by COVID-19 or even enjoyed home schooling.

Discussion and considerations

There were a number of themes that emerged from the evidence review and consultations that cut across the specific research questions. These included:

- recognition of the challenges and contribution of carers
- the role of child needs in carer support
- the differences between kinship care and other more planned forms of care
- the inconsistency of supports provided
- the overall lack of evidence for the effectiveness of carer supports.

The evidence review and consultation for this study identified a number of practice principles and promising practices linked to carer satisfaction, carer retention and the provision of support for carers. These included:

- carer voice and involvement in decision making
- family-led decision making
- early support for kinship carers
- trauma-informed care
- responsive caseworker practice
- peer support
- delegated decision-making power
- Aboriginal Community Controlled Organisations (ACCOs) and an Aboriginal and Torres Strait Islander workforce
- cultural support
- family finding
- respite care
- intensive support for carers of children with complex needs and challenging behaviours
- ongoing and accessible training for carers tailored to individual needs
- information provision.

Key priority actions to support carers

This study identifies a small number of key priority actions for providing high quality and consistent support for carers. These actions have been identified by key stakeholders and/or identified within the research literature.

- Develop national minimum standards or national guidance for carer support. Stakeholders suggested this could include:
  - what information should be provided to carers when taking on a placement (including information about the child's needs)
  - a specified time frame (e.g. within six weeks of placement) for an assessment of child support needs
  - a specified time frame for assessment of carer training and support needs
  - minimum standards of support and training for foster, kinship and permanent carers as well as adoptive parents.
- Review carer payments for adequacy, consistency and accessibility. Consider the development of national guidance for assessing and structuring carer payments.
- Support increased involvement of ACCOs in the care and protection of Aboriginal and Torres Strait Islander children and in supporting carers.
- Support national minimum data standards.

Data gaps and recommendations for future research

Through the evidence review and consultations, we identified a number of data gaps and areas where further research is required:

- the relationship between carer satisfaction and placement stability
- the impact of carer satisfaction on child outcomes
- definition of a good quality placement
- best practice or 'what works' to support carers
- support needs for carers of Aboriginal and Torres Strait Islander children
- recruitment and retention of Aboriginal and Torres Strait Islander carers
- experiences and support needs of informal carers
- experiences and support needs of permanent carers and adoptive parents
- experiences and support needs of different carer groups including grandparent carers, CALD carers and LGBTQI+ carers
- stressful and critical events, including care transitions.

1 Introduction and background

1.1 Overview

This report contains the results of a study of Australian foster, kinship and permanent carers and their support needs. The study comprised a review of the evidence on carer characteristics, carer support needs and best practice approaches to support carers. The report also contains the results of consultations with key stakeholders working with carers and with a selection of foster, kinship and permanent carers across Australia. These consultations aimed to explore expert and key stakeholder views on the key issues relating to carer support and best practice in carer support. The consultations also aimed to gain a snapshot of carer experiences of support in different contexts.

The evidence review and consultations for this project took place between September 2020 and October 2021. The Department of Social Services (DSS) commissioned the Australian Institute of Family Studies (AIFS) and Murawin, an Indigenous owned and led consulting agency, to undertake this research to better understand carer needs and the kinds of supports that can best help carers. The aim is to gather information on how carers can be engaged, retained and supported so that they provide safe and stable care to children. Because this research was undertaken during the COVID-19 pandemic, it also sought to understand some of the effects of the pandemic and pandemic-associated restrictions on carers and service providers supporting carers.

Because Aboriginal and Torres Strait Islander children are over-represented in out-of-home care systems across Australia, with Aboriginal and Torres Strait Islander people also over-represented as carers (especially kinship carers), this study also had a particular focus on understanding Aboriginal and Torres Strait Islander carer needs. To support this focus and ensure cultural competency in the conduct of this report, Murawin led the consultation phase of this research and played a key role in the design, data analysis and reporting.

Scope and purpose of the study

The DSS commissioned this project to partially address **Priority Area 3** of the Fourth Action Plan of the National Framework for Protecting Australia's Children 2009–2020 (Commonwealth of Australia, 2018). Priority Area 3 is focused on *'Improving outcomes for children in out-of-home care by enhancing placement stability through reunification and other permanent care options'*. More specifically, this project relates to **Action Area 3.3**: *Develop an approach to recruitment, training and support of more permanent carers, including improving workforce capability to support carers, by Commonwealth and state and territory governments.*

This research project aimed to address these Priority Areas by providing an overview of existing information on how appropriate carers can be supported and equipped with the skills to support the children and young people in their care. More specifically, the project addressed a key set of research questions developed by the DSS. The complete set of research questions for this project can be found in Appendix 1. Broadly, these questions addressed the evidence base for carer recruitment, retention and support by:

- identifying the key issues and barriers experienced by carers
- reviewing supports and services for carers nationally and across the state and territory jurisdictions
- reviewing best practice approaches to supporting carers, including consideration of whether there are different best practice approaches for different types of carers
- conducting primary research to identify actions to attract and retain permanent carers
- conducting research to understand the recent effects of COVID-19 on carers and service providers who support carers.

This focus was underpinned by the understanding that for carers to build more permanent relationships with the young people in their care it is important to understand how to better support carers. Carers commonly care for children who have experienced significant neglect or trauma (both with their birth families and as a consequence of being removed from their birth families) and who often have complex health issues. As such, if carers and children in out-of-home care are to build the type of positive and enduring relationships that can contribute to better life outcomes for young people, then carers need to be supported so that they can care for young people with complex needs and so that they can feel able to continue to perform their often challenging care roles.

The project focus was foster, kinship and permanent carers as well as adoptive parents (see definitions of these terms in section 1.3). Due to this focus, the evidence scan and consultations primarily explored issues relating to formally recognised carers (i.e. carers who had been formally screened and approved to care for a child who has been subject to a child protection order; see section 1.3 for further discussion) as well as adoptive parents. However, there is also a population of 'informal carers' (carers who look after children that are not their own but are not formally part of the child protection system) whose needs are poorly understood but who also look after children who cannot be cared for by their birth families and who, in some cases, can become recognised as formal carers. Consequently, the report touches on informal care where data were available and/or when mentioned by stakeholders. For further discussion of the lack of data on informal carers see section 8.5.

The focus on support for carers of children in out-of-home care also means that this report does not address questions relating to keeping children with their birth families or with family reunification. However, we note that family reunification is a key form of permanency for children in out-of-home care that requires dedicated study because, by definition, when more children achieve this permanency outcome, fewer require permanent out-of-home care options.

This project has a broad scope of research questions and spans multiple jurisdictions with different and often complex out-of-home care and carer support systems. Therefore, this report aims to provide a high-level overview of key issues affecting carers and carer support agencies across Australia. It does not list or review all existing supports available to carers in each jurisdiction. Rather, the focus is on key cross-cutting issues and challenges and on identifying key practice principles and strategies that can support carers to better perform their roles.

Report structure

The report structure reflects the key areas of the research. It contains the following chapters:

- Chapter 2 describes the project methodology including research limitations.
- Chapter 3 provides an overview of carer demographics and the characteristics of carers in Australia.
- Chapter 4 synthesises the insights arising from the evidence review and consultations to explore the supply of carers in Australia and carers' pathways into their caring role, including recruitment and assessment.
- Chapter 5 summarises some key challenges of the carer experience and the circumstances and factors that contribute to carers exiting their caring roles.
- Chapter 6 explores carer supports and carer support needs.
- Chapter 7 summarises some of the current knowledge about the effects of the COVID-19 pandemic on carers and carer support agencies.
- Chapter 8 presents the study's key findings, outlines promising practices and practice principles for carer support, outlines some key data gaps in knowledge about carers and discusses key implications arising from the project findings.

1.2 Project context

The out-of-home care system

This project was undertaken in the context of the different out-of-home care systems across all the Australian jurisdictions. Out-of-home care is defined by the Australian Institute of Health and Welfare (AIHW) as:

> *overnight care for children aged under 18 who are unable to live with their families due to child safety concerns. (AIHW, 2021b)*

Out-of-home care includes court-ordered, voluntary and respite placements. There are different types of out-of-home care, including residential care and group homes: this report focuses on 'home-based' care in which a child lives in the home of a 'nominated and approved' carer who is reimbursed for care expenses (AIHW, 2021b, p. 52). The majority of children in out-of-home care are placed in home-based care (AIHW, 2021b). The AIHW's definition of out-of-home care does not cover permanent care and adoption; these are now regarded by Australian jurisdictions as permanency outcomes that constitute an exit from out-of-home care. However, permanent carers and adoptive parents are included in this report, in line with the focus on Priority Area 3.

Child protection services, including out-of-home care, are the responsibility of the states and territories. There are differences within each jurisdiction in the definitions, legislative framework and approach to provision of out-of-home care. The Australian Government, through the National Framework for Protecting Australia's Children 2009–2020, promotes a nationally consistent approach to policy and practice.

In practice, many states and territories have transferred responsibility for the provision of out-of-home care to non-government organisations including not-for-profit service providers and the Aboriginal Community Controlled sector (e.g. in Victoria). The extent to which this has occurred varies across the jurisdictions. The Western Australian, South Australian and Northern Territory governments are engaged in a greater amount of service provision in comparison to, for example, the Victorian Government, which has contracted the majority of out-of-home care service provision to service providers (Commonwealth of Australia, 2017). The other states and territories fall somewhere in-between, with New South Wales transitioning from government-run to non-government out-of-home care service provision (Commonwealth of Australia, 2017).

One of the key differences between the jurisdictions is their approach to permanent care and adoption. Adoption is more common in some jurisdictions than others, with New South Wales introducing legislative changes in 2014 and 2018 that use adoption as part of a strategy to promote permanency and stability. For example, New South Wales has introduced a two-year time limit within which decisions about permanent placement must be made (AIHW, 2019b). Other jurisdictions vary with their arrangements around permanency. All jurisdictions have some form of permanent guardianship order. For example, Victoria introduced permanent care orders that transfer permanent parental responsibility to a third party in 1992, and Western Australia introduced a similar type of order, called a Special Guardianship Order, in 2011 (AIHW, 2019b; Ross & Cashmore, 2016). As outlined below, adoption of Aboriginal and Torres Strait Islander children is generally not supported by the Aboriginal Community Controlled sector due to the perceived potential for loss of connection between children and their culture, kin and Country.

Past adoption practices, contemporary out-of-home care and permanency

It is important to understand the historical context for the current out-of-home care system, as well as for post-care permanency outcomes such as permanent care placements and adoption. Adoption and out-of-home care are particular issues of concern for Aboriginal and Torres Strait Islander people due to the thousands of Aboriginal and Torres Strait Islander children who were forcibly removed from their families and communities under past practices that are now known as the Stolen Generations. Australian laws, practices and policies resulted in multiple generations of Aboriginal and Torres Strait Islander people being disconnected from kin, community, culture and Country. This has resulted in ongoing negative impacts and intergenerational trauma that are still experienced today (Anderson & Tilton, 2017; Commonwealth of Australia, 1997). On 13 February 2008, former prime minister Kevin Rudd made a formal apology to Aboriginal and Torres Strait Islander peoples, including an apology for past government policies that resulted in the forced removal of children from their families.

In addition to the devastating experiences of Aboriginal and Torres Strait Islander families, many Australian families were impacted by 'forced adoption' practices. Between the 1950s and 1970s, babies of young, unmarried mothers were routinely adopted out to married couples who had been unable to conceive. Many of these adoptions were carried out under coercion or without consent and are now commonly called 'forced adoption' (Smart, 2020). Forced adoption has affected many Australians, with many people experiencing ongoing trauma and the 'ripple effects' of forced adoption (Kenny, Higgins, & Morley, 2015). On 21 March 2013, the Australian Government made a formal apology to people affected by forced adoption policies and practices.

These historical child removal practices resulted in significant and ongoing trauma. People impacted by forcible child removal practices are likely to have a fear of engaging with government or social services (Kenny, Higgins, Soloff, & Sweid, 2012). In particular, Aboriginal and Torres Strait Islander families and communities can mistrust government and mainstream social services agencies (Arney, 2015). Although these forms of adoption are no longer practised, past practices have meant that adoption and more permanent forms of out-of-home care can be highly contentious. This is particularly so given the continuing over-representation of Aboriginal and Torres Strait Islander children entering out-of-home care (Hunter et al., 2020).

However, there is also a continuing need for carers because the number of children in care continues to rise (AIHW, 2021a). There is also widespread recognition that 'permanency' and stability for children who have entered the out-of-home care system is important for their wellbeing and future outcomes. This is recognised in Priority Area 3 of the Fourth Action Plan of the National Framework for Protecting Australia's Children 2009–2020:

> *Research tells us that a sense of security, stability, and permanency are strong predictors of better outcomes for young people after they leave care. This priority area aims to support better permanency options, including consistent processes for family reunification and to reduce state guardianship for children who cannot be safely reunified with their families within a reasonable time. These actions are closely related to those under Priority Area 1. Efforts to improve permanency include ensuring lifelong relationships and a sense of belonging, identity and connection to culture, in line with the Aboriginal and Torres Strait Islander Child Placement Principle. (Commonwealth of Australia, 2018, p. 24)*

Consequently, most jurisdictions have or are developing permanency planning frameworks and/or permanency of care hierarchies. These commonly feature keeping children in their birth family or family reunification as key elements of permanency. However, where this is deemed not possible, permanency planning often turns to other forms of legal permanency – such as long-term care placements or post-care outcomes such as adoption or permanent care orders (third-party parental responsibility) – as a means of achieving relationship permanency. The aim is to create more permanent relationships and to avoid children spending protracted periods in temporary care placements or experiencing multiple care placements.

Legal permanency or placement stability are not in themselves necessarily sufficient to explain care leavers' life trajectories, which are the result of interactions between pre-care life experiences, the quality of care received and the quality of personal and professional relationships (Berridge, 2007; Muir, Purtell, Hand, & Carroll, 2019; Rutter, 2000). However, Australian and international research has found associations between placement instability and lower educational attainment, poorer health and wellbeing outcomes and more difficult transitions from care into adult life (Barber, Delfabbro, & Cooper, 2003; Courtney et al., 2005; Stein, 2005).

It is in this context that there are national efforts to recruit and retain carers who can provide long-term care for children who have often experienced significant life instability and trauma. This entails not only identifying potential foster, kinship or permanent carers, or adoptive parents, but also understanding what their needs are and how they can be best supported as carers.

Aboriginal and Torres Strait Islander children and the out-of-home care system

Aboriginal and Torres Strait Islander children are over-represented in the out-of-home care system across Australia. The National Agreement on Closing the Gap (COAG & Coalition of Peaks, 2020) includes an outcome that seeks to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45% by 2031. The National Agreement seeks to achieve the Closing the Gap outcomes via a partnership between Aboriginal and Torres Strait Islander people and government. However, the most recent data suggest that target will not be met, and the number of Aboriginal and Torres Strait Islander children in care continues to rise (Productivity Commission, 2021). As a result, there is a continuing demand for Aboriginal and Torres Strait Islander carers and an urgent need to identify and support Aboriginal and Torres Strait Islander people who can act as kinship carers.

The need for Aboriginal and Torres Strait Islander carers, and their ability to provide the kind of permanency discussed above, sits in the context of the Aboriginal and Torres Strait Islander Placement Principle (Child Placement Principle); specifically that permanency should not simply be regarded as a form of legal guardianship or care order but must also maintain the young person's 'connection with family, kin, culture, and Country' (SNAICC, 2017, p. 5). The Aboriginal and Torres Strait Islander Child Placement Principle is a central guiding framework for legislation, policy and practice that aims to ensure self-determination for Aboriginal and Torres Strait Islander children and their families who are in contact with the child protection system (Hunter et al., 2020). The Child Placement Principle was developed to ensure that government intervention in the family lives of Aboriginal and Torres Strait Islander people does not disconnect children from culture, family and community (Tilbury, 2013). The Child Placement Principle has five inter-related elements:

- prevention
- partnership
- placement
- participation
- connection.

This Principle recognises that the removal of Aboriginal and Torres Strait Islander children from their birth families has negative impacts for children and communities. Connection for Aboriginal and Torres Strait Islander people is multidimensional and goes beyond maintaining a child's connection with their birth family. In an Aboriginal and Torres Strait Islander context, connection relates to connection with kin and community, culture and Country, with each of these elements as valuable as the other. Connection is also a determinant of identity.

When Aboriginal and Torres Strait Islander children are removed and taken into out-of-home care, this can result in disconnection from culture, kin, community and Country. When child removal is a frequent occurrence, as in the Stolen Generations, this can result in a breakdown of family and social structures (Anderson & Tilton, 2017). Children who are removed from their community and placed in non-kinship care are at most risk of disconnection. Efforts to address Aboriginal and Torres Strait Islander over-representation in out-of-home care, and to address issues relating to children's connection to kin, community and Country, are increasingly drawing on self-determination as a guiding principle. However, the policy context of each jurisdiction through which the Child Placement Principle is implemented varies.

One approach to implementation of the Child Placement Principle taken in Victoria and Queensland is through transitioning the care and case management of Aboriginal and Torres Strait Islander children to ACCOs (SNAICC, 2021a, 2021b). Other jurisdictions have made legislative changes or have undertaken or commissioned reviews that pre-empt a shift towards greater self-determination for Aboriginal and Torres Strait Islander communities and may address elements of the Child Placement Principle. Kinship care programs in partnership with ACCOs have also been implemented in several jurisdictions. However, there has been some debate about the adequacy of funding for ACCOs and inconsistent practices by statutory authorities. The Child Placement Principle and measurement of outcomes against the principle is discussed further in chapter 3.

1.3 Definition of carers in this study

For this project, the term 'carers' includes foster, kinship, grandparent or permanent carers as well as adoptive parents. This study focuses on formal carers and does not include respite, informal or emergency carers (carers who provide short-term accommodation).

More specifically, this study has drawn on the AIHW's definition of a carer as a person who has 'been screened and received authorisation to provide placements for children in their private household' (AIHW, 2021b, p. 73) following a child protection intervention. See Table 1 for a summary of the different formal carer types encompassed by this definition.

Table 1: Types of carers

Carer type	Time and situation in which care takes place	Length of time children are with carer
Kinship carer	In situations where children are unable to live at home, but a relative, close family friend or member of the child's community is willing to care for the child	Short- and long-term placements
Foster carer	When children are unable to live at home or receive care from a relative. Foster carers are not related to the children they care for.	Short- and long-term placements
Long-term guardianship carer/ permanent carer/ third-party parental responsibility orders	Children are placed with long-term guardianship carers when a care and protection order has transferred full parental responsibility to the carer.	Long-term placements (usually until the child turns 18)
Respite carer	When short-term accommodation is required for children where the intention is for the child to return to their prior residence	Short-term placements
Adoptive parent	A person legally becomes a child of the adoptive parent(s) and legally ceases to be a child of his/her existing parent(s) after an adoption order is made.	Permanent

Source: Table adapted from data in AIHW, 2021b, p. 74

Different jurisdictions use different terminology for some placement and care types. This is particularly the case for long-term or third-party parental responsibility orders such as long-term guardianship or permanent care orders. In the different jurisdictions, these care types are variously described as:

- orders allocating parental responsibility – New South Wales
- permanent care orders – Northern Territory and Victoria
- long-term guardianship orders – Queensland and South Australia
- special guardianship orders – Western Australia
- transfer of guardianship orders – Tasmania
- enduring parental responsibility orders – Australian Capital Territory.

For the purposes of this report, these types of carers are generally referred to as 'permanent carers' but other national or jurisdictional definitions and terms are used as appropriate (i.e. when referring to specific jurisdictions or literature using these definitions or terms).

The term 'kinship care' is often understood to incorporate biological relatives, non-biological relatives, close friends or people with a familial-type role in the community (sometimes termed 'kith') (Delfabbro, 2017). In this report, the term 'kinship care' or 'kinship carer' is used in its fullest sense to incorporate all these forms of kinship care.

We also note that although kinship carers are the largest group of carers overall, Aboriginal and Torres Strait Islander carers are especially likely to be kinship carers. Aboriginal and Torres Strait Islander kinship carers have specific needs and experiences that are distinct from those of other kinship carers; where possible and relevant these distinct experiences or perspectives are identified in the report. However, there are also many shared experiences and support needs among all kinship carers and, in these instances, we do not necessarily distinguish between non-Indigenous kinship carers and Aboriginal and Torres Strait Islander carers.

The term 'foster carer' increasingly includes carers with specialist skills and training. There are mentions in the literature of the increasing professionalisation of foster care, or the increasing need for professionalised foster care, although this is rarely defined. Thompson, McArthur, and Watt (2016) observe that within Australia there are both therapeutic and professional models of foster care. They define therapeutic foster care as a specialist type of care provided by foster carers with training and skills informed by attachment, trauma and resilience theory designed to meet the specific needs of a child (Thomson et al., 2016). Professional foster care is defined as a model of care where qualified foster carers are employed as professionals and paid a salary to care for children with complex needs (Thompson et al., 2016, citing ACIL Allen Consulting, 2013). There are no publicly available data in Australia that describe the prevalence of professional or therapeutic foster care.

Not all children staying with people who are not their parents have been subject to a formal care order or third-party parental responsibility order. There are also carers who provide what in this report is called 'informal care'; that is, carers who are caring for a child under arrangements made without the involvement of a statutory child protection authority or court (AIFS, 2018). Relatively little is known about 'informal carers' and there are no reliable data on their numbers. See chapter 8 for further discussion of the lack of data on informal care. Informal carers were not an explicit focus of this report; however, as noted above, where relevant, there is some discussion of how the informal care sector interacts with formal care.

2 Study methodology

The research program for this project incorporated two distinct but overlapping phases:

- desktop evidence review
- consultation with key stakeholders and carers.

Broadly, the evidence review aimed to collect and synthesise research and existing data about carers to provide an overview of their characteristics and demographics. The review also aimed to identify what is known about best practice or ‘what works’ for recruiting, retaining and supporting carers.

The consultation phase of the research aimed to build on the evidence scan by investigating gaps in knowledge about carer support, gaining key stakeholder views about carer needs and carer supports, and/or focusing on the lived experience of carers. This phase of the research was not intended to provide a comprehensive picture of carer support systems or carer experiences. Rather, it aimed to identify important shared and distinct barriers, challenges and priorities across the different jurisdictions. Consultation with professionals and organisations involved in working with and for carers was thus able to provide important insights into how these issues play out in specific contexts.

The carer consultations were undertaken to gain understanding of how people experience their interactions with, and support from, government and government-funded services in different policy contexts. These enabled the research team to gain insights into what carers need to better care for young people. In particular, the carer consultations aimed to understand the experiences of Aboriginal and Torres Strait Islander carers and/or carers of Aboriginal and Torres Strait Islander young people.

The two phases of the research are discussed in further detail below.

2.1 Desktop review

The project team undertook a desktop review of key Australian literature and government supports for carers. The review included a systematic search of databases of peer-reviewed research literature. Additional searches of relevant grey literature were also undertaken and were informed by consultation with the jurisdictions. The desktop review addressed several broad areas of enquiry with several subtopics. The review took the form of a quick scoping review to synthesise the available research. The literature search and review were undertaken in several phases. The literature review methodology and findings were reported in detail in the Interim report provided to the DSS in December 2020. An update to the literature review was conducted in 2021 to incorporate recent research and additional grey literature provided by state and territory representatives. Summarised findings from the desktop review are incorporated throughout this report.

2.2 Stakeholder and carer consultation

Following the desktop research, a program of consultation and interviews was undertaken. Approval to undertake these consultations was obtained from the Australian Institute of Aboriginal and Torres Strait Islander Studies Human Research Ethics Committee (AIATSIS HREC) on 4 February 2021. AIATSIS HREC approval to undertake consultation with Aboriginal and Torres Strait Islander organisations was conditional on written letters of support from peak Aboriginal and Torres Strait Islander bodies in each jurisdiction where research was to be undertaken. Efforts were made to obtain these but unfortunately the research team was unable to secure the support of peak bodies in Tasmania, South Australia, New South Wales and the Australian Capital Territory. This was due to those bodies either not responding to repeated requests or indicating that they did not have the capacity to consider the request. Therefore, ethical approval to undertake consultations with Aboriginal and Torres Strait Islander organisations or carers was not granted in those locations (see section 2.3).

The consultations aimed to add depth and context to the review of existing literature, fill in gaps in existing knowledge and provide important lived experience on how carers can best be supported.

The consultations focused on two participant groups:

- key stakeholder organisations including peak bodies, government agencies and service providers supporting carers
- current foster, kinship and permanent carers.

Murawin led both components of the consultation with support from AIFS. All consultations were undertaken in line with the considerations for cultural competency outlined later in this chapter.

Consultations with both stakeholders and carers took the form of semi-structured qualitative interviews and consultation sessions lasting between 30 and 90 minutes. Where participant consent was granted, consultations were audio recorded and transcribed. Interviews were analysed thematically using NVivo software, with a view to understanding key themes in relation to the research questions.

Stakeholder consultations

The stakeholder consultations focused on:

- Commonwealth, state and territory policy and operations professionals
- peak bodies representing or working with carer groups
- key non-government organisations supporting carers.

The consultations aimed to gather views from organisations working with carers in most Australian jurisdictions as well as with national peak and advocacy bodies. Consultations included a combination of individual and group interviews. Given the ongoing travel restrictions due to COVID-19, and the distribution of stakeholders across Australia, consultations were undertaken via a mix of telephone, videoconference and in-person interviews. In-person interviews were undertaken in Western Australia, the Northern Territory and Queensland.

Consultations focused on stakeholder views on the key factors contributing to carer recruitment and retention, the skills needed by carers, the efficacy of supports currently offered to carers and the observed effects of COVID-19 on carers.

Stakeholder sample and recruitment

Key stakeholders for consultation were identified following consultation with the DSS. A purposive sampling strategy was adopted whereby potential participants were identified based on their job role and/or involvement in key organisations. Some stakeholders were also identified by other stakeholders or self-identified as potential participants following contact with other stakeholders. Contact people for each state and territory government were also identified by members of the national Priority Three Working Group and consultations with government representatives were arranged through these people. Government representatives in some jurisdictions were also able to facilitate introductions and consultation with key peak bodies and service providers.

Overall, 29 consultations were undertaken with stakeholders representing 24 organisations (see Table 2). These consultations included nine consultation sessions with representatives of six Aboriginal and Torres Strait Islander organisations. Although several of the peak bodies provided training and peer support to carers, these are classified here (and throughout this report) as peak bodies and/or advocacy organisations rather than service providers.

Table 2: Stakeholder consultations by organisation type and jurisdiction

	Peak body and advocacy organisations	Government agencies	Carer service providers	Total
No. of stakeholder interviews	9	7	13	29

Jurisdictions	NSW	NT	Qld	Tas.	Vic.	WA	Nat.	Total
No. of stakeholder interviews	5	5	4	2	6	4	3	29

Carer consultations

Because this was a relatively small study, and the consultations were included as a supplement to the evidence review, the carer consultations did not aim for a representative sample of carers from each jurisdiction or carer type. Nor did it aim to provide a comprehensive study of carer experiences. Rather, the consultations aimed to gain a snapshot of carer experiences and to introduce carer voices into a research study primarily focusing on published evidence about carer support and key stakeholder views.

The consultations sought to engage with carers with a range of experiences and from different locations. There was also a deliberate attempt to oversample Aboriginal and/or Torres Strait Islander carers because of the relative lack of research on their experiences despite their over-representation in Australian out-of-home care systems.

As with the stakeholder consultations, carer consultations were undertaken via a mix of telephone, videoconference and in-person interviews. In-person interviews were undertaken in Western Australia, the Northern Territory and Queensland. In-person interviews were predominantly conducted with Aboriginal and/or Torres Strait Islander carers, at offices of their relevant service agency. These agencies supported carer recruitment and there was inherent cultural and psychological safety due to the location and environment. The approach to the consultations was to regard carers as experts on their experiences and decision making. Consultations focused on the carers' journey into the caring role, experiences of contact with government and other services and supports, experiences of training, and what supports they felt were useful and where support was lacking. Consultations also touched on the effects of COVID-19.

Carer interviews sampling and recruitment

Twenty-six consultations were undertaken with 28 carers (including two group consultations). Half (*n* = 14) of the carer consultations were with Aboriginal and/or Torres Strait Islander carers. Although they are not counted in these figures, many of the stakeholders consulted for this project were themselves carers and were able to provide both a professional and a personal perspective on carer experiences and support needs. Likewise, some of the carers consulted for this project had current or past experiences of working in the out-of-home care system or in carer support roles.

Table 3: Carer consultations by carer type and jurisdiction

	NSW	NT	Qld	Vic.	WA	Total
No. of carers	5	10	6	1	6	28

	Foster carers	Kinship carers	Permanent carers	Total
No. of carers	24	12	3	39[a]

Note: [a] The combined total of carer types adds up to more than the total number of consultations because some carers identified as having more than one placement type either in the present or the past (e.g. there were nine carers who identified as both a kinship and a foster carer).

Given the small scale of the study, and the lack of a sampling frame of all carers in each jurisdiction, an opportunistic recruitment strategy was adopted whereby the research team worked with peak bodies, government agencies and services working with carers to advertise the study to potential participants. Interested carers were invited to contact the research team and indicate their willingness to take part in an interview and/or to consent to having their contact details passed on to the research team. There was also some 'snowball' sampling whereby some carers recruited others in their network to participate. To compensate carers for their time, they were given a $50 gift voucher.

Within the constraints of an opportunistic sampling strategy, the recruitment focused on building a sample of carers with a range of experiences and circumstances. In particular, the recruitment aimed to recruit carers from different locations (including regional and metro areas) and to include Aboriginal and Torres Strait Islander carers as well as different carer types.

Culturally contextual research

This research was underpinned by culturally contextual methodologies and culturally safe engagement tools and approaches. It was conducted in accordance with the AIATSIS *Code of Ethics for Aboriginal and Torres Strait Islander Research.* This report and the analysis from which it has been written, was reviewed by Carol Vale, the Indigenous Chief Investigator, to ensure its cultural integrity.

The research framework, collaboratively developed by AIFS and Murawin, supported appropriate engagement with ACCOs and other stakeholders and culturally safe and accessible interviews with Aboriginal and Torres Strait Islander participants. All Murawin staff, both Indigenous and non-Indigenous, are trained in cultural competency and have extensive experience engaging with Indigenous people. As such, the research was conscious of respecting and adhering to cultural sensitivities and protocols.

As the research was conducted with people from various First Nations across Australia, research was cognisant of local needs and cultural nuances. Support for the research was sought from the relevant state or territory Aboriginal and Torres Strait Islander peak body as a requirement of the ethics submission. Consultation was then undertaken with local ACCOs and support agencies for the recruitment of participants and to gain an understanding of local sensitivities and protocols.

Murawin's ways of working, and unique role in all areas of the research, involve reorienting the western lens in which systems are designed and the historical assumptions and biases against Aboriginal and Torres Strait Islander peoples and cultures to ensure culturally appropriate processes for engagement and evaluation are adhered to. Genuinely engaging Aboriginal and Torres Strait Islander carers and stakeholders in this research provided rich collective wisdom, cultural knowledge and a deep understanding of the Aboriginal and Torres Strait Islander carer experience. It also strongly promoted cultural distinctiveness and respect for diversity amongst Indigenous Australians.

Embedding their personal, cultural and professional views within the research contributes to a better understanding of the cultural context and the need for system and local-level improvement. These views will also contribute to concurrent research and initiatives at national and state/territory levels around reducing the over-representation of Aboriginal and Torres Strait Islander children in care and/or providing culturally appropriate ways of caring for Aboriginal and Torres Strait Islander children. This includes in ways that support a child's cultural identity and connection to kin, community, culture and Country.

2.3 Limitations

There are some limitations to the consultations undertaken for this study that should be considered when interpreting the findings. A key limitation was the lack of approval to undertake consultations in all jurisdictions. This was due to Aboriginal peak bodies in Tasmania, South Australia, the ACT and NSW not providing written expressions of support for the research even through attempts were made to secure the support over several months. Evidence of this support was a precondition of ethical approval from the AIATSIS Human Research Ethics Committee. This lack of support was largely due to time constraints and/or administrative burden limiting those organisations' ability to support the research rather than disapproval of the research project or team. The result was that consultations with Aboriginal and Torres Strait Islander organisations and individuals could not be undertaken in those locations; however, interviews were possible with non-Indigenous stakeholders from those areas. National stakeholders were also able to provide insights into carer supports and support needs in all jurisdictions.

The consultation phase of the research was also relatively small with a limited number of interviews, particularly with carers. As described in the Methodology section, this was not designed as a comprehensive study of carer experiences or views. As such, although we spoke with a range of carers, and with a much broader group of key peak bodies and government agencies working with carers, their views are not necessarily representative of all carers or carer organisations in Australia. Rather, the consultation phase of this research was intended to draw on the expertise and experiences of key stakeholder organisations, give voice to carers and provide insights to illuminate the general findings of the evidence review. The limited number of kinship carers, adoptive parents and permanent carers who elected to participate in this project meant that their views were not always as well-represented as those of other carer types; however, peak bodies representing these carer groups were consulted for this project.

Limitations in the form of exclusion criteria were placed on the evidence review to focus the review on a manageable amount of material, and in line with standard practice for quick scoping reviews. The exclusion criteria included: papers not written or translated into English; papers published before 2010; papers where a full-text version was not readily available; studies that did not address carer recruitment, retention, support needs or best practice in recruiting or supporting carers; studies with a sole focus on child or birth parent views; case studies of single interventions or services; studies on inter-country adoption; and studies from non-English speaking countries. Grey literature was excluded from the systematic search phase of the literature review but relevant grey literature was included in the first and final phases of the scoping review, and when reviewing literature on the impacts of COVID-19.

There were also limitations associated with the nature of available literature. In particular, there is limited literature on the experiences and support needs of kinship carers, permanent carers and Aboriginal and Torres Strait Islander carers. Further description of data gaps is outlined in section 8.5.

3 Carers in Australia: an overview

3.1 Carers and out-of-home care placements in Australia

This section provides an overview of available statistical data on carers, drawing predominantly from the AIHW data collections. This includes data about the number of foster and kinship households with a placement, and the numbers of adoption and permanent care orders made in the most recent reporting period. In addition, this section includes an overview of placement of Aboriginal and Torres Strait Islander children. There is no single data source that reports on the numbers of all carer types in Australia but data from the AIHW Child Protection and Adoptions Australia collections give an indication of the numbers and types of care placements in Australia.

It is also important to note that in 2018–19, the AIHW changed its definition of out-of-home care to exclude children subject to third-party parental responsibility orders (AIHW, 2021b). As such, these children are no longer classified as being in the out-of-home care system. However, AIHW still collects data on third-party parental responsibility orders and those figures are presented in this chapter.

Similarly, once an adoption process is complete, the child is issued a new birth certificate with the names of the adoptive parents, and the child is no longer considered as part of the out-of-home care system. As a result, there are limited Australian data on either adoptive parents or carers who are caring for children under a third-party parental responsibility order once these orders have been finalised.

Foster and kinship households

The AIHW data provide a snapshot of foster and kinship carer households. On 30 June 2020 there were 9,200 foster carer households with children placed in them, and 15,400 kinship carer households with children placed in them. Of the children in out-of-home care at 30 June 2020, Aboriginal and Torres Strait Islander children were admitted into out-of-home care at 10 times the rate of non-Indigenous children (AIHW, 2021b).

Nationally (excluding New South Wales[1]), about 1,400 households commenced foster care, and 1,600 exited foster care, a decrease of 156 foster care households in the period between June 2019 and June 2020. This is relatively consistent with previous years. During this time period, there was an increase of around 1,100 kinship carer households. Numbers of kinship carers are increasing more rapidly than other carer types, and this is consistent with data from other years (AIHW, 2021b).

Carer households (foster and kinship), with a placement at 30 June 2020, by jurisdiction are represented in Table 4. The AIHW note that providing the total number of unique placements can give a more accurate picture of out-of-home care households as it includes other placement types (e.g. guardian or respite placements, although this varies across jurisdictions), and where a household is providing both foster and kinship care, they will only be counted once (AIHW, 2021b).

However, it should be noted that these data are not a complete picture of carers in Australia, as they do not include carers who did not have a placement on 30 June 2020 and only include foster and kinship carers. Further, these data are not provided by Indigenous status, so it is not clear how many of these households have Aboriginal or Torres Strait Islander carers nor how many Aboriginal or Torres Strait Islander children are in these households. These data are also subject to jurisdictional differences. In some jurisdictions, a carer may be counted twice if they provide both foster and kinship care, and there are jurisdictional differences around

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[1] Figures unavailable for New South Wales due to a change in their client management database.

whether and how respite carers are included in these counts. In particular, the total national figure for households with a unique placement should be interpreted with caution as data from NSW were not available. However, the total households with a unique figure for other jurisdictions can provide an indication of the total number of households with a placement.

Table 4: Foster and kinship carer households with a placement on 30 June 2020, by jurisdiction

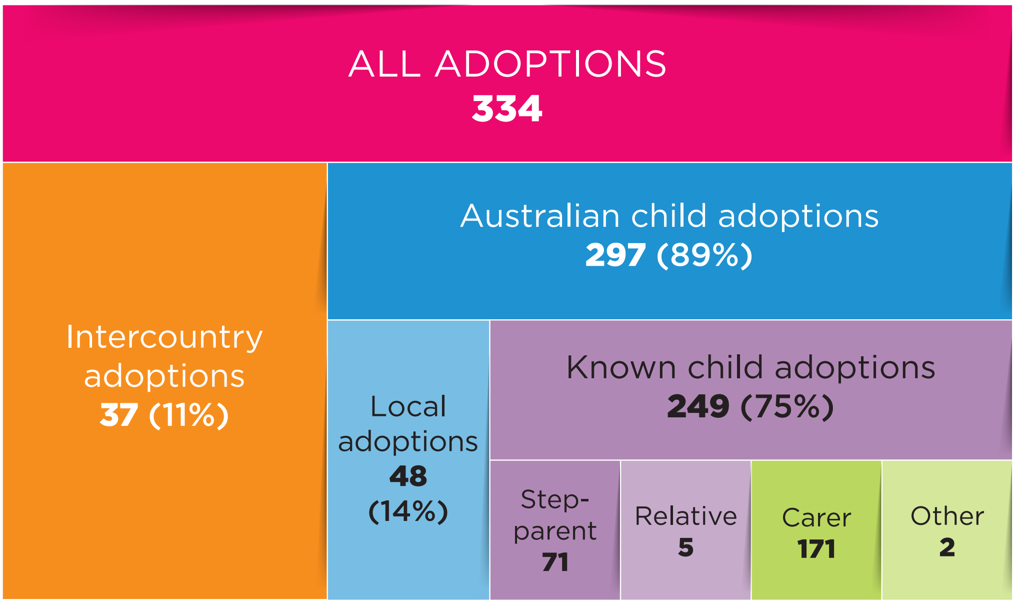
On 30 June 2020	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Total
Total households with a foster care placement	3,778	1,024	1,992	943	856	275	165	169	9,202
Total households with a kinship/relative placement	5,238	4,639	1,956	1,508	1,354	296	245	131	15,367
Total households with a unique placement	8,960	5,676	3,949	2,460	2,207	569	419	338	24,578

Source: AIHW, (2021b), from Supplementary Tables S7.1, S7.2, S7.3

Adoption and permanent care orders

There were 334 finalised adoptions in Australia in 2019–20. Of these, 89% were Australian children and 11% were intercountry adoptions (AIHW, 2021a). Of the 297 Australian child adoptions, 249 were known child adoptions (where the child is known to the carer; for example, a step-parent or carer), and 48 were local adoptions (where the child has had no previous contact with the adoptive parents). Figure 1 depicts the number of children adopted in 2019–20 by type of adoption. Adoption is far less common in Australia than in the United Kingdom (UK) and the United States of America (USA) where legislation and practice prioritise adoption as a permanency outcome (Butlinski, Rowe, Goddard, & Freezer, 2019).

Figure 1: Adoptions in Australia, by type of adoption, 2019–20



Notes: Expatriate and ad hoc adoptions are not included in the numbers for intercountry adoptions. Known child adoptions include only those children born or permanently living in Australia before the adoption. Intercountry known child adoption is outside the scope of this figure. Numbers derived from AIHW Adoptions Australia data collection.

Source: AIHW, (2021a), p. 15, Figure 3.1

Local adoptions

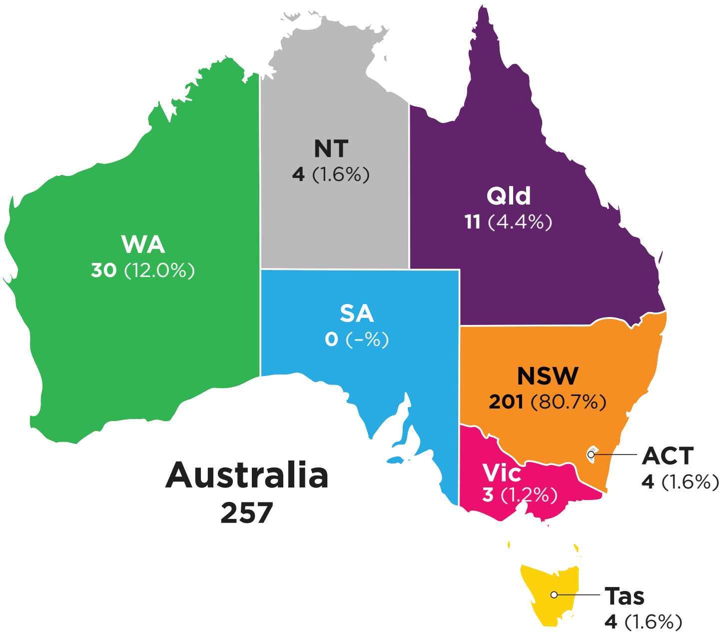
There were 48 local adoptions in 2019–20, and the majority of these took place in New South Wales, Victoria and Queensland (see Figure 2).

Figure 2: Local adoptions, by state and territory, 2019–20

Source: AIHW, (2021a), p. 24, Table 3.7

In 2019–20, 249 known child adoptions were finalised (AIHW, 2021a). The majority were in NSW (*n* = 201) and, of the known child adoptions, 171 (69%) were made by carers. For 141 (86%) of carer-known child adoptions, both parents' consent was dispensed or deemed not required (AIHW, 2021a). Child adoptions in 2019–20 were the highest they have been in the past 20 years, representing an increase of 322% since 2003–04 (AIHW, 2021a). Figure 3 shows the number of known child adoptions by jurisdiction.

Figure 3: Known child adoptions by state and territory, 2019–20



Note: Number of adoptions includes children aged 18 and over.

Source: AIHW, (2021a), p. 29, Table 3.11

Adoption of Aboriginal and Torres Strait Islander children

The AIHW reported that 12 Aboriginal and Torres Strait Islander children had adoption orders finalised in 2019–20. This was equal to the number reported for 2018–19 and is the highest number of Aboriginal and Torres Strait Islander children adopted in the last 25 years. All of these were known child adoptions and the children were adopted by a step-parent, relative or carer. Eight of these children were adopted by non-Indigenous Australians and four children were adopted by an Aboriginal or Torres Strait Islander family (AIHW, 2021a).

As noted earlier, adoption of Aboriginal and Torres Strait Islander children is a highly contentious issue because it potentially undermines the opportunity for Aboriginal and Torres Strait Islander families and communities to make decisions about their children or to sustain connections to culture and community. This is particularly the case when adoption is granted to non-Indigenous carers. The Family Matters campaign and SNAICC have expressed deep concern about the increase in adoption rates in NSW and Victoria. In their most recent report, the Family Matters campaign expressed the view that Aboriginal and Torres Strait Islander children should not be adopted from out-of-home care. This was, in part, due to the importance of the development of cultural identity for Aboriginal and Torres Strait Islander children, and the lack of legal mechanisms to ensure connection to family, community and culture in permanent care or adoptive arrangements (Hunter et al., 2020).

Permanent care

Each Australian jurisdiction uses different terminology for permanent care or third-party guardianship orders (see section 1.3). The AIHW refers to these as third-party parental responsibility orders and notes that these orders can be short- or long-term and transfer all parental duties, powers, responsibilities and authorities to a nominated person through a court order (AIHW, 2021a). The difference between a third-party parental responsibility order and adoption is that the child is not issued a new birth certificate, the orders generally expire when the child turns 18 and, in some cases, carers are able to access financial support from the government (AIHW, 2021a). In 2019–20, 1,165 children received a third-party order and there were a total of 9,465 children on third-party orders (AIHW, 2021b). No information is available on the number of carers this represents.

Table 5 describes the total number of children who were on a third-party order in 2019–20.

In Table 6, AIHW data on third-party parental orders from 2013–14 to 2018–19 are presented by jurisdiction. Numbers of orders issued have more than doubled in NSW and have also increased in Victoria, South Australia and WA, while numbers of orders issued have decreased in Queensland, Tasmania and the ACT.

Table 5: Children on third-party parental responsibility orders, by Indigenous status and state or territory in 2020

Children on third-party orders	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Total
Indigenous	1,083	416	610	426	35	61	30	0	2,661
Non-Indigenous	2,007	2,910	1,034	404	205	166	76	0	6,802
Total	**3,091**	**3,326**	**1,644**	**831**	**240**	**227**	**106**	**0**	**9,465**

Note: Children of unknown Indigenous status are included in totals.
Source: AIHW, (2021b), Supplementary Table T3

Table 6: Third-party parental responsibility orders issued, by state and territory, 2013–14 to 2018–19

Year	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Total
2012–13	377	267[a, f]	213	97	27	60	17	. .	**1,058**
2013–14	381	302	195	71	31	40	12	. .	**1,032**
2014–15	n.a.	290	263	84	14	22	12	. .	**685**[b]
2015–16	764	507	222	101	18	27	22	. .	**1,661**
2016–17	892	482	88	115	21	19[c]	10	. .	**1,627**
2017–18	n.a.	429	106	137	50	15[d]	7	. .	**744**[e]
2018-19	656	441	112	74	47	20	25	. .	**1,364**

Notes: [a] Data for Victoria in 2012–13 are from the Adoptions Australia data collection; other data in the table are from the Child Protection Australia data collection.

[b] Data for New South Wales were not available for 2014–15, so that year is not comparable with other years included in this table.

[c] Due to issues with the recording of orders in Tasmania, data for children on third-party orders have been cross-checked with third-party placement types from 2016–17. As such, figures reported before 2016–17 should be interpreted with caution.

[d] Data for Tasmania might not be comparable year to year, due to issues with the recording of order status.

[e] New South Wales implemented a new client management system in 2017–18 and provided limited data. With the new system, New South Wales is making efforts to improve quality and completeness of data to have a comprehensive set of data for future reporting. So 2017–18 is not comparable with other years included in this table, and have been excluded.

[f] Before 2013–14, third-party parental responsibility orders were reported as finalised guardianship or custody orders for Victoria.

Source: AIHW, (2021a), p. 57

Placement of Aboriginal and Torres Strait Islander children

Implementation of the Child Placement Principle has been inconsistent to date. A review by SNAICC suggested that this is due to a range of interconnected reasons including systemic racism, poor practice, and insufficient and inconsistent partnership with Aboriginal and Torres Strait Islander peoples and organisations (Hunter et al., 2020). The placement element of the Child Placement Principle contains a hierarchy of placement that prioritises placement of Aboriginal and Torres Strait Islander children in a way that they maintain the highest level of connection possible with their family, community, culture and Country (SNAICC, 2017). The Productivity Commission report on the proportion of Aboriginal and Torres Strait Islander children who were placed with relatives or kin, as of 30 June 2020, showed this was 53%. A further 10% were placed with Aboriginal and Torres Strait Islander carers, and just under 1% were placed in Aboriginal and Torres Strait Islander residential care (Steering Group for the Review of Government Service Provision, 2021).

While these data give some indication of placement, the Family Matters campaign notes that placement data reported by the Productivity Commission are only a proxy measure of compliance with the Child Placement Principle as there is no indication of the extent to which practitioners have explored the family, community and cultural connections of a child (Hunter et al., 2020). The Family Matters campaign also notes that the rate of placement of Aboriginal and Torres Strait Islander children with family and kin has consistently decreased over time (Hunter et al., 2020).

The Pathways of Care study found that, in NSW, Aboriginal children were no more likely to be in kinship care than other Australian children, and there were no significant differences between Aboriginal and Torres Strait Islander and non-Aboriginal children with regard to their feelings of closeness to their birth family or their caregiver family (Cashmore & Taylor, 2017). However, carers of Aboriginal and Torres Strait Islander children were more concerned that the current contact arrangements were not adequate to maintain the child's family relationships and they were more likely to report problems with the time and distance required for family contact visits. Foster carers were also more likely to report problems with the child's sleep and routines as a result of contact visits (Cashmore & Taylor, 2017). Cashmore and Taylor (2017) observed that carers of Aboriginal and Torres Strait Islander children may need a higher level of support to manage and maintain family contact.

Placement and caring duration

The Working Together study reported on the duration of current care placements and noted that the mean duration of the placement was 4.7 years, with kinship carers reporting a slightly longer duration of care than foster carers (4.9 years vs 4.5 years) (Qu, Lahousse, & Carson, 2018). However, the evidence review found little national data on the longer-term history of carers. The Victorian carer census (EY Sweeney, 2021) reported that seven years was the average time spent as a carer, with 25% of carers surveyed having been a carer for 10 years or more and a further 20% having been a carer for between six and 10 years. Carers who had been caring for longer than six years were more likely to be permanent carers. Twenty-four per cent of carers had been caring for two years or less and these newer carers were more likely to be kinship carers.

3.2 Carer demographics

This section provides information on carers in Australia, including demographic information about foster and kinship carers. This section also provides information on the demographic differences between foster and kinship carers.

The literature search identified two recent major research studies that provide systematically collected data on Australian carers. AIFS undertook a national study on carers in 2016. This study was commissioned by the DSS due to a lack of national information on carers. This study, Working Together to Care for Kids (Working Together), collected data from foster and kinship carers via phone interview. The study used a randomised sample of 2,203 carers, of which 47% were foster carers and 53% kinship carers (Qu et al., 2018). The second key study is an ongoing Pathways of Care Longitudinal Study in New South Wales (Pathways of Care). This is a large-scale prospective longitudinal study of children in out-of-home care in NSW, funded by the NSW Department of Communities and Justice (DCJ) (formerly Family and Community Services (FACS)). The Wave 1 cohort consisted of 1,285 children across 897 households of which 64% are foster care placements and 26% are kinship care placements, with the remaining households from residential care, independent living and supported accommodation (AIFS & Chaplin Hall Centre for Children University of Chicago & NSW FACS, 2015).

Additional information on carer demographics also comes from surveys of carers such as the recent carer census in Victoria (EY Sweeney, 2021) and the annual NSW carer survey undertaken by My Forever Family NSW (2020). The NSW carer survey (*n* = 2,365) sampled a larger proportion of foster carers (64%), with kinship carers making up 28% of the sample and guardian carers and adoptive parents making up the remaining 8%. The Victorian carer census (*n* = 1,788) included a greater number of permanent carers and adoptive parents compared with the other studies, with this group making up 23% of the sample. Kinship carers were 41% and foster carers 39%. A smaller study (*n* = 215) was also undertaken with foster and kinship carers in the Australian Capital Territory (ACT) (Key Insights, 2018). The demographic profile of carers who responded to this survey is broadly similar to the other studies.

Some of the most detailed national-level data about carer demographics comes from the Working Together study (Qu et al., 2018). This study reported that:

- Twelve per cent of respondents were Aboriginal or Torres Strait Islander, compared to 3% in the general Australian population.
- The mean age of carers was 53 years.
- The percentage of carers living with a partner was 62%.
- Fifty-six per cent of carers were not employed in paid work, 25% were doing part-time work, and 19% were employed in full-time paid work.
- Most carers were female (88%).
- Most carers had no post-secondary qualification.
- Carers had a lower household income, were less likely to own their home and were more likely to be living in public housing when compared with the overall Australian population, although most carers reported feeling ‘reasonably comfortable’ when asked about their finances.

These findings are broadly consistent with those from the NSW Pathways of Care study (Delfabbro, 2017), with a few key differences. In the Pathways of Care study sample, 90% of carers were female, 17% identified as Indigenous, and the mean age was 48 years. In this sample, 97% of carers were married or in a de facto relationship, and 50% had a post-secondary qualification. In the Pathways of Care study (Delfabbro, 2017), 60% of carers were not employed in paid work, although most reported that they had partners who were. The majority of carers reported they were in good health.

The NSW carer survey (My Forever Family NSW, 2020), reported relatively similar findings to these other studies, with 11% of Indigenous respondents. The age of carers was also similar, with most carers (53%) aged between 36–55 years. However, this survey is a non-representative sample with an over-representation of foster carers (My Forever Family NSW, 2020).

There were some differences between the Victorian carer census and the other studies, although it should be noted that the Victorian carer census is also a non-representative sample. The Victorian carer census reported more carers in paid work (25%), and a higher number of respondents with a post-secondary qualification (39% with a tertiary qualification). The Victorian carer census (EY Sweeney, 2021) also reported a lower number of Aboriginal and Torres Strait Islander respondents (5%). The average age of carers was 52 and 61% of carers were living with a partner, consistent with the Working Together study. This study also reported on the sexual orientation of carers, noting that 86% identified as heterosexual and 5% identified as lesbian, gay or bisexual. Eight per cent of the sample were not comfortable answering this question.

There are no nationally representative or large-scale studies examining permanent carers or adoptive parents in Australia.

Differences between carer and placement types

In a review of literature on child and carer characteristics in foster and kinship care, Delfabbro (2017) notes that, both nationally and internationally, kinship carers are more likely to be older, on a lower income, in a single-person household, unemployed, in housing distress, in poorer health and living in areas with less access to community resources, amenities and support than either foster carers or the general community. This finding supports Kiraly's (2015) review of surveys of kinship carers in Australia, New Zealand and the UK, and is consistent with the recent Australian research included in this review.

For example, the Working Together study found that, when compared with foster carers, kinship carers were older (and most were grandparent carers), less likely to live with a partner, more likely to be Indigenous (but less likely to be born overseas), and less likely to be employed. They had lower household incomes and lower rates of educational attainment (Qu et al., 2018). Similarly, the Pathways of Care study found that foster carer households in NSW had higher incomes than kinship care households, were more likely to own their home, and rated themselves as better off financially than kinship carers. While the majority of carers reported they were in good health, slightly more grandparent carers reported their health was fair (13%) when compared to foster carers and other relative carers (8% and 7%) (Delfabbro, 2017). Similar differences between carer types were also evident in the Victorian carer census (EY Sweeney, 2021). This study found that kinship and permanent carers had lower household incomes and were older when compared with foster carers, and that Aboriginal carers were more likely to be kinship carers. Aboriginal carers in this study were also more likely to be caring for two to three children than were non-Indigenous carers. There were no national-level data on the characteristics of permanent carers or adoptive parents in Australia.

3.3 Chapter summary

This chapter has drawn upon large-scale national data collections and studies, supplemented by smaller non-representative state- and territory-based surveys, to describe carers in Australia. At 30 June 2020 there were 24,578 households with a care placement. This number does not include carers who are approved carers but did not have a child currently in their care. In addition, there were 1,165 children who received third-party parental care orders in 2019–20 and 334 finalised adoptions. In line with the trends of previous years, there was a decrease of 156 foster care households, and an increase of 1,100 kinship care households. Aboriginal and Torres Strait Islander children continue to be over-represented in the out-of-home care system and implementation of the Child Placement Principle continues to be inconsistent.

This chapter also examined carer demographics. The average Australian carer is most likely to be female, in her early 50s, not in paid work or working part-time with no post-secondary education. She is likely to have a lower household income when compared with the overall Australian population. There are also important differences between foster and kinship carers, with kinship carers more likely to be older, single and unemployed, have a lower income and be in poorer health than foster carers. There are very few data describing the characteristics of permanent carers or adoptive parents in Australia.

4 Pathways into and through caring

In this chapter, we explore in more depth some of the issues relating to the supply of carers and their relationship to carers' experiences of caring. In particular, we describe some of the motivations and circumstances that lead to people taking on caring roles, and some of the qualities and practices required for the caring role.

4.1 Supply and demand of carers in Australia

Demand for carers is largely driven by child protection and the numbers of children who are taken into care but there is limited information available on either the future demand for carers or how many prospective carers there are. However, as can be seen from the AIHW data on carer households in section 3.1, the last few years have seen a general decrease in foster carer households and an increase in the number of kinship care placements and kinship carer households. This reflects a general growth in the number of children entering out-of-home care.

The *Family Matters Report 2020* predicts that without investment in early intervention and prevention, the number of Aboriginal and Torres Strait Islander children in out-of-home care will double by 2029 (Hunter et al., 2020). The most recent data from the Closing the Gap information repository suggests that the Closing the Gap outcome that seeks to reduce the over-representation of Aboriginal and Torres Strait Islander children in the child protection system is not on target to be met (Productivity Commission, 2021). This suggests a critical and ongoing need for additional carers and, in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle, of appropriate Aboriginal or Torres Strait Islander carers. In addition to a need for Aboriginal and Torres Strait Islander carers, there are suggestions that there is a greater need for culturally and linguistically diverse carers and carers of children aged nine years and older, and that these carers require targeted recruitment strategies (Institute of Open Adoption Studies, 2019).

The stakeholders consulted for this project almost universally agreed there were currently not enough carers to meet existing needs, and this gap was getting worse due to the increasing number of children coming into the out-of-home care system.

> *The rates of children in out-of-home care, not just Aboriginal, across [state] in general, are growing exponentially and we don't have enough carers and we don't have enough homes to put those children in. (Stakeholder 14, Carer service provider, ACCO).*

Stakeholders noted it was not simply an issue of the overall supply of carers that mattered but also the type of carers available and sufficient carers to allow for appropriate matching of carers to child needs.

> *I don't think we ever have enough carers … because you want choice. And unfortunately, we almost never have choice. The ideal would be that you have a bunch of people just sitting there waiting, so when you have a child who needs care you can go, all right well which is the best option for this child? … The reality is that we're scrambling, going where can we put this child? And can we make this available person work for this child? Because this is kind of the only place that we have. (Stakeholder 04, Carer service provider)*

In particular, stakeholders noted a shortage of carers skilled enough to manage children with complex needs; carers willing to take children of any age or gender (or more than one child at a time to keep siblings together); respite and 'emergency' carers willing to take children short term and at short notice; and Aboriginal and Torres Strait Islander carers able to take the significant number of Aboriginal and Torres Strait Islander children coming into the out-of-home care system.

Some stakeholders identified a particular lack of Aboriginal and Torres Strait Islander carers able to care for Aboriginal and Torres Strait Islander children in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle. Governments were reported to be making efforts to improve family and kin finding programs and support Aboriginal and Torres Strait Islander entry into these roles. However, many children were still being placed with non-Indigenous carers. The perceived inadequacy of family finding is understood to contribute to a strain on the supply of carers.

> *Yeah, look I mean Aboriginal care is, that's a – can I say we don't have enough of them. I mean that's a huge one, you know, there's a large over-representation of Aboriginal children in care and it's one of the priority areas that we look at in trying to recruit more carers. (Stakeholder 02, Government)*

Some government and community stakeholders also suggested that there is a pool of informal Aboriginal and Torres Strait Islander carers in some communities. However, these carers are reluctant to take on formal caring roles due to fear or mistrust of the statutory child protection system (often due to past child removal practices) (Senate Community Affairs Reference Committee, 2015)). Other stakeholders noted the need to increase the 'general pool' of Aboriginal and Torres Strait Islander carers able to take children temporarily on short notice (emergency or short-term carers), while they are looking for suitable ongoing placements.

> *Where we need to improve is our general Aboriginal carer pool in town because we can't exercise the Principle if we don't have that, and what is a barrier in applying it to its full intent and purpose is if the young person is from a remote community, then we need to work with the family there … but … if they have to come into town, then the first option … is generally foster care. So we really need our other Aboriginal family members or extended network to really step up in that space. We just don't have the pool of general carers who are Aboriginal … that can be the middle before we go to this next step, and I think that's a piece that we have to work on. (Stakeholder 07, Government)*

Many stakeholders identified that it is not always a lack of carers that is a challenge. Rather, there is a mismatch between the types of carers and the types of placements that are needed. Stakeholders identified a need for short-term and emergency carers, for carers that are sufficiently skilled and experienced to take children with challenging behaviours or complex needs, and for carers with flexible preferences about the age or gender of children that they would care for. Stakeholders also noted that the demand for carers varied by geographic location, with a lack of carers in more disadvantaged areas.

> *We've got a heap of new carers but we have a lot of high needs children and we can't really put high needs children with brand new carers because they're not ready for that. They've got to build some skills and gain experiences first. I don't – I think, definitely, we would benefit from more carers who have experience caring for children who have experienced trauma – with a wider range of age preference as well. (Stakeholder 05, Carer service provider)*

This was a common theme among stakeholders. Stakeholders talked about working with potential carers through the assessment and training process to 'broaden their views' and 'open up the possibilities of what they could help with'. But they also reported that many potential carers withdrew from the application process when they realised what the options and constraints were and what was expected of them as a carer.

> *So you get the two types. You get the carers that have the lightning moment and realise actually we're finding carers for kids, not kids for carers, and then you've got the other ones that fostering isn't going to meet their parenting dreams. And so they do back out now on a much bigger rate than I've ever seen before. And I can only put it down to how honest we are about where the need is and what we are needing carers to do. (Stakeholder 04, Carer service provider)*

Stakeholders identified how the demand for different types of carers relates to and changes in line with legislative and practice changes, and this could make it difficult to accurately forecast the types of carers needed in future. This could make it hard to plan recruitment activities.

> *So even what we needed five years ago I feel is different to what we need now. So what's it going to look like in another five years? You know, it just changes. As the legislation changes, which changes in line with what's working, what's not working. (Stakeholder 04, Carer service provider)*

> *It's like a juggling act … I keep thinking it should be simpler, that we should be able to forecast, you know, reasonably accurate what future demand is likely to be but I'm not sure we can. (Stakeholder 24, Government)*

Some stakeholders noted they had expected the number of children coming into out-of-home care would rise under COVID-19 but had not yet observed an increase. Further findings regarding the impacts of COVID-19 are covered in chapter 7.

4.2 Pathways into caring

There are different pathways into caring for different types of carers. In this section, we provide an overview of the motivations that prompt foster, kinship and permanent carers and adoptive parents to consider their caring roles. This section includes discussion of the specific motivations and barriers to caring experienced by Aboriginal and Torres Strait Islander people. This section of the report presents findings from both the evidence review and consultations.

Motivations for becoming a carer

Both the literature review and the project consultations make it clear that most carers have largely altruistic reasons for becoming a carer. Most commonly, this is described as love for a child or wanting to contribute to the community. A desire to form a family has also been identified as a motivation for taking on a caring role but is less common. However, there are also some clear differences between kinship carers and other carer types (including adoptive parents). Broadly speaking, kinship carers usually become carers out of necessity, responding to a need in the family, whereas foster carers and adoptive parents become carers out of choice. One stakeholder described foster and kinship carers as entering the care system 'through different doors'. These different pathways have implications for the way carers are recruited, assessed and supported.

For kinship carers in our study, as in the literature, their altruism was directed towards a specific child, family member or extended kinship group and often came with a sense of familial obligation. In contrast, foster carers were described as having a general desire to help children and families in need. The contrast between kinship carers sudden entry into a caring role and the planned pathway of foster carers was a recurring theme in the literature and in the consultations.

The motivations for becoming a carer and the pathways into and through the caring role are discussed in more detail for each of the carer types below.

Kinship carers

There is generally less research on kinship carers than on foster carers; however, an Australian review of the literature on carer recruitment suggested that kinship carers often make the decision to care for a child quickly and in response to a crisis or emergency situation (Thomson et al., 2016). The literature suggests that kinship carers do not choose to become carers in the same way that foster carers do but rather are motivated by familial obligations. Although these carers commonly take on the role out of love and the needs of a child known to them, this is driven by a sense of familial duty and a desire to keep the child out of the out-of-home care system and connected with siblings and/or extended family (Community Affairs Reference Committee, 2014; EY Sweeney, 2021; Humphreys, Harvey, Herrman, & Fergeus, 2019; McGuinness & Arney, 2012; Standing Committee on Social Policy and Legal Affairs, 2018; Thomson et al., 2016).

Nonfamilial kinship carers (carers known to a child but not related, e.g. a family friend) reported that although the care arrangements often began as an emergency care option, there was an 'assumption' by authorities and agencies that the care arrangement would continue long term (Kiraly, 2019). Some kinship carers may also have been informally caring for a child for some time before care arrangements were formalised through the statutory authority (McGuinness & Arney, 2012). Kinship carers have been reported as feeling limited agency over the decision to become a carer due to the urgency of the situation and family obligations. Kinship care may also be gendered, with women expected to take on caring responsibilities (McGuinness & Arney, 2012).

In line with the literature, consultation with carers and stakeholders made it clear that it was common for kinship care placements to begin at short notice and in response to the urgent needs of a child and family member. While kinship carers also became carers in response to altruistic motives, these were directed towards a specific child, family member or extended kinship group. Some prospective carers were asked directly by the parent or family member while others volunteered when it became clear that the child needed care. While several carers described becoming a carer as 'putting their hand up', stakeholders noted that for kinship carers it was less a choice and more often done out of obligation.

> *So they didn't actually have the intention to become carers in the same way that someone else has. So they haven't been thinking about it for years but all of a sudden their grandchild or nephew or cousin, or whoever, has come into care. And they've just kind of gone, well I can't leave them in care when I potentially could care for them. So they make themselves available because there's a need of someone that they know. (Stakeholder 04, Carer support service)*

The rapidity with which kinship carers take on a caring role and are thrown 'in the deep end' has implications for the training and support they receive (see chapter 6).

Foster carers

In contrast to kinship carers, foster carers often only become carers after a period of consideration (often several years) and (as with adoptive parents) a process of application, review and approval (McGuinness & Arney, 2012). The evidence review suggested that motivations to foster can be broadly grouped into two categories: 'family-related' and 'altruistic', although these motivations may overlap in a single carer. 'Family-related' motivations to become a foster carer include the desire to be a parent, increase the size of a family or provide a sibling for a lone child. Some also see fostering as a step towards adoption (Humphreys et al., 2019; Thomson et al., 2016; Walsh, McHugh, Blunden, & Katz, 2018). Altruistic reasons include a love of children, an awareness of need and a desire to 'give back' to the community (Humphreys et al., 2019; McGuinness & Arney, 2012; Thomson & McArthur, 2010; Thomson et al., 2016; Walsh et al., 2018).

There is less evidence about differences in motivations for fostering between different groups of potential foster carers but Riggs (2011) reports that lesbian and gay people may have an openness to non-biological concepts of family that is conducive to fostering.

The literature also identifies a number of factors that can increase the likelihood of someone becoming a foster carer, or factors that enable someone to take on a caring role. The review by McGuiness and Arney (2012) suggests that people are more likely to become carers if they have access to resources such as love, services, goods, money, information and status. The amount of support and resources that a carer has can also contribute to their willingness to foster a child with more complex emotional and/or behavioural challenges (McGuinness & Arney, 2012). For foster carers, word of mouth is also understood to be important; knowing a carer or having an experience of out-of-home care is thought to increase someone's likelihood of becoming a carer (McGuinness & Arney, 2012; Thomson et al., 2016).

The review by Thomson and colleagues (2016) noted that financial support is an enabling factor for families who were interested in fostering to continue the process. Although some submissions to the Australian Government's Inquiry into Adoption similarly suggested that the financial support available to carers is a motivational factor for becoming a foster carer (Standing Committee on Social Policy and Legal Affairs, 2018), there is little empirical evidence for this. Stakeholders noted that although some people motivated by money may initially express interest in caring, they usually did not pursue caring when they fully understood the requirements and financial implications of caring.

> *There's a common misconception in my experience that carers do it for the money. (Stakeholder 03, Carer support service)*

The consultations undertaken for this study largely reinforced the findings of the research literature that altruism was a strong motivation for carers. Foster carers themselves described their reasons for becoming a carer as driven by 'love' and 'compassion' as well as a desire to 'give back' to the community.

> *My motivation was um, you know, to be able to do something good for a child … for the family as well, you know … I love children – and I've always, you know, had a soft spot for it. So for me it was just to be able to do something good and to change somebody's life. (Carer 01, Foster carer, non-Indigenous)*

As identified in the literature, knowing someone who has been a carer or having a care experience was also linked with people's pathways into the caring role. Carers reported that there were other foster carers in their extended family, that they had friends who were carers, or that they were brought up in a family with foster children. Some stakeholders also identified the importance of a past experience with foster care or adoption in contributing to someone's decision to become a carer.

> *My dad is a foster carer, my uncles, my great aunt is a foster carer, my husband, like it's just very instilled in our family to be able to help people. (Carer 08, Foster carer, non-Indigenous)*

A smaller number of carers and stakeholders identified family formation as a motivation for becoming a carer. Stakeholders working with carers suggested that the desire to start a family was less common as a motivation for fostering than in the past due to policy changes away from long-term foster care orders and towards reunification (and with permanency more associated with adoption or permanent care orders).

In contrast with the experiences of kinship carers, the pathway into foster caring is often slow and considered. Many of the foster carers in our study indicated that they had waited until the right conditions were in place before they became a foster carer. In some cases, they sought a particular age or gender of child that they thought would best suit their situation. Some carers took on a caring role after their biological children had grown, and other carers had undertaken considerable research into foster caring and waited until their housing and financial situations were stable. For example, the carer in this excerpt describes a period of 4–5 years between deciding they would like to be a carer and being ready for the caring role.

> *Probably close to nine or 10 years ago I thought about, you know, … I'd like to be a carer. When I looked in to it I – big thing that came up was stability, in regards to, you know, somewhere where the children you're going to look after going to live and I thought at the time, whilst I was still renting, that that's one big thing that I wanted to be able to do, was have that stability so there wasn't going to be moving because of changes and landlords and all that sort of stuff, so I waited until I purchased a property and once, and then I'd lived in the property for a while and was able to drill, you know, drill down my mortgage so that it was, you know, cheaper to live I guess you could say, so I wasn't, you know, just waiting for one pay check to the next to pay for things. And then about five years ago is when I made the decision that yes, okay I'm ready. I'd done some renovations to the house and all that sort of stuff, so it was sort of updated and more modern, opposed to the ole grandma house that I'd bought. So yeah, that's when I sort of started it. (Carer 12, Foster carer, non-Indigenous)*

A common experience identified by foster carers was that they slowly transitioned into providing longer term foster care. Many foster carers reported initially registering for respite or emergency care placements before progressing to longer term foster care or permanent placements. Respite care was also used by carers as a way to see how biological children would respond to having foster children as part of the family.

> *So I had a couple of respite children come through when I first became a carer – so just to get myself, you know, a bit of a practice run and to see what life would be like as a carer. (Carer 01, Foster carer, non-Indigenous)*

Permanent carers

There is little existing research on the motivations of permanent carers. However, consultations undertaken for this project suggest that there are commonly two different pathways into a permanent carer role. These are through conversion of a foster or kinship placement into a permanent order or through explicitly seeking to become a permanent carer.

The reportedly less common pathway into permanent orders was to explicitly seek permanent care as a way to form a family.

> *We were late bloomers, I think it's fair to say. So traditional ways of forming a family weren't really an option for us. We explored assisted ways to do that and decided that was not for us. So shortly after that we looked at a whole range of other ways to form a family, including foster care, adoption, um, and through that process we became aware of permanent care. And we decided pretty quickly that that was something that we were interested in. (Carer 30, Permanent carer, non-Indigenous)*

The more common path to permanent care identified through consultation was via a kinship or foster care placement becoming permanent (similar to adoption; see chapter 3). Carers and stakeholders suggested that this was due to a desire to make an existing placement more permanent, because of attachment to the child, and due to a desire to have a greater say in decisions about the child in their care.

The most frequently cited reason for seeking permanent care from a kinship or foster care arrangement was to exit the out-of-home care system. This was identified in several interviews with stakeholders, who observed that carers were tired of the intrusion and intervention of agencies and government in their lives and thus sought permanency as a means to greater freedom and an ability to make decisions. This was reinforced by a small number of carers in our sample, who noted that frustrations with the system and having a greater ability to make decisions were important in their choice to seek permanent care arrangements.

> *Yeah, so they will be our children so to speak … We get to make the decisions for them, you know, things as simple as travelling interstate. (Carer 07, Foster carer, Indigenous)*

Being able to provide stability for the child and responding to the child's wishes were also cited as motivations for transitioning to permanent care.

However, although transitioning from kinship to permanent care was understood by many carer support providers, government and advocacy groups to have benefits, they also identified some potentially negative effects of this change in placement type. For example, some stakeholders noted the loss of support and prioritisation that comes with exiting the out-of-home care system. While this varied across jurisdictions, some interviewees noted the loss of carer and case management support and loss of prioritisation for medical and educational services. The lack of post-permanency support was often seen as a downside.

> *A lot of them tell us that they want the department out of their lives, that they don't enjoy the intrusion of having a case manager and that when case managers are changed all the time, they get sick of that change, and they just want to be left alone. But they don't weigh up that sometimes that also, that being left alone is not all that helpful. And so, even after they've become permanent carers, that we still have them ringing us … asking for help. (Stakeholder 15, Peak body/advocacy)*

In addition to these concerns, there were concerns expressed by some stakeholders about the support during the transition process from a foster or kinship to a permanent placement. For example, this carer describes the process of transitioning into permanent care as happening too quickly.

> *I mean with the situation with my nephew, I think it was just too quick. They just wanted – got him into my care real quick and then, with the permanent care order, it just all came real quick. (Carer 16, Kinship and permanent carer, Indigenous)*

The consultations also revealed concerns about the adequacy of information provided to birth families and carers about permanency as well as pressure on both groups to agree to a permanent placement for a child. The relative newness of the permanent care system was also acknowledged by some interviewees, including this national stakeholder, who noted inconsistency of practice within and across jurisdictions.

> *There's a newness around things like moving towards permanency; what does that look like? If you were an agency that was a foster agency and now you're having to work to have a case plan for adoption or guardianship, you know, how do you implement that now, and so there's those practical, I guess, process things, there's red tape, there's – views towards permanency can differ as well. (Stakeholder 20, Peak body/advocacy)*

The costs of seeking permanent care through the courts was also identified in the literature and consultation as an issue for grandparent carers and as a barrier to moving from both informal care to kinship care, and kinship to permanent care. For example, this carer describes the challenges of moving to permanent care.

> *But, you know, and Child Protection have been promising for eight years that I would get special guardianship of [name redacted]. And this year they turned around and said oh yeah, no, we're not going to do it now. If you want to – if you want to follow it through you can but it will cost you a lot of money. (Carer 23, Foster carer, Indigenous)*

Finally, as outlined elsewhere in this report (e.g. see section 3.1), Aboriginal and Torres Strait Islander peak bodies and organisations have expressed concerns about the placement of Aboriginal and Torres Strait Islander children into permanent care or adoption, particularly when it is into the care of a non-Indigenous parent.

Adoptive parents

The review of the research literature identified multiple reasons why adoptive parents seek to adopt and some crossover between the motivations for fostering, permanent care and adoption. It is important to note that in Australia, most domestic adoptions are 'known child' adoptions whereby the child is adopted by someone known to them; for example, a step-parent or, most commonly, an existing carer. In this instance, the motivations that cause people to become a carer are broadly similar to those outlined above for foster carers. However, there is less published information about the motivations that cause foster carers to transition to adoption.

In Luu, Wright and Randle's (2019) online survey of public perceptions and motivations to adopt children from out-of-home care (in NSW), they found that adoption was more likely to be considered by respondents who understood and could define 'open adoption' (i.e. where contact with birth parents can be maintained), had high levels of social support and life satisfaction, were from a younger age group, actively practised a religion, lived in the city, and knew someone who had been adopted as a child (Luu et al., 2019). As with becoming a foster carer, having a personal experience of adoption, or knowing someone with an adoption experience, is generally understood to increase the likelihood of becoming an adoptive parent (Luu et al., 2019). Thompson and colleagues (2016) observe from their review of the literature that people who adopt children from out-of-home care are often long-term carers.

In comparison to other care types, there is more recent empirical research examining barriers to adoption in Australia. The majority of this comes from New South Wales where recent changes to legislation to encourage long-term placement stability have resulted in increases in the rates of children adopted from out-of-home care. The literature describes several different types of barriers to adoption, including negative perceptions of adoption and children in out-of-home care, knowledge barriers, legislative barriers, and barriers to do with access to supports and services.

Perceptions of adoption have changed substantially in recent decades. There has been a recognition of the negative impacts on individuals, families and communities as a result of past adoption practices in Australia (Butlinski et al., 2019). As outlined in section 1.2, historical child removal practices have had long-lasting negative impacts on many Australian families and communities. An increased understanding of the impacts of these past removal practices has significantly affected the way adoption is perceived by both potential adoptive parents and child protection professionals (Butlinski, Rowe, Goddard, & Freezer, 2017; Luu et al., 2019; Tregeagle, Moggach, Cox, & Voigt, 2014). The adoption of Aboriginal and Torres Strait Islander children from out-of-home care continues to be strongly opposed by many Aboriginal and Torres Strait Islander organisations (Hunter et al., 2020).

Legislative and structural barriers to adoption were also identified in the literature. The existing legislative and practice focus on family reunification and family rights, eligibility requirements for adoption, the availability of permanent care and guardianship orders, the separate legal processes required for adoption (Butlinski et al., 2019) and a lack of appropriately skilled adoption professionals to support adoption processes were all cited as factors affecting adoption rates (Luu et al., 2019).

Some literature has suggested that the issuing of a new birth certificate may be particularly problematic for kinship carers as it would distort the existing relationships within the family. Several studies noted that the lack of supports and services available to adoptive parents may also be a barrier to adoption (Butlinski et al., 2019; Collings, Wright, Spencer, & Luu, 2020; Luu et al., 2019; Ross & Cashmore, 2016). Submissions to a Senate inquiry suggested that the length of time taken to achieve adoption, high turnover of caseworkers, caseworkers without adequate skills, and a lack of clarity around the adoption process were barriers to adoption for potential carers (Standing Committee on Social Policy and Legal Affairs, 2018). There are currently no national data on processing time for local adoptions (AIHW, 2021a).

Aboriginal and Torres Strait Islander carers: beginning care roles

There is limited research that examines the motivations that lead Aboriginal and Torres Strait Islander people to become carers. However, McGuinness and Arney (2012) suggest that these factors may be different to those of the broader Australian community. In particular, they suggest that preserving children's identity, a history of shared care giving, and making a contribution to community may be factors that contribute to a decision to become a carer (usually as a kinship carer) (McGuinness & Arney, 2012).

For Aboriginal and Torres Strait Islander kinship carers, the decision to care for a child may be further complicated by the history of the Stolen Generations; families may be reluctant to take on a caring role in order to avoid contact with statutory child protection services but may also be motivated to care in order to keep a child within their family and culture (Thomson et al., 2016). The majority of Aboriginal and Torres Strait Islander carers who participated in the consultations were (or had been) both foster and kinship carers, so the differences between kinship and non-kinship carers, identified in the literature, are less marked. However, similar to the insights derived from the literature review, most Aboriginal carers expressed altruistic motivations. This sentiment differed slightly from non-Aboriginal carers as it was not solely about 'giving back' to the community in a general sense but also was associated with cultural obligations to kin and the Aboriginal community as well as a desire to avoid another Stolen Generation. Aboriginal carers expressed a desire to ensure that Aboriginal children are cared for by community and retain their connection to culture. Kinship care, in particular, was seen as reflecting traditional cultural practice and law.

> *Our traditional care framework meant that all members of family and community were carers. It's actually the Child Protection system that's disrupted that as a common practice. So it is pretty normal for Aboriginal families when a child is taken into care to start looking for other members of the community to step up and fill that natural place which would have once been another mother or another grandmother. So there is cultural imperative and a cultural law that says that is how we function to be a successful cultural community. (Stakeholder 17, Peak body/advocacy, ACCO)*

Against the backdrop of the Stolen Generations, carers and stakeholders also identified a mistrust of the state and a desire to keep the children in community.

> *A lot of Aboriginal people think about the Stolen Generation and they don't want the kids these days to go through all that sort of stuff. So it's about the love, you know. It's just their family members, they don't want them to be in the system anymore and they don't want another repeat of a Stolen Generation. (Stakeholder 01, Carer support service, ACCO)*

The motivation to become a carer is one thing; the practical pathway towards actually becoming a carer is another. As with kinship carers more generally, Aboriginal and Torres Strait Islander carers described kinship placements in which they did not make a deliberate choice or pre-planned decision to become a carer. Rather, caring was often motivated by an incident within the family that obliged them to care for a child.

> *My brother asked me to take on the new baby … because he didn't want her to go to a white family, basically, so he wanted her to be with me. He knows I don't drink, he knows I work, he knows I take care of the children. So that's how it came about … I guess all the drug usage, they weren't getting off it … So then they decided, Child Safety, decided to remove the kids and put them with someone … I had then become the respite carer … Eventually, um, I think it was eight months later, the carer, she relinquished care so I said I'd take them. (Carer 27, Kinship carer, Indigenous)*

Sentiments relating to both family and cultural obligation were common. While several of the Aboriginal and Torres Strait Islander carers who participated in the consultations became carers due to a crisis in their family, there were also Aboriginal and Torres Strait Islander carers who had started their carer journey as respite carers for other carers in their community. In both situations, several Aboriginal and Torres Strait Islander carers also became formal foster carers and have taken up more permanent caring roles to kin and non-related children.

4.3 Carer recruitment, assessment and establishing a placement

This section of the report provides an overview of the formal recruitment pathways for foster and kinship carers. There was very limited research evidence or information from the consultations identifying recruitment and assessment processes for permanent carers or adoptive parents – outside of the pathways into permanent care and adoption discussed above. This section includes discussion of family finding practices to identify kinship carers, the assessment process for carers, and placement matching that is thought to increase carer satisfaction and placement stability. This section draws predominantly on information from the consultations, incorporating some research evidence (where available) from the literature review.

As outlined above, pathways into caring are often different for foster and kinship carers. Recruitment for kinship carers is often referred to as 'family finding' and can be complex, particularly for Aboriginal and Torres Strait Islander children who have larger extended families and a wider network of potential kin carers. Recruitment for foster carers is generally undertaken by both government and carer support agencies. Activities described by stakeholders to recruit foster carers included newspaper advertisements and information sessions. The key difference, though, is that foster carers generally approached agencies and went through an information and assessment process, whereas kinship carers were approached by an agency and went through an expedited assessment process – sometimes after the child had already been placed in their care. The section below discusses some of the processes and challenges of carer recruitment.

There are concerns that statutory services do not have an adequate understanding of Aboriginal and Torres Strait Islander kinship systems and do not engage adequately with Aboriginal and Torres Strait Islander people, communities or organisations (Royal Commission, 2017). Some submissions to government inquiries have also suggested that existing recruitment and assessment practices and tools are not culturally appropriate for Aboriginal and Torres Strait Islander carers (Royal Commission, 2017; Senate Community Affairs Reference Committee, 2015). Kalinin, Gilroy, and Pinckham (2018) noted some additional barriers experienced by Aboriginal and Torres Strait Islander people, particularly those living in remote communities, such as illiteracy, police checks and inadequate Aboriginal services to support carers.

Family finding for kinship care

Both carers and stakeholders noted that family finding was often inadequate, incomplete or undertaken after a child had already been placed and was in a stable placement. This was seen as a particular issue for Aboriginal and Torres Strait Islander children in out-of-home care and was most often discussed in this context. While several government stakeholders advised that family finding is a core focus relating to kinship care, they also acknowledged it as an area that needs to be improved or expanded.

Several challenges were identified around family finding. It was understood to be time consuming and to require specific expertise and local knowledge. One ACCO identified challenges with timely information sharing and a perceived lack of action when family information was provided to the government department. A small number of Aboriginal and Torres Strait Islander carers also expressed a desire for more comprehensive family finding. Family finding was identified as important for maintaining connection as well as for a placement.

> *Part of the challenge is that, yeah, we don't often get referrals until they're a long way down the track. And sometimes kids have been in care for 10 years and we might undertake family finding and there's no action. You know, that child's really happy but they still need to know their family. So it's not always necessarily about a permanent placement, it can be respite or it can be just encouraging access visits. And relationship, that connection to family, community and culture – however that looks – that's what's really, that's the key goal of our program. (Stakeholder 08, Carer service provider, ACCO)*

> *I think they should go out, right out on a limb, because a lot of Aboriginal and Torres Strait families have extended families … I know a lot of people don't put their hands up. But unless you … go out and research and find, say, mum and dad's cousins or their grandparents' cousins, or, you know … the grandparents' siblings, their brothers and sisters, do you know what I mean? … Yeah, so particularly given that value of family in Aboriginal communities, like there's usually always a kind of solution within the family. (Carer 15, Foster and kinship carer, Indigenous)*

Transitions between caring roles as a form of carer recruitment

Transition points in an out-of-home care placement are generally understood to be starting a placement, ending a placement, or schooling transitions. However, the project consultations also identified the importance of transitions between providing different types of care. Indeed, as discussed above, 'recruitment' of permanent carers or adoptive parents is very often simply the transition of an existing carer into a different legal order.

The transition from foster or kinship care to permanent care is discussed above, and this section focuses on the transition from short-term placements to foster care placement. The support needs of carers with regard to placement transitions are discussed in chapter 6.

There were no data available about crossover or transition between carer types (e.g. the rates and characteristics of foster carers that became kinship carers or adoptive parents); however, Collings and colleagues (2020) note that long-term foster carers may become adoptive parents with the right supports. Findings from the Victorian carer census (EY Sweeney, 2021) found that around 2% of carers were providing both foster and permanent care, and a similar proportion had children in both kinship and permanent care placements.

It is clear from our consultations that many people care for children under different types of care orders, both throughout their time as carers and, in the case of a small number of carers in our study, by having multiple children of different placement types in their care at one time. These pathways and transitions through different care types take place in response to policy changes, changes in the circumstances of the carer, and the needs of children and birth families. Two key transitions in care provision were evident from our consultation: a transition for carers providing respite care into providing longer term care; and a transition from kinship or foster care into permanent care/guardianship (discussed in the permanent care section above). While some stakeholders discussed adoption, none of the carers interviewed in our study had transitioned from out-of-home care roles to adoption.

Several of the carers in our study had multiple children under different care orders: foster and permanent care placements, foster and kinship placements, kinship and permanent placements. Several kinship carers described how they had initially been foster carers and had ended up as kinship carers, or told us they had children in their care under both foster and kinship care arrangements. In particular, the majority of Aboriginal and Torres Strait Islander carers who participated in our consultations had cared for children under both foster and kinship care arrangements.

Decisions around the types of care orders were often complex and rapidly changing, driven by the needs of the child, systemic pressures and the circumstances of the carer. For example, this carer describes how a change in his personal circumstances aligned with the needs of a child for whom he had been providing respite care and it became a long-term foster care placement.

> *At the time I wanted to have another permanent placement and then they were going to assess me again because they just were gonna do that, and then halfway through it I realised when it come to work that maybe another permanent placement isn't right so I thought I'll just do respite care on the weekends, I can*

> *handle that. So I had a young fella come for respite, and that probably was for about a year and – year and a bit, and then there was problems with his placement. He wasn't even in, he was in intake placement, not in permanent care, and there was problems with converting that couple to permanent care … I had just been made redundant from a job so it all worked out well, the stars aligned and the agency … rang me and basically said that the young fella's placement is not suitable for him long term, would you like to have him permanent? And I was like, 'Yeah of course I do …' (Carer 12, Foster carer, non-Indigenous)*

Carer recruitment and assessment processes

The literature review identified some challenges with carer assessment processes; in particular, with regards to the assessment process for Aboriginal and Torres Strait Islander kinship carers.

Commissioned research for the Royal Commission into Institutional Responses to Child Sexual Abuse found that because of the nature of kinship care, decisions about carers are made much more quickly, minimal checks and assessments are undertaken and more comprehensive assessment is often not completed (Commonwealth of Australia, 2017). The Royal Commission suggested that assessment should be tailored for kinship carers and should focus on 'enabling' the placement rather than 'approving'. The recommendation from the Commission suggested an assessment process tailored to kinship carers that identified strengths, support and training needs and included a support plan (Commonwealth of Australia, 2017, Recommendation 12.8).

Assessment processes were experienced differently by different types of carers in our study. Foster carer assessment processes were described by some agencies as an opportunity for both the potential carer and the agency to determine whether the caring role was suitable for the potential carer. One agency identified that they had changed their recruitment processes and now saw less carers approved, but they anticipated less placement breakdown as carers were now better informed about the realities of caring. Carers themselves identified the importance of a rigorous recruitment and assessment process that gave carers realistic expectations of what the caring role required.

> *A recruitment process that is, um, rigorous. All of the relevant information, the good and the bad – like, you know, don't hold back. (Carer 03, Foster carer, non-Indigenous)*

The recruitment and assessment process was also seen as an opportunity to 'broaden' carer ideas about the age and number of children they wanted to care for to better meet the realities of the out-of-home care system.

> *Through the assessment process and the training we try and broaden their view to see the need. So we kind of, you know, tell them about restoration and sibling groups and through that exposure to what the need is for the child, they can start to open up their – the possibilities of what they could help with. (Stakeholder 04, Carer support service)*

However, kinship and Aboriginal and Torres Strait Islander carers suggested that recruitment and assessment processes were onerous, confusing and often culturally unsafe, particularly for people with lower levels of literacy or existing vulnerabilities. Stakeholders reported that Aboriginal and Torres Strait Islander carers may experience fear or feelings of distress when interacting with caseworkers and child protection officers, and that this experience is often not acknowledged or catered for. The need for police checks and working with children clearances were identified as a particular challenge. Some stakeholders spoke of specific initiatives in place to mitigate recruitment and approval barriers for Aboriginal and Torres Strait Islander carers; however, there was an awareness that these needed to be communicated better.

> *They need to go through a series of administrative processes that are difficult to understand, threatening, ongoing and not relevant or culturally appropriate for the context in which they're applied and that creates significant distress and makes it very challenging for our families to step into that space. That administration includes things like your police checks and those sorts of things. For a lot of our vulnerable families many of our community have had some level of contact with police at some point in time. Those things show up on records and mean that they're inappropriate even though those things might have happened years and years and years ago and they might be outstanding members of community. But there's also the level of distress that our families are going through that, when they come into contact with social workers and caseworkers their interactions are misinterpreted and their environments are misinterpreted by people who have no lived experience of the challenges and the environments that they're walking into or working with. (Stakeholder 17, Peak/advocacy, ACCO)*

It was recognised by some stakeholders that different agencies had different recruitment practices, and that providing a range of options for potential carers would enable potential carers to work with an agency they felt comfortable with. This included having Aboriginal Community Controlled Organisations funded to undertake carer recruitment and support.

> *If there was more Aboriginal and Torres Strait Islander organisations running in supporting kinship care, then I imagine that carers would be more likely to take that on than if they think that have to work within a western system or framework. (Stakeholder 11, Carer service provider, ACCO)*

Placement matching

The importance of 'matching' the needs of the child with the needs and capacity of the carer was identified as a common theme in our evidence review. Placement matching is most relevant to foster and permanent care placements and adoption, although as identified by the stakeholder quoted at the end of this section, may also be applicable to kinship placements in some situations.

Thomson and colleagues (2016) reported that a care placement that fits with the family situation and the needs and intentions of the carer could lead to increased carer satisfaction. Adequate matching of the child to the skills of the carer can enhance carer satisfaction and placement stability.

Consistent with previous research, the project consultations confirmed the importance of a good match between carer and child in ensuring the success and stability of care placements as well as the need for external support. Carers had specific preferences around the age and gender of children they felt able to care for, and while stakeholders reported trying to 'broaden carers' preferences' regarding the characteristics of the children they were willing to take, they noted this could backfire if carers were pushed too far out of their comfort zone. Stakeholders said it was important to consider the preferences and characteristics of the carer (e.g. some felt too old to care for babies or toddlers), and the characteristics of other members of the household, especially the age and gender of other children.

Stakeholders also noted the importance of matching the skills of the carer to the complexity of the child's needs. Where possible, service providers avoided placing children with complex issues or challenging behaviours with new or inexperienced carers.

Stakeholders also noted, consistent with previous research, that it was important to understand carers preferences and intentions regarding caring to determine what type of placements would be successful. For example, those with family-related motivations to become a carer (including a desire to be a parent, increase the size of a family, or seeing fostering as a step towards adoption) may have greater difficulty working with birth families towards reunification. These carers needed training around the importance of relationships with birth families and may need more support in managing birth family contact.

Placement matching was understood to be more challenging in remote communities and in Aboriginal and Torres Strait Islander communities where additional care needed to be taken to ensure children and carers were matched in a culturally appropriate way.

> *I think it's about understanding that not just any Aboriginal person is going to look after any Aboriginal kid either, that we do have things in there, you know, that either permit us to or not to. (Stakeholder 07, Government)*

The cultural appropriateness of kin placements for Aboriginal and Torres Strait Islander children with regard to men's and women's business was raised by one stakeholder who noted that a placement with a female kin carer may not be culturally appropriate when young men start going through men's business.

> *I think even right down to the fact that our own culture, when young fellas start to go through men's business, then I don't think we as a department have thought about that as well as what we could – issue is if they're primarily staying with kin carers that are female, so what does that look like, so I think that could be better understood. (Stakeholder 07, Government)*

Some carers and stakeholders also raised concerns around Aboriginal children being placed in the care of non-Aboriginal but specifically 'white' carers as well as other 'brown skinned' but non-Indigenous carers. Where this was raised, it was felt that there was a lack of understanding of the impact this may have on a child's cultural identity. There was also a perception that jurisdictions may place Aboriginal children with these carers as a proxy for Aboriginal carers, without understanding the implications.

> *[A] significant number of our children are placed in families where carers have brown skin and that that is often misinterpreted as being Aboriginal culture when it's a distinctly different culture, which means that our children are growing up, and this is from our knowledge circles, feeling confused and being exposed to other cultures more deeply than they are their own. (Stakeholder 17, Peak body/advocacy, ACCO)*

4.4 Barriers to becoming a carer

Overall, there is limited research evidence about the barriers to taking on a care role; however, what evidence there is suggests that there are some key common barriers. These include:

- financial constraints
- the perceived inadequacy of financial support
- perceived excessive bureaucracy.

However, the evidence review and consultations also identified some key differences between the different carer types. Within the limited primary research examining the barriers to becoming a foster carer, commonly cited barriers to fostering included:

- concerns about the child exhibiting difficult behaviours
- the impact on other children in the family
- a lack of confidence about being an effective carer
- a lack of support from foster care agencies
- other responsibilities (e.g. work)
- the commitment required to foster a child (Randle, Miller, Dolnicar, & Ciarrochi, 2012).

There is a similar lack of Australian evidence about barriers to kinship care. However, submissions to two Senate inquiries also identified financial constraints as a key barrier to becoming a carer and to formalising care arrangements (Community Affairs Reference Committee, 2014; Senate Community Affairs Reference Committee, 2015). The Senate Inquiry into Grandparent Carers also identified additional challenges to achieving legal recognition as a carer such as lack of knowledge of the legal system, challenges obtaining legal representation (especially where a free service may already be representing the child's parents), and an unwillingness to exacerbate family tensions (Community Affairs Reference Committee, 2014).

The barriers to taking on a permanent care role are slightly different, in part because many permanent carers were already in a carer role. Thus, the identified barriers were to the change of placement type rather than entering the caring role in the first place. To some extent this was also true of adoptive parents, the majority of whom were also already in caring roles. For example, a report by Permanent Care and Adoptive Families Victoria (PCA Victoria) suggested that carers often chose not to take up permanent care, and instead continue caring for children under long-term care orders, because of a greater level of financial and case management support for long-term carers (PCA Victoria, 2021). PCA Victoria also suggested that there were legislative barriers to adoption in Victoria, noting the requirement for the birth parents to consent to adoption (PCA Victoria, 2021). Research undertaken for Adopt Change reported that perceptions of the adoption process as being 'long and complicated' (page 4) prevented potential adoptive parents from continuing to adoption (Adopt Change, 2015; Bretherton, Gribble, & Carter, 2017). Other barriers to adoption identified by Adopt Change included the cost associated with adoption, changing personal circumstances, and negative experiences with adoption services (Bretherton et al., 2017).

In the consultations, carers and stakeholders identified similar barriers to becoming a carer. These included a lengthy recruitment and assessment process with a daunting amount of paperwork; the need for police checks and clearances; negative perceptions of the care role; perceptions of inadequate support (including financial support); negative perceptions of the government or agency responsible for carer recruitment; and insufficient family finding practices for kinship carers. Many of these barriers were understood to be more significant for Aboriginal and Torres Strait Islander carers, and recruitment more challenging in rural and remote communities.

The time taken to go through a lengthy approvals process, and the subsequent wait for a suitable placement was described as a disincentive to some foster carers.

> *Look, there's plenty of people out there that want to do this, but there is so much paperwork involved. Like, just – like, 12 months to get into it, or whatever. (Carer 10, Foster carer, non-Indigenous)*
>
> *But the reality is that people that are wanting to care, most of them would not be happy to sit and wait for an indefinite period of time 'cause they didn't come into caring to sit and wait. They came into caring to care. (Stakeholder 04, Carer service provider)*

Carers and stakeholders described carers as learning about caring by word of mouth; although, as described above, this was often a route into caring. Potential carers were reportedly deterred by accounts of the high cost of caring and inadequate financial and general support. A few stakeholders and carers suggested that the perceptions of children in out-of-home care as exhibiting challenging behaviours also prevented some people from becoming carers.

> *We don't get enough carers because people don't have a good enough experience being a carer, and people talk. (Stakeholder 09, Peak body/advocacy)*

> *The reason why there's no, you know, people don't want to do respite or carers is because there's no support, that's basically what it comes down to. (Carer 27, Kinship, Indigenous)*

Several stakeholders believed that an increase in remuneration would enable the flexibility needed, such as a decrease in formal work commitments, to provide appropriate care. This, in turn, would increase the number of people willing to become carers. While the quote below refers to Aboriginal carers, this issue was reported in regard to non-Indigenous carers also.

> *We need to pay them more, because if you're getting a complex child in your care, how can you possibly have two people that work full-time? … The carer payment obviously isn't a payment, it's a reimbursement for general household – you know, costs of the child … And I think that if we had higher payment options, it could allow carers to not work full-time anymore, which would allow for less stress on the household. (Stakeholder 14, Carer service provider, ACCO)*

Living in a rural or remote area was also identified as a barrier to becoming a carer, and a challenge for agencies seeking to recruit carers. While non-Indigenous carers also live in rural and remote areas, the issues associated with living in a rural or remote area were recognised as being experienced more frequently by Aboriginal and Torres Strait Islander people. These challenges included:

- carers' concerns about anonymity or being recognised, approached or potential conflict with birth families
- the higher costs of living remote and carer payments not addressing the additional costs
- geographical barriers to accessing the required training
- lack of appropriate (often public) housing.

Barriers to caring specific to Aboriginal and Torres Strait Islander people

The above section has outlined several barriers experienced by potential carers. Many of these barriers are experienced more keenly by Aboriginal and Torres Strait Islander people. However, the evidence review also identified some barriers specifically experienced by potential Aboriginal and Torres Strait Islander carers. These mostly were barriers to potentially suitable kinship carers caring for their kin. These included:

- crowded or substandard housing
- poor food security
- financial hardship (Community Affairs Reference Committee, 2014; McGuinness & Arney, 2012)
- the presence of people in the household with criminal convictions (Community Affairs Reference Committee, 2014).

These barriers were reported to be particularly challenging for those living in remote communities (Royal Commission, 2017) and were reportedly exacerbated by inadequate family finding efforts and poor assessment processes for Aboriginal and Torres Strait Islander kinship carers (Royal Commission, 2017; Senate Community Affairs Reference Committee, 2015).

Removal practices undertaken as part of policies that underpinned the Stolen Generations have also reportedly resulted in distrust of the statutory system and, for many Aboriginal and Torres Strait Islander families, a reluctance to engage with government and the mainstream social service system (Arney, 2015; Senate Community Affairs Reference Committee, 2015). Stolen Generation members are now in some cases providing kinship care for their grandchildren; however, there is a lack of empirical research exploring how this group of carers engage with contemporary statutory and support services.

The consultations identified similar concerns about bureaucracy, institutional racism and discrimination, navigating the 'red tape' or legacy issues such as mistrust. This could prevent informal carers from formalising a care role and becoming eligible for financial or other support.

> *A major issue that's brought up all the time in terms of people who take on those caring roles but don't get the support that they need and because of the fear … disengagement from the system. People are reluctant to have those formal processes of going through the system and having children have contact with it, so a lot of the care does get set up informally and that leaves a lot of people unsupported in any way, financially or by services. (Stakeholder 17, Peak body/advocacy, ACCO)*
>
> *I mean there's the fear of the system itself. Just fear of the Child Protection system. No one wants to come into contact with it because all Aboriginal and Torres Strait Islander families associate that with the Stolen Generation. (Stakeholder 17, Peak body/advocacy, ACCO)*

Aboriginal and Torres Strait Islander carers were conscious that family members may decline or be hesitant to become a kinship carer due to competing life demands or inadequate financial support. Some Aboriginal and Torres Strait Islander carers and stakeholders felt there were structural barriers or a lack of coordination across government agencies that prevented them from becoming carers. Mostly this related to appropriate housing and the limited supply of public and affordable homes, particularly those large enough to cater for multiple children.

Some participants in the consultations noted that the agency undertaking carer recruitment, or a lack of choice of agency, could prevent some people from becoming carers. For example, where an agency seeking to recruit carers was also known to do adoption, this could deter potential carers or services from engaging, particularly Aboriginal and Torres Strait Islander services or individuals.

Finally, it was observed by stakeholders that urban-based recruitment practices do not meet the needs of remote-living Aboriginal and Torres Strait Islander carers, and that agencies have insufficient funds to spend more time visiting remote communities for recruitment.

4.5 Carer qualities and practices

This section draws predominantly on information from the consultations to discuss the qualities and practices that support effective care giving on the part of carers. This includes a discussion of the similarities and differences between western and Aboriginal and Torres Strait Islander perspectives.

Walsh and colleagues (2018), drawing on their review of the literature, suggested that research consistently finds that placement stability is a result of carer attributes and practices together with a meaningful relationship with caseworkers. Attributes, skills and practices such as warmth, a responsive parenting style, good parenting skills and effective disciplinary practices are understood to contribute to improved outcomes for children and reduce the likelihood of placement breakdown (Walsh et al., 2018). May and colleagues (2020) similarly suggested that warmth and communicative openness contribute to improved child outcomes and good relationships between children and carers/adoptive parents. They also identified resilience and the capacity to cope with stress as important qualities for adoptive parents and carers (May et al., 2020).

When asked about the skills needed by carers, most participants in the consultations identified qualities and practices rather than specific 'skills'. There were no identified differences between the qualities and practices required in different types of care placements. Carers, in particular, identified love, compassion, patience and resilience, as well as the ability to establish a safe family environment for a child. Carers also identified the need to have realistic expectations of the child and set boundaries for appropriate behaviour.

> *I think what makes a good foster carer is somebody that loves the kids, you know, somebody that can care for them but with love … grow them up to have that soft side, you know, to also to know wrong and right but also to make sure there's that home environment where they are supported with love and yeah … because if you grow up in that kind of environment you're going to feel safe, a place where they can feel safe. (Carer group interview 17, Foster and kinship carers, Indigenous)*

Carers and stakeholders also discussed parenting skills and practices such as openness and flexibility, being able to take on a challenge and learn new skills and being adaptive and flexible to meet a child's needs. Several participants also noted the importance of understanding trauma and how experiences of trauma impact a child.

> *I'm faced with behaviours that are associated with trauma. And you have to parent in a certain way to support kids with trauma. (Carer 03, Foster carer, non-Indigenous)*

Carers and stakeholders identified that, ideally, carers have a willingness and ability to involve others, recognising that being a carer includes working with a child's birth family as well as caseworkers and other professionals in the child's life.

> *Well, like team work in regards to, you know being open to discuss alternative, you know, ideas with the agency and different professionals. Like, instead of just thinking they're independently looking after the children, they're open to being part of a team around the child. (Stakeholder 04, Carer support service)*

The role of carer as an advocate for a child was highlighted by several carers and some stakeholders. While some carers reported that this was not always welcomed by government or support agencies, the importance of carer advocacy was recognised by some stakeholders.

> *A good carer or the best carers are those who can stand up for the rights of a child. Who can love a child unconditionally for the period that's required. So people who are able to work with a child's birth parents regularly and very frequently while a child is before the court, to work out the plan and whether they should go home, are good carers. Carers who are permanent carers or long-term carers who are able to stand up for a child and advocate for a child's permanency needs, are good carers. And sometimes that means standing up to social workers and disagreeing with them. (Stakeholder 03, Carer service provider)*

Aboriginal and Torres Strait Islander perspectives on carer qualities and practices

Aboriginal and Torres Strait Islander carers and stakeholders offered some different perspectives on the attributes, skills and practices needed for a successful or stable placement. While the qualities required for caring identified by Aboriginal and Torres Strait Islander carers were similar to those identified broadly; the ability to provide love, support and safety for a child, many Aboriginal and Torres Strait Islander carers and stakeholders described Aboriginal and Torres Strait Islander kinship and foster carers as providing proxy-parenting. This was perceived as a longstanding cultural practice that is now being formalised through a western system. However, they also described some tensions between what are regarded as appropriate caring practices within formal care systems and Aboriginal and Torres Strait Islander child caring practices. For example, one Aboriginal stakeholder described community-based caring as a normal and valued practice in Aboriginal culture that was not understood or accounted for in a formal system that only looked at the skills or circumstances of individual carers.

> *[When] carer assessments are happening, it is only looking at the individual. It's only looking for an individual carer and their particular skills but it's actually the caring supports and skills that exist across the community network that are much more important to look at and if you're not – if you are only looking at the individual then you're applying a very western cultural lens to caring. (Stakeholder 17, Peak body/advocacy, ACCO)*

Furthermore, there was seen to be some incompatibility between Aboriginal and Torres Strait Islander parenting practices and western norms and expectations. For example, there were some perceived tensions between Aboriginal and Torres Strait Islander carers (both kin and non-related) caring for or parenting children in similar ways to their other children rather than in the ways prescribed in many mainstream foster care arrangements. This included, for example, children not being able to travel or be cared for by other family members without the approved carer present.

In relation to skills, many Aboriginal and Torres Strait Islander stakeholders and carers felt that 'parenting' is inherent to Aboriginal and Torres Strait Islander carers due to their past family or child caring responsibilities or cultural practices, such as 'grandmother's law', that require all family and community members to care for all children. However, some stakeholders also suggested that that the government focus on formal carer skills, or the framework in which these are assessed, could cause confusion or result in a perception by Aboriginal and Torres Strait Islander people that they are not capable to become carers.

> *Parenthood is so intuitive to Aboriginal and Torres Strait Islander people so I don't even know how you frame that because we grow up growing up our brothers and sisters. So by the time we've reached adulthood and parenthood we're already skilled caretakers and caregivers. So how to frame that in a western context, I'm not really good at that. (Stakeholder 17, Peak body/advocacy, ACCO)*

There was a recognition by Aboriginal and Torres Strait Islander stakeholders and carers (as well as non-Indigenous carers caring for Aboriginal and Torres Strait Islander children) that to be a good carer of Aboriginal and Torres Strait Islander children there needs to be a continued connection with kin and culture.

> *[relating to what is needed to be a good carer] … getting them to understand where they're from, where their ancestors are from. Hooking into those cultural people in their families who, who really like push that stuff 'cause then the kids can be a part of that too … I think that's a really important thing for a carer to be*

> *able to know that this isn't your child, this child belongs to a larger family. So that's having that really broad perspective around what it means to care for a child that's not your own and all their needs … [I] think that the genuineness around being a carer, and someone who can, who's focused on, you know, giving them a full life, including their culture. (Stakeholder 08, Carer support service, ACCO)*

Language was raised by some carers as an important component of maintaining a child's cultural identity, particularly in locations where it is common for Aboriginal children to speak English as an additional language.

> *Culture is important, you know, especially speaking in our language. (Carer 06, Indigenous foster and kinship carer)*

4.6 Chapter summary

Despite the increasing number of children entering out-of-home care (and increasingly entering a kinship placement), there are limited data on both the future need for carers and the size of the potential carer pool. However, stakeholders and experts almost universally identified a need for more carers and anticipated that demand for carers would increase due to the increasing number of children coming into the out-of-home care system. In particular, stakeholders suggested that there is a shortage of Aboriginal and Torres Strait Islander carers, experienced carers who can care for children with complex needs, carers for short-term and emergency placements, carers with flexible preferences around age and gender of children and carers in rural and remote areas. Apart from greater efforts in family finding – especially for Aboriginal and Torres Strait Islander kin – suggestions for increasing the pool of carers included decreasing the amount of bureaucracy in assessment, more culturally appropriate assessment of potential Aboriginal and Torres Strait Islander carers and increased financial and other forms of assistance.

The evidence review and consultations revealed that most carers' entry into caring is motivated by altruism, often allied with knowledge of the care system or of other people who are carers. For foster carers, altruism was most often expressed as a general love for children and a desire to give back to the community. For kinship carers, altruistic motivations were often more specific and driven by the needs of a known child within the family and familial obligation. Aboriginal and Torres Strait Islander carers commonly become carers for these reasons but were also often motivated by cultural norms that normalise kin caring and a recognition of the importance of keeping children connected with culture and community. The entry into permanent care or adoptive parenting appears to be slightly different.

Carers who begin their caring journey seeking a permanent placement or adoption can be motivated by a desire to start a family and/or have broadly similar altruistic motivations as foster carers. However, many permanent carers (and adoptive parents) were already in a caring role – as foster or kinship carers – and thus their entry into this role was less a form of 'recruitment' or entry into caring than it was a transition between roles and legal status. For many such carers, this move was seemingly driven by a desire to increase the permanency of their bond with a child and a wish to limit government intervention in their lives.

The evidence showed that recruitment into caring was also about more than the personal motivations of carers; entry into caring was enabled and sometimes hindered by a range of state processes for assessing suitability for caring or for finding suitable kin who can take on a caring role. Although the assessment process for foster carers appeared to be relatively well-understood by foster carers – even if it could be time consuming – the process of recruiting and assessing kinship carers was more complicated.

Many stakeholders – particularly those representing Aboriginal and Torres Strait Islander children and carers – suggested that family finding was often inadequate and that many agencies did not put adequate resources into finding Aboriginal and Torres Strait Islander kin. This was perceived as a failure to adequately meet the Aboriginal Child Placement Principle. Assessment processes for kinship carers were also identified, in both the research evidence and consultations, as not always meeting the needs of kinship carers, particularly Aboriginal and Torres Strait Islander carers. For example, Aboriginal and Torres Strait Islander carers and peak bodies described several barriers to becoming a carer, including excessive paperwork, the need for police checks and clearances and a mistrust of the statutory child protection system. While these issues can also be experienced by other potential carers, they were understood to be especially significant for Aboriginal and Torres Strait Islander carers.

Other reported barriers to entry into caring included perceived inadequate support and the length of the recruitment and assessment process. These barriers were identified particularly in relation to adoption and permanent care. Many of these barriers to caring, and challenges associated with recruitment and assessment processes, are compounded for children, families and potential carers living in regional, rural or remote areas.

Finally, this chapter addressed some of the qualities and practices that research and key stakeholders and experts have seen as necessary for the caring role. Rather than focusing on specific skills, achievable via training, most stakeholders and carers emphasised carer qualities such as warmth, openness, flexibility and being responsive to the needs of the child. Carers also identified the importance of love and a safe family environment. When skills were mentioned, stakeholders and carers most commonly noted the importance of understanding trauma, while Aboriginal and Torres Strait Islander carers and stakeholders noted the importance of carers supporting a child's connection with kin, culture and Country.

5 Challenges for carers and exiting care roles

This chapter presents an overview of some of the challenges that carers experience and the – closely linked – circumstances and challenges that lead carers to cease their caring role.

5.1 Challenges for carers

The evidence review and consultations identified four main types of (overlapping) challenges experienced by carers: systemic challenges, challenges inherent to the caring role, challenges supporting children's connection to kin, culture and Country, and challenges with family contact. Key research questions for this study concerned the carer's role in supporting relationships with birth families and in supporting a child's cultural identity (see Appendix 1). In most of these areas, kinship and foster carers experienced similar challenges (there was insufficient evidence to comment specifically on challenges for permanent carers or adoptive parents). Challenges or experiences unique to Aboriginal and Torres Strait Islander carers are discussed at the end of each subsection.

Systemic challenges

Previous research and government inquiries point to systemic challenges for carers in their relationship to government service systems. Described challenges include excessive bureaucracy, poor communication, high turnover of caseworkers and feelings of exclusion or disrespect experienced by carers (Collings et al., 2020; Community Affairs Reference Committee, 2014; Humphreys et al., 2019; Key Insights, 2018; McGuinness & Arney, 2012; My Forever Family NSW, 2019; O'Neil, 2010; Qu et al., 2018; Royal Commission, 2017; Thomson et al., 2016).

These challenges have been linked with carer attrition. For example, Randle, Ernst, Leisch, & Dolnicar's (2017) survey of foster carers found that those who were most likely to consider stopping being a carer reported feeling unappreciated, excluded from decision making and not part of the child's 'team'. Similarly, the Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory heard that some carers felt that their opinions were not valued or respected, particularly when they were advocating for the needs of the child, and that carers were not involved in the development of the child's case plan (Royal Commission, 2017; also see Community Affairs Reference Committee, 2014, p. 24; Key Insights, 2018).

The stakeholder and carer consultations for this project revealed that the difficulties associated with the child protection and out-of-home care system were the greatest challenge. Reported challenges included communication, relationships with caseworkers, inclusion in decision making, carers being scrutinised for their actions, and the inflexibility of policy and process. Carers and stakeholders reported that carers often felt unheard and undervalued.

> *But I mean, I still think the single biggest thing for any carer – regardless of whether you're a foster or family carer – is just dealing with the bureaucracy and the fact that our system is crisis-driven. You know, so when you're talking about supporting carers and, and keeping them, you know, involved and all that sort of stuff, you're, you're really talking about building relationships, having time to support them when they need it and that sort of stuff, and making sure that they have proper services they need when the kids are first coming in and an ongoing sort of thing. And I think our system gets in the way of that. (Stakeholder 26, Government)*

Communication and relationships with government/agency staff

Communication and relationships between government departments/carer support agencies and carers have been described as a particular problem. Carers commonly reported feeling unheard and expressed frustration about being excluded from decision making. Some carers reported decisions about sudden placement changes made without consultation or notice.

> *Well my caseworker, she's only a young student. And takes no notice. I can tell her things over and over again but I get nothing, no feedback or anything. (Carer 25, Foster and kinship carer, Indigenous)*

Carers found the lack of communication and involvement in decision making frustrating and reported that when they did have contact with their caseworker or government/agency staff it did not meet their needs. Carers wanted their caseworker to take the time to listen to them and build a relationship with them and the child. While some interviewees noted positive relationships between carers and caseworkers, a number of carers reported that they felt visits from their case manager were a 'tick the box' exercise.

> *But like they're, like just, it just comes down to like lack of staff and like lack of personal relationships with carers and like it is just a stop in, stop by, … they're not there for very long, it is very, not tokenistic, but yeah it's pretty much a visit from a stranger. (Carer 07, Foster carer, Indigenous)*

Stakeholders were aware of carers' frustrations with the system and recognised that carers wanted to feel part of the team working with the child. Some jurisdictions noted they were seeking to implement this team-based approach. However, the impact of poor communication, exclusion from decision making and transactional relationships with caseworkers resulted in many carers feeling unrecognised for their work caring for children. Some carers reported feeling like their agency did not trust them. A representative from a peak body observed that carers' lack of voice was embedded in the system.

> *It's actually a deliberate policy choice for carers to have little to no standing in the system … So, you know, carers' views generally I don't think, are listened to. So most carers would say well I am the expert on the child. Like, I have this child 24/7, yet no one's asking me what the child needs. You know, you're the last person to be asked. The court never hears directly from you … So carers aren't treated as experts in the knowledge of the child. They're treated as child minders – babysitters. (Stakeholder 22, Peak body/advocacy)*

The high turnover of caseworkers was noted as a particular problem by both carers and stakeholders. In particular, carers found it 'tiring' to continually explain a child's history and needs to a caseworker, only to have them leave and have to repeat the same information to the next worker. Carers and stakeholders acknowledged that case managers had workloads that were unsustainable and focused on responding to crises.

> *Um some case managers were good and productive, and then when you get a good one, she'd leave. And then you'd get another one. And then he'll go. And then, you know, it just became so tiring, you know, explaining and talking to these case managers, you know, from day one about, you know, these issues of these children. Like, 'Well, why don't you read the report? I'm sure there's a lot of reports to read.' But they don't have time to sit there with pages and pages from this child. They just think it's easier to come and humbug a carer and, you know, start fresh. And then in three months' time, they're gone and you have to start again, again … it was not good for the child – they can't build a relationship with the case manager if they always, you know, transit. (Carer 01, Foster carer, non-Indigenous)*

An additional frustration for carers was inconsistency of practice between caseworkers, exacerbated by the turnover in case managers. This had a major impact on carers as payments or decisions that they had previously been able to access could be revoked or overturned.

Aboriginal and Torres Strait Islander carers and stakeholders raised many of the same issues as non-Indigenous carers, including a lack of acknowledgement of their voice and a failure to act on their concerns. However, these were reported to be exacerbated by an inherent fear and mistrust in the system that is related to historical trauma and previous interactions with the child safety system.

In addition to the challenges identified for carers above, Aboriginal and Torres Strait Islander carers and stakeholders reported challenges around a lack of cultural awareness and responsiveness, including a lack of understanding of cultural protocols.

> *The caseworker wasn't very helpful … So I requested to change caseworkers … Well, one, he was a male, not from this country, from overseas. Didn't know anything about Aboriginal culture. Basically, I … think he just didn't like me as a woman … talking up for myself. He just didn't understand at all. He just followed his rules … he just refused to even listen to me. (Carer 16, Kinship and permanent carer, Indigenous)*

Access to information

Allied to challenges relating to communication are reports that carers are not always provided with sufficient information about the child in their care. Submissions to the Royal Commission in the NT reported that carers received inadequate information about children's needs and histories (including in relation to harmful sexual behaviours) (Royal Commission, 2017). Similarly, one-third of carers who completed the Working Together to Care for Kids survey reported that they did not receive adequate information (Qu et al., 2018). In Kiraly's (2019) qualitative study about nonfamilial kinship carers (carers known to the child but not related, e.g. a family friend), carers and workers stated that not having access to the child's family and trauma history made it difficult for carers to effectively respond to the needs of children in their care. The review found no information in the Australian literature about the provision of information about adoptive children prior to adoption but US research has suggested that adoptive parents who reported that their children had 'unexpected' additional needs also reported experiencing stress (Moyer & Goldberg, 2017).

Similarly, carers consulted for this project reported challenges in receiving adequate information or complete case plans. Several carers noted that they received no information about the child in their care, or that the information they received was inadequate. Carers reported not having full information about a child before they agreed to a placement, which impacted their ability to care for the child. One carer reported that she had not been informed of a child's harmful sexual behaviours, which meant she was not alert to risks to other children and family members in her home. Stakeholders similarly noted that information provided to carers could be incomplete or inaccurate. Missing documentation was a significant challenge for all carer types. Carers, including permanent carers, who sought to obtain additional documentation for a child, such as a passport, faced immense challenges in a system that is 'built for parents, not for foster carers'.

Insufficient access to information was also a significant issue raised by Aboriginal and Torres Strait Islander carers.

> *They [government agency] bring a child and they place you with this child and I had no idea about his history. I mean, you know, he's one – yeah, sure, he's family and that but he has – we haven't seen him for a long time and we … didn't know what to expect. And then they just don't give you any history, background of the child, which they're supposed to do and – and then … And apparently, this is not just me. There's a lot of carers. Even the non-Aboriginal carers, they will all say the same thing. That they get all this – they get children from [government] but they never get the care plans; they don't get medical history … you find out all these things on the road when you're looking after the child … there was no phone call, you know, give me contacts; if there's any issues happens after hours this is who you call. None of that … And medical issues, nothing. And all those stuff that – things they were supposed to give you when they swapped carers. (Carer 16, Kinship and permanent, Indigenous)*

Inflexible and slow bureaucratic processes

The inflexibility and slow response times from government and agencies was recognised as a significant challenge for carers and seen as detrimental to the wellbeing of children and carers. Identified challenges included policies applied in a rigid manner and agency or governmental processes delaying decisions about child care issues, ranging from assessments of a child's development or wellbeing to approvals for sleepovers or holidays. Carers also reported waiting a long time to be reimbursed for expenses and having to make complaints to see their requests or concerns actioned. Some stakeholders noted this was an issue they were working to address.

> *I've put in a claim and I've had to ring two or three months later saying what's happening with the claim, you know. The last one was over $3,000. I'm sort of going okay, well, I've paid all this money out, I'm just still waiting for a claim. (Carer 23, Foster carer, Indigenous)*

> *And you know, to give an example, we've had to spell out a bit clearer to some of our agencies about things like holidays. You know, trying to make the child in care's experience as normal as possible. And therefore try and to – how do you say, detach that bureaucratic process that tends to follow whenever structures get developed. (Stakeholder 02, Government)*

Aboriginal and Torres Strait Islander carers and stakeholders reported that in some cases inflexible processes combined with a lack of cultural awareness by government/agency staff were preventing carers and children from meeting their cultural responsibilities. For example, inflexibility around children travelling to community prevented them from participating in Sorry Business.

> *I want to see kids participating in sorry business and in ceremonies … carers not allowed to send kids away to family or for sorry business … I was asking when there was – grandfather was really sick and I was asking because family was keep on ringing me and telling me: 'You know, we need you to bring the kids because … grandfather's really sick. They can just come and it's three days or four days then they can go back.' But I asked these mob and they said 'No, you can't because you need to go with them. But I was really busy at school working' … You know, hard for me to take kids, yeah, and the culture reason … That's a really hard thing, culture, you know, for us. (Carer 06, Foster and kinship carer, Indigenous)*

Public parenting within the out-of-home care system

Some carers and stakeholders discussed the challenges for carers taking on a quasi-parental role within the context of state oversight. Some, for example, noted that needing approval for interstate travel and, at times, for sleepovers was challenging. Having caseworkers and agency staff visiting the house was also felt by some carers to be an imposition, and interviewees noted that carers felt that their ability to parent the children in their care was limited or undermined by caseworkers and system requirements.

> *Parenting – it's not parenting in its truest form, because it's public parenting. It's therapeutic parenting. You're not making the decisions on your own. Um, you're being held accountable and justifying your choices all the time. You're in the public eye, so to speak. You've got other people watching over your shoulder or judging – not judging, that's too harsh. Watching over your shoulder, to, you know, – yeah, I'd say judging – or justifying your decisions. (Stakeholder 03, Carer support service)*

Aboriginal and Torres Strait Islander stakeholders noted the impact of this on carers; in particular, the feeling of being under constant scrutiny by caseworkers and government. As noted in the literature, these feelings of scrutiny and judgement can be compounded for Aboriginal and Torres Strait Islander carers as a result of past removal practices, such as with the Stolen Generations, and negative interactions with government and social services agencies.

> *It kind of becomes quite cumbersome, because if they've had a child for a number of years, I guess, they see the child as theirs … having a history of people coming into the household … and often even though, you know, you're trying to provide support, they see it as being scrutinised or you know, judged … that might be quite disruptive for them … I could just imagine that they would feel really under the spotlight. (Stakeholder 14, Carer service provider, ACCO)*

Stressful events and system support

The research literature describes how 'critical events' such as reportable conduct accusations and investigations or the end of a placement can result in grief and loss for carers. Carers and stakeholders discussed these events and other situations such as violent or destructive behaviour or incidents of self-harm by children in their care as causing stress. While these situations in themselves are challenging for carers, they were frequently perceived as being made worse by a lack of support from caseworkers or agency staff. Carers were reluctant to seek support for fear they would be seen as not able to cope, and several carers spoke of children being removed (or threats of removal) from their care in response to them seeking help or advocating for their needs.

Some carers expressed frustration and sadness at placement decisions that had been made about children in their care, including family reunification that carers believed was too soon, or a continuation of foster care where carers believed kinship care was more suitable. Several carers thought that transitions between placements, including family reunification, were undertaken too quickly, without adequate time for children to adjust. Even where carers understood the importance of family reunification, this could still be incredibly difficult. Some stakeholders identified that policy changes towards reunification had exacerbated this issue.

> *I had a little boy from birth, and he already had siblings in long-term care, and it was, you know, all the way along he's staying, so your mindset changes. It changes to, our future looks different because the family photo has that little person in it. And then, nine months in, a great uncle appeared from South Australia and, he was Indigenous this little boy, and you know within two weeks, like the plans had changed. And I guess once you've experienced that – and then he went very quickly, which is okay, but I know they knew about this great uncle long before they told me … And I think that's – I think a lot of carers have post-traumatic stress, because I know the minute I see that private number, I know I feel panicky. And I don't have anything to feel panicky about, but I know that losing, losing that little boy almost destroyed me. (Carer 28, Foster carer, non-Indigenous)*

Inadequate support

Cutting across many of these system-related issues was a perception of lack of support. Carer supports are discussed in detail in chapter 6 but, in brief, it is worth noting that carers and stakeholders reported finding and accessing adequate supports and services was often challenging. Carers were often not aware of what supports were available, found it difficult to navigate the support system, faced long waiting lists and out-of-pocket costs, experienced barriers to accessing universal supports due to their role as a carer and found services inaccessible, inadequate or not culturally safe. Carers in remote areas experienced particular challenges accessing services. This was exacerbated for new and inexperienced carers who desired more frequent contact and check-ins.

Intrinsic challenges of caring

The caring role can be inherently challenging and can affect the mental, emotional and physical health of carers. It can also have implications for the workforce participation and financial security of carers and impact other family members. Carers and stakeholders commonly reported that caring had been a 'big change' in the lives of carers and had resulted in 'a loss of autonomy'. Carers spoke of the challenges of combining work and caring with their own needs, with some reporting that it left them exhausted and 'mentally drained'.

> *For me, it was more about, I needed to find that quality balance of life. You know, trying to juggle my work, trying to juggle my personal life, my health issues and then trying to juggle these two children who are high needs. (Carer 01, Foster carer, non-Indigenous)*

Several stakeholders noted that the caring role had become more challenging with a recognition of the increasing complexity of issues experienced by children in out-of-home care. One stakeholder noted that this was compounded by a relative shortage of carers resulting in inexperienced carers being matched with children with complex needs.

The financial cost of caring was also recognised, with carers and stakeholders noting the higher cost of living with children, the stress of housing and the impact of caring responsibilities on employment. Specialist support could be a particular strain when it incurred out-of-pocket costs and required time away from employment.

> *So, when my kids' order is up, if they don't renew the order then we will struggle financially because unfortunately we can't – like we would take the kids. We're still – obviously we'd still have them but it would just be like … we're already pumped with a mortgage, five kids, you know, car payments, insurance, everything, like we're not making heaps of money in our jobs. (Carer 17, Foster and kinship carer, Indigenous)*

Some carers reported worrying about the future of children in their care and sadness at not knowing what had happened to children or knowing that children formerly in their care were having a difficult time.

> *So it's really hard to see, you know, all the hard work that you put into helping these guys get to somewhere – how even society, you know, with those girls giving them a hard time and things like that – it knocks them down so badly. It, it's cruel. It's a really cruel world out there. (Carer 09, Foster carer, non-Indigenous)*

Children in out-of-home care frequently have complex needs and challenging behaviours related to past trauma or neglect and higher than average rates of physical and mental illness. The consultations with carers revealed the challenges associated with meeting child needs, particularly when carers had not been told about the needs of the child prior to the placement or when a child's behaviour had become more challenging over time. Carers spoke of physical violence, suicide attempts, bullying and challenges at school, destructive behaviour and harmful sexual behaviours. Carers and stakeholders recognised the additional challenges that come with caring for children who have experienced trauma, with one carer describing these challenges as beyond those of everyday parenting.

> *To take a child in out-of-home care or foster care, to understand that it's going – it's going to be hard. It's going to be tough. You're going to hit challenges beyond everyday parenting challenges. (Carer 03, Foster carer, non-Indigenous)*

There is further discussion of the challenges of meeting child needs in the chapter addressing carer support needs.

Intrinsic challenges for Aboriginal and Torres Strait Islander carers

As with non-Indigenous carers, Aboriginal and Torres Strait Islander carers face pressures and complexities in their everyday lives in navigating relationships with the children in their care, kin and birth families, caseworkers, the foster agency and government. Often this is while facing racism, financial stress, geographic challenges and other difficult personal circumstances.

Financial stress was a significant issue raised by Aboriginal and Torres Strait Islander carers and stakeholders, with carer support payments noted to be insufficient. The challenge of juggling caring responsibilities with a full-time job was noted as a potential barrier to becoming a carer.

> *If they was to call me and say 'Oh can you take this kid?' and if I said 'Oh well, I can't because if they're not going to school or whatever, if they're not in day care or whatever it is, I can't take 'em because I've gotta go to work; you're not gonna pay me enough to look after this kid when I could go to work and make more than $200 a day.' Do you know what I mean? Like, are you gonna pay me more than $200 a day just to look after this kid? So I'm losing money and I'm staying home … Like it's – you've gotta sort of weigh it up. (Carer 02, Foster and kinship carer, Indigenous)*

Transport and the burden of travel were related challenges for Aboriginal and Torres Strait Islander carers, particularly for those living in rural and remote communities where there was limited local access to training, services and affordable groceries or household goods. Limited access to vehicles could make it challenging to juggle work and caring responsibilities, particularly in light of the often high number of required appointments.

> *There's student support group meetings at school, there's care team meetings, there's doctor's appointments, paediatrician appointments, all these things that we expect a carer to do, you know, for a child in out-of-home care, that – that's not including additional therapy appointments, or whatever else that's you know, going on for the child. (Stakeholder 14, Carer service provider, ACCO)*

Challenges supporting children's connection to kin, community culture and Country

Under the hierarchy of placement in the Aboriginal Child Placement Principle, Aboriginal or Torres Strait Islander children who cannot remain with their family of birth should be placed with kin or, failing that, with a non-related Aboriginal or Torres Strait Islander foster carer. Where children are placed with a non-Indigenous foster carer, non-Indigenous kin or an Aboriginal or Torres Strait Islander carer who is not part of their community, there can be challenges for carers in nurturing the connection between that child and their kin, community, culture and Country.

A review by Eastman, Katz, and McHugh (2018) suggested that many Aboriginal and Torres Strait Islander children in care had an inadequate connection to their cultural community and that this was more likely when the carer had a different cultural background. Aboriginal and Torres Strait Islander carers and stakeholders consulted for this project commonly echoed the view that regardless of the formal policies in place to maintain a child's connection to kin and Country, as well as the culturally focused training to build an understanding of its importance, the adequacy of connection remained an ongoing issue, particularly for Aboriginal and Torres Strait Islander children in the care of non-Indigenous carers. Some carers and stakeholders thus articulated concerns about the ability of non-Indigenous carers to provide culturally safe care.

> *You know, I used to get real wild because to me your cultural security is who you are; it's your identity. It's how you're going to function as you get older is knowing who your family is and that … you know, I used to argue 'cause there was a cultural competency and some carers I'd say, no, I don't think they're culturally safe to look after kids. Well, if they're not culturally safe they're not looking after anyone's kids. And I says, you know, they would be perfect carers for white kids. (Carer 14, Foster and kinship carer, Indigenous)*

There were also specific concerns about permanent care arrangements with non-Indigenous carers due to the perception these could reduce the obligation to maintain cultural connections due to the transfer of decision-making responsibility from the state to the carer.

> *We're finding that the [permanent carer] then doesn't continue those connections to family and then that may cause ongoing issues, particularly for the child, because then they're losing connections to family, they're losing connections to the community. So that's sort of a relationship and something we have to be mindful of and looking to. (Stakeholder 25, Government)*

Situations where siblings were placed in different households or households with carers looking after multiple children with kin in various locations were also seen as potential barriers to maintaining Aboriginal and Torres Strait Islander children's connection to their community. In particular, this was seen as an issue in care arrangements where carers, siblings in care or kin were located in rural and remote locations or where kin were living off Country and away from community and the carer was obligated to maintain multiple types of connection over various geographical locations.

> *Probably one of the biggest barriers that we find is when we have – and I guess is because it has affected a couple of our Aboriginal families, because they are larger … is when siblings are spread over like two or three different agencies. That's when it can become complex. Yeah, that can be quite hard, liaising with two … or three different agencies. To get all the siblings, and Mum and Dad, potentially, or other family members, into one location for one contact … all at the same time. (Stakeholder 6, Carer service provider)*

Much of the discussion of these challenges was in the context of Aboriginal and Torres Strait Islander children placed with non-Indigenous carers. However, a small number of Aboriginal carers also spoke of the challenges they had with maintaining the child's connection to community, irrespective of their own Aboriginality or cultural and familial ties. This included the challenge of maintaining connection in culturally contextual ways while ensuring the child's safety when their birth family were experiencing personal challenges.

Challenges with family contact

Cashmore and Taylor (2017) have described birth family contact as a 'complex and contentious policy and practice issue' (page 56), and several studies note that maintaining contact with the birth family is one of the most challenging aspects of out-of-home care (Eastman et al., 2018; Walsh et al., 2018). This is both in terms of the visits themselves and the impact they can have on the child and the carer. Managing relationships can be particularly challenging for kinship carers; however, there is less research on contact arrangements for children in kinship care (Walsh et al., 2018).

It is often reported that children seek more contact with family members, particularly their siblings (AIHW, 2019a; Cashmore & Taylor, 2017; Eastman et al., 2018; Walsh et al., 2018). A child's contact with their parents is consistent with the United Nations Convention on the Rights of the Child and is required under state and territory legislation (Qu et al., 2018). However, the research evidence suggests that birth family contact can be beneficial when well-managed but negative encounters with birth parents can be detrimental to the child and contribute to placement breakdown (Cashmore & Taylor, 2017; Collings et al., 2020; Walsh et al., 2018). At the same time, some submissions to the Senate Community Affairs Reference Committee (2015) suggested that too infrequent and inadequately supported contact visits were also harmful for the child.

Carers and stakeholders in our study held a range of attitudes towards contact with birth families and birth parents. While some participants in the consultation identified challenges associated with birth family contact, the majority viewed contact with birth families positively. Aboriginal and Torres Strait Islander carers, in particular, noted the importance of children maintaining contact with birth families and described the ways in which they sought to facilitate contact with a child's family network. Suggestions for supports required to enable positive contact are described in chapter 6.

Carers and stakeholders identified that a willingness to work positively with a birth family, with a goal of family reunification (where possible), was a characteristic of a good carer.

> *Some of the foster carers better because they take kids home to spend time with family, yeah. Because, for example, this little boy, um, my auntie got at foster care, used to go to [community] and take that little boy to visit family. She sit around. She bring all the food for family, you know, have lunch, sit around, have yarn around, talked about it and that little boy can get used to see family. You know, you're connected to this. This your grandmother, this your sister, you know, we used to tell him. (Carer 06, Foster and kinship carer, Indigenous)*

Despite participants in the consultation affirming the importance and benefits of children maintaining contact with their birth family, some also reported more challenging relationships. Some, for example, reported that there were carers who were concerned about family contact and feared harassment from birth families. This was most often seen at the beginning of a placement, and several participants noted that carer relationships with families had grown more positive over time. However, some carers suggested that fear of difficult relationships with birth families could be a deterrent for potential carers, particularly Aboriginal and Torres Strait Islander people in small towns or communities.

> *I get it why some people don't want to put their hand up. I get that too, you know, because it does, you know, 'cause they could come and humbug you and – You know, they can catch you anywhere out on the street, you know … It's just so hard like to get our mob to put their hand up. Like I said, like it's just conflict. Nobody wants to deal with the family conflict. (Carer 02, Foster and kinship carer, Indigenous)*

Other identified challenges associated with birth family contact included logistical challenges with contact visits, children that were unwilling to attend contact visits, birth families who didn't maintain contact or were affected by alcohol or drugs during contact visits, and a lack of adequate support for family contact.

Logistical challenges identified by carers and stakeholders were mostly related to travel and timing. Carers who work full-time or have multiple children in their care from different families can find it hard to coordinate family visits. Where children have family in regional or remote areas, the time taken for visits can mean they happen less often. For Aboriginal and Torres Strait Islander children who are in care and away from their community, this can be especially challenging as they can miss Sorry Business and important cultural events. One carer discussed the inflexibility of the out-of-home care system as complicating this, where other family members were not able to take children to visit family.

> *Yeah, that's a really hard thing, culture, you know, for us, yeah. That's hard, a really hard thing, always take them when they're really sick, you know, so grandfather can see them. But like these mob here I was asking [caseworker], calling, emailing, you know, [child] and [child]'s grandpa's really sick, they need to go because – auntie don't drink, you know, she can come and pick them up while I'm working, yeah, she can take them and you know, they can go for two nights and auntie can bring them back, but they didn't let them to go. (Carer 06, Foster and kinship carer, Indigenous)*

Other challenges were identified with birth family members that did not attend contact visits, disappeared for periods of time, or whose substance use made contact visits difficult or not possible. Some older children did not want to see their birth families, and some carers expressed concern about the impact of family contact visits on the children in their care. A small number of carers and stakeholders noted that this was often invisible to caseworkers or birth families but seen by carers who could then experience difficulties having their concerns heard by caseworkers.

> *Every carer wants the children to go back to family. That's a given. Every carer wants that. But if they see alarm bells through the kids, whatever that might be – you know, they might get sick in the stomach when they're ready for an access visit or they might start fighting you because they don't really want to go on that particular access visit, that's when the – the kids, um, indirectly show the carers that they have fears. Their real fears. (Carer 09, Foster carer, non-Indigenous)*

For kinship carers, maintaining family contact is often central to their motivation to become a carer. However, relationships with birth families can also be complex (McGuinness & Arney, 2012; Thompson et al., 2016). For example, the consultations and evidence review showed that being a grandparent kinship carer can be particularly challenging because the carer is both carer to the child and birth parent to one of the people from whom the child has been removed. Hence, these relationships could be particularly fraught (also see Community Affairs Reference Committee, 2014).

Hence, a small number of carers in our study had sought to avoid kinship care placements with particular family members because of anticipated difficulties. It was also suggested that some informal carers, often grandparents, do not seek to formalise their care arrangements because of concerns around family conflict or to avoid damaging relationships with their children, the birth parents of the child in their care.

> *When the parents are on the doorstep they cause a lot of trouble, demanding money off the grandparents, hassling the kids, filling the kids up with bulldust and making, you know, life pretty rugged for some of them. (Stakeholder 23, Peak body/advocacy)*

The positive experiences and challenges with family contact were largely consistent across all carers. However, Aboriginal and Torres Strait Islander carers and stakeholders were more likely to highlight the importance of family connection as part of cultural identity. This could be challenging where there were issues with family contact, as Aboriginal and Torres Strait Islander carers may feel a tension between managing the child's safety and wellbeing and supporting their connection to kin and culture.

> *Sometimes there's some anger, you know, from parents who've lost that child to other family who often there might be some resentment and often one of the things that happens is that sometimes carers worry that they're going to be kind of … harassed a bit … so that's been an issue. (Stakeholder 08, Carer service provider, ACCO)*

5.2 Carer retention and ending care roles

This section draws on the evidence review and consultation to outline the factors that can contribute to a carer ceasing to provide care. It is placed at the end of the chapter on 'challenges' in part because such challenges are an important driver for carers – especially foster carers – ending care roles. At the end of this section is a subsection addressing the additional pressures on Aboriginal and Torres Strait Islander carers.

This section focuses predominantly on the experiences of foster carers, in part because there is limited Australian research on placement breakdown or the ending of a care placement for kinship carers, permanent carers or guardians or adoptive parents. Further, just as the entries into care can be different for different care types, Thomson and colleagues (2016) also note that there are different definitions of carer retention for foster carers and for kinship carers. Carer retention for kinship carers means retention until a specific child no longer needs care, whereas retention for foster carers means retention for multiple placements. Hence, the majority of the literature discusses the retention of foster carers.

In general, the research suggests that foster carers cease caring due to the challenges described in the preceding sections of this chapter allied with insufficient support to manage these challenges. Thomson and McArthur's (2010) qualitative study with former foster carers in the ACT found that carers stopped providing care due to 'multifactorial' reasons, including the effects of fostering on other family members (including children), difficulties with the bureaucracy of the statutory system (including communication issues and difficulties accessing respite), difficulties accessing adequate financial support, and the ambiguity of the foster carer role (having a parental role without parental rights).

These findings are broadly consistent with the general literature on carer retention. For example, in Randle and colleagues (2017) study examining foster carer retention, foster carers who were least satisfied with the support they received from a foster care agency or department were the most likely to consider giving up their caring role. This group of carers were less likely to have received recent training and more likely to feel that training had been inadequate. They also reported less contact with their caseworkers and were less satisfied with the support provided by their caseworkers. Other literature reviews have also noted research suggesting that continued stressful experiences could result in foster carers ceasing to care for children (Walsh et al., 2018).

Conversely, the enjoyment of being a carer and connecting to children in their care were associated with carer retention (McGuinness & Arney, 2012). In their review of the literature, Thomson and colleagues (2016) found that the retention of foster carers could be enhanced through greater formal and informal support including training, peer support and financial supports. This review also suggested that placement breakdown and/or the loss and grief associated with a child leaving a placement could result in carers ceasing to care for future children (Thomson et al., 2016).

The major Australian studies on carers broadly reflect these general findings. When carers in the NSW Carer survey were asked what would make them more likely to recommend becoming a carer, the most common responses included reducing bureaucracy, caseworkers following up on agreed actions, improved financial support for medical and educational expenses, more accountability from agencies and more support from caseworkers (My Forever Family NSW, 2020). Similarly, 32% of carers in the Victorian carer census reported that they were unlikely to continue caring with systemic issues, a lack of support, and age being the key reasons behind carers not wishing to continue caring (EY Sweeney, 2021).

Although, as we have noted, most of the research on carer retention refers to foster carers, the national Working Together survey provided some insight into the end of caring for kinship carers. In contrast to foster carers, who most commonly reported ending care because a child had moved to another form of care or a child's behaviour was too difficult to manage, kinship carers most commonly reported that they had stopped care because the child had returned to his/her own parents (Qu et al., 2018). Analysis of qualitative data collected from carers in the Working Together study who had indicated they were unlikely to care for children in the future identified a number of themes common across both foster and kinship carers. These included that some carers felt they were getting too old to care for more children; that the stress associated with the caring role was wearing; that the carers already cared for a number of children; and that kinship carers were not expecting any more relatives that would require care in the future (Qu et al., 2018).

The findings from the project consultations were broadly consistent with the literature. For some carers, ceasing caring was simply a result of a change in circumstances. This could include moving interstate, ageing, a change in employment such as returning to full-time work or moving house. Some kinship carers exit the system when the child in their care grows up or is reunited with a birth parent, and some carers exit the system when they became permanent or guardian carers.

However, the consultations suggested that foster carers, in particular, ceased caring due to the cumulative impact of the challenges described in the sections above.

> *And so this all adds up to, I think, a general and pervasive sense by carers that they're not valued or respected. And I think this is what's driving a lot of the carer churn and a lot of, you know, are forcing carers or motivating carers, I suppose, to exit the system. (Stakeholder 22, Peak body/advocacy)*

These included frustrations with the out-of-home care system and a lack of access to support, challenging behaviour, inadequate payment and financial stress, a mismatch of carer expectations and skills with the child's needs, and a stressful event such as an allegation of reportable conduct or the grief associated with the end of a placement.

As reported in the previous sections, the ongoing challenges of working within a bureaucratic and under-resourced system without access to sufficient support could lead to carers becoming 'worn down'.

> *Um but more than likely, the reason why I've stopped being a carer – and I'm still registered; however, I'm not looking after children anymore – it's because of the frustration with the department. (Carer 01, Foster carer, non-Indigenous)*

Carers and stakeholders also identified a lack of support from their case manager or agency, including a lack of information and a lack of transparency, and exclusion from decision making as key factors leading to burnout and frustration leading to the cessation of care. As one carer noted, 'it's a really rewarding job if you get treated right'. However, the consultations suggested that many carers did not get the supports they required and faced challenges associated with the out-of-home care system.

> *Predominantly, the reason that we are told is that they have angst with the department; the way that they're treated, the way that they're not valued or respected. It's probably emotional reasons as well as what brought them in, it's an emotional reason that takes them out. It's a level of not feeling valued or respected, that they're simply – they're asked to come into this process and, you know, we all know that it's about attunement and attachment, so for children's development, and then carers are told, 'But you're not really, you know, so love them and let them develop and blossom, but we don't really want to provide much support to you.' (Stakeholder 09, Peak body/advocacy)*

Challenging behaviour was only mentioned by a small number of carers and stakeholders as a reason to cease caring and was most often seen as a factor when carers had not been made aware of the needs of the child prior to the placement or when the placement had not matched the needs of the child with the capacity and expectations of the carer. A shortage of carers was thought by some interviewees to be contributing to inappropriate matching of carers with children and subsequent carer burnout.

> *Not enough carers and they expect more of their carers, you know. Like you give – you give an inch and they'll take a mile, you know what I mean? You say okay, I'll do it for a short time and then it's just oh, just do it for a bit longer, just do it for a bit longer, you know. And that's where … they burn people out. (Carer 23, Foster carer, Indigenous)*

It is notable that several stakeholders cited a lack of funding for carer retention as a key contributor to carers exiting the system. Carer supports are discussed in greater detail in chapter 6. Nonetheless, despite the range of challenges described in this chapter, it should also be noted that carers also often demonstrated remarkable resilience.

> *I know of carers that I'm just amazed that they're still doing it given some of the experiences that they've had and some of the challenges that they've faced that naturally come with the turf. (Stakeholder 10, Government)*

Aboriginal and Torres Strait Islander carers exiting carer roles

Many of the reasons cited as to why Aboriginal and Torres Strait Islander carers may end a carer role echoed those of non-Indigenous carers. However, there were also additional reasons for ceasing caring that were specific to Aboriginal and Torres Strait Islander carers. One commonly cited reason was the general burden associated with living in rural, remote, racially marginalised and socio-economically underprivileged communities. Aboriginal and Torres Strait Islander carers and stakeholders also reported a lack of understanding of cultural obligations by government and agency staff, including difficulties obtaining timely approvals to connect children with culture and Country, or for carers to undertake their own cultural obligations. Finally, stakeholders noted that Aboriginal and Torres Strait Islander carers may experience a fear of scrutiny, including fear relating to the potential removal of their own children (noting the historical backdrop of the Stolen Generation and current high rates of Aboriginal and Torres Strait Islander children in out-of-home care) and a desire to remain 'outside of the system'.

> *We've had carers who have resigned or have … given up caring for children, because they fear they would be scrutinised on their own children, you know, they would feel like they were being judged as a, as a parent, so yeah, I've had a couple of carers who say, nup we're not doing this. We're out, we were coming into the system to support someone, but then we don't want to be in the system to then have our children possibly go into the system you know themselves. (Stakeholder 14, Carer support agency, ACCO)*

5.3 Chapter summary

The evidence review and consultations identified a range of challenges that could both make life difficult for the carer, and the children in their care, and influence a carer's willingness to remain a carer. Systemic challenges and the relationship with state bureaucracy were identified as one of the most important sets of challenges and sources of carer frustration. These included perceived excessive bureaucracy, the high turnover of caseworkers, inadequate communication from government or service providers and a sense of feeling unheard and excluded from decision making about the child. Carers also reported a lack of support in response to stressful events such as placement transitions or reportable conduct accusations.

Caring for children, especially those with complex needs and/or health issues can be inherently challenging and carers and stakeholders described the sometimes negative impact of caring on their mental and physical health. While resilience was identified as an important trait for carers, some carers noted that they felt drained by the challenge of combining their caring role with their other responsibilities and keenly felt the financial burden of caring. Other challenges experienced by carers include meeting the – often complex – needs of children in out-of-home care, the complexity of facilitating contact between children and their birth families, and challenges associated with nurturing Aboriginal and Torres Strait Islander children's connection with kin, community, culture and Country. Although the research literature identified family contact as a particular challenge for carers, most carers in this study reported positive experiences with family contact. Aboriginal and Torres Strait Islander carers and stakeholders, in particular, noted the importance of family contact for supporting a child's connection to culture.

Carer challenges are closely associated with carers giving up their caring roles. There were observed differences between carers in this regard, with kinship carers most often ceasing caring when a child returned to their birth parents or aged out of the placement, in contrast to foster carers who could continue caring through multiple placements. Foster carers appear to end this role for a range of reasons that could include a change of personal circumstances – such as ageing or changed financial circumstances – but were also commonly associated with the challenges described earlier in the chapter. Hence, support for carers in meeting or avoiding these challenges was identified as a potentially important tool for carer retention (even if the empirical evidence for how to support carers in this way is still relatively sparse).

6 Carer supports

This chapter examines the available supports and services for carers and explores the research on how supports and services can meet carers' needs. Section 6.1 provides a general overview of the general types of support available to carers. Section 6.2 presents the research evidence and carer and stakeholder views on key supports for carers, section 6.3 discusses the discrete support needs of specific groups of carers, and section 6.4 identifies the key barriers some carers face in accessing existing supports.

6.1 Existing forms of support for carers

Support for carers is provided at multiple levels. Commonwealth Government support is primarily provided to eligible carers through the Family Tax Benefit, while state and territory governments provide dedicated financial assistance to carers. Caseworkers for carers may also be provided directly by state or territory governments or through state-funded community service organisations or Aboriginal Community Controlled Organisations (ACCOs). ACCOs provide services to Aboriginal and Torres Strait Islander carers and, in some areas, to non-Indigenous carers of Aboriginal and Torres Strait Islander children.

Carer service providers and some carer peak bodies or advocacy groups also provide a range of services and support to carers at different stages of the carer journey, including through the recruitment and assessment process, as children transition in and out of placements, and with ongoing support throughout placements.

Other supports provided to carers include:

- training, prior to and after becoming carers
- ongoing case management and advice
- mediation of carers' interactions with government services and agencies
- referrals to medical and other specialist appointments
- taking children to specialist appointments or attending these appointments with children and carers
- arrangement of respite care for carers
- support and advice around birth family contact
- initiatives designed to support culturally appropriate care for Aboriginal children, including training and other initiatives such as one-on one-mentoring and peer support
- peer networking events and facilitation of one-on-one relationships between carers.

ACCOs play an important role in providing culturally appropriate and responsive services to Aboriginal and Torres Strait Islander carers and carers of Aboriginal and Torres Strait Islander children. ACCOs provide a wide range of services to carers in line with those described above. In addition, ACCOs are likely to undertake family finding, be involved in family-led decision-making processes, provide peer support and networking opportunities, and provide cultural connection activities including camps, excursions and holiday programs.

The review of supports across and within jurisdictions revealed substantial variance in the way that support was provided and in the level and intensity of support provided by different agencies. This is discussed in further detail below.

6.2 Key supports for carers

This section examines the supports most commonly identified in the evidence review and consultations as necessary for carers to adequately care for children and enhance carer satisfaction. In particular, we discuss:

- financial support
- training
- support for transitions in and out of care
- caseworker support
- support for birth family contact
- respite care
- access to specialist supports
- peer support
- cultural support.

The discussion includes a summary of the evidence for the identified support (if available) and carer and stakeholder views on the perceived adequacy and accessibility of supports. Barriers to accessing support are discussed more fully in section 6.4. Some of the subsections are substantially longer than others (e.g. carer training) due to the greater availability of these supports, a greater need by carers and/or a greater amount of existing research evidence or data.

Financial support

Forms of financial support

One of the key differences between jurisdictions is in the financial support provided for different types of carers. The Commonwealth supports some carers via Family Tax Benefits and every Australian jurisdiction provides financial assistance for foster and kinship carers. However, not all carer groups receive financial support and/or there are differences in the amount of support they are eligible for. For example, specific financial assistance for adoptive parents is only available in New South Wales and South Australia. Similarly, in many jurisdictions, permanent carers receive no financial support and services that are funded to support children in out-of-home care also did not receive funding to support adopted children or children in permanent and guardianship care. For example, funded services to support the education of children in out-of-home care within schools (such as LookOut Centres in Victoria) received no financial support for adoptive carers and only covered permanent carers in the first six months following the signing of permanent care orders.

In all jurisdictions, foster and kinship carers typically receive an establishment payment, an allowance to assist with the day-to-day costs of children, and they can claim additional expenses required to meet children's housing, education, medical and therapeutic needs. These vary widely across jurisdictions, with establishment payments ranging from $70 to $545 in different jurisdictions. Many carers also receive vouchers to cover expenses such as food or petrol.

Evidence review

The research literature emphasises the importance of financial support for carers, in part because of the recognition that the costs of raising children in out-of-home care is often greater than for other children (Kalinin et al., 2018). Additionally, some carers (particularly kinship carers) were already less financially secure than the broader Australian community. Thomson and colleagues (2016) noted that while carers require 'adequate' financial support, it can be difficult to establish what this looks like in different contexts in part due to the increasing requirements for 'professionalised' care for children with complex needs.

The Victorian carer census revealed that many carers experienced financial strain, with a majority of carers using their own funds to pay for medical and therapeutic expenses. Further, many carers indicated that they were not aware of all available financial supports (EY Sweeney, 2021). Thomson and colleagues (2016) noted in their review of the literature that many kinship carers and grandparent carers, in particular, experience financial strain.

Support may also be needed for some carers to help access payments. Grandparent carers, in particular, have been described as experiencing difficulty accessing financial supports and/or were not accessing all the supports to which they were entitled (Thomson et al., 2016; valentine, Jenkins, Brennan, & Cass, 2013).

Although limited, the international literature broadly supports the general importance of financial support for carer and child wellbeing and similar issues with the accessibility of funding. For example, a national quantitative study in the USA reported that receiving financial support enhanced wellbeing and reduced stress in adoptive parents (Hartinger-Saunders, Trouteaud, & Matos Johnson, 2015). Meakings and colleagues (2018), from a national mixed-methods study in Wales, similarly noted the importance of financial support but reported that many adoptive parents were not accessing available payments, even when in financial distress. They suggested that this may have been due to the discretionary nature of the payments and the reported inconsistent communication from authorities; these findings are potentially relevant to Australia, where many carer supports are also discretionary and thus potentially not accessed by all eligible carers.

Carer and stakeholder views on financial supports

Stakeholders interviewed for this study agreed that carers needed financial support to cover the costs of having an additional child in their household and to reimburse them for expenses associated with children's needs. Stakeholders described the financial support for carers as reimbursement of costs, not as income, with the exception of professional carers, and generally felt this model was appropriate. However, stakeholders also suggested that the amount of financial support required by carers varied considerably depending on their 'starting points' or needs. For example, some foster carers were described as financially secure and established prior to becoming carers and thus did not need additional financial support to prepare their household for additional children. In contrast, kinship carers often have fewer resources to begin with and require more financial support. This is consistent with findings from previous research. The quote from the stakeholder below notes the particular disadvantage experienced by some Aboriginal and Torres Strait Islander carers, but this issue was also raised in relation to all grandparent carers.

> *A lot of the financial supports don't recognise unequal starting points as well and that can also favour a lot of non-Indigenous carers … So there needs to be a weighing in of where people haven't had those historical and intergenerational advantages that put them in a better position to have the financial resources for caring or don't have systems in place that provide the additional supports that families who have all the strengths and the willingness to step up but need more of that financial support. (Stakeholder 17, Peak body/advocacy, ACCO)*

Lack of adequate housing was a particular issue raised by stakeholders and carers, and the need for financial support to ensure carers have adequate housing to care for additional children. This was a particular concern for carers and stakeholders in the Northern Territory and other areas with carers living in rural and remote areas with limited adequate housing stock.

There was also an identified need for additional financial support for carers to assist when the demands of the care role prevented them from working for a period. For example, some suggested carers should be eligible for benefits akin to parental leave when caring for babies or for children entering a new placement.

> *Newborn babies and carers having to take time off. Potentially that should be in establishment costs should be like paid parental leave … at least for the first, you know, sorta six months that the child is there. I mean, you know how scary, you know, not just for a baby, for an infant, but for any new child to be removed from a placement or a parent's home and then move into another home where you know both the carers are working full-time, or they're stretched 'cause they've got cash problems or whatever. Imagine if you know, that first six months of every placement, we – you know we paid an extra bit, so that if you did work full-time you didn't have to anymore. (Stakeholder 14, Carer service provider, ACCO)*

Stakeholders also noted that payments were often predicated on care placement type rather than child need. Foster carers, for example, commonly were eligible for higher rates of payment than other carers. This was raised as a particular issue for permanent and adoptive carers, who did not receive financial support in some jurisdictions despite the children in such placements frequently having the same medical, therapeutic and learning needs as children in foster and kinship care. As a result, a recurring theme in consultations with some peak bodies and advocacy groups was the importance of advising adoptive parents and permanent carers on how they might access support for children through other mainstream mechanisms such as the National Disability Insurance Scheme (NDIS).

> *So the local adoption community within [jurisdiction], there's no carer payments, so there's nothing that they can do to access any supports that may be needed for therapies, those sorts of things. What will happen then is they will try to get onto the NDIS to get some sort of support, they also don't recognise developmental trauma. So, there's a lot of hitting brick walls to be able to get some supports in place to help those carers. So there's a vast difference in the supports that are there, but no difference in their needs. (Stakeholder 21, Peak body/advocacy)*

Accessibility of financial support

Perhaps the biggest issue raised regarding adequacy of financial support was that some carers had difficulty accessing the financial support they were entitled to. This was often due to insufficient or confusing information about entitlements or to carers feeling reluctant or fearful of engaging in the system to request the support they were entitled to (see section 6.4).

Carers frequently reported difficulty accessing funding for services or supports they needed, such as a larger car or fridge, or specific alterations to the house required for a child with disabilities. Although in some cases these payments were theoretically available, many noted requests for such support could be rejected or take a long time to be approved. Service providers similarly reported frustrating, lengthy approval processes when seeking or advocating for financial support on behalf of carers. Hence, carers often had to pay up-front costs and apply for reimbursement. This could strain low-income households who already had limited resources.

> *The way Child Safety usually works is that they'll say they'll pay for it and how that will happen is you pay for it then provide them with the receipt and then they will reimburse you. And it's a long wait. … I've known reimbursement to, you know, it can take months. So if you're a carer, a general foster carer and you are really waiting for that reimbursement to come back, and it's gonna take months, I think it can put carers in difficult situations financially. (Stakeholder 13, Carer service provider)*

Aboriginal and Torres Strait Islander carers often experienced similar difficulties in accessing adequate funding support for their caring work but this could be compounded by situations of financial stress and poverty.

Carer training

Forms of carer training

Carer training is widely recognised as 'critically important', particularly given the increasing recognition of children's needs and emotional and behavioural issues (Walsh et al., 2018, p. 66). In some jurisdictions, it is mandatory for carers to undertake some training prior to becoming a foster carer as part of the process of being registered and approved. Depending on their jurisdiction and the agency they are registered with, some carers are also required to undertake annual training to maintain their registration. However, as with other forms of support, there were substantial differences in the amount and type of training available to carers in different locations or in different carer categories. In addition to jurisdictional differences, agencies within jurisdictions varied in the amount of training they provided and mandated for carers.

There were generally two forms of training available to carers. The first type of training occurred prior to or early in a placement and aimed to orient the carer to their role. At a minimum, this preparatory training covers the rights and responsibilities of carers and agencies. This form of training was often a prerequisite for foster and permanent carers and, in a somewhat different form, for adoptive parents. Kinship carers often have less access to this type of training due to the rapidity with which they become carers. The second type of training is broader and usually aimed towards developing carer skills and knowledge. This can take place prior to or during care placements.

Based on reports of stakeholders and carers interviewed for this study, this mandatory pre-placement training undertaken by carers typically covered the caring role (e.g. what it means to be a foster carer or permanent carer), rights and responsibilities of carers, legal requirements of carers, and agency procedures around being a carer, including around contact with birth families. Stakeholders typically reported that cultural training was provided for non-Indigenous carers of Aboriginal and Torres Strait Islander children, but it was not clear how often this was mandated.

Service providers and government agencies noted they aimed to provide foster carers, in particular, with training prior to becoming a carer so they understood their role and were in the best position to manage children and interact productively with birth families. This was followed by additional training once they commenced caring, to continue and reinforce learning. However, because kinship carers were often not able to undertake training prior to placements, a range of specialist programs for kinship carers have been developed to provide intensive support in the first three to 12 months of becoming a carer. As we discuss below, the timing and consistency of such training could vary, with some kinship carers receiving little or late training.

In addition to preparatory training, carers reported completing or being able to access training on a range of topics including domestic and family violence, cyber security, trauma, child development, emotional intelligence, fetal alcohol spectrum disorder (FASD), first aid, health of carers, and strategies for managing children with specific developmental and behavioural issues. Training was delivered through a mix of face-to-face and online delivery, with carers and stakeholders referring to a range of online training programs available for carers with modules that carers can log into and complete at their own pace (e.g. Foster Care Online Training Australia, mentioned by NSW carers, or Carer Kafe, available in Victoria).

Evidence review

Existing reviews of the effectiveness of training and parenting interventions with carers and adoptive parents consistently report a lack of high quality evidence (Conley Wright, Wilkinson, Blythe, & Luu, 2020; Everson-Hock et al., 2011; Kemmis-Riggs, Dickes, & McAloon, 2018; Kerr & Cossar, 2014; Ni Chobhthaigh & Duffy, 2019; Solomon, Niec, & Schoonover, 2018; Uretsky & Hoffman, 2017). The diversity of training programs with regard to duration, intensity, theoretical foundation, content and delivery style makes it challenging to draw conclusions around effectiveness. The overall picture from previous research is that longer-term or more intensive group-training interventions that draw on social and behavioural learning theories and seek to address specific concerns (e.g. attachment, behaviour management) are more likely to improve caregiver knowledge and skills, child behaviour and carer–child relationships (Uretsky & Hoffman, 2017). A recent review undertaken by May and colleagues (2020) suggests that there is some evidence that preparatory training for permanent carers and adoptive parents contributes to positive long-term outcomes for children and families.

Regardless of the limited evidence on child outcomes, research suggests that training contributes to carer satisfaction and retention (Randle, Miller, & Dolnicar, 2018; Thomson et al., 2016). In addition, increasing carers' understanding of trauma, child development, attachment, neuroscience and other areas relevant to children in out-of-home care can help carers to understand and care for children (Thomson et al., 2016). Some research suggested particular topics could benefit particular types of carers due to their specific needs. Research undertaken with child protection service providers and policy makers, for example, suggested that grandparent carers can struggle with contemporary parenting practices, due to changes in parenting norms and expectations, and would benefit from training (valentine et al., 2013). Training was also found to contribute to increased knowledge and improved outcomes for adopted children with a physical disability or mental health condition and their parents (Woodman-Worrell & Higgins, 2019). Ongoing training that can be tailored to the needs of children and carers as these evolve over time has been recommended (Conley Wright et al., 2020).

Although there is consensus across the literature about the importance of training, there is very limited evidence or discussion about the form that training should take or how much training is required to be effective. There is also limited published research on training and parenting interventions for kinship or permanent carers (although see Lin, 2014). Thomson and colleagues (2016) noted that consulting carers about their training needs, involving them in training and implementing adult learning principles may increase carer satisfaction with training. Thomson and colleagues (2016) also noted that research from the USA found in-home training programs that enabled carers to practice skills and receive feedback were most effective. Similarly, research with carers in NSW identified that post-training support such as take-home strategies or ongoing support from caseworkers or facilitators to apply learnings at home was important (Conley Wright et al., 2020). Carers in this study also identified the value of training delivered by well-qualified facilitators or highly experienced carers, in a small group setting where there were opportunities to share challenges and knowledge with other carers under the guidance of a facilitator (Conley Wright et al., 2020).

Carer and stakeholder views on training

Almost all carers consulted for this study had undertaken some training and, consistent with the broader research evidence, they typically valued the training they received and found it to be helpful. However, the perceived value and importance of training also varied between carers and depended on the type of training they had completed. The intensity and duration of training also varied. Mandatory pre-placement training was typically described as around two days in total but carers differed in how much voluntary training they had undertaken. Some described doing 'everything on offer' as well as their own self-directed research while others reported doing little in addition to what was mandated.

The small number of professional and/or paid foster carers consulted for this study reported undertaking more extensive training than 'general' foster carers. This tended to include extensive training in mental health, often at TAFE or university level, and ongoing professional development to maintain skills and qualifications. Some were sufficiently qualified to teach therapeutic interventions for carers and children. However, this training was provided to only a small, specialised group of carers and was not widely available nor was it necessarily appropriate for all carers.

> *A normal foster family wouldn't have the level of training that we've got so being able to look at behaviours and the child behind the behaviours, actually working out behavioural strategies that will assist the child. Sometimes we look at misdiagnoses and are able to provide (indistinct) to relevant psychologists, doctors, and things … so the level of training is high … much more than the average foster family. (Carer 13, Foster carer, non-Indigenous).*

Some forms of training were described as essential for all carers, while others as only useful to some carers depending on their circumstances and needs. Training on the rights and responsibilities of carers, and how the out-of-home care system works was generally seen to be important for all carers. For foster carers this was often covered in the mandatory pre-placement training undertaken as a requirement of being registered as a foster carer. Most foster carers reported it to be useful but some suggested it could be more extensive, with more information on what they were and were not allowed to do.

> *We enjoyed it. There's certain things that they didn't talk about and things that I've had to go back and ring up … So I think it'd be good if the training was more in detail. You know, simple things like if I'm a carer and what if this kid wants to have a sleepover, do I need to ask for permission, how many nights can they sleep over. You want to know the answer to those little things, and they should talk about that sort of stuff in the training, but they don't. (Carer 03, Foster and kinship carer, Indigenous)*

Other carers were less positive about mandatory pre-placement training, saying the content was not relevant, or was outdated or repetitive for those with previous experience. Some felt they were required to attend just to 'tick the box'. Stakeholders were concerned that not all carers received adequate information on their rights and responsibilities; this was especially true of kinship carers, in part because of the process in which they became carers.

> *It's not always possible to train before the children are placed in the care of kinship carers, in fact most times it's not, but you can do it soon after. We've got too many examples of the children being dumped, and nobody coming back to visit the carers for six months, 12 months, even. That should be made illegal. Carers need to be informed about their rights and responsibilities. So, very often they are told about what they're not allowed to do, they're not told about what their rights are. (Stakeholder 15, Peak body/advocacy)*

In addition to training on rights and responsibilities, training on trauma and its impact on child development and behaviour was among the most frequently identified training required by carers. Because many children in out-of-home care or adoptive homes had experienced past trauma and/or neglect, some stakeholders felt trauma training should be mandatory for all carers.

> *There needs to be two full days training that is all about understanding trauma … and the impact it has on development and then subsequent behaviours and really getting carers to understand that, you know, these kids are not behaving this way because they're just naughty, there's actually you know, a cognitive difference there in their brains and really understanding that and understanding how to respond to those behaviours and nurturing attachments and all of that … There's training they can do but it's really hard to get them to do it … It needs to be compulsory. (Stakeholder 13, Carer service provider)*

Carers who had undertaken trauma training generally reported finding it extremely informative and useful in understanding children's behaviour, reducing carer anxiety about behaviour and helping them to effectively respond to children's needs. Although many carers interviewed for this study had undertaken trauma training, service providers and peak bodies, in particular, suggested that more training was often needed. Indeed, some stakeholders felt the need for this training was growing because levels of trauma were growing among children coming into the out-of-home care system.

> *I think moving forward, with the kinds of children that we're seeing, the behaviours and the trauma becoming higher and higher, they're going to need more – like a stronger supporting connection for their own emotional wellbeing and, to help them be the therapeutic parent that these kids need. They need maybe, you know, more coaching on that therapeutic need and how to respond to these children. (Stakeholder 04, Carer service provider)*

While there are no national data that can measure the needs of children entering out-of-home care to determine whether they have changed over time, several stakeholders noted the increasing complexity of children's needs; although it was unclear if this reflected real change or increased recognition and understanding of the prevalence and impact of trauma on children in care. Stakeholders also often suggested that trauma-informed training should be mandatory for all staff and service providers working with carers or with children in the out-of-home care system.

> *Because basically you can provide as nurturing an environment as you want at home and then you send them to school and they're treated as the naughty child, not as the child that's got a trauma issue. (Stakeholder 20, Carer service provider)*

Beyond these specific training topics, stakeholders were generally of the view that training needs of carers varied depending on the type of care placement, the age and specific issues experienced by the child, and the carers' backgrounds and history.

> *When a carer's authorised, there's ongoing training needs that they have. So that can be a range of things about, you know, how to look at issues to do with behaviour management. It can look at issues around cultural connections, it can look at issues to do with understanding child development. You know, it just depends on, you know, what the specific needs of that particular carer is and the training needs. (Stakeholder 02, Government)*

Most carers and stakeholders thought training on developmental conditions such as FASD and ADHD were very useful for carers. Evidence-based child development and/or parenting programs, such as Circle of Security and Tuning into Kids, were also highly valued by carers and seen as effective by stakeholders. However, some of these forms of training were targeted at children with specific developmental conditions or disabilities, or children of specific ages, and did not suit all carers (e.g. there was a perceived lack of training on managing the behaviour of teenagers as opposed to young children).

Preferences for training platforms also varied. Many carers and service providers valued online training and other forms of flexible training they could do at home in their own time. They valued training that could be fitted in around other commitments and that provided a range of courses and modules that suited individual carer interests and needs. However, face-to-face training was preferred by some. Beyond the acquisition of new knowledge and skills, several stakeholders stated that an additional benefit of training is the opportunity for peer networking and connection.

> *I think one of the benefits of training always is it builds a network of people. So it creates a base of who's in it with you and you can use that base to stick together or field ideas. So it's not necessarily always what's conveyed in the training. It's sometimes just giving you an idea of what else could be there but also that network of support and you guys can then rely on each other. (Stakeholder 17, Peak body/advocacy, ACCO)*

Finally, some stakeholders noted that while training was an important part of the services and supports provided for carers, it was also limited in what it could achieve. Training sessions were often held on a one-off basis; however, carers often need ongoing support to implement new skills and apply new knowledge in real-world situations. A recurring theme in the consultations was the importance of formal training being accompanied by one-to-one mentoring and ongoing peer support. These more individual and informal forms of training were seen to reinforce the application of what had been learned in formal training and address issues as they arise. Stakeholders noted a combination of training and ongoing one-on-one support was ideal.

> *The problem with training is just because you've had training doesn't mean you'll ever implement. Yeah, and I risk saying while training might be valuable … I think governments and policy makers can sometimes see it as an easy answer. It's easy to set up, easy to fund … Just runout – rollout a training program and it can become a big tick box. [But] it doesn't have the supports alongside it and you don't get it implemented. (Stakeholder 17, Peak body/advocacy, ACCO)*

Training: kinship and Aboriginal and Torres Strait Islander carers

It is difficult to draw conclusions about differences in the amount of training undertaken by foster carers and kinship carers consulted for this study, as many of the kinship carers were also foster carers and had undertaken training in similar areas. However, there were some differences between kinship and non-kinship carers in their interest in training and views of its adequacy. Many foster carers had done a lot of training and, overall, seemed more focused on the importance of training and usefulness of training. And while previous research suggests that grandparent carers would benefit from training around modern parenting, stakeholders noted that grandparent carers often resisted being told how to 'parent' or care for their grandchildren. In addition, some Aboriginal and Torres Strait Islander carers felt western models of training, including advised parenting approaches, were culturally inappropriate for kin carers.

Stakeholders also said that kinship carers typically received less training than foster carers because foster carers often undertake training prior to becoming registered carers, and kinship carers have less time to fit it in once they have day-to-day responsibility for managing children. Again, this was the rationale for new targeted programs for kinship carers, which tried to provide intensive flexible support in their first year.

> *Foster carers, they get the … big hullabaloo training program. But they don't have the child in their care at that time, so it's a really different experience with the kinship carer to then drop everything and go to training, is really difficult because they are then doing the day-to-day management of the care. So, there's a real juggle in – you don't want to be putting training upon … people who are already managing so much, so how can you support them in other ways. So our [program name] is an attempt to do that in their first year. (Stakeholder 19, Government)*

Stakeholders also noted that not all carers were comfortable with formalised training and some Aboriginal and kinship carers prefer informal information sessions. It was suggested that some grandparent carers found traditional training courses inaccessible, due to their own low levels of education.

> *Generally speaking, carers prefer face-to-face local training. They like to get together in local small groups and talk through the issues and … base this um, their training around their own storytelling. (Stakeholder 15, Peak body/advocacy)*

Support with care transitions

There was very limited information available about supports provided to carers at the commencement and end of a placement. Foster carers usually receive training prior to commencing care (see training section above). However, support as children enter or exit a placement appears to be limited.

Evidence review

The review found very limited research evidence examining the supports required by carers at specific transition points such as starting a placement or ending a placement. There is some limited evidence on interventions to support the transition of children in care to independent living (Albers, Shlonsky, Pattuwage, Rinaldis, & Taylor, 2017) but there was no mention in the literature of supports for carers during this transition. The literature notes that planning for reunification of children with birth families is a stressful time (McGuinness & Arney, 2012) and, as outlined in chapter 5, carers can experience significant loss and grief at the end of a placement (McGuinness & Arney, 2012; Thomson et al., 2016). However, there is little evidence for how carers can best be supported at this time.

Carer and stakeholder views on transition support

The consultations suggested carers have a high need for support around transitions but that many feel the support they receive at these times is inadequate. Stakeholders said it was important to prepare carers prior to placements; to make sure they understand their role, what is expected of them, and the reality of the caring experience. This was especially important for new carers who have no previous experience and – as noted above – was commonly done primarily through pre-placement training and the assessment process.

> *They're in a bubble when they go through an assessment, they just want to help everybody, and oh that won't happen to us or we'll manage with that, sort of stuff and the reality is, it's a very hard role and if they haven't prepared themselves prior to the placement then we have a lot of work to do [after]. (Stakeholder 04, Carer service provider)*

Because kinship carers often become carers at short notice, there is little time to prepare them prior to a placement. Some stakeholders said this meant more intensive transition support was needed, including in the three months following the placement. Stakeholders said that adequate support was often not provided to kinship carers at the point of transition. Although some jurisdictions have developed programs to better support kinship carers and provide intensive support in the early stages of placements, many carers and stakeholders noted ongoing inadequacy in the training and support they received.

> *In terms of grandparents, the kids are you know possibly dropped off one day and, you know, all those things are said you know, we're going to support you, we're going do this, we're going to do that, no one sees them for six months, and then maybe it gets contracted to an agency, then we go out there, and they're like, what the hell are you doing here? And you know, there's no communication, no support until maybe … the placement starts to crumble, and then there's people out there poking around in their business and there's the please explains and the meetings and the why are you doing this? So, I think it, it doesn't start well from the beginning. That's the idea of what the first support programs and that early intervention of kinship, so that there's the supports right from the start, not waiting for years when the kid hits adolescence and the wheels start falling off. (Stakeholder 18, Carer support provider, ACCO)*

As noted in chapter 5, several carers and stakeholders reported that carers were often not adequately briefed about the history and needs of children coming into their care. Some reported being given no or very minimal background information on a child at the time of placement, which made it very difficult to provide adequate care for them. This was not, however, true of all carers, with some describing well-planned transitions where both child and carer were given information about each other prior to a placement, and met each other several times prior to a child moving in.

> *So it was a process of the caseworker, um, setting up transition. So an introductory booklet was put together, where I took photos of me, my house, the dog so that they would take that book to [name redacted] and she would get to know who I was. Then we would meet. I met her at her temporary carer's house. I think then I went over and took her to netball training, and then we – so there were several transition processes put in place before, um – I think, they incrementally made the transition a little bit more – so she had a weekend with me, or at least a night at my house, and then the official transition happened about a month later, or three to four weeks later. (Carer 03, Foster carer, non-Indigenous).*

As discussed in chapter 5, carers can experience significant grief and sense of loss at the end of placements. This was especially true for carers who had formed attachments with children and were willing to have the child remain with them permanently (and this did not occur) but was harrowing for carers who felt that children had been returned to unsafe environments. Support at these times was often described as inadequate or lacking, with instances of little warning or prior preparation for the carer or the child.

> *Children are moving from one home to another, why are they not securely transitioned? You know, you go and visit them at that home, you get, you know, you get to know them, have all of these things when they visit your house, maybe for a day then go home. You know, if they're coming from one care environment that's okay in their space, you're removing them from the home immediately. There should be a proper transition between carers so that they're not just ripped from one home and thrown in another one. They should have time to adjust, you know, after one sleepover – if you just do it over a week, and then, okay. You've had enough time, you're connecting, it's okay. (Carer 21, Kinship carer, non-Indigenous)*

Transitions for children leaving care was out of scope for this study; however, carers and stakeholders noted that the support needs of care varied depending on the age of children, and that supporting carers and children to prepare for independent living was a focus for children aged 16 and over.

Caseworker support

Forms of casework support

Many carers have a caseworker, although permanent and kinship carers do not necessarily have a dedicated caseworker in all jurisdictions. As with all forms of support, there were observed differences within and between jurisdictions as to whether a caseworker was provided through the government department or through a community service organisation or ACCO. There were also clear differences between jurisdictions and agencies in the frequency and intensity of caseworker contact with carers.

Evidence review

In the national Working Together study of foster and kinship carers (Qu et al., 2018), most carers reported having some contact with a caseworker or carer support worker; however, the frequency of contact varied considerably. Overall, foster carers had more contact with their caseworkers than kinship carers. When compared with foster carers, kinship carers were more likely to have no contact or less frequent contact with caseworkers. This is consistent with findings from the Pathways of Care study, which found that, in NSW, foster carers reported more frequent contact with caseworkers compared to kinship carers and were more satisfied with contact (Eastman & Katz, 2020; Eastman et al., 2018)

Both the Working Together study and the Pathways of Care study reported that around three-quarters of foster carers were satisfied with their caseworker. In both studies, kinship carers were slightly less satisfied with their caseworker and the supports they received (Eastman et al., 2018; Qu et al., 2018). When carers in the Working Together survey were asked the reasons for their dissatisfaction, the most common theme was a lack of understanding and professionalism from the caseworker, along with difficulty contacting their caseworker or a lack of consultation (Qu et al., 2018). These findings align with a recent review of the literature undertaken by Eastman and colleagues (2018). This review found that while most foster carers received adequate support from caseworkers, few kinship carers had a case plan or were allocated caseworkers, and this affected their awareness and access of other supports. There is less research that examines the experiences of adoptive parents; however, a national survey by Adopt Change found that a majority of respondents felt ambivalent towards their foster care or adoption agency (Bretherton et al., 2017).

Carer and stakeholder views on caseworker support

Similar to the findings of past research, the carers and stakeholders interviewed for this study reported substantial differences in the level and adequacy of support provided by caseworkers. Some described monthly visits from caseworkers as the norm, this being the minimum required to monitor placements and check on child and carer wellbeing. Under more intensive foster care models, however, carers had weekly meetings with their carer service providers and received daily check-ins. Under these professionalised models, caseworkers provided ongoing mentoring for carers, often in the moment. This was intended to help manage child behaviour, so problems could be addressed quickly.

> *One of the things these guys do which are great, they do a daily, like a check-in every day. How is the child going, what sort of behaviours, and there's a list of 40 behaviours. So every day you have contact. Which is tremendous … and they can assist in saying, 'Okay, what you're experiencing there', like attachment theory and things like that. Like, you know, we've had kids literally lock the shower everywhere you go. And, you know, they talk about that and how, you know, what that, how that's manifested and what to do. So it's, it's really like tapping into a, a database of knowledge. And they offer a 24-hour contact. So the first time one of our kids ran away, it was like, 'Oh', you know. We knew what to do because they have the training, but it's different when a child runs away 9 o'clock at night, deliberately hiding from you when you're driving to try and find them. It's like, 'Okay', you know, ring these guys, they're always there. So that's tremendous. I think the support is the key. (Carer 26, Foster carer, non-Indigenous)*

Typically, there were varying opinions on the desirability of intensive caseworker support. Not all carers wanted or required such intensive contact with caseworkers, and some found contact with caseworkers intrusive. However, a strong theme from carers was that they felt supported if their caseworker was responsive when needed ('I ring & they're always there.'). Conversely, a perceived lack of caseworker response was a common complaint about the adequacy or value of caseworker support (also see chapter 5).

A key issue identified by stakeholders was insufficient funding for caseworkers and other agency staff to provide the level of support that carers needed. It was widely noted that case manager loads are frequently too high, and their time spread too thin, to spend sufficient time with carers. This was also said to be true of other case management support roles, including other service provider staff and child safety officers.

> *Child Safety officers just seem so busy all of the time that they don't have their eye on all families, you know. It's impossible to do that. But like they're, it just comes down to like lack of staff and like lack of personal relationships with carers and like it is just a stop in, stop by, like if they're not there for very long it is very, not tokenistic but yeah it's pretty much a visit from a stranger. (Carer 07, Foster carer, Indigenous)*

> *Team leaders don't seem to have the time or the patience to be able to stop and listen to a carer at the level the carer requires … so currently when they call up with some kind of issue or crisis, it's just referred on to whoever can [help]. (Stakeholder 05, Carer service provider)*

Stakeholders said it was important for caseworkers to take time to build trusting relationships with carers to effectively support them. They also said that insufficient funding affected their capacity to provide adequate support to carers – to enable them to spend more one-on-one time with carers and provide staff with all the training they need.

Caseworker support and Aboriginal and Torres Strait Islander and kinship carers

Also consistent with previous research, the consultations demonstrated the importance of providing Aboriginal and Torres Strait Islander caseworkers for Aboriginal and Torres Strait Islander carers and families (Community Affairs Reference Committee, 2014). Stakeholders also noted that some kinship carers, particularly grandparent carers, resented monitoring and interference by government agencies as they saw caring for their grandchildren as a private matter. Hence, in order to properly support kinship carers, stakeholders said it was especially important for caseworkers to build trusting relationships premised on the provision of support and a problem-solving approach, not compliance.

> *We need to provide that supervision to carers once a month. I think in kinship it's just so difficult because a lot of them are grandparents, they don't want anybody to be supervising the care that they're providing their grandchildren. So, I think, you know you have that um – you know the – the oppositional, you know, behaviours from parents that it's probably, you can avoid if you didn't have to do that. If it was just calling in for a cuppa and you know, checking in with how things are going, instead of getting out your – your document that says, oh, let's do supervision (Stakeholder 18, Carer service provider, ACCO).*

While stakeholders acknowledged it was important to monitor the wellbeing of children in kinship care, it was noted that when relationships between kinship carers and caseworkers were too focused on compliance this could hinder or undermine the development of trusting relationships.

Respite care

Forms of respite care

Respite care is care provided to carers (usually foster or kinship carers) to give them a break from their caring role. Respite is available to foster and kinship carers in most jurisdictions, usually in consultation with a caseworker. The amount and availability of respite care varies. Different jurisdictions have different numbers of respite days carers are eligible for, and this can also depend on the complexity of the child's needs. As discussed in chapter 4, there is a common shortage of respite carers and this could limit the availability of this form of support.

Evidence review

The need for respite for carers is 'well recognised' in the literature and supported by evidence (Thomson et al., 2016). It was noted in several studies as an important support for carers (Kalinin et al., 2018; McGuinness & Arney, 2012). Respite needs may be different for different carers, with research by McGuinness and Arney (2012) noting that grandparent carers may not wish to take a break in their caring role through traditional respite but may benefit from other support services such as home help.

Carer and stakeholder views on respite care

Both foster and kinship carers, as well as the key stakeholders, generally agreed that respite was important for carers' wellbeing and that an absence of respite could lead to carers burning out and discontinuing caring. Other family members were also described as needing respite, in part because it gave carers time to focus on other members of the family.

> *I think sometimes when you need a break, you need a break. Sometimes you need to just have time with your family … You know, and we're grandparents and we too want to enjoy our grandchildren … respite is important to all foster care and kinship carers. That's a lot of wear and tear on our own children as well … You know, sometimes I find myself overlooking my own children to put a lot into the children in my care. (Carer 15, Kinship and foster carer, Indigenous)*

Stakeholders also noted that a lack of respite care was a key challenge in supporting carers, due to a shortage of available carers, especially in regional and remote areas. Carer support agencies commonly stated that it was often difficult to maintain a sufficient pool of respite carers and this hindered their ability to regularly plan breaks for carers.

> *For us, because we are a small team, we don't always have enough carers at the right time but I think it is a problem throughout. Like even when we were working, in general, when carers need respite. There's no one available … there's just not enough carers across the board. We've just hit a point where we have enough respite carers that we can have planned regular respite. That's the other thing, having it planned – where carers know that oh there's all my next – my year's respite coming up, let's go away for the weekend that weekend and have a bit of downtime. That actually helps 'cause carers can go … They can hang in there 'cause they know. (Stakeholder 13, Carer service provider).*

Carers particularly valued having access to a small number of regular, trusted respite carers who had, or could build, ongoing relationships with the child. Even carers who did not currently use formal respite care said they would consider formal respite if they trusted the respite carer and the carer had an existing relationship with the child. Hence, some carers asked family members to formally register as respite carers.

> *The agency that we are through actually flew my mum up from Sydney and did her assessment to be our respite carer in our home. So if we ever did need it, mum would need to fly up from Sydney and stay with our children whilst my husband and I go away, which is what we did for our honeymoon. But other than that we haven't used it, they come everywhere with us. (Carer 08, Foster carer, non-Indigenous)*

Service providers and government agencies similarly emphasised the view that best practice is to have a pool of regular, familiar respite carers who can build ongoing relationships with children, ideally prior to overnight stays. Some service providers had programs in place to facilitate this.

> *We have a side arm, [program name] and they provide volunteers that can mentor or, be like and auntie and uncle if the child hasn't got the connections that they need. So they might act like a bit of a respite for a carer. But instead of it being a child going to wherever, we've got a respite carer available. They have an ongoing – they build an ongoing relationship with a particular family. And they might start with a couple of hours visit and then move up to overnights and weekends. (Stakeholder 04, Carer service provider)*

Not all carers interviewed for this study necessarily wanted respite care, with some concerned that the change of environment could be disruptive for the child. However, some of these carers who did not use formal respite care did indicate they would value informal or short-term respite to give them a couple of additional hours to themselves during the day.

> *So I wasn't really a big fan of respite. I'd rather, you know, say, 'You know what? Give me a couple of hours a day and I'll be happy with'. So I can go away and have my time to myself without worrying about, you know, what he's doing or what she's doing or whatever – you know what I mean? For me, it was more about, I needed to find that quality balance of life. You know, trying to juggle my work, trying to juggle my personal life, my health issues and then trying to juggle these two children who are high needs. (Carer 01, Foster carer, non-Indigenous)*

To this end, some carer service provider staff would provide informal respite to carers by providing mentoring to children, assisting them with their schoolwork or taking children to appointments on behalf of carers. Although not always part of formal casework, this assistance was highly valued by carers.

Respite care and Aboriginal and Torres Strait Islander carers

Stakeholders noted it was especially important to have a sufficient network of Aboriginal and Torres Strait Islander respite carers so other Aboriginal and Torres Strait Islander carers could obtain respite while ensuring Aboriginal and Torres Strait Islander children remain in a culturally safe environment.

> *One of the things that we'll try and do is build a bit of a carer support network in respite care and for Aboriginal kids; if someone, you know, has to go to hospital and needs respite care, then they end up with a non-Aboriginal family, you know, like it's a different environment. So we really want to create a natural respite network if we can –if that's at all possible that would be ideally what I think people would feel comfortable with too. (Stakeholder 08, Carer service provider, ACCO)*

Some Aboriginal and Torres Strait Islander foster and kinship carers interviewed for this study had relatives who were also foster and/or kinship carers and they helped look after each other's children including with overnight stays, outside the formal respite care system (not agency facilitated).

Relationships with birth families

Forms of support for relationships with birth family

Support provided to carers to facilitate family contact visits and promote positive relationships between carers, children and birth families was generally described by carers and stakeholders as being provided in two ways:

- through training prior to a placement (most common for foster carers)
- through caseworker or agency support.

Evidence review

In their analysis of the findings on contact arrangements in the Pathways of Care study, Cashmore and Taylor (2017) observed that carers, and particularly kinship carers, require support to manage the behaviour of the child's parents during contact visits and that the birth parents often need support to manage their own feelings.

Collings and colleagues (2020) review of the literature also noted that both carers and birth parents commonly require support with family contact but that this was often lacking because agency support tended to focus almost exclusively on the needs of the child (Collings et al., 2020).

There is also a body of research to suggest that kinship carers particularly need support to manage complex family relationships, especially relationships with the biological parents of the child (Commonwealth of Australia, 2017; McGuinness & Arney, 2012). This is due to the ways in which kinship placements can strain relationships within existing family networks (Kalinin et al., 2018). This has been described as particularly fraught for grandparent carers, who are in particular need of support, due to the tension of looking after their own child's children (Community Affairs Reference Committee, 2014).

There is little published information on either the issues surrounding birth family contact in permanent care arrangements or on appropriate supports. However, one qualitative study of 28 permanent carers and 12 birth parents in NSW found that new 'blended family' relationships between birth and carer families were possible but required caseworker support for both birth parents and carers (Collings & Wright, 2020). There is similarly limited Australian research on contact between adoptive children and their birth parents in Australia. However, an evidence review by May and colleagues (2020) suggested that agency support may be required after an adoption is finalised to support adoptive and birth families to negotiate ongoing contact arrangements.

Carer and stakeholder views on support with birth family relationships

The findings of the consultations suggest that additional support with managing contact with birth families is important for some carers but that many have relatively good relationships with birth families.

Existing supports for contact, including supervised family contact with birth families, are mostly provided at the start of placements, particularly with less experienced carers or when children have first been removed from their birth family. This was described by service providers as a particularly difficult time for birth families, who are often still coming to terms with their child going into state care, and for carer families who have yet to form a relationship with the birth family. Hence, providers often provided additional supports or supervision at this time.

> *When children are removed into the care system, initially, when they're before the Children's Court, relationships are very, very fraught. No parent wants their child removed from their care. So during that period it's often very tense and very hard for parents to make relationships. Once a relationship is made, it's our experience that most parents will actually work with us even though if their child is not coming back to their care, you know, they might fight against that, but they're more likely over time to be able to make a relationship with the person who's caring for their child, if the social workers get out of the way. So as long as there's no safety risks to anyone or to the child, because sometimes there are. (Stakeholder 03, Carer service provider)*

However, as the above quote indicates, over time contact visits increasingly become self-managed by carers and birth families. Both foster and kinship carers were generally encouraged to develop a relationship with the birth family and to manage contact directly rather than through an intermediary. Removing government or agency workers from this relationship was felt to facilitate the development of bonds of trust between carer and birth families as well as maintaining the child's broader family network. This was often seen as especially important for foster carers (and some permanent carers) who did not have existing relationships with families.

> *A lot of foster carers come into foster caring without necessarily realising that they can be an ally to parents. So in our experience … we find that foster carers, if they're given that knowledge and training right at the beginning … And people are able to do that … So it's like creating an extended family for that child with legal permanence. (Stakeholder 03, Carer service provider)*

Consistent with this representation, many of the carers (including both foster and kinship carers) interviewed for this study reported a positive relationship with birth families and little trouble managing contact. Several described the positive ways they had engaged with birth families to maintain a connection between parent and child, and how they explained to children how their parents and other significant adults fit into their lives.

> *I always tell … kids, you know. That's your mum and that's your dad. That's your real mum and dad and mum is from [town]. Your other family – mum's family is from [town], and they both knows now and they start talking about it now. (Carer 06, Kinship and foster carer, Indigenous)*

However, there were also reports that the expectation that carers manage all contact could be risky for some carers and that some needed more support than was provided or felt pushed or pressured to manage birth family contact alone when they were not comfortable or equipped to do so. This was described as a particular risk where birth families had unresolved anger about the child removal, when there was conflict between carers and birth families or when birth families had previously harassed or threatened carers or the child. Some peak bodies and service providers argued that carers' need for support in such situations was not always being met because of the expectation that carers should self-manage the relationship and birth family access to the child in care.

> *Sometimes there's some anger, you know, from parents who've lost that child to other family who, often there might be some resentment and often one of the things that happens is that sometimes carers worry that they're going to be … harassed a bit … [government department] – that's their job to make sure that, you know, they're looked after – the carers, that they're not getting harassed … we often have to negotiate, we have to push really hard 'cause often it's that they leave it to the carers to take responsibility for access but sometimes that's not ideal. (Stakeholder 08, Carer support provider, ACCO)*

As has been discussed earlier in this report, kinship carers can sometimes experience specific challenges with birth family contact and that this can lead to inter-family conflict. Kinship carers' need for support or advice in this context was described by some peak and advocacy groups as a largely unmet need due to the assumption that kinship carers have existing relationships with other family members and thus do not require additional support.

> *But I think that again, there shouldn't be that expectation, just because they're family, that they should be doing the department's job. (Stakeholder 18, Carer service provider, ACCO)*

Specialist services

Forms of access to specialist services

Because children in out-of-home care have disproportionately high levels of disability, developmental challenges, mental health issues and challenging behaviours, many carers require access to a range of specialist services. In particular, children in out-of-home care often require access to paediatricians and other child development specialists who can assess and identify mental and physical health conditions, ongoing mental health support (counselling and psychotherapy), and support with education, including education specialists, tutors and counsellors to help children adjust and succeed at school. Many such services lie outside the out-of-home care or child protection systems and are, in the main, provided to the child in care rather than to the carer. Hence, they are not carer supports as such and fall outside the general focus of this report. However, the evidence review and consultations revealed that many carers and carer support agencies see specialist service access as an essential part of the support package for children in out-of-home care and a key factor influencing carer wellbeing.

Evidence review

The importance of access to specialist services for children such as support with mental health, education and physical health is routinely highlighted in the research literature (Eastman et al., 2018; Kalinin et al., 2018; McGuinness & Arney, 2012). As noted above, children entering out-of-home care are understood to be far more likely to experience physical, mental and emotional health problems than the general population (Eastman et al., 2018; Walsh et al., 2018). There are also some suggestions in the literature that children in out-of-home care have increasingly complex needs and thus require even more access to specialist services than in the past; although there is currently no Australian data on changing child needs over time to confirm this suggestion (AIFS, 2018; Randle et al., 2017; Thomson et al., 2016).

However, despite the general understanding that children in out-of-home care have poorer health outcomes than the Australian average, there is relatively little Australian research that directly addresses or evaluates the effect of access and use of specialist services on child outcomes nor is there solid evidence for how this can affect carer wellbeing (Albers et al., 2017). However, as we noted in the sections on challenges and on financial support, access to specialist services can be time consuming for carers and be a significant financial burden as some carers are forced to pay for specialist medical, dental and therapeutic services out of their own pocket (EY Sweeney, 2021).

Carer and stakeholder views on access to specialist services

While some carers were able to access specialist services and were satisfied with the services they received, others had considerable difficulty accessing these services due to the lack of services in their area and/or lengthy wait times for appointments. As is noted in section 6.4, a lack of specialists in regional and remote areas, and the distance required to travel to them, was a barrier to accessing specialist support for some carers. Other carers reported frustration and concern about long wait times for appointments with paediatricians and counsellors for children, especially when they were managing children who were highly distressed or displaying extreme and/or risky behaviours (including self-harm). Stakeholders also noted the barriers and delays in accessing these services were unacceptable and, in their experience, it was common for issues to escalate if they did not intervene early, leading to unstable placements.

> *Every child coming into care should automatically have NDIS funding. Or funding to get them seen immediately. They can't sit on a waiting list with child health for 18 months, that's not appropriate. That's horrific. These children need help now, to understand what's happening – and get specialists in there to support them. (Carer 21, Kinship carer, non-Indigenous)*

In addition to variation by region, access to specialist services varied depending on the carer service provider the carer was attached to, with some services having in-house counsellors and education specialists to support children. Levels of access also varied depending on the knowledge and determination of carers. Some described themselves as needing to advocate to get approval to access the services the child needed. Stakeholders were concerned about carers who were not aware of the potential supports available, which may result in the needs of the children in their care not being identified or appropriately addressed.

Access to specialist services – Aboriginal and Torres Strait Islander carers and children

Some carers and service providers also felt that some specialist services were not culturally appropriate for Aboriginal and Torres Strait Islander children. Carers provided examples of Aboriginal children failing to engage with mainstream counsellors because they were reluctant to speak to strangers about their families. Some suggested community-based approaches like yarning or camps on Country with elders may be more appropriate ways to meet their therapeutic needs.

> *It might be good as a collective if they go to a centre or somewhere or just do it as a yarning with nanna there … you know, with an older person there just so they know it's okay to talk … Because a lot of the times it's family secrets that they're not allowed to tell. … But when they're there, it's so sterile. They're there with the counsellor and the counsellor wants to know a hundred things and they know that counsellors connected to [statutory authority]. (Carer 14, Kinship and foster carer, Indigenous)*

Peer support

Forms of peer support

Carers in most Australian jurisdictions can potentially access a range of formal and informal peer supports. These can include formal carer events bringing together all the carers in a region or attached to a particular service provider, as well efforts to link individual carers – either through meetings or online forums – in order to build mutually supportive relationships. Some of the carer support agencies consulted for this project also spoke of their efforts to connect Aboriginal and Torres Strait Islander carers and non-Aboriginal carers looking after Aboriginal and Torres Strait Islander children or to connect less experienced carers with more experienced carers (including professional foster carers or therapeutic carers) in order to share specialist knowledge and discuss any particular issues they were experiencing. Informal peer supports were also described in the desktop review and consultations and included networking at carer training, via peak body forums or events through social media groups. However, as with many of the forms of support described in this report, access to peer support was highly variable and could be particularly difficult for carers in regional or remote locations. These barriers are described in more detail in section 6.4.

Evidence review

McGuinness and Arney's (2012) literature review found that peer support is highly valued by carers and is thus a critical element of carer retention. Thomson and colleagues (2016) similarly noted a handful of studies that describe how peer support contributes to foster carer retention and enhances carers' perceptions of support. Their review also showed that there is an even larger body of evidence demonstrating the importance of peer support for kinship carers and that it is particularly valuable for assisting kinship carers to access relevant information and services. They further noted that kinship carers are often more likely to seek informal and peer support rather than go to formal services for help or information due to a reluctance to engage with the statutory system (this was especially true for Aboriginal and Torres Strait Islander carers) and because formal services were often felt to be inaccessible, confusing, unhelpful or because the carer did not know who they should contact.

Carer and stakeholder views on peer support

Consistent with this body of research, the carers consulted for this study highly valued their relationships with other carers. Building networks between carers was also a key focus for many service providers, carer peak bodies and carer advocacy groups. Also consistent with previous research, this form of support was said to improve carer retention.

> *We develop carer community, carer hubs, because we know that carers feeling connected tend to stay in the care experience longer. So we very much focus on building those carer communities. (Stakeholder 09, Peak body/advocacy)*

Also consistent with previous research were the preferences of some carers for informal support rather than the formal service system, with other carers regarded as part of an informal support system. In particular, carers valued relationships with people who understood what they were going through.

> *I find the best support is either my friends or family or other carers. And some of the carers that I talked to, they have a lot – their situation is totally different to mine, but I find that it's so beneficial to talk – because it's hard sometimes for people to understand what you're going through. Or the challenges you're facing. But when you talk to another carer, it is so relieving because you're like, 'oh, you understand'. (Carer 12, Foster carer, non-Indigenous)*

Stakeholders noted that informal support was important for carers as an alternative and backup to support provided by caseworkers and other staff at support agencies. This was, in part, because staff in these agencies are often too busy to provide day-to-day support and advice to carers. It was also suggested that some support workers did not fully understand what carers are going through because they are not carers themselves. Hence, service providers were generally enthusiastic about the value of informal peer support and tried to be proactive about building carers' informal networks of support.

> *Coming to an agency and being a foster carer, the agency isn't the be-all and end-all. You know, they really need – and we're really exploring that more than we did in previous years: Who they turn to, who have they asked for help in the past. And then we actually speak to the support networks to make sure that they can support them. And what would make them turn their back. Because we do hear from a lot of carers that their support network does sort of disintegrate when they've got a child with challenging behaviour that does some things. (Stakeholder 04, Carer service provider)*

Peer support and Aboriginal and Torres Strait Islander carers

Aboriginal and Torres Strait Islander carers have been described as especially likely to prefer to use peer or informal supports then more formalised training and supports (Thomson et al., 2016). Participants in the consultation widely reported relying on family members for much-needed practical as well as moral support, including their parents, grandparents and aunties. Some Aboriginal and Torres Strait Islander carers interviewed for this study also described access to strong networks of peer support through their extended family because other family members were carers who could understand their needs.

> *And my Auntie got other little ones … I'll always support her, and [sister, who is also a carer]. We always you know, tell her because sometimes she comes and asks us, 'What I'm going to do and oh?' and we always tell, if you go somewhere else you know, like for sorry business … always leap in with us. (Carer 06, Kinship and foster carer, Indigenous).*

Peer support programs or events were also generally valued by the Aboriginal and Torres Strait Islander carers who participated in this research, and many expressed a desire for more opportunities to connect with other carers. Representatives of ACCO supporting carers, for their part, also expressed a desire for more government funding to facilitate peer support and networking programs on a more frequent and consistent basis, with some noting that they could only afford to run carer barbeques once a year and that this was insufficient. Some Aboriginal and Torres Strait Islander carers also expressed a desire for their carer support agencies to organise more events with other carers to share culture and information about the family backgrounds of children in care.

Cultural support

Forms of cultural support

Support for carers to nurture children's connection to kin, community, culture and Country is provided in a range of ways. Support with family contact is described above, but other types of support were identified by carers and stakeholders. These included supports such as case plans and cultural plans, as well as informal support such as social activities and yarning circles. ACCOs often had a leading role in facilitating cultural support. It was clear from many of the discussions with both stakeholders and carers that a range of formal and informal supports were required to support connection for Aboriginal and Torres Strait Islander children, particularly when placed with non-Indigenous carers. However, there was limited discussion, in both the evidence review and the consultations, that could identify strategies to support connection for Aboriginal and Torres Strait Islander children.

Evidence review

Albers and colleagues (2017) have identified a general lack of evidence for effective strategies to nurture the spiritual and cultural identity of children in out-of-home care. Research reviewed by Eastman and colleagues (2018) highlighted the importance of cultural awareness training for caseworkers, and the Family Matters campaign recommends workforce development within the child protection system to ensure that culturally safe and responsive services are provided to Aboriginal and Torres Strait Islander children and young people (Hunter et al., 2020).

Carer and stakeholder views on cultural support

Cultural awareness and competency training was viewed by stakeholders as essential for non-Indigenous carers of Aboriginal and Torres Strait Islander children to ensure connection for Aboriginal and Torres Strait Islander children in care. It was also commonly recommended as essential for all staff in the out-of-home care system. Cultural training was available in all jurisdictions, although in some states it was still a relatively recent development. This training was described as helpful but was often relatively general in nature; covering the history of Aboriginal children, the Stolen Generations and how Aboriginal and Torres Strait Islander kinship structures work. Stakeholders noted that more effective models of improving carers' cultural competency used a combination of training and other initiatives such as one-on-one mentoring from Aboriginal and Torres Strait Islander caseworkers, support staff and/or Aboriginal and Torres Strait Islander carers. Such support was particularly effective when provided by ACCOs.

Cultural programs and informal cultural support and activities for all types of carers were described as a highly valuable, albeit not always sufficiently funded, form of carer and child support. Some ACCO service providers ran learning circles with members from the child's own community to support the child's connection to culture and the carer's learning journey. There was a commonly stated desire to extend these activities to all non-Indigenous carers of Aboriginal and Torres Strait Islander children. Carers also identified a need for carer support services to better facilitate informal social cultural activities for non-Indigenous carers and the Aboriginal and Torres Strait Islander children in their care.

> *I want to see [caseworker], you know, organise like something like barbeque, so everyone can come together and share, share things, you know, cultural side, yeah. Because some of them, carers …. don't know, where the kid's from because I have seen a lot – some of the carers came and asked, you know where these kids, where they're connected to, where they come from, their skin names, yeah. We want to see carers come together with their kids and like a barbeque and just sit around, you know, yarn around, do little activities. (Carer 6, Foster and kinship carer, Indigenous)*

Several Aboriginal and Torres Strait Islander stakeholders also spoke about the formal mechanisms that set an obligation for carers to maintain connection. Several stakeholders felt that carer assessments and plans were often tokenistic and needed to genuinely recognise and incorporate culture, including all the aspects of connection (kin, community, culture and Country), as well as language. While some stakeholders spoke positively about their approach, there was a sentiment shared by several stakeholders that this could be improved.

> *We also have really upped our focus on understanding what are the cultural backgrounds and the often very complex and myriad connections that young people have, and making sure first that that's documented appropriately, that we know what language their family speaks, what they speak, where there are connections that they may not even be fully aware of. (Stakeholder 13, Carer support service)*

6.3 Support needs of different carer groups

The sections above describe a range of general carer support needs and/or commonly accessed or valued carer supports. However, because much of the existing research literature has focused on foster carers, this section looks more closely at some of the specific support needs of distinct carer groups: namely, kinship carers, permanent carers and adoptive parents, and Aboriginal and Torres Strait Islander carers.

Kinship carers

As outlined at several points in this review, there is significant overlap between the needs of kinship carers and Aboriginal and Torres Strait Islander carers. Many Aboriginal and Torres Strait Islander carers are kinship carers, and many of the challenges experienced by kinship carers – such as financial insecurity, less access to support, and a resentment of agency intrusion – are shared by many Aboriginal and Torres Strait Islander carers, both kinship and non-kinship. The research literature and submissions to government inquiries both observe that kinship carers commonly receive less support than foster carers across all domains (Commonwealth of Australia, 2017; Senate Community Affairs Reference Committee, 2015; Walsh et al., 2018). The Victorian carer census reported that kinship carers were less likely to have accessed support than foster and permanent carers and had less awareness of available supports (EY Sweeney, 2021). Echoing the findings of earlier government inquiries (Senate Community Affairs Reference Committee, 2015), research commissioned as part of the Royal Commission into Institutional Responses to Child Sexual Abuse found that support provided to kinship carers was 'widely acknowledged to be inadequate' (Volume 12, p. 205). Given the different demographic profile of kinship carers (see chapter 3), this presents a concern and, as Kalinin and colleagues (2018) noted, kinship carers may be less prepared for their caring role than other carers.

However, there are differences among kinship carers with regard to the amount of contact they seek from statutory services. Although some carers seek supports similar to those received by foster carers, some Australian and international research suggests that kinship carers may wish to avoid contact with the statutory system (Eastman et al., 2018) and may fear the loss of their autonomy (Thomson et al., 2016). For Aboriginal and Torres Strait Islander kinship carers, this is likely associated with the historical legacies related to child safety and forcible removal of Aboriginal and Torres Strait Islander children (see chapter 1) as well as negative experiences with government and institutional racism. Previous research with grandparent kinship carers (valentine et al., 2013) identified three groups of kinship carers who seek different relationships with statutory and support services: some kinship carers want the supports and services available to foster carers, others have distinct needs associated with their status as kinship carers (e.g. with family contact), and a third group seek privacy and view the monitoring of state agencies as intrusive and inappropriate. Kiraly (2015) notes that to effectively navigate the tension between the need for support and the desire for privacy and minimal state intervention may require additional training for caseworkers and carers.

Walsh and colleagues (2018) noted in their review of the literature that grandparent kinship carers need additional support to ensure they receive information about roles, responsibilities, supports and services in an accessible manner, because they can otherwise miss out on information. This is not unique to Australia, with a systematic review from the USA noting that both formal and informal kinship carers received less support (Lin, 2014), and a national survey from the USA finding that kinship adopters were both less likely to use services and less likely to want services when compared to other adopters (Merritt & Festinger, 2013).

Consistent with previous research, consultations for this study found a widespread perception among stakeholders that kinship carers received less support than foster carers; and that the amount of support they received was not adequate relative to their needs. Stakeholders said that kinship carers had greater need for support than foster carers as they often have fewer resources to begin with. In addition to lower incomes, it was noted that kinship carers are more likely to have inadequate housing and inadequate access to specialist services because they are more likely to live in remote areas. They are less able to prepare financially prior to becoming carers because they often have children placed with them at short notice. It was also reported that kinship carers are often older than foster carers and have more physical and mental health conditions that require support, including the possibility that Aboriginal and Torres Strait Islander carers may be dealing with intergenerational trauma themselves, associated with past removal from their families.

> *We definitely do have different carers at different levels of capacity. So we will have those carers who are all over it, and that's because they've got a good job, they have a driver's licence, they've got a car ..., I could use the word 'privileged'? You know because they have everything. but then you have ... carers who, they've struggled with, a lot of historical intergenerational trauma, and ... there is that you know,*

> *expectation that they could care-for their children, just as well as the person who is privileged. And there's a gap there. And we provide the same level of support. So even though you might not have a car, you might not have the skills and you've got a lot of trauma, you still are getting, we will come once a month to visit with you, we'll come twice a fortnight to see the children, the level of support is still the same. (Stakeholder 14, Carer support service, ACCO)*

Stakeholders also said that kinship carers often had more difficulty accessing support than foster carers, despite greater need. Stakeholders provided a range of reasons for unequal access to support. These included an expectation from some government agencies that kinship carers could manage on their own, as the child was part of their family, as well as the well-attested lack of time for kinship carers to prepare for becoming a carer or to become familiar with the supports available. Discomfort engaging with government agencies was also seen as a contributing factor (see the later discussion of barriers to service access).

Some jurisdictions appeared to have begun to address these issues by developing tailored programs of intensive support for kinship carers in the first year of a placement, but some carer support agencies and peak bodes suggested that there were still significant differences in the adequacy of support kinship carers received.

> *So, one group is treated like gold with lots of support and lots of training and you know lots of you know, gaps in between and carer's support and the other group is just kind of really just thrown into it, with you know, very limited training … so I think in a lot of ways we really you know, throw some of our kinship carers in the deep end sometimes. I mean we do our best to support them with our first supports and kinship programs and I think they do an excellent job. But in terms of training, or anything like that prior to, there just isn't any. And I think the difference is like a foster carer, um, there's a really big process for a foster carer to become a – an accredited carer. And once they're accredited they're waiting for placements to come. Whereas a kinship carer, it's like a telephone call saying, can you get this child today? (Stakeholder 14, Carer support service, ACCO)*

Fear of engaging with government services among Aboriginal and Torres Strait Islander kinship carers was described as relating to the historical legacy of child removal, and previous negative experiences with government or community support services. Stakeholders also noted that some kinship carers, particularly grandparent carers, resented monitoring and interference by government agencies as they saw caring for their grandchildren as a private matter. In order to properly support kinship carers, stakeholders said it was important for caseworkers to build trusting relationships, premised on the provision of support and a problem-solving approach, not compliance.

> *If it was just calling in for a cuppa and you know, checking in with how things are going, instead of getting out your – your document that says, oh, let's do supervision, (Stakeholder 18, Carer support service, ACCO)*

To address inequities in access to support resulting from lack of knowledge of entitlements, kinship carers were said to need targeted and clear information and advice. This would ensure they understood their rights and responsibilities. Many carer service providers provided training on these topics, similar to the mandatory pre-placement training for new foster carers, and additional training or information sessions on topics like engaging with Centrelink. As with most forms of training, however, stakeholders indicated that training needed to be backed up with one-on-one conversations and ongoing support and mentoring.

Permanent carers and adoptive parents

There is relatively little published information about the needs of permanent carers (or other carers on third-party parental orders). However, it was clear from the evidence review that permanent carers in many jurisdictions are not eligible for the same levels of financial or case management support as other care types (particularly foster carers) despite the children in their care often having similar levels of need. A report by the peak body Permanent Carers Victoria (PCA Victoria) suggests that children and carers under permanent care arrangements need continuous, timely and, at times, intensive support, just as other carers do. The authors of the PCA report further note that supports should be regularly reviewed as the needs of children and carers evolve over time (PCA Victoria, 2021).

However, such supports are not always available or not always accessed by permanent carers. While a lack of contact with the out-of-home care system is a driver for some carers to seek a permanent care option, other carers are reported as avoiding permanent care because they require the additional financial support provided to foster or kinship carers. In Victoria, where permanent carers are eligible for financial assistance, the Victorian carer census reported that permanent carers were actually more likely to access financial supports than foster and kinship carers but had low levels of awareness and use of respite care or of Aboriginal cultural awareness training (EY Sweeney, 2021).

A report by Adopt Change has similarly observed that adoptive families may require post-adoption supports specific to the child's experiences of abuse and/or neglect, removal and time in out-of-home care (Bretherton, 2016). This report also identifies a need for professionals in the social services sector who understand adoption and the needs of adoptive families. However, there is a lack of evidence to support the development and delivery of post-adoption support services, or to understand how they impact child outcomes (Bretherton, 2016).

Aboriginal and Torres Strait Islander carers and children: carer support needs

In many ways, Aboriginal and Torres Strait Islander carers have many of the same support needs as non-Indigenous carers. However, Aboriginal and Torres Strait Islander carers, as well as Aboriginal and Torres Strait Islander children in care, also require some specific forms of support and other considerations that need to be made in regard to their cultural context and the challenges they face interacting with out-of-home care systems.

In many cases the needs of Aboriginal and Torres Strait Islander carers are intensified because of high levels of disadvantage, their remote location, cultural obligations outside of the home, and lower levels of literacy (written and digital). Furthermore, many Aboriginal and Torres Strait Islander carers and stakeholders consulted for this project spoke of the children in their care's common experiences of trauma, complex behaviours and need to access culturally and locationally appropriate health and wellbeing services. While these support needs pertained to the child in their care, access to these services was seen as an important contributing factor to the carer's own experience of care.

Overall, there is very limited literature describing or evaluating effective strategies to support Aboriginal and Torres Strait Islander carers. However, the 2015 Out-of-home Care inquiry (Senate Community Affairs Reference Committee, 2015) recommended streamlining the assessment process for Aboriginal and Torres Strait Islander kinship carers and utilising the Winangay kinship resources[2] to 'improve relationships between carers and child protection authorities' (recommendation 36). The Winangay kinship resource was also mentioned several times in both government inquiries and Australian literature reviews (Community Affairs Reference Committee, 2014; Royal Commission, 2017; Senate Community Affairs Reference Committee, 2015; Thomson et al., 2016; Walsh et al., 2018).

In addition to the supports raised throughout the previous sections, key Aboriginal and Torres Strait Islander stakeholders suggested that Aboriginal and Torres Strait Islander carers can benefit from specific advocacy supports, the support of ACCOs and a culturally competent workforce. These are briefly discussed below.

Advocacy

An important component of the work undertaken by support agencies for carers was advocacy or assistance in navigating the bureaucracy of the government and carer support systems. For some Aboriginal and Torres Strait Islander carers, their support agencies provided a bridge between themselves and the government departments and undertook advocacy for the needs of the carers. This helped to limit carers' interactions with government departments and made navigating requests and other concerns easier.

Aboriginal Community Controlled Services

This form of advocacy and mediation was reportedly most effective when provided by an ACCO. Thomson and colleagues (2016) reported that there have been 'notable successes' where ACCOs have been adequately funded to develop and deliver culturally sensitive services to support Aboriginal and Torres Strait Islander carers. McGuinness and Arney (2012) similarly noted that recruitment, training and support for Aboriginal carers is 'best conducted by Aboriginal people through Aboriginal organisations' (page 34). The Family Matters campaign also calls for support for a strong well-supported Aboriginal and Torres Strait Islander community-controlled service sector to provide services to Aboriginal and Torres Strait Islander children and young people and their families (Hunter et al., 2020). There is broad support for this approach, with two recent Royal Commissions noting the importance of ACCOs in providing services and support (Commonwealth of Australia, 2017; Royal Commission, 2017; Senate Community Affairs Reference Committee, 2015).

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[2] Winangay have developed a range of kinship carer assessment tools including tools specifically for Aboriginal and non-Indigenous kinship carers: winangay.com/resources

Many Aboriginal and Torres Strait Islander carers in the consultations also felt that Aboriginal and Torres Strait Islander service providers were better equipped to provide them support, both in terms of understanding their needs and providing a culturally safe environment.

> *These mob … I tell you, they come around on home visits and everything. And sit down with me … They listen. We always have a yarn, sit down … and that. That's why I've got a lot of time for [them] because I know for a fact I do get help. (Carer 25, Foster and kinship carer, Indigenous)*

However, although most Aboriginal and Torres Strait Islander carers appreciated the culturally safe support that could be provided by ACCOs, some also noted that such agencies sometimes lacked the resources or capacity of mainstream agencies.

Culturally competent statutory and carer support workforce

Regardless of whether carers were supported by Aboriginal and Torres Strait Islander organisations, key stakeholders indicated that cultural competency training for government staff and support agencies was a core need for carers. This, it was said, would improve government and service understanding of cultural nuances and the needs and cultural safety for Aboriginal carers and children.

> *Training of the people in the child protection system on what the actual role of the foster carer or kinship carer is and really improving their training and their cultural understanding and respect and appreciation … cultural competency is never ending. So it's not a once-off training. It's continued revisiting. (Stakeholder 17, Peak body/advocacy, ACCO)*

Improving the cultural competency of mainstream organisations and workers was also linked to a need for mainstream organisations providing (or funding) more resources for carers in local community languages as a mechanism to support connection and identity for both the carer and the children in their care.

> *I don't think that as a sector we do that well to our Aboriginal carers, because we just don't have enough resources in language; we just don't do that properly. (Stakeholder 09, Peak body/advocacy)*

6.4 Barriers to accessing support

In the previous discussions of carer challenges and carer support needs, access to services was raised as both a significant challenge and as a major factor in assessing carer support needs. This section brings together the main barriers to carers use of existing supports and services (including training) and discusses how these differed for different carer groups. The key barriers to service and support access were:

- geographic barriers
- inadequate or confusing information about supports
- time pressures
- carer reluctance to use services due to fear or mistrust.

Geographic barriers

As has been noted throughout this report, carers in remote or regional areas commonly experienced difficulty accessing carer specific supports and services, such as carer recruitment and support as well as universal services such as child care, health services or specialist developmental or paediatric services. Although carer support services tried to provide outreach services to remote and regional locations, this was often expensive to provide and intermittent in delivery. A lack of transport and accommodation for service staff presented an additional barrier to providing support.

> *They [carers] need specific training, which we just can't get up here. You may get it in [city] but – it's very expensive … to run the training foster carers need we need more funding to get specialised people. (Stakeholder 05, Carer service provider)*

> *It could easily be a six-month wait for a young person to get into a psychologist. It's really hard. You know, even to take our girls to see a paediatrician we travel to [town], which is a two-and-a-half-hour trip … We've got the funding but we don't have the services to be able to use it. (Carer 08, Foster carer, non-Indigenous)*

Lack of access to respite care in remote and regional areas was a particular issue. While access to respite care was identified as an issue for all carer types in all locations, this was particularly marked in remote and regional areas.

Geographic isolation was identified as a particular barrier for Aboriginal and Torres Strait Islander carers in rural and remote areas. This not only affected carers' ability to access services but was even described as affecting placement decisions and compliance with the Aboriginal Child Placement Principle, with some government agency representatives describing tension in the decision about whether to place children with complex needs with family in remote communities or in town close to services.

> *We had a number of children that we transitioned to remote kinship placements as there was a family that wanted to care for these children but … I guess decided really from the outset that they were too high needs and, what that looks like for case management on the ground is a phone call saying, you know, this child is not coping, in fact they should be back in town because they've got more services … though they might have better services in town actually some things are better for the soul and – this community had lack of services. The service to them was just their own family. Healing them, looking after them spiritually. (Stakeholder 07, Government)*

Online training and support was one way in which services tried to reach carers in regional and remote areas, and the shift to online delivery under COVID-19 was seen as actually benefiting some regional and remote carers by forcing a shift to more online service delivery and peer networking (see the discussion in the following chapter). However, online access could also be problematic for carers with limited internet access due to their location, lack of financial resources or lack of comfort with technology, with the latter especially true for some older carers and Aboriginal and Torres Strait Islander carers.

> *If there's a person who doesn't have a phone or they don't have access to the computers or that kinda thing, they can't just go searching up. People say oh, jump online, you can search it up. Well, we don't have computers … You know, especially for older people. They never had computers back in their day so you think they're gonna really have computers now or even know how to use a computer? (Carer 02, Foster and kinship carer, Indigenous)*

Delays in timely access to services

Long waiting times for support services and restrictive service opening times were also regularly cited as barriers to service access.

Long or limited waiting lists were particularly an issue for carers seeking to access specialist services. This was stressful for carers and could affect child wellbeing and contribute to placement breakdown.

> *Another problem with foster care is waiting for the help and waiting for paediatrician appointments, it can be months. You know you've got carers that … If you called today, you won't get in this year, to see a paediatrician. And these are big behaviours that people are dealing with daily. So that's a long time to wait, like asking them to wait a week for that appointment is long … Meanwhile their behaviours are increasing, the stress in the home is increasing and then that leads to placement breakdown. (Stakeholder 13, Carer service provider)*

Although carers noted that they could sometimes get specialist service appointments faster via the private health care system, this required them to pay for services themselves, thus contributing to their financial burden.

Inadequate or confusing information about available supports

Perhaps the most common theme in discussions of carer access to support, both in the research literature and the project consultations, was poor communication about available supports and a subsequent lack of carer knowledge about what services and supports they were entitled to or how to access them. Information about available services was often described as either lacking or, when it was provided, unclear, inconsistent or confusing, especially for older carers, Aboriginal and Torres Strait Islander carers and carers with English as an additional language.

> *So if you don't know to ask for a service because you just don't know it exists, how do you know what to ask for? So it's about providing information. And I don't think that as a sector we do that well to our Aboriginal carers, because we just don't have enough resources in language. (Stakeholder 09, Peak body/advocacy).*

> *When I first became a carer, I didn't know I could apply to Centrelink for Health Care Cards. Nobody in [government] ever told me that I could apply for a Health Care Card [and that] I could apply for family tax benefit for the kids … Nobody ever told me that those services were available … I had no idea that I was entitled and when I went around to Centrelink they went 'oh God, you know, you've been doing it for a couple of years. I can't backdate it.' (Carer 31, Foster carer, non-Indigenous)*

Lack of clear or consistent communication was seen as a particular issue with regard to discretionary financial supports, because even when carers were aware of the support, they were not always aware of how to apply or how to make claims or record their expenses; hence, even when service providers tried to advocate on the carer's behalf, they could face difficulties obtaining a reimbursement on their behalf.

A lack of clear, consistent and accessible information about supports was described as a problem for all carer types but was, as has been noted, a particular issue for kinship carers and Aboriginal and Torres Strait Islander carers. In many instances peak bodies and advocacy groups attempted to fill the gap in providing information about supports (and were sometimes funded by governments to do so). However, adoptive parents and permanent carers in states where they lacked government support or did not have an officially recognised peak body could also face difficulty accessing relevant information about support.

> *Another thing while we're working with the department is to how to make sure that people coming into permanent care know that we're there; and where to link in to once their order has gone through. The adoption community is very different, it's only by word of mouth [that people find out about support available]. (Stakeholder 21, Peak body/advocacy)*

The lack of information about entitlements or supports was compounded by a lack of clear communication about why certain funding decisions were made or what could lead to requests for financial support to be approved or rejected. This was described as contributing to carer frustration with services and with the out-of-home care system, and thus was a potential barrier to them continuing in their care role.

Time pressures

Another regularly cited barrier to service access was the time required to attend training, support services or specialist appointments. Because such appointments were commonly in working hours, this was particularly an issue for carers who worked full-time.

> *Lots of our carers work full-time, have their own families and competing demands. (Stakeholder 18, Peak body/advocacy)*

Again, kinship carers could have particular issues in this regard due to the suddenness with which they began their caring role. In particular, finding the time to attend carer training could be difficult because of the pressure they experienced of managing a new child in the household without previous preparation.

Mistrust of government or mainstream services

Another common barrier to accessing support identified in the consultations was carer fear or mistrust of government services. This was sometimes allied with a view that services were poor quality, harmful or unsafe for carers. The evidence suggests that mistrust or fear of government or service providers is particularly prevalent for Aboriginal and Torres Strait Islander carers due to previous experiences of trauma experienced by them personally, by their mob or by other community members. This included a legacy of colonisation, dispossession and the Stolen Generations as well as more recent experiences of systemic and direct racism, currently high rates of Aboriginal children being taken into out-of-home care and a perception that child protection systems do not understand or recognise cultural authority or traditional child-rearing practices (Hunter et al., 2020, p. 122). As a result, some Aboriginal and Torres Strait Islander carers may be reluctant to engage with statutory systems or service providers and this may prevent them from receiving the support and training they need or would like (Thomson et al., 2016).

> *I think too, with kinship carers, particularly those that are grandparents, grew up in a different generation and have lived through some of those historical policy decisions, so there's that um, mistrust in the department. (Stakeholder 18, Carer service provider, ACCO)*

> *There's a lot of worry and fear. I know from the carers I talked to, one carer opted not to have an interview. They were worried that I was compliance checking them as a carer versus trying to find out what the support needs were and so they just had a fear. They didn't want to talk to me about that. They just worried too much so I think that's something that does live in the back of people's minds. … And that goes to the history and the legacy of the space. (Stakeholder 07, Government)*

While mistrust of government or government-funded services was identified as a particular issue for Aboriginal and Torres Strait Islander carers, some service providers and government representatives also relayed experiences of non-Indigenous kinship carers who were similarly reluctant to seek help because of a fear of government services and systems. These carers felt that their parenting was being monitored or judged, or that if they asked for support, they would be seen as not coping. Many kinship carers were said to find caseworker visits intrusive and burdensome. This was in part due to fear or mistrust of government but also a view that it was not appropriate for the government to be monitoring their parenting or grandparenting.

> *We need to provide that supervision to carers once a month. I think in kinship it – it's just so difficult because a lot of them are grandparents, they don't want anybody to be supervising the care that they're providing their grandchildren. So, I think, you know you have that um – you know the – the oppositional, you know, behaviours from parents that it's probably, you can avoid if you didn't have to do that. … And foster carers are a bit different because they do training and they know that that's an expectation, but like sometimes there is resistance. (Stakeholder 18, Carer service provider, ACCO)*

6.5 Chapter summary

This chapter provided a high-level overview of carer needs and supports and the main identified barriers to accessing services.

The key identified carer needs included financial support, training, support with transitions, positive relationships with caseworkers, respite, help with birth family relationships, access to specialist services, and peer support. The evidence review and consultations suggested that many carers already access such supports and services, and they can be of great benefit, although rigorous evidence for the most effective supports for either retaining carers or improving child outcomes is still lacking. However, the consultations also revealed variance and inconsistency in the levels of support that carers in different jurisdictions, or across different care types, were eligible for. For some carers, this could lead to significant hardship and potentially to placement breakdown.

This chapter also explored the ways in which support needs, and the accessibility of services, differed for different carer types. Overall, the research found that kinship carers – including many Aboriginal and Torres Strait Islander carers – often receive less support than foster carers despite commonly having fewer financial resources than foster carers. This appeared to be, in part, a result of a lack of preparation for their caring role and a subsequent lack of knowledge about entitlements. The literature and consultation further suggested that some kinship carers are less likely to seek contact or support from statutory and carer support services than are other types of carers. Hence, stakeholders and carers identified a need for clear information and advice about support for all carers but especially for kinship carers and for Aboriginal and Torres Strait Islander carers. This support was described as most effective – and likely to be accessed – when premised on support and trust rather than compliance. Permanent carers and adoptive parents are not eligible for government supports despite the assertions of the agencies that support and advocate for them. Permanent carers and adoptive parents also often need support, particularly as the child in their care ages and their needs evolve over time.

Aboriginal and Torres Strait Islander carers were shown to have many similar needs for support as non-Indigenous carers; however, these needs could be intensified due to higher levels of socio-economic disadvantage, geographic location and challenges accessing the government systems. Carers are likely to benefit from assistance in navigating statutory and support services, the delivery of services by ACCOs, and support from an out-of-home care workforce that is culturally safe.

This chapter also presented findings on barriers to support. These included challenges of accessing support or services in regional or remote areas, issues with using technology to access services, long wait times for services, a lack of knowledge of available supports or inconsistent advice about eligibility, and a lack of time to attend training or appointments. Aboriginal and Torres Strait Islander carers, in particular, were described as sometimes being reluctant to seek contact with government and carer support services due to the legacy of past child removal practices, current high rates of child removal as well as current negative experiences of systemic racism or culturally unsafe services.

7 The impacts of COVID-19 on carers and out-of-home care services

7.1 Government and service responses to COVID-19

This chapter outlines some of the measures and supports provided by Australian governments, as well as service delivery changes made by child, youth and family services, in response to COVID-19. It also describes some of the effects on carers of the COVID-19 pandemic.

In response to the COVID-19 coronavirus pandemic, Australian governments introduced a range of measures and supports in early 2020. These included social distancing measures and financial supports for individuals, families and businesses that were designed to reduce the spread and cushion the economic impact of COVID-19. State and territory governments also provided specific additional support to carers and services working with carers. For example, foster carers and kinship carers in Victoria received a one-off $600 payment for every child in their care, and support services received additional funding to help increase their capacity and adapt to remote delivery (Premier of Victoria, 2020).

In terms of non-financial supports, the DSS prioritised communicating regularly with carers and services to share COVID-19 related information and gather feedback about the impact of the pandemic. The DSS also made contingency plans for children in care who contracted the virus. These included finding suitable housing that would allow them to self-isolate and ensuring appropriate medical care was available (Ministers for the Department of Social Services, 2020). States and territories allowed flexible arrangements for young people leaving care during the pandemic. Community organisations also adapted their service delivery models to enable remote delivery in response to the pandemic (Ministers for the Department of Social Services, 2020).

There is still limited published information on how these changes were experienced either by service agencies or carers. In a national survey of 744 community sector workers that included child, youth and family services, around three-quarters of respondents were positive about the range of government supports made available during the pandemic. However, some commented on the lack of funding available to volunteer agencies despite them experiencing the same changes in demands and operational requirements as other community organisations (Cortis & Blaxland, 2020).

In this same survey, 71% of respondents reported that the child, youth and family services they represented stopped face-to-face delivery for all or most of their services. While some were forced to cease operations entirely, many moved to remote delivery, with varying degrees of success depending on technological capabilities and infrastructure (Cortis & Blaxland, 2020). While this survey was not specific to the out-of-home care sector, the findings give an indication of the possible experiences of statutory child protection and carer support services.

Aboriginal and Torres Strait Islander services were less likely than other services to have stopped face-to-face delivery, which potentially placed staff at greater risk than other workers of contracting the virus (Hunter et al., 2020).

7.2 Impact of COVID-19 on out-of-home care related services

Consultations with carer service providers and support agencies suggested that COVID-19 had prompted an increased shift to remote provision of out-of-home care services. This often entailed the online delivery of services or training but could include telephone consultations and check-ins or the use of other media platforms.

> *We're now using the telephone a lot more and we've, in the past, thought about it as, you know counselling for emergency services, but we're using the telephone a lot more … phoning them to give them information as we unpack that issue. So, it's individualised training, as best we can deliver it, in limited resources. (Stakeholder 15, Peak body/advocacy)*

As discussed below, there were some perceived benefits to this mode of service provision but a number of stakeholders also reported significant challenges, particularly for service provision to carers living in rural and remote communities where there was a reliance on community visits delivered by their service provider.

> *So we couldn't … go out there and help our clients, you know, give them support they needed. That was a bit hard, just trying to support them … some can go without food or some could need some assistance with stuff and we're like, we can't help. You know, we just have to keep our distance. (Stakeholder 01, Carer service provider, ACCO)*

Several stakeholders reported that COVID-19 had affected recruitment, with several finding it extremely difficult to bring on new carers due to the inability to conduct in-person events.

> *It had significant impact on recruitment, too. So [name] really struggled to recruit in [location] during that period of peak COVID impact, and therefore the service was being provided at a minimal level for quite a while. (Stakeholder 10, Government)*

While one study had predicted that COVID-19 would result in an increase in carers (Galvin & Kaltner, 2020), this appeared not to have eventuated. However, one stakeholder shared that there had been an increase in interest from people looking to become carers but this hadn't translated into an increase in carer recruitment because the motivations of these prospective carers were not necessarily aligned to the agency's requirements.

> *They had more time, and they were considering their options. That spike didn't necessarily follow through to authorisations, because people were looking at it sometimes as a short-term means while they were locked down in COVID, or as a job; they were looking at it thinking that it was going to be an income stream. So it didn't necessarily work. (Stakeholder 06, Carer support service)*

Stakeholders also noted that COVID-19 had resulted in increased pressures on caseworkers. This was attributed both to an increased workload as a result of changes in contact and the need to establish new systems and forms of service delivery. Challenges were also reported for caseworkers and other staff working at home, without their peer support networks. Unclear information for caseworkers and agencies and difficulties in understanding what advice they should be providing to carers was also identified as a challenge – particularly early in the pandemic.

> *In many ways it really stretched caseworkers support of carers at a very uncertain time, where people weren't clear about what advice they could be giving. (Stakeholder 02, Government)*

7.3 Impacts of COVID-19 on carers and children

Given the recent nature of the COVID-19 pandemic, there is only limited literature exploring the effects of COVID-19 on carers or services that support carers. At the time of review, there was no peer-reviewed literature on this topic. Hence, this section discusses findings from the grey literature that has been published in Australia at the time of the review.

Reports published by Ernst & Young (EY; Galvin & Kaltner, 2020) and the Research Centre for Children and Families (Collings et al., 2021) were among the only examples of research that specifically addressed the impacts of COVID-19 on carers and out-of-home care related services. This research was also in part speculative, discussing possible effects of the pandemic rather than the known effects. The NSW Carer Survey (My Forever Family, 2020) also included some questions on COVID-19 and the impact on carers and children. Several other Australian organisations including Kids Helpline, Foster Care Association WA (2020), the Australian Council of Social Services (Cortis & Blaxland, 2020) and the Commission for Children and Young People (2020) researched the effects of COVID-19 on different population groups, providing some insights into the experience of carers and related services.

This research, although often undertaken relatively early in the pandemic, suggested that carers were put under increased strain by school closures, reduced access to in-person therapeutic support, imposed limits on movement outside of the home, and the unavailability of respite during lockdowns (Cortis & Blaxland, 2020; Galvin & Kaltner 2020). Cortis and Blaxland (2020) also noted the effects of carers' sometimes limited access to JobKeeper or the Coronavirus Supplement, and growing anxiousness.

Child, youth and family services, responding to a national survey, reported seeing increases in family breakdown and child protection due to stress connected to the pandemic and increased staff burnout as a result of growing personal and workplace demands (Cortis & Blaxland, 2020). These findings were largely in line with the NSW Carer Survey, which reported that the greatest challenge for carers during COVID-19 was to do with education; home schooling in particular. Carers in this survey also reported anxiety and stress, and difficulty with birth family contact as well as reduced access to specialist services, respite, financial hardship and a loss of connection with other carers (My Forever Family NSW, 2020). The increased vulnerability of children due to the reduction of outreach services caused by the pandemic was also highlighted.

Collings and colleagues' (2021) research focused on understanding how the needs of carers in New South Wales changed as a result of the pandemic, with a particular focus on Aboriginal carers accessing informal and community-based support. Their research drew on empirical data from My Forever Family phone records, surveys with out-of-home care agencies and ACCOs, interviews with Aboriginal community members and composite case studies from carers accessing specialist services. Results showed that most of the agencies surveyed (89%) received more support requests from carers because of COVID-19. Requests generally related to children displaying internalising and externalising behaviours, managing their own mental health, access to respite, and facilitating online family contact arrangements.

According to the composite case studies, carers had greater support needs because of job loss, social isolation, partners becoming abusive, the effects on children caused by disrupted routines, a reluctance to comply with COVID restrictions, and changes to contact arrangements with biological parents. The researchers suggested that past experiences of disruption and trauma made it particularly difficult for young people in care to cope with the changes caused by the pandemic. Collings and colleagues (2021) warned of reduced carer satisfaction due to the absence of in-person visits from caseworkers and unmet respite needs, and the destabilising impact it could have on placements.

Having unmet technological needs was another major theme in the research. Findings from across all data sources showed that some carers could not access fundamental remote learning resources such as computers and internet access. Older carers often lacked digital literacy skills and/or confidence, which made it difficult to facilitate remote learning and family contact arrangements. Interviews with Aboriginal community members highlighted that governments and services unfairly assumed that families had access to technology and could navigate online learning and communication processes and tools. The authors believed that these assumptions contributed to financial stress for carers and poor education outcomes for Aboriginal children.

The 2020 Family Matters Report (Hunter et al., 2020) also included a chapter on the impact of COVID-19 on Aboriginal and Torres Strait Islander children and families. It detailed information collected by the Family Matters campaign from ongoing discussions with 50 services working with Aboriginal and Torres Strait Islander families during the pandemic. These services reported that COVID-19 and associated government responses had a disproportionate impact on Aboriginal and Torres Strait Islander organisations and kinship carers. The report noted that Aboriginal and Torres Strait Islander people aged 50 years and older were at greater risk of contracting the virus and experiencing complications that could compromise the health and wellbeing of kinship carers (many are grandparents) and create significant staff losses for services.

Hunter and colleagues also noted that services contacted by Family Matters described the burden placed on carers due to COVID-19 social distancing measures and lockdowns, which resulted in increased home education and changes in contact arrangements between parents and children. The effect of these measures was disproportionately experienced by Aboriginal and Torres Strait Islander kinship carers due to their often-higher levels of socio-economic disadvantage and children with complex needs (Hunter et al., 2020).

In some respects, the findings from the project consultations differed from the research findings in that some carers reported minimal effects, or even positive effects, due to the opportunity it gave them to keep their children at home. These responses appeared to be, in part, due to many of the consulted carers living in jurisdictions that had experienced minimal impact from COVID-19 (such as Western Australia, Queensland and the Northern Territory) or then being consulted before the longer lockdowns of 2021 had taken place (e.g. in NSW).

In many ways, the general experiences of COVID-19 were similar for both Aboriginal and non-Aboriginal carers, across all cohorts and jurisdictions, even though the impact of COVID-19, including the rules and restrictions, varied. It should also be noted that due to the changing nature of COVID-19 there may be a lag in identifying the long-term impacts.

Many carers consulted for this study reported that they were not overly affected, and some even expressed that they 'loved it'.

> *I liked COVID because it meant I could keep my kids home and they all have PTSD. So their anxiety of managing school, the noise, the change, and then we kept them all home and they were so settled, it was so lovely. (Carer 28, Foster and permanent carer, non-Indigenous)*

However, other carers, especially those subject to longer lockdowns or community isolation due to the pandemic, reported significant challenges. These largely reflected those identified in the evidence review, with challenges around home schooling, restricted activities and movement, financial hardship, isolation, limited supports, disrupted routines, challenging behaviour and difficulties maintaining contact with birth families.

Home schooling was identified as a particular challenge for carers, especially those caring for children with complex needs. Children who were unable to go to school, or whose carers were unwilling to allow them to go to school, reportedly missed access to their day-to-day supports in the school environment, or their routine was disrupted. This could be extremely difficult for children with developmental and behavioural challenges. Although many children in care were still able to attend school during lockdown, the school environment was also perceived to be less supportive than usual due to changes in regular routines such as the regular teacher not being available, which would heighten challenging behaviours.

> *I guess like our kids struggled with it absolutely, [name redacted] being autistic is used to her routine and schedule and that kind of thing. So she couldn't – she was struggling to understand why we had to be at home, why she couldn't go to school that kind of thing. (Carer 08, Foster carer, non-Indigenous)*

> *Home-schooling was an issue for some. Particularly those high-needs kids … Those carers only respite was when those kids went to school and now they had a sibling group of six or more at home running amok and these carers were expected to home school them. (Stakeholder 27, Peak body/advocacy)*

Peak bodies and some carer support agencies also reported that financial hardship was an issue for some carers accessing their services, and for kinship carers in particular.

> *Everybody's suffered some financial hardship, but kinship carers were living so close to the poverty line that a good many of them have been pushed over the edge as a result of all of this. (Stakeholder 15, peak body/advocacy)*

Carers and stakeholders identified challenges related to changes in service provision, such as decreased contact from caseworkers, which resulted in carers feeling unsupported and isolated. However, there was also an understanding that support workers and agencies were experiencing increased pressures on their time. Consistent with the suggestions by Galvin and Kaltner (2020), some carers also reported a decrease in access to respite care.

> *Haven't heard nothing from them at all. It was up to me again to find respite carer, to organise it. So, this is the shit I go through all the time, you know. And this is where the breakdown in kinship care and any care goes when you're not getting that support for these children. It's mentally draining. (Carer 27, Kinship carer, Indigenous)*

Carers and stakeholders also noted challenges associated with navigating online contact, training and support. While for some carers this provided valued flexibility, many carers maintained that face-to-face service delivery was preferable. Furthermore, not all services were able to be provided online, and access to services and supports was reduced for some carers. COVID-19 also exacerbated the digital divide for carers without technology or with lower levels of digital literacy. Some services were able to provide laptops, while others did not have funding.

One of the most significant impacts of COVID-19 reported by both carers and stakeholders was to do with family contact visits. In many cases, face-to-face visits were cancelled or moved online, where technology allowed. However, some carers and stakeholders reported that online contact was not possible due to limited access to technology or limited technological proficiency. One jurisdiction also reported that face-to-face visits continued without the support of caseworkers and this had been problematic, especially when there was the potential for conflict.

As expected, the impacts and unintended outcomes of COVID-19 on carers and care arrangements varied in both type and severity depending on where carers lived and the rules and restrictions specific to their state, territory or region. Carers in remote communities, for example, experienced their own particular challenges with service provision.

> *Everyone got sent back to community who might have been in town from a remote community … we weren't able to run any carer activities or functions. Doing home visits … there are real barriers around home visits. We had to be outside and it's hot or rainy or, you know, that really limited our service and we had to work from home and that was a real challenge for us … sometimes accessing people by phone is ineffective because in families here sometimes, there'll be one phone and a lot of people have it. (Stakeholder 08, Carer service provider, ACCO)*

Positive outcomes of the response to COVID-19

Despite the challenges associated with COVID-19, carers and stakeholders (across all cohorts) felt that there had also been some unexpected positive outcomes and initiatives that should or will continue to be enhanced in a post-COVID environment. For example, the shift to remote meetings, check-ins and training reduced the burden on carers' time and allowed more flexibility.

> *Suddenly everybody was Zooming and, Teams is our choice. And we find actually that now we're into a pattern that we're not having to travel to town for a lot of meetings, we actually just simply sign in and away we go. (Carer 13, Foster carer, non-Indigenous)*

Several stakeholders spoke of improvements they have made in their digital and online offerings. While several commented on the initial difficulties in establishing these, they felt that COVID-19 somewhat forced them to rapidly enhance their capabilities, and the uptake by carers has shown that these efforts have been successful. Specifically, stakeholders referenced the expansion of online training options and improvements to online access for information sharing, feedback and carer approvals such as financial reimbursements. Broadly, these were seen as reducing geographical barriers to access, enabling flexibility and increasing the digital literacy of carers.

> *But I guess what has come out of it, is that you know, carers are probably being skilled in technology issues … [they] were delivering face-to-face training, as well as online training. [They] were able to shift into a more expanded version of online training and carer feedback has been very positive. Because particularly outside [city], where you know the distance to travel for carers to get to training can be quite huge. Being able to have that access to supports and training online, they [carers] saw as a win-win outcome. (Stakeholder 02, Government)*

Impacts of COVID-19 on Aboriginal and Torres Strait Islander carers and/or children

The research by Collings and colleagues (2021) suggests that Aboriginal carers experienced the pandemic differently to non-Aboriginal carers. Aboriginal carers tended to seek help with financial matters and navigating an increasingly online world (whereas non-Aboriginal carers sought help with challenges related to children's changing behaviours). Access to informal networks, including Aboriginal workers and organisations outside of the out-of-home care system, was found to be critical in supporting Aboriginal carers during the pandemic.

One benefit of the change in service delivery associated with COVID-19 identified by some Aboriginal and Torres Strait Islander carers was a reduction in face-to-face visits by caseworker and out-of-home care staff. The reduction of people coming into the home was expressed in terms of increased cultural safety. Aboriginal stakeholders echoed this sentiment, with one stakeholder commenting that the 'telehealth' model allowed carers to speak more freely. Conversely, they noted that it could also be difficult to manage as support workers were less able to see who was in the home when having confidential discussions. Most Aboriginal and Torres Strait Islander carers consulted for this study did not feel that COVID-19 created significant challenges; in large part because they were in locations that had escaped significant lockdowns. The challenges they did face were broadly similar to those of non-Indigenous carers; however, there were some specific issues experienced by Aboriginal and Torres Strait Islander carers and children and some that had a significant impact. For Aboriginal and Torres Strait Islander carers living in rural and remote communities, COVID-19 compounded their existing challenges related to access to appropriate, affordable and timely goods (groceries) and services (medical and specialist).

> *They were not able to access medical services … unless it was urgent and they got flown in for it, you know, there was not, they weren't able to – 'cause often people come into town to buy goods and to stock up and because things are so, you know, triple the price out in a remote community, not able to visit with family or see other people living in different locations, and I think they were stuck, you know. So if they needed, something was really hard to get. (Stakeholder 08, Carer service provider, ACCO)*

Restrictions on travel were also described as limiting children's ability to maintain connections with birth family or cultural connections. This, in turn, was associated with an increase in challenging behaviours.

> *Another one that was brought up [by carers] often was difficulties when there's restrictions on movement, connecting children with their parents during contact visits and being able to do cultural activities and supports. So, it can breakdown those ways of keeping children connected to their culture and that affects children's wellbeing and can exacerbate behaviours and create challenges for carers to support and manage children and get the best outcomes for them. (Stakeholder 17, Peak body/advocacy, ACCO)*

7.4 Chapter summary

This chapter provided a very broad overview of the recent grey literature and carer and stakeholder views about the impact of COVID-19 on carers and carer support services.

As a result of COVID-19 there was a significant and visible shift to increased remote provision of services or training via video conferencing or telephone. There is as yet no evidence of the effects of this on service effectiveness, and carer and stakeholder views on the shift were mixed. Although remote service delivery meant that services could continue to be delivered, some services reported challenges supporting carers who lived in rural and remote communities, had limited access to technology or who simply preferred or needed face-to-face contact. However, for many carers, remote service delivery had many positive benefits and reduced barriers to service access by allowing for greater flexibility, bringing services to areas that may not have had them and by increasing a sense of cultural safety for some Aboriginal and Torres Strait Islander carers.

COVID-19 also reportedly affected services' ability to recruit new carers due to a reduced ability to conduct in-person recruitment and assessment. The effects of COVID-19 on carers and children are still to be fully understood and experiences of the pandemic also varied significantly across Australia and thus had varying effects. There is as yet limited research on this topic and most of the research that has been published is not peer-reviewed. The existing research suggested that during the pandemic many carers had greater support needs and sought out more support for their mental health, respite, facilitating online family contact arrangements, and challenges associated with child behaviour. The evidence review and consultations also identified challenges for carers associated with financial hardship, home schooling, social isolation, job loss, disrupted routines, decreased access to services in some instances and challenges with family contact.

Aboriginal and Torres Strait Islander carers, particularly Aboriginal and Torres Strait Islander kinship carers, have been reported to have disproportionately experienced the negative impacts of the COVID-19 pandemic due to their social and economic disadvantage as well as difficulties maintaining contact with kin and community or taking part in cultural activities due to travel restrictions. Carers in remote communities experienced challenges accessing goods and services.

However, because the carers and stakeholders consulted for this study were located in areas with very different experiences of the pandemic (and of associated government responses) they also expressed a wider range of views about the effects of COVID-19 than were found in the existing literature. In particular, several carers consulted for this study reported that they were not overly affected by COVID-19 or even enjoyed home schooling. As noted above, many also appreciated the shift to online service provision and the greater flexibility it afforded.

8 Summary of project findings and key considerations

This chapter summarises the key findings of the evidence review and consultations; it addresses some overarching findings as well as more specific findings relating to the research questions. This chapter also outlines some key practice principles identified in the research that can potentially improve outcomes for carers and carer support. These principles largely sit within the responsibilities of state and territory governments. Some key priority areas for action – that are potentially actionable at a national level through collaboration between the Commonwealth and the jurisdictions – are also identified. Finally, the chapter closes with an outline of identified gaps in the evidence or publicly available data.

8.1 Overarching findings

There were a number of themes that emerged from the evidence review and consultations that cut across the specific research questions discussed in the sections that follow. These included:

- recognition of the challenges and contribution of carers
- the role of child needs in carer support
- the differences between kinship care and other more planned forms of care
- the inconsistency of supports provided
- the overall lack of evidence for the effectiveness of carer supports.

The contribution that carers make

Caring for children who have been removed from their families of birth is an essential community service and is often challenging. This can be the case no matter what the care placement type or permanency outcome. Children in out-of-home care have often experienced trauma or neglect and can have significant developmental, mental or physical health issues. Recognition of the challenges of caring is embedded in this project's rationale and is referenced throughout this report. However, it is worth reiterating the point that in addition to specific supports for carers (see the following sections), there needs to be adequate official and practical acknowledgement of the importance of the caring role, of carers' contributions to child wellbeing, and of the challenges and sacrifices (as well as rewards) experienced by carers.

It is in the context of these challenges and sacrifices that there has been some discussion, in the literature and with stakeholders, of the need for 'professionalisation' of the caring role. Professionalisation can have several distinct meanings. One refers to professionally trained therapeutic carers who provide specialised care for children with complex needs. Although there is, as yet, little research evidence for how child outcomes are affected by the provision of professional home-based care (such as foster care), stakeholders told us this form of care can be very valuable – particularly in the shorter term or in respite care.[3]

However, given current policy settings and the numbers of children entering out-of-home care, this form of professional care can only comprise a small proportion of the total carer pool and it is most applicable as a form of respite care or specific forms of foster care. The reality is that an increasing proportion (and number) of carers are kinship carers. Kinship carers have often had limited training and, in common with other long-term carers and adoptive parents, have usually taken up caring out of a desire to look after a child and/or to build or maintain a

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[3] Note that residential care and therapeutic residential care were out of scope of this study.

relationship. That is, this is not a professional choice and discussion of equipping these carers with professional skills was to miss the point of how such carers should be supported.

Professionalisation in this context was thus described by stakeholders as a form of recognition of the work that carers do, as increasing compensation to carers for the financial and emotional sacrifices they often make, and of the need to recognise that carers frequently have expertise and insight about a child's needs. Some of the specific avenues for recognition are described in the following sections, but recognition should form a key principle of policy and practice.

The role of child needs in carer support

This report was focused on specific supports and training for carers. Hence, services and supports for children in out-of-home care – and the best ways to address child needs – were largely out of scope. However, the relationship between carer needs and child needs was a consistently emerging theme in the evidence review and, in particular, the consultations. That is, carers or adoptive parents looking after children with more complex needs usually had greater need for support, training and financial assistance.

In some jurisdictions, and for some placement types, the training and supports offered reflected the level of child need but this was not always or inevitably the case. In particular, there were instances where there had not been an assessment of child or carer need as well as instances where the child's placement type affected the carer's eligibility for, or access to, support or compensation. This was particularly true for kinship carers, who in some jurisdictions were eligible for lower levels of financial support than foster carers, and for permanent carers and adoptive parents who in some jurisdictions were not eligible to access compensation or specialist supports. This had clear implications for the adequacy of the support that carers received.

As we also note throughout this report, carers' ability to access specialist services for the children in their care also affected their ability to meet the needs of the child in their care. This, in turn, had potential implications for carer satisfaction and carer retention. Carers who were unable to access specialist supports, such as mental or physical health supports, for the children in their care expressed high levels of dissatisfaction, and this could potentially affect their ability or willingness to continue as carers, either with their current child/ren or in the future. Thus, any consideration of carer needs is inevitably and inextricably related to the needs of the child or children in care.

The differences between kinship care and other more planned forms of care

Another emergent and cross-cutting theme in this report was the effects of care type on carer recruitment, retention and support and training needs, and the importance of understanding the needs of kinship carers, in particular. Kinship carers now constitute the largest carer group in Australia, and Aboriginal and Torres Strait Islander carers are, in the majority of cases, kinship carers. Hence, support for this group of carers is crucially important.

As noted above, carers' eligibility for entitlements could vary according to the type of care placement. Further, kinship carers commonly had different pathways into caring than did foster or permanent carers or adoptive parents (notwithstanding the fact that some carers had experience with more than one placement type or had transitioned between placement types). These differences have implications for carer recruitment and for the ways in which carer support and training needs are assessed.

As has emerged throughout this report, kinship carers commonly took on caring roles with minimal preparation or training, particularly in comparison to foster carers or permanent carers. Carers and stakeholders also reported that kinship carers commonly had difficulty obtaining information about services or benefits available to them (in part, again, because of their lack of preparation). They were commonly older, had fewer financial resources and poorer health than foster carers. Discussions of how best to train and support carers should consider the increasing importance of kinship carers as a group and explore models of training and assessment that take into account their sometimes sudden entry into caring roles.

The inconsistency of support

The evidence review and consultation for this study identified significant variation in the support provided to carers. There were notable differences in supports provided between agencies, regional differences within jurisdictions, differences between jurisdictions and differences across carer types.

Some variation in the form and accessibility of support is likely inevitable. Carer support is largely provided by the states and territories and, as such, is provided within the context of different policy frameworks and priorities as well as different levels of resourcing and access to services. Further, carer support is often provided by a range of different agencies in different locations with different levels of access to support services. This variability makes it difficult to assess the overall adequacy of supports provided to carers.

Instances of positive and promising models of support for carers have been identified in the evidence review and consultation (see section 8.3), but these supports were not always available or accessible to all carers in all places, even within a single jurisdiction. Further, even when services were available, as noted in chapter 6 of this report, carers could experience a range of barriers in accessing them. This was particularly the case for Aboriginal and Torres Strait Islander carers.

It was in this context that some stakeholders have suggested that some of this inconsistency, and inequitable access to supports, could be partially mitigated by national guidelines or minimum standards for carer support that explicitly set out what supports and assessment processes that carers and the children in their care can expect. This suggestion is discussed in further detail in section 8.4.

The lack of evidence for the effectiveness of carer supports

Overall, there is a lack of evidence for how best to support or train carers. There is also little rigorous evidence showing that supporting or training carers will lead to better carer retention and thus to better child outcomes (although there is evidence it can improve carer satisfaction). Although better outcomes for children in care are a likely consequence of better support for carers, so far, the evidence for this is lacking. Further discussion of specific data gaps, and suggestions for future research, are discussed in more detail in section 8.5.

8.2 Key findings: key research questions

In this section we address some of the key project findings related to the agreed research questions as outlined in Appendix 1.

What is known about carers and what they need to provide safe and stable care to children?

Carer numbers and demographics

On 30 June 2020, there were 9,200 foster carer households with children placed in them, and 15,400 kinship carer households with children placed in them. In 2019–20, in Australia (excluding NSW), about 1,400 households commenced foster care and 1,600 exited foster care, a decrease of 156 foster care households. This is relatively consistent with previous years. Numbers of kinship carers increased by around 1,100. Numbers of kinship carers are increasing more rapidly than other carer types.

There were 334 finalised adoptions in Australia in 2019–20. Of these, 89% were local adoptions of Australian children. In 2019–20:

- There were 249 known child adoptions, with 142 of these being adoptions by carers.
- New South Wales, Victoria and Queensland had the greatest number of adoptions.
- Twelve Aboriginal and Torres Strait Islander children had adoption orders finalised.
- One thousand, one hundred and sixty-five children received third-party orders.
- Over half (53%) of Aboriginal and Torres Strait Islander children were placed with relatives or kin as of 30 June 2020, and a further 10% were placed with Aboriginal and Torres Strait Islander carers.

The most recent national demographic information on foster and kinship carers found that:

There are more **Aboriginal** and **Torres Strait Islander** carers relative to the total Australian population.

The mean age of carers is **53 years**.

Most carers are **female**.

Most carers have **no post-secondary** qualification.

Carers have **lower household incomes** when compared with the overall Australian population.

When compared with foster carers, kinship carers are older, more likely to be single, more likely to be Aboriginal or Torres Strait Islander, less likely to be employed, and have a lower average household income. There are no publicly available data on the characteristics of permanent carers or adoptive parents in Australia. There are no publicly available data on the numbers or characteristics of informal carers. This represents a significant data gap and is discussed below.

Current and projected supply and demand for carers

There are no reliable data that can predict future demand and supply of carers. There is a lack of data on prospective carers across all carer types but it is particularly difficult to predict the future supply of kinship carers. Some jurisdictions may hold records of people who have applied to be foster carers, permanent carers or adoptive parents but such records were not accessible to the research team. National publication of the numbers of approved foster or permanent carers, and adoptive parents, would provide some more clarity on the potential pool of carers. However, because kinship carers often assume the role at short notice, and in response to a crisis, there is generally not an identified pool of prospective kinship carers. Further, there are also an unknown number of people acting as informal carers who are currently without supports but who could potentially be supported to take on formal caring roles and receive additional help. Further identification of this population is essential to understanding who is providing care to children who cannot live with their birth families and how they can be supported.

Despite the lack of hard data, stakeholders agreed that – with some exceptions – there were not enough carers to meet current need. They predicted that demand for carers would increase due to an increasing number of children entering the out-of-home care system. Interviewees identified a particular shortage of some types of carers:

- Aboriginal and Torres Strait Islander carers. Increasing numbers of Aboriginal and Torres Strait Islander carers was seen as particularly important given the high rates of Aboriginal and Torres Strait Islander children in care and the preference to place Aboriginal children with Aboriginal and Torres Strait Islander carers. Current recruitment and retention strategies in most jurisdictions were described as not addressing the needs of Aboriginal carers, further impacting the carer pool.
- carers for children with complex needs
- carers willing to take sibling groups or children of any age or gender
- emergency and short-term carers
- carers in particular geographic regions. Regional and remote communities and disadvantaged areas were understood to have higher numbers of children in out-of-home care and low numbers of available carers.

It is also important to note that the demand for carers is largely a consequence of child protection practices and the removal of children from their birth families. Although child protection policy and practice were out of scope for this study, we note that early intervention practices that aim to address issues of neglect or abuse before they occur, or early in the cycle, are likely to affect the demand for out-of-home care.

Why people become carers

The motivations and paths into caring are different for different types of carers. Foster carers and adoptive parents become carers out of choice, often after a long period of consideration and planning. Foster carers are generally motivated by altruism; a love for children, an awareness of need, and a desire to contribute to community. They have also often made a decision to care after consideration of their finances, living situation and ability to look after a child. Some stakeholders suggested that the decrease in the number of foster carers was both a consequence of policies favouring kinship care and of the limited number of people who are able to take on the financial and emotional challenges of fostering.

In contrast, kinship carers usually become carers out of necessity. Kinship carers often have limited or no time to prepare for their role as a carer and are motivated by familial obligation and the needs of a specific child. For Aboriginal and Torres Strait Islander carers, the desire to keep children with family and community and out of the child protection system are also strong motivating factors.

Although there are fewer data on permanent carers, the consultations suggest that people become permanent carers through two avenues: transitioning from another care type such as kinship or foster care; or becoming a carer with the specific intention of seeking a permanent care option. The motivations for these two groups appeared to be different. Carers who transition from another care type often begin with the same motivations as foster carers in general. However, they are commonly prompted to move to a permanent placement to avoid the requirements of the out-of-home care system, to provide stability for the placement, or in response to suggestions from caseworkers. Less is known about the motivations of carers who seek a permanent placement, rather than transitioning from another care type, but carers and stakeholders indicated that they appeared to sometimes be motivated by a desire to start a family.

Key challenges for carers

While being a carer can be rewarding, carers face a range of challenges. Challenges identified in the literature and through our consultations were relatively consistent; with system-related challenges most evident in our consultations. System-related challenges include:

- carers not having a voice and/or being excluded from decision making about the child
- the high financial costs associated with caring and the inadequacy and/or inaccessibility of current financial supports
- difficulties accessing supports or services (especially for children with complex needs)
- lack of clear information about supports
- unsatisfactory relationships with caseworkers and/or high turnover of caseworkers
- carers receiving insufficient information about the children in their care
- inflexible rules and inconsistent application of policy and practice
- slow responses to enquiries and requests
- limits to the autonomy of carers in caring for children and the scrutiny of being a 'public parent'
- allegations of reportable conduct being made against a carer (and a lack of support when this occurs)
- grief and loss associated with the end of a placement.

Part of the challenge for carers was balancing their role as a carer who provides a safe and loving home for a child with the requirements of the out-of-home care system. For example, activities understood to be part of regular parenting such as travelling interstate, having family or friends stay at the home, or children going for sleepovers were often subject to lengthy approvals and delays. Participants in the consultations reported that these requirements could also prevent Aboriginal and Torres Strait Islander children from carrying out cultural obligations such as participating in Sorry Business.

Challenges were also identified related to the personal situation of carers such as a loss of autonomy, the emotional and mental strain of juggling a caring role and other responsibilities such as employment and the financial costs of caring. Challenges related to the child's trauma, including children's complex needs and challenging behaviours, were also identified. Challenges were also identified, predominantly for non-Indigenous carers of Aboriginal and Torres Strait Islander children, in nurturing children's connection with kin, community, culture and Country.

Aboriginal and Torres Strait Islander carers experience many of the same challenges as non-Indigenous carers; however, in some cases, these were compounded by having more limited financial resources or living remotely and having less access to services and support. Many Aboriginal and Torres Strait Islander carers and stakeholders also report experiences of systemic racism and a lack of cultural awareness or culturally safe practices. Further, historical trauma and past child removal practices, such as those leading to the creation of the Stolen Generations, have resulted in a mistrust of the child protection system, which can exacerbate the other caring challenges.

Why carers cease caring

There is a lack of reliable data on how often people give up caring roles altogether. However, the evidence review indicates that carer retention has a slightly different meaning for kinship and non-kinship carers. Kinship carers cease caring in most cases because the child is reunited with the birth parents or the child ages out of the placement (and there is thus no need for the kinship carer to continue in their formal caring role). The evidence review also suggests that placement moves and placement breakdown are less common in kinship care placements. Foster and kinship carers may both cease caring due to a change in their personal circumstances, such as moving interstate, ageing or a change in their family structure.

A significant cause of carer attrition identified in both the literature and consultations for all carer types was the cumulative impact of the challenges identified above. These may include frustrations with the out-of-home care system (including communication issues and a lack of inclusion in decision making), a lack of access to support (including financial support), a mismatch of carer expectations and skills with the child's needs, and stressful events such as an allegation against the carer or grief and loss at the end of a placement.

Aboriginal and Torres Strait Islander carers are understood to exit the system for the same reasons as non-Indigenous carers; however, they may experience additional challenges that can contribute to a decision to cease caring. These may include challenges associated with living in rural and remote areas, a lack of understanding of cultural obligations, a fear of scrutiny and a desire to avoid contact with the statutory child protection system – often related to concerns about the potential removal of their own children.

Given the scarcity of literature on kinship care, and the lack of data on the frequency and causes of carers of all types ceasing care, it is difficult to determine whether these challenges lead carers to end a placement or to not accept a future placement.

What skills do carers need to undertake their role?

Both the literature and the consultation data generally emphasised the qualities of 'good' carers more than the specific skills required to be a carer. The qualities of a good carer included 'parent-like' qualities such as: warmth, love, compassion, patience, the ability to establish safety for the child and effective disciplinary practices such as setting clear boundaries and realistic expectations. Practices unique to the out-of-home care context were the carer's recognition of the importance of birth families and supporting positive relationships between the child and birth family. Carers in our study identified the importance of advocating for the child's needs in the out-of-home care system, and the resilience required to navigate the bureaucracy of the system while often also responding to challenging behaviours.

With regard to specific skills, carers and stakeholders consistently identified a knowledge of trauma as very important. Parenting skills such as being able to adapt a parenting style and practices to meet a child's needs were reported as being desirable.

For Aboriginal and Torres Strait Islander carers, community caring was reported as a standard cultural practice so carers were thus seen as likely to possess similar qualities as biological parents. This was reported as sometimes causing some tension between cultural caring practices and the expectations and requirements of the western out-of-home care system such as the need for approval to travel and the inability to share care with other family members without those family members going through an assessment and approval process. Aboriginal and Torres Strait Islander carers, like non-Indigenous carers, also noted the importance of love, compassion and establishing a safe environment for the child. The continued connection of a child with culture, Country, kin and language were also identified as key responsibilities of the carer.

What are the most effective ways to support different carer types?

What supports and services do carers need and value?

Carers and stakeholders almost universally agreed that carers generally do not receive enough support. Exceptions include some experienced carers with good working relationships with their caseworkers, who felt they had what they need, experienced carers who had often undertaken considerable training, and highly skilled carers involved in services and programs that provide intensive support for carers.

Additional support for carers, particularly kinship carers, has been identified as a need in this study. However, there is a tension that exists for carers, particularly kinship carers, between support and increasing contact with the statutory and carer support system and the associated 'red tape'. Some carers experience contact with the out-of-home care system as intrusive, even where agencies are seeking to provide support. Considerations around increasing support for carers should consider this tension as well as the practice implications of providing support in a collaborative way.

Key supports for carers identified through the evidence review and consultations are described below.

Financial support

Past research and previous government inquiries have shown that carer payments and allowances are not always sufficient to cover the high costs of caring. The cost of caring for children in out-of-home care is often greater than that of caring for other children. This is because children in care often have complex needs, and caring responsibilities can make it difficult for carers to maintain full-time employment.

Carers in rural or remote locations also commonly face high living costs and additional costs to access services. Further, the largest (and fastest growing) group of carers in Australia are kinship carers, and this group are commonly older than other carers and have below average incomes. Hence, carers commonly face significant financial costs for which they are not always adequately compensated for or for which recompense is slow.

However, while adequate financial support is recognised as essential, it is difficult to determine what adequate financial support consists of and how this can best be calculated to ensure equity across carer circumstances and child needs. Kinship and Aboriginal and Torres Strait Islander carers are known to have lower than average incomes and high levels of financial insecurity. They may require additional financial support to care for children; however, in some jurisdictions, kinship carers are not eligible for the same payments as foster carers.

Training

The research evidence suggests carer training can contribute to carer satisfaction and retention. However, there is limited high quality evidence for what training is effective or the degree to which it improves carer skills or child outcomes.

Our consultations suggested that carers valued training and found it useful, although attitudes towards training varied between individual carers and the types of training. Stakeholders consulted for this study generally observed that some training is essential but that many forms of training may be relevant, depending on a carers' circumstances and needs.

The most frequently identified training needs were:

- carer rights and responsibilities
- the impacts of trauma on children
- dealing with challenging behaviour
- transition points (such as new placements, the transition into school and transition into adolescence)
- building and maintaining relationships with birth families
- having training offered through the life of a placement and not just at the start
- cultural training for carers of Aboriginal and Torres Strait Islander children (including how to maintain community connections).

Cultural training for carers of Aboriginal and Torres Strait Islander children was seen as very important, and some participants indicated that such training should be mandatory, particularly for non-Indigenous carers.

Training that includes the areas listed above is offered in many jurisdictions; however, carers and stakeholders reported that it was inconsistent, insufficient, not always accessible and often front-loaded.

Some stakeholders expressed concerns that kinship carers commonly receive less training and are less likely to know about or participate in formal training. It was also suggested that because many kinship carers have lower levels of education than other carers, they prefer informal information sessions over formal training and find them more accessible. It was also reported that formal training should be reinforced with one-on-one conversations and ongoing support and mentoring from caseworkers and support services.

Caseworker support

The research evidence and consultations emphasised the importance of carer–caseworker relationships. Relationships of trust were valued by carers and the evidence suggests that they can contribute to carer satisfaction and carers' sense of feeling supported. Carers in our consultations who reported a positive relationship with a caseworker described a relationship exemplified by mutual trust, feeling heard and supported, and having their views respected. In particular, there was value placed on caseworkers who carers perceived to be available and responsive to carer needs and inquiries. When working well, a carer–caseworker relationship can provide invaluable support and capability building for carers.

However, this finding needed to be balanced with awareness that some carers, particularly kinship carers and Aboriginal and Torres Strait Islander carers, can find caseworker contact intrusive. Stakeholders suggested that these carers may benefit from a relationship with a case manager based on support and problem solving rather than compliance with requirements.

Respite

The need for respite for carers was cited in the research literature. Most carers consulted for this project agreed that respite was important to give carers a break and allow them to spend time with their own families. However, not all carers shared this view and some carers saw respite as detrimental to children. Respite care provided by family members or people who had existing relationships with the child was especially valued.

Access to specialist services

Children in the out-of-home care system are more likely to experience physical, mental and emotional health problems and require specialist services. Timely access to specialist services was highly valued by carers. Carers in our study viewed these supports as essential and had a preference for early intervention approaches. Culturally appropriate services – for example, from ACCOs – were identified as important for Aboriginal and Torres Strait Islander children and carers.

Peer support

Peer support was valued by carers and described by stakeholders as improving carer retention. Peer support can take a range of forms; for example, consultation participants described carer groups on Facebook, social events with other carers, support groups facilitated by peak organisations, formal and informal mentoring between experienced and new carers, and peer support networks built through face-to-face training opportunities. Peer support for carers can also consist of networks of family and friends as well as relationships and informal support networks with other carers. Carers were described as valuing peer support opportunities because other carers 'know what they are going through', and some carers prefer to rely on peer learning and informal support rather than the formal service system. Peer support may be particularly important for carers in jurisdictions affected by COVID-19 lockdowns who have reported increased isolation.

Aboriginal and Torres Strait Islander carers and stakeholders reported that peer support groups and events were especially valued when facilitated by ACCOs.

Cultural support

The evidence is limited on strategies to support carers to nurture the cultural identity of Aboriginal and Torres Strait Islander children in out-of-home care. However, consultations with carers and stakeholders identified that both formal and informal supports can be valuable.

Support for kinship carers

The evidence review and consultations suggested that kinship carers often receive less support than other carers but can have high and specific support needs. Kinship carers are often older, less financially secure, and in poorer health. They are also more likely to have inadequate housing and less access to services, particularly when they live in regional or remote areas. The rapidity with which kinship care placements occur also often means that carers are less prepared financially for a child and have not accessed training or support relevant to out-of-home care. Kinship carers may benefit from the provision of collaboratively developed, tailored supports early on in a placement.

Support for permanent carers and adoptive parents

There is a lack of published information about the support needs of permanent carers and adoptive parents. However, it is clear these carers and parents have access to less support than other carer types in most jurisdictions, despite similar levels of need.

Support for Aboriginal and Torres Strait Islander carers

Aboriginal and Torres Strait Islander carers have many of the same support needs as non-Indigenous carers. However, these support needs may be intensified because of location, socio-economic status and English literacy. Aboriginal and Torres Strait Islander carers may also require additional supports with regard to intergenerational trauma. Stakeholders who participated in this study suggested that Aboriginal and Torres Strait Islander carers may benefit from advocacy supports, supports provided by ACCOs, and a culturally competent out-of-home care workforce.

What support do carers need at transition points?

Transition points may include starting or ending a placement, or a transition in schooling for a child. There is very little research evidence that examines the supports required by carers at transition points. While the end of a placement is recognised as a potentially challenging time for carers, there is little research evidence that describes how carers can be supported at this time.

Consultations for this study reported that carers had a high need for support at the beginning of a placement, particularly new carers. Carers were described as needing to understand their role as a carer, what is expected of them and the reality (and challenges) of the caring experience. While pre-placement preparation was most often not possible for kinship carers, a need for transition support for kinship carers, particularly in the first three months of a placement, was identified. This was noted as a priority and an emerging area of work for some agencies and jurisdictions but was not available in all jurisdictions. The need for carers to have access to information about the child in their care was identified as an essential – but often unmet – need at the start of a placement. At the end of a placement, carers described transition and reunification processes as being too fast and not giving children time to adjust.

What support is needed to build healthy relationships between carers and birth families?

The literature suggests that support is needed to build healthy relationships between carers and birth families. However, there is limited evidence as to how this can be done effectively. Many of the carers consulted for this study reported that contact visits were self-managed by carers and birth families and did not need the involvement of services. However, some carers required support with family contact visits in cases where there was conflict between the carer and birth family, or where birth families had previously harassed or threatened carers or the child. Training was recommended for carers prior to placement or with support early in a placement to establish a relationship between the carer and birth family members.

A small number of carers reported not feeling adequately supported with family contact visits. Both the literature and consultation indicated that kinship carers may experience particular challenges with increased family contact due to a kinship placement adding to the complexity of existing family relationships and potentially challenging family dynamics. These carers are likely to require additional support.

How can carers support the cultural identity of the children in their care?

Effective strategies to nurture the spiritual and cultural identify of children in out-of-home care has been identified as an evidence gap. Although limited by a lack of published research, our evidence review found that many children in out-of-home care did not have adequate connection to their cultural community, particularly where the carer has a different cultural background. Workforce development strategies to improve the cultural competency of the child protection workforce were recommended both in the literature and from consultations undertaken for this study.

Participants in the consultations indicated a strong preference for Aboriginal children to be placed with Aboriginal carers, and preferably kin, in line with the Aboriginal Child Placement Principle. Placement with kin or community was understood to be the best strategy for supporting the cultural identity of Aboriginal and Torres Strait Islander children in care. Comprehensive family finding practices and family-led decision making were identified as important strategies to locate and determine the most appropriate placement for children.

Beyond placement, formal and informal types of connection for Aboriginal children in out-of-home carer were identified as important. Formal interactions with culture and kin are through family and community visits, and informal interactions could be through cultural events and activities. These were understood to be more challenging to facilitate for non-Indigenous carers; however, they were seen as building the capacity of non-Indigenous carers to support the cultural identity of children in their care. Cultural training for carers as well as mainstream service providers was identified as an important strategy for ensuring both the child's cultural identity and supporting appropriate care.

What are the key issues and barriers that different types of carers experience in their interactions with services?

What state, territory and Commonwealth government supports or services are available to carers?

There are significant differences in the supports provided to carers between jurisdictions, as well as regional differences and differences among service provider agencies within jurisdictions.

Financial supports are provided to all carers in formal care arrangements. However, these vary considerably between jurisdictions. There are differences in whether financial support is provided to adoptive parents and permanent/guardian carers, as well as differences in the amounts provided through foster and kinship payments, and the type, amount and eligibility criteria for establishment and discretionary payments. Most financial support was provided by the states and territories, but the Commonwealth can provide financial support in the form of Family Tax Benefits.

Non-financial support is provided at three key stages:

- support through recruitment
- training and assessment at the establishment of a placement; ongoing support to promote placement stability
- transition support at the end of a placement.

Support through recruitment, training and assessment processes is provided to and experienced differently by kinship and non-kinship carers, largely due to the lack of preparation time for kinship care placements. There are also significant differences between jurisdictions and service providers in the intensity and models of support available. Many carers – particularly foster carers, permanent carers and adoptive parents – had undertaken training in trauma, and to a lesser extent, cultural training. However, the evidence scan and consultation identified considerable variation across and between the jurisdictions in the amount, accessibility and timeliness of training and in the funding provided to agencies who provided such training.

Stakeholders and carers also indicated that the timing, accessibility and regularity of such training could be a significant issue. In particular, they noted that training was often front-loaded, with significant training for foster carers required as part of their pre-placement assessment, but less consistently available thereafter (although this varied across and within jurisdictions). Kinship carers commonly received less training and preparation than foster carers and identification of their training needs could be delayed.

Ongoing support to promote stable and successful placements includes case management and advice, mediation of carers' interactions with government agencies, taking children to specialist appointments, provision of respite care, and support and advice around birth family contact. This can also include peer networking events and opportunities and initiatives to support culturally appropriate care for Aboriginal and Torres Strait Islander children.

Transition support was rarely discussed in the consultations but identified as a gap in service provision by some participants.

What are the main barriers to carers' use of government supports and services?

Our consultation reported a range of barriers to carers' use of services and supports. These included:

- geographic and technological barriers
- funding barriers
- issues with the efficiency or availability of services
- lack of carer time
- carer reluctance to use services due to fear or mistrust
- an insufficient supply of carers

Many of these issues were interrelated.

Financial support was commonly reported as being difficult to access and carers did not always access all payments and reimbursements for which they were eligible. This was reported as being particularly the case for Aboriginal and Torres Strait Islander and kinship carers. Inconsistent information about eligibility and inconsistent practice were recognised as barriers.

The evidence review and consultations indicate that carers living in regional or remote areas are often less able to access supports because of a lack of services in these areas. This included specialist services such as therapeutic and allied health as well as universal services such as child care and out-of-home care services such as respite. Geographical barriers to service access were more likely to be experienced by Aboriginal and Torres Strait Islander carers, for some of whom technological barriers to accessing virtual support were also identified. Long wait times for appointments and delays in medical assessments for children were reported as barriers to accessing support. Carers could not usually afford to access these through the private system. Delays in accessing funding for material items such as whitegoods, the need to pay upfront for some supports and delays in reimbursements, together with a lack of clarity and inconsistency in advice and approvals, provided a substantial barrier. This was particularly felt by low-income households.

Carers and stakeholders who participated in the consultation for this study identified that a lack of awareness of available supports, and a lack of knowledge about how to access these supports was a substantial barrier for many carers. Carers reported inconsistent and confusing information on the services and supports available to them. This was a potential issue for all carers; however, it was noted this was a greater challenge for Aboriginal and Torres Strait Islander carers and carers for whom English was an additional language. Inconsistent advice about eligibility and repeated denied requests also resulted in carers not continuing to seek support.

Several stakeholders and some carers identified that delays in accessing support were a significant barrier for carers. This was often linked to inadequate funding for carer support and for the out-of-home care system overall.

A mistrust of government and a fear of engaging with government services, often coupled with a view that caring was a family matter, was also identified as a barrier to service use. This was experienced particularly by Aboriginal and Torres Strait Islander carers due to a historical legacy of child removal and negative experiences with government services. Stakeholders also noted that some kinship carers, particularly grandparent carers, resented monitoring and interference by government agencies because they saw caring for their grandchildren as a private matter.

An inability to access respite care was identified by a number of carers and stakeholders. This was identified as being due in part to problems maintaining an adequate supply of carers. Carers and stakeholders suggested that this may be worse for regional and remote areas.

What are the effects of the COVID-19 pandemic on carers and service providers supporting carers?

There is limited publicly available evidence on the effects of COVID-19 on carers and the out-of-home care service system. However, some grey literature and the project consultations for this study indicated that challenges for carers included:

- challenging child behaviour associated with disrupted routines
- carer mental health
- access to respite
- facilitating contact with birth families.

Some carers also reported limited access to technology and limited digital literacy, which further compounded the challenges of home schooling, online service provision and family contact. Many of these challenges were exacerbated for Aboriginal and Torres Strait Islander carers due to social and economic disadvantage and caring for children with complex needs.

Data from the consultation reported differing impacts of COVID-19 across the jurisdictions, with participants in Tasmania, the Northern Territory and Western Australia noting they had been fortunate to avoid the longer and more frequent lockdowns of other jurisdictions. Some carers reported they had been largely unaffected, while other participants reported significant challenges. Despite the different experiences of COVID-19 across the jurisdictions, the challenges reported were remarkably similar: home schooling, isolation, stress and reduced access to services.

One of the greatest difficulties identified was the challenges of family contact for children in out-of-home care. This was understood to have negative impacts on children resulting in increased challenging behaviours, and to negatively impact connection to culture for Aboriginal and Torres Strait Islander children. Carers reported some challenges to online contact including concerns about privacy, technological barriers for carers and/or birth families, and some children not engaging with online contact. Some carers living in remote communities reported a lack of access to affordable groceries and reduced access to medical services.

During COVID-19, many services were delivered online or via phone, including caseworker visits and health services. Some participants reported this as a positive development as it pushed services to expand their modes of service delivery and some carers appreciated the flexibility of service access. However, many participants noted that online service delivery was not always a good substitute for face-to-face contact. Some carers reported that caseworker support was less available, and stakeholders noted that recruitment of new carers was negatively impacted by COVID-19.

8.3 Implications, practice principles and promising practices

The evidence review and consultation for this study identified a number of practice principles and promising practices linked to carer satisfaction, carer retention, and the provision of support for carers. It is important to note that there is limited evidence of effectiveness for many of these approaches. This is due to limited investment in evaluation and/or the relative newness of some of these approaches. It is also worth noting that the majority of identified promising practices are most relevant to foster carers, kinship carers and Aboriginal and Torres Strait Islander carers. There remains relatively little evidence about how best to support permanent carers and adoptive parents.

An overarching theme emerging from the research described in the preceding sections is the central role of adequate and consistent support in carer retention. Recruitment of new carers, and early identification of potential carers (particularly amongst the family of children in contact with child protection services), was identified as very important in ensuring that children can be placed with appropriate carers. This includes the importance of ensuring that Aboriginal and Torres Strait Islander children are placed with appropriate family who can maintain the child's connection to culture, kin and Country and in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle.

However, stakeholders also indicated that support for current carers was a sometimes neglected strategy for ensuring an adequate supply of people who can provide high quality care.

Most stakeholders were asked in interviews whether they could provide examples of good practice they had observed in carer support. Their responses covered a range of areas, including:

- trauma-informed approaches
- family-led decision making
- intensive support and mentoring for carers of children with complex issues and challenging behaviours
- good caseworker practice in working with carers
- community-controlled approaches for Aboriginal children and carers.

When carers were asked what they found to be helpful and effective ways of working, they most focused on caseworker approaches to working with carers.

Carer voice and involvement in decision making

Carers feeling unheard and/or excluded from decision making was a consistent theme in the research literature and in the carer and stakeholder consultations. It is identified as one of the greatest challenges for carers, as outlined in chapter 5 and key findings above. Past research indicates that such feelings of exclusion or lack of agency can negatively influence carer retention.

Participants in our consultations identified a number of strategies that could enhance carer voices and recognise carer expertise in the specific needs of the child in their care. These included state and territory agencies facilitating the increased involvement of peak carer bodies in decision making about carers, the planning and delivery of carer training and greater use of consultation or co-design approaches that meaningfully engage carers. As outlined in chapter 6, care team approaches were noted as being used in some jurisdictions; the evidence suggests that when adequately resourced and consistently implemented, they can provide an avenue for better inclusion of carers in decision making and for increasing carer support.

Case study 1: Care team approach

Care team approaches are used in several Australian jurisdictions, including Western Australia.

In the West Australian model, care teams consist of people important to the child and the carer; people from the child's family, community and culture are prioritised, and children can be involved if it is age and developmentally appropriate. Members of the team are identified using tools such as the Family Map and Social Network Map.

Key features of the approach include sharing responsibility for meeting the child's needs, regular interactions (not just in crisis), transparent and child-centred decision making and collaboration. Child protection workers are also expected to provide carers with timely and relevant information and to assist carers and families to participate in assessment, planning and review processes.

Although the Care Team Approach is based on research evidence (including internal evaluation findings), the extent to which it is consistently implemented and achieves positive outcomes is unknown.

Family-led decision making

Several participants in the consultations referenced family-led decision-making models, in which authority is given to families to resolve challenges and make decisions around child safety and out-of-home care. This can include identifying kinship carers and determining the best care arrangements if a child cannot stay with the birth parents. Family-led decision-making is commonly regarded as culturally safe, particularly when convened by an Aboriginal and Torres Strait Islander facilitator who is independent from the government department (Niddrie & Brosnan, 2017). These models are being led by Aboriginal Community Controlled Organisations in some jurisdictions in Australia and stakeholders suggested this was a promising approach.

Early support for kinship carers

The evidence review and consultations noted that kinship carers receive less services and support when compared with non-kinship carers, particularly foster carers. In some cases, this is a result of the rapidity with which kinship care placements happen. Kinship carers also face a range of barriers to accessing services. Some stakeholders identified that providing intensive support to kinship carers within the first three to six months of a placement would provide carers with greater access to supports and enhance the stability of placements, and some stakeholders were already employing this approach.

Given the nature of kinship care, many carers are likely to see themselves in a parenting role rather than as an out-of-home carer. As such, early support for kinship carers would be best provided in a collaborative rather than compliance-focused way and framed in terms of supports required rather than an assessment of capability. This is particularly true for grandparent carers and/or Aboriginal and Torres Strait Islander carers who may not welcome the involvement of statutory authorities and agencies in their lives. For Aboriginal and Torres Strait Islander carers, these supports should be culturally safe, and may be best provided by ACCOs. The Royal Commission into Institutional Responses to Child Sexual Abuse has also suggested that kinship carer assessment can be improved by tailoring it more to the needs of kinship carers and the specific circumstances by which they enter care. This would include a focus on 'enabling' carers, rather than 'approving' them via an assessment process that identifies strengths, support and training needs and includes a support plan (Commonwealth of Australia, 2017, Recommendation 12.8).

Trauma-informed care

Trauma is a common experience for children in out-of-home care, with subsequent impacts on children's cognitive, social and emotional functioning and behaviour. The importance of understanding trauma and caring for children using a trauma-informed approach was a strong theme in the consultations. Many carers who had participated in the consultations had undertaken training in the effects of trauma on child development and found this training to be extremely helpful in their role as carers. Further, professional carers felt that extensive, evidence-based training on trauma and child development, and concrete strategies on how to apply it when managing children, was one of the keys to success of their approach. Hence, it was felt to be important for all carers to receive training in trauma but also for carer support and government agencies to understand the effects of trauma on children and how to best support carers in these circumstances.

Responsive caseworker practice

One of the key challenges identified by carers in this study as well as through the evidence scan was their relationship with caseworkers. Having a positive relationship with a caseworker; that is, one exemplified by mutual trust, feeling heard and supported, and having their views respected, is a key support for carers. However, overburdened caseworkers and high staff turnover were described as leading to problems with carer (and child) relationships with case managers and agencies as well as a lack of consistency in service provision.

Stakeholders and carers identified unsatisfactory relationships with caseworkers as a key challenge, leading to frustration with the out-of-home care system and contributing to some carers' decision to cease caring. Under-resourcing of the out-of-home care system is an ongoing problem in many jurisdictions and has flow-on effects across the system. Aboriginal and Torres Strait Islander carers and stakeholders – and the literature – have reported a lack of cultural awareness and responsiveness from the child protection and out-of-home care workforce. Stakeholders suggested that the out-of-home care workforce required ongoing and comprehensive cultural training that was specific to the local area. It was suggested that local ACCOs may be well placed to deliver this training and provide ongoing (adequately funded) cultural support to caseworkers.

Peer support

It was clear from the evidence review and consultation that peer support is a key support strategy for carers. Having multiple opportunities to participate in peer support and leveraging peer networking off other activities (such as training) is more likely to meet the needs of carers, as many of them have limited time.

Although peer support networks already exist in most jurisdictions, gaps were identified, with some carers unable to access peer support due to their location or a lack of language options.

There are opportunities for state and territory governments to develop strategies for facilitating peer networks, where they do not already exist, and for strengthening and increasing their reach where they do. Strategies for supporting peer networks include peer networking opportunities as part of formal training (see above), facilitating the existence of regional peer networks – through holding regular meetings and events or funding support agencies and peak bodies to do so – and maintaining online peer networks that can discuss specific topics of concern to all carers as well as issues related to specific types of carer placements.

Delegated decision making

Many carers and stakeholders noted that carers found the bureaucracy of the out-of-home carer system challenging and suggested that it negatively impacted their ability to care for the child.

Although there is a need to balance risk and protect the interests of the child, some stakeholders suggested that delegating lower-risk decisions to the agencies providing case management to the child could improve service responsiveness. It may do this by enabling people with greater knowledge of the carer and child's circumstances to make informed and timely decisions for support. A related suggestion for improving decision-making time for carer receipt of support was to review the delegation level required for low-risk decisions in government agencies supporting children in out-of-home care.

The value of delegated decision making was commonly raised in relation to ACCOs supporting Aboriginal and Torres Strait Islander carers and children, although some stakeholders recommended that it could also be trialled for mainstream support services as well.

The devolution of decision making for Aboriginal and Torres Strait Islander children and carers to ACCOs in Victoria, and to a lesser extent in Queensland (where it is being trialled), was identified as a promising approach to ensuring more responsive and culturally appropriate support and as facilitating meaningful Aboriginal and Torres Strait Islander community decision making. The evidence and consultations also suggest that increasing responsibility for out-of-home care decision making requires adequate additional funding and organisational capacity building.

Case study 2: Delegated responsibility for Aboriginal and Torres Strait Islander children to ACCOs

Queensland and Victoria have provisions in place to transfer the responsibility of Aboriginal children in out-of-home care to Aboriginal Community Controlled Organisations (ACCOs).

Queensland are in the process of establishing arrangements for ACCOs to take responsibility for Aboriginal and Torres Strait Islander children who are in protection or are in need of protection (SNAICC, 2021a). Early adopter sites (Rockhampton, Maroochydore and Caloundra) will focus on developing governance structures and communication mechanisms, and the initiative will be evaluated.

In Victoria, as of June 2020, 49% of Aboriginal children on contractible orders[4] were case managed by ACCOs. Emerging evidence suggests that these initiatives are having a positive impact on reunification rates. For example, VACCA's Nugel Program has a 22% reunification rate compared to 5% of Aboriginal children case managed by DHHS (Hunter et al., 2020). Reunification rates are also reportedly high for children cared for by Bendigo and District Aboriginal Cooperative's Mutjang Bupuwingarrak Mukman program (Hunter et al., 2020), though exact figures could not be found.

Aboriginal Community Controlled Organisations and an Aboriginal and Torres Strait Islander workforce

The evidence reviewed for this study suggests that ACCOs are best placed to develop and deliver services to Aboriginal and Torres Strait Islander carers. This practice principle overlaps with the practice principle for delegated responsibility but extends also into ensuring that ACCOs are providing a range of services and that there is an adequately trained Aboriginal and Torres Strait Islander workforce.

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[4] A case contract is a formal arrangement between child protection and another agency for the provision of case management for a child subject to a protection order. In Victoria, child protection may contract an ACCO or a community service organisation to provide case management to a child.

This approach has been supported by the Family Matters Campaign and two recent Royal Commissions that noted the importance of ACCOs in providing services and support (Commonwealth of Australia, 2017; Royal Commission, 2017; Senate Community Affairs Reference Committee, 2015). Consultations found carers and services supported this approach, although there were concerns about the adequacy of funding available to ACCOs.

Stakeholders also recommend building a trained workforce of Aboriginal and Torres Strait Islander social workers, caseworkers and other support workers to assess and support carers in their role. Where it was not possible for all staff to be Aboriginal and/or Torres Strait Islander, stakeholders suggested pairing Aboriginal and Torres Strait Islander family support workers with non-Indigenous child safety staff.

Cultural support

Carers and stakeholders reported on promising examples of work to enable cultural support for children in care as well as support for carers (including non-Indigenous carers) to keep Aboriginal and Torres Strait Islander children connected with their culture. However, Aboriginal and Torres Strait Islander carers and stakeholders identified a need for greater support and increased funding. Some Aboriginal and Torres Strait Islander stakeholders also suggested that enforced mandatory requirements for carers to participate in cultural training and support would enhance children's connection to culture, kin and Country. However, any such requirements would have to take into account carer circumstances and carer burden.

Some stakeholders noted that ACCOs are not always specifically funded to provide cultural support to the carers of Aboriginal and Torres Strait Islander children. Hence, Aboriginal and Torres Strait Islander stakeholders indicated the need for increased funding for cultural support, and stricter requirements to encourage the use of cultural supports by carers of Aboriginal and Torres Strait Islander children to support children's connection to culture, kin and Country. This would allow the jurisdictions to better meet their responsibilities under the Aboriginal and Torres Strait Islander Child Placement Principle.

Family finding

The Aboriginal and Torres Strait Islander Child Placement Principle states that placing Aboriginal and Torres Strait Islander children in kinship care with Aboriginal family members is important for maintaining connections to culture, kin and Country. This principle was reinforced by the evidence review and views of the consulted stakeholders. Family finding is a key practice to support placement of children in alignment with the Principle.

Stakeholders reported that family finding was undertaken by government agencies and, in some areas, ACCOs. The research also suggested that family finding is often delayed or inadequate and this can result in children being placed into family care at the last minute (with carers inadequately prepared for such a placement) and/or an inability to place Aboriginal and Torres Strait Islander children in the care of appropriate Aboriginal and Torres Strait Islander kin.

To address these challenges, stakeholders identified the value of ACCOs in providing specialist expertise and coordination for family finding. Stakeholders also suggested that family finding practices and outcomes could be enhanced by increasing formal communication between state and territory governments and the Aboriginal Community Controlled sector in relation to family finding.

Respite care

The availability, accessibility and appropriateness of respite care was raised as a concern by carers and stakeholders in our study. Respite care is recognised in the literature as a key support for carers. Stakeholders consulted for this study suggested that best practice is to have a pool of regular, familiar respite carers who can build ongoing relationships with children, ideally prior to overnight stays. For Aboriginal and Torres Strait Islander carers, formalising respite arrangements with family or community members may increase the cultural safety of respite for families and children. Some stakeholders reported using models of respite care that built ongoing relationships between respite carers, carers and children, and suggested that this may increase the use of respite care by carers who have previously been reluctant.

Early identification of people in the carer and child's family and community network who could be assessed and trained as respite carers was an approach identified by carers and stakeholders in the consultations for this study. While this may bring more people into contact with the out-of-home care system who may be hesitant to engage with the statutory system (a particular challenge when working with Aboriginal and Torres Strait Islander communities), collaborative approaches such as family-led decision making could mitigate this issue.

Intensive support for carers of children with complex needs and challenging behaviours

A consistent theme through the consultations was a shortage of carers who are experienced and able to care for children with complex needs and challenging behaviours. The evidence review also identified that carers of children with higher needs and more experiences of abuse and neglect were less satisfied with the support they received and more likely to cease caring.

A greater level of support for carers of children with very complex needs and challenging behaviours may help with carer retention and prevent placement breakdown, particularly with inexperienced carers. This support would likely be available on-demand, and additional mentoring and support would provide ongoing capability building to ensure carers developed the skills to independently care for children with complex needs and challenging behaviours.

For providing this support, stakeholders identified the intensive professionalised therapeutic models of care. A small number of the carers consulted were involved in these models. The models are characterised by intensive daily support and mentoring, providing high levels of support and responsiveness in the moment. These programs aim to assess a child's unique issues and needs and identify strategies to meet the child's needs. Carers receive wraparound support from education and allied health professionals, as well as the case manager.

These models may provide a short-term placement for a child before they go on to a longer-term foster care placement with a non-specialised carer. These carers are highly trained and likely receive a higher level of reimbursement. Several interviewees, particularly those involved in intensive support placements, identified the value of this approach. Evaluation of these models to determine effectiveness and transferability to broader support models may be valuable.

Consideration as to how higher levels of support can be provided to kinship carers, where the child has high support needs related to complex needs and challenging behaviours, may be valuable, particularly when pre-placement support is not practicable.

Ongoing and accessible training for carers tailored to individual needs

Stakeholders and carers identified specific priority topics for carer training. As outlined in chapter 6 and the key findings above, both carers and stakeholders identified a need for further training on a range of topics, including:

- Caring for children with complex behaviour and/or experiences of trauma
- Cultural training for carers
- Cultural training for staff of mainstream services that support Aboriginal and Torres Strait Islander carers and carers of Aboriginal and Torres Strait Islander children.

Stakeholders also identified the need for training to be accessible to carers in remote locations and to carers with lower levels of education and/or limited English language skills. The consistency, timing, availability and accessibility of training were identified as challenges throughout the consultations, particularly for kinship carers.

The research also indicated that training could be most effective when carer training needs were identified early in the life of a placement, when training was ongoing and when it addressed the changing needs of carers (and the children in their care) over time. Some promising training models – offered by jurisdictions as well as organisations working within jurisdictions – offered a suite of training modules that targeted different carer needs and were available at multiple points throughout the year. Carers could thus choose the training most suitable to them at a particular life or placement stage.

Stakeholders and carers also recommended that training could formally incorporate opportunities for developing peer networks.

Providing information

Carers and stakeholders consistently cited the difficulty of navigating support and payment systems. This was especially true for kinship and Aboriginal and Torres Strait Islander carers but was identified as an issue for all carer types. As a result, carers and stakeholders indicated that carers were frequently unaware of the payments, training or supports to which they were entitled or endured significant delays in receiving accurate and appropriate information about their entitlements.

As a result, stakeholders identified the need for state and territory governments to provide accurate plain-language information about entitlements for carers prior to a placement, where possible, and immediately after placement, where this was not possible. Such information was described as most useful when regularly updated and regularly communicated to carers.

Stakeholders also indicated the importance of caseworkers and supporting agencies providing consistent information to carers about available supports as well as assistance in accessing them. Such support was perceived to be valuable for all carers, but especially so when provided to Aboriginal and Torres Strait Islander carers by ACCOs. Such caseworker support is similarly facilitated by clear government information and updates on entitlements for supporting agencies.

One potential strategy to increase the availability and consistency of information would be through states and territories developing individual communication plans. These could include strategies to ensure carers are made aware of entitlements and supports and how these can be accessed.

8.4 Key priority actions to support carers

In this section, we identify some of the key implications and learnings arising from the evidence review of carer support and the consultations with carers and key stakeholders. These sit alongside the practice principles and promising practices and outline the key recommendations made by stakeholders for improving carer support.

The priority actions below focus on strategies identified by key stakeholders, and/or identified within the research literature, for providing high quality and consistent support for carers. Where possible, these actions indicate the level of government that could potentially implement particular strategies. However, in many instances, action at the state or territory level could be facilitated by national agreement on minimum standards. Such agreement may be actioned via mechanisms such as the National Framework for Protecting Australia's Children and/or the Children and Families Secretaries group.

National minimum standards for carer support

Develop national minimum standards or national guidance for carer support

As noted in the findings section above, there was significant variation in the supports provided to carers between and within jurisdictions and between carer types. Several state and national stakeholders indicated that this variance could be mitigated by the development of agreed national minimum standards and guidelines for carer and child support. Such guidelines would provide assurance to carers, clarity and structure for agencies managing care placements and allow national benchmarking and assessment of carer supports.

Stakeholders indicated that national guidance could include:

- what information should be provided to carers when taking on a placement (including information about the child's needs)
- a specified time frame (e.g. within six weeks of placement) for an assessment of child support needs
- a specified time frame for assessment of carer training and support needs. This would be based on child and carer needs and be relative to carer type (i.e. kinship carers are more likely to need assessment of training needs as part of their immediate post-placement support, whereas foster carer training is often initially part of pre-placement support)
- minimum standards of support and training for foster, kinship and permanent carers as well as adoptive parents.

The inclusion of needs assessments was described as a means of ensuring that supports are tailored to the individual circumstances and needs of carers and children.

Carer payments

Review carer payments for adequacy, consistency and accessibility. Consider development of national guidance for assessing and structuring carer payments

Although all jurisdictions provide carer allowances and payments, and most offer additional assistance with living and caring costs, the evidence scan and stakeholder consultation showed significant variation in the type and level of payments available to carers across jurisdictions and between carer types within jurisdictions.

Stakeholders indicated that this variation did not necessarily accurately reflect differences in child and carer needs or in living costs. There were also commonly reported barriers to accessing payments, including lack of accurate or timely information about availability and eligibility (especially for discretionary payments) as well as delays in reimbursement for upfront costs. This meant that carers – particularly kinship carers – did not always access payments for which they were eligible.

Payments for carers are largely the responsibility of the states and territories and, as such, reflect local budgetary and political priorities and constraints. However, consultations with key stakeholders indicated that a review of carer payment adequacy and accessibility at the state and Commonwealth level would be valuable. A national review could also explore the role of Commonwealth programs and payments in supporting carers. For some carers, payments such as income support, the Family Tax Benefit, child support, and the NDIS may be the sole source of financial support. Understanding how these Commonwealth supports interact with jurisdictional supports would also be valuable. Such a review or reviews – if undertaken by the separate jurisdictions – would be facilitated by the development of national guidance and agreement about how to calculate adequate financial support for carers.

Guidance could include strategies to promote consistent payment across different care arrangements, clear and consistent classification of carer payments, including consistent definitions and payments for categories related to the child's care needs, carer living costs (e.g. for carers living in remote communities), consistency of discretionary payments and clear eligibility criteria for discretionary payments. There would be further value in states and territories developing individual communications plans to ensure carers are made aware of payment eligibility.

Increased involvement of ACCOs

Support increased involvement of ACCOs in the care and protection of Aboriginal and Torres Strait Islander children and in the support of carers

As noted above, greater participation of ACCOs in the care and protection of children and the support of carers is widely recognised as being beneficial for carers and the children in their care and is an important avenue for self-determination. The role of ACCOs in family finding also makes an important contribution to permanency options for Aboriginal and Torres Strait Islander children.

There could be exploration and trialling of models for increasing ACCOs' responsibility for the care and protection of children in out-of-home care in those jurisdictions where this does not already exist or is in its early stages. This should include trialling models for adequate resourcing and capacity building.

Responsibility for working with ACCOs to increase their role in the care and protection of children in out-of-home care largely lies with the jurisdictions. However, the Commonwealth could have a role in helping to coordinate cross-jurisdictional efforts, sharing learning and aiding capacity building for service delivery agencies.

National minimum data standards

As outlined below there are significant gaps in the available data about carers. In particular, there are gaps in the national data on carer demographics and movement in and out of the care system. Inconsistencies in definitions and in the types of data collected by the jurisdictions also limits the ability of organisations, such as the Australian Institute of Health and Welfare (AIHW), to collect or compile accurate national-level data. Such data gaps limit opportunities for evidence-informed policy decision-making or the development of strategies for carer recruitment, retention and support.

Potential strategies or actions for the mitigation of these data gaps include collaboration between jurisdictions – facilitated at the Commonwealth level – to develop a framework for consistent data collection and shared definitions for key data items, and regular national-level surveys of carers to augment ongoing state-level data collections.

8.5 Data gaps and recommendations for future research

On the whole, there is limited empirical research or data on carers or their experience of support. National data on carers are mostly limited to the annual data collected and collated by the AIHW (Child Protection Australia and Adoptions Australia), with more detailed quantitative data on carers coming from the two large studies: Working Together to Care for Kids (Qu et al., 2018) and reports from the ongoing Pathways of Care Longitudinal Study in NSW. This study is expected to release more findings from recent waves of data collection. There is also now some data from the Victorian Home-Based Carer Census and there are additional research and evaluation projects underway in some jurisdictions.

Specific gaps in the literature are discussed below but, overall, the majority of the Australian research literature identifies the experiences and support needs of foster carers. There is less research on kinship carers, with data mainly coming from the Working Together and Pathways of Care studies, a small number of qualitative studies and some commentary on the needs of kinship carers in submissions to government inquiries. There are almost no national data or research on permanent carers and third-party parental order guardians or their support needs, and limited data and research on Australian adoptive parents. Although there is some research on barriers to adoption, there is less research examining the support needs or experiences of adoptive parents.

There is also very little evidence as to what constitutes good practice in the provision of supports and services, particularly for kinship and permanent carers and adoptive parents.

The consultations undertaken for this study were able to provide stakeholder perspectives on some of the key factors contributing to carer recruitment and retention, the skills needed by carers, the efficacy of supports currently offered to carers and the observed effects of COVID-19 on carers. These consultations have also introduced carer voice and provided a snapshot of carer experiences, particularly providing insight into the experiences and support needs of Aboriginal and Torres Strait Islander carers. However, the broad scope of his study means that many areas of inquiry require further, more in-depth research, and a number of evidence gaps remain. This section identifies areas where further research and data collection is required.

Carer satisfaction, placement stability and child outcomes

Carer satisfaction is a worthwhile outcome in and of itself and there is some evidence linking carer satisfaction to carer retention (Randle et al., 2017). Given the numbers of children in the out-of-home care system, recruitment and retention of carers is also an important issue. However, the connection between carer satisfaction and child outcomes is unclear and there is little empirical research on this connection. There is, for example, very limited evidence for a causal connection between carer satisfaction and placement stability and improved outcomes for children. This is an area that is likely to require further investigation through large-scale longitudinal research.

Similarly, although a literature review on the factors that influence the outcomes of children and young people in out-of-home care by Walsh and colleagues (2018) has identified the characteristics of the child's placement (such as the selection and training of carers and the supports provided to the child and their carer) as a key factor contributing to outcomes for children and young people in out-of-home care, this review did not identify a clear description of what makes a good quality placement. Although placement stability is an important outcome, the literature is largely silent on the quality of the placement itself.

However, one study did note that there had been a shift over time in the outcomes measured as part of research on out-of-home care placements, from studies measuring placement failure to studies measuring outcomes around belonging and carer/child relationships (Haysom, McKibbin, Shlonsky, & Hamilton, 2020). This suggests that these intersubjective concepts represent a more contemporary understanding of a successful placement. The literature review by Walsh and colleagues (2018) discussed the concept of 'high quality care' and identified attributes of a high quality carer; these traits – echoed by participants in the consultations – included having a warm responsive parenting style, good parenting skills and effective discipline practices. However, as noted above, the evidence for the connection between support, acquisition of these attributes and child outcomes is still lacking.

What works to support carers

There is a lack of research evaluating the effectiveness of supports for carers and children. Many studies, both Australian and international, noted the need for high quality studies of interventions that evaluate child, carer and relational outcomes over time. Data from such studies would need to be disaggregated to explore different effects and outcomes for different subgroups and populations of children and different types of care placements.

There is a notable lack of research examining how services and supports might interact with each other. In their literature review, Thomson and colleagues (2016) state that carers need individually tailored support 'across multiple dimensions' (page 45) but there is no literature describing how this could or should be done. Another evidence gap is with regard to the timing of support, with Eastman and colleagues (2018) noting that the first year of a care placement requires the most support from caseworkers and other services and has the highest risk of placement breakdown. Findings from our consultations suggest that support early in a placement for both kinship and foster carers is important. Hence, there is a gap in the evidence around the timing of provision of support and its impact on children in care and their carers.

Support needs for carers of Aboriginal and Torres Strait Islander children

Only one research study located in the evidence review specifically addressed the needs of carers of Aboriginal and Torres Strait Islander children. This study focused on foster carers (Kalinin et al., 2018). No Australian research was found on the support needs or experiences of adoptive parents or other types of carers who may be caring for Aboriginal and Torres Strait Islander children. Given the high rates of Aboriginal and Torres Strait Islander children in out-of-home care, further research is needed in this area. There is also a lack of information about how kinship or grandparent carers impacted directly by Stolen Generations removal practices are engaging (or not) with statutory child protection services.

Although the consultations for this project provided some insight into the support needs and experiences of Aboriginal and Torres Strait Islander carers, the generalisability of these findings is limited by the small sample size. More dedicated research and consultation with Aboriginal and Torres Strait Islander carers is required.

Recruitment and retention of Aboriginal and Torres Strait Islander carers

There are very little data on the numbers of Aboriginal and Torres Strait Islander carers and very limited research that examines the experiences and support needs of this group of carers or on how Aboriginal and Torres Strait Islander carers can be recruited and supported. Stakeholders consulted for this study also identified this as a gap in evidence and practice.

Experiences and support needs of informal carers

There is a significant gap in the research with regards to informal carers. Anecdotal evidence suggests that there are significant numbers of Indigenous children in informal care due to family members not wanting to be involved in the statutory system. However, there are no data available on the numbers of carers providing informal care. Submissions to government inquiries described the barriers that kinship carers faced in formalising a care placement (Community Affairs Reference Committee, 2014; Royal Commission, 2017); however, there was no empirical research that describes the experiences or needs of informal carers or indicates how they could be best supported.

Experiences and support needs of permanent carers and adoptive parents

There is limited research about contemporary adoption in Australia or about adopted children and their families after an adoption is finalised. In Australia, once an adoption is finalised there is no legal difference between a child living with adoptive parents and a child living with birth parents, so administrative data on service use or long-term outcomes are not available (AIHW, 2019c). This is similar for children on permanent care orders: once a permanent care order is finalised they are considered to have left the out-of-home care system; hence, there are limited specific data available on these children and their carers.

While there was information about the numbers of children under permanent care orders available in the AIHW data, there are no data on the carers who provide this form of care. Published Australian research that explored the support needs or experiences of permanent carers was extremely limited, with just one study looking at relationships between permanent carer families and birth families (Collings & Wright, 2020). The review did not locate any peer-reviewed Australian literature examining post-adoption supports.

Experiences and support needs of different carer groups

There are some distinct gaps within the Australian literature regarding the experiences of specific groups of carers (as opposed to carers as a whole). For example, Kalinin and colleagues (2018) noted that the Northern Territory and South Australia are under-represented in published studies on carers, so the existing literature may not represent their experiences or needs.

One Australian study included in this review did explore the needs of lesbian and gay carers (Riggs, 2011) and one international study included a large number of lesbian and gay adoptive parents (Moyer & Goldberg, 2017); however, the support needs and experiences of lesbian, gay, bisexual, trans, intersex or queer (LGBTIQ+) carers remains under-researched. Similarly, although the review identified some systematic reviews and meta-analyses that examined the needs of carers and adoptive parents of children with a disability (Hill & Moore, 2015; Woodman-Worrell & Higgins, 2019; Ziviani, Feeney, Cuskelly, Meredith, & Hunt, 2012), there was no research that explored the needs of carers with disabilities. There was also limited literature exploring the needs or experiences of carers from culturally and linguistically diverse backgrounds. One study reported on the information needs of grandparent carers (valentine et al., 2013), and this was the subject of a government inquiry (Community Affairs Reference Committee, 2014); however, given that grandparents are understood to make up the majority of kinship carers in Australia, more research is needed on this group.

Stressful and critical events, including care transitions

Stressful and critical events include allegations made against carers and grief and loss at the end of a placement. They may also include stressful experiences with children such as violence or self-harm. There was very little research evidence about the impact of critical events on carer wellbeing, carer retention or placement stability. However, where these events were identified in the research, it suggested that they may have a significant role in carers' decisions to cease caring. There was very little described in terms of support for carers in response to these events, either in the literature or the consultations.

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Appendix 1: Research questions

Table A1: Summary of research questions and data sources

Research questions	Data source
What is known about carers and what they need to provide safe and stable care to children?	Desktop review, qualitative fieldwork
▪ Why do people become carers including carers' desires, goals and motivations in caring for the children? Why do people stop being carers?	Desktop review, carer interviews, stakeholder interviews
▪ What are the formal and informal carer numbers, demographics and data gaps?	Desktop review
▪ What is the current and future projected demand versus supply for carers, including carer types?	Desktop review, stakeholder interviews
▪ What skills and support do carers need to undertake their role?	Desktop review, carer interviews, stakeholder interviews
▪ How do carers support the cultural identity of the children in their care?	Desktop review, carer interviews, stakeholder interviews
▪ What key challenges do carers face in their role? Are there specific challenges faced by particular kinds of carers?	Desktop review, carer interviews, stakeholder interviews
What are the most effective ways to support different carer types?	Desktop review, qualitative fieldwork
▪ What does the research and practice literature say about best practice for supporting different types of formal and informal carers?	Desktop review
▪ What support do carers need at different transition points (e.g. when children and young people transition to or from care)?	Desktop review; carer interviews, stakeholder interviews
▪ What support is needed to build healthy relationships between carers and the birth families of the children in their care (where appropriate)?	Desktop review; carer interviews, stakeholder interviews
▪ What are some Australian examples of good services, practice and support for carers?	Desktop review, carer interviews, stakeholder interviews
What are the key issues and barriers that different types of carers experience in their interactions with government services?	Desktop review, qualitative fieldwork
▪ What state, territory and Commonwealth government supports or services are available to carers?	Desktop review, stakeholder interviews
▪ What are the main barriers to carers' use of government supports and services? How do this differ for different groups?	Desktop review, carer interviews, stakeholder interviews
What are the key priority actions (short term and longer term) to address carer issues in their interactions with government supports and services?	Desktop review, qualitative fieldwork
▪ How can government services and support improve carer recruitment, retention and outcomes for carers and the children in their care?	Desktop review, carer interviews, stakeholder interviews
▪ Are additional datasets, indicators or research needed to understand, monitor and support Australia's formal and informal carer population?	Desktop review, stakeholder interviews
What are the effects of the COVID-19 pandemic on carers and service providers supporting carers?	Desktop review, qualitative fieldwork
▪ How did COVID-19, and governments' responses to it, affect services and service providers who support carers? Did this vary over time and location.	Desktop review, carer interviews, stakeholder interviews
▪ How did COVID-19, and governments' responses to it, affect carers? Did this vary over time and location.	