

Well-being for Indigenous foster children

Alternative considerations for practice research

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In child protection, 'status indicators' typically describe the status of children in care in regard to reason for coming into care, length of time in care, racial or ethnic identity and whether specific bureaucratic milestones have been reached. With Indigenous children, status indicators are broadened to encompass explicit requirements arising from the Aboriginal and Torres Strait Islander Child Placement Principle. Our contention is that this approach serves administrative decision-making and not the needs of Indigenous children.

We propose a different process for evaluating the effectiveness of foster care for Indigenous children that considers their well-being rather than their status as cases. This paper examines 'well-being indicators' for Indigenous children in care that emphasise foster family capacity to fulfil basic developmental, health, educational, social, cultural, spiritual, housing (Fisher, Pecora, Fluke, Hardin & Field, 1999) and economic needs. The paper concludes with recommendations for practice research on well-being indicators in Indigenous families.

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There are good reasons for the absence of child well-being measures from child welfare monitoring and evaluation systems. First, child well-being is more difficult to define and measure than changes in case status (reunification, adoption, length of time in care, etc.) or confirmation of child maltreatment reports. Second, some child welfare agencies are understandably reluctant to measure child well-being. By the time children are taken into protective custody, their well-being has already worsened through exposure to increasingly harmful conditions that are beyond the control of the child welfare system (Altshuler & Gleeson, 1999, p. 128).

The UN Convention on the Rights of the Child (UNICEF, 1989) sets out a series of protections and rights that promote basic standards of well-being for all children. Among other rights, these include rights to life (Art. 6), cultural identity (Art. 8), health (Art. 24), an adequate standard of living which includes the child's physical, mental, spiritual, moral and social development (Art. 27), education (Art. 28) and protection from economic exploitation (Art. 32). Australia, like many countries, gathers similar comparative information and statistics about the basic needs of children, especially in relation to children's health and mortality (Al-Yaman, Bryant & Sargeant, 2002). Data on children is also collected worldwide across a range of indicators including life expectancy, nutrition, health, school enrolment and attendance, demographic indicators, economic indicators and the status of women (Bellamy, 2001). There is a large body of research on child well-being but most of it focuses on child health and development.

In contrast to this concern, children in care are often evaluated by indicators that measure the children's administrative status (Powell & Withers, 2001; Tilbury, 2002), rather than their well-being. These status indicators measure reasons for coming into care, length of time in care, racial or ethnic identity and whether specific bureaucratic milestones have been reached. With Indigenous children, status indicators are broadened to encompass explicit requirements arising from the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP). For example, for 2003, the Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSPP) listed 23 performance indicators for child protection and out-of-home care services. These indicators dealt with safety,

standard of care of service (encompassing continuity of case workers, customer satisfaction, stability of placement, home-based care for under twelves, timeliness, compliance with ATSCPP, local placement, placement with sibling, documented case plan), and cost per child (SCRCSSP, 2003, p. 15.13). Status indicators, therefore, provide measures to see how the child fares administratively once they have come into care and have become a prime means for measuring how children are faring in foster care. The use of status indicators is an important, even crucial, administrative function which must be maintained and strengthened. But, the focus is more on the administrative status of the child rather than an indication of their well-being and how they are functioning.

CHILDREN'S WELL-BEING IN FOSTER CARE

Family functioning, including foster family functioning, is a broader concept and more important for the child's development than their administrative status and its progress. Functioning includes the notion of well-being and:

... child well-being means that a child's basic needs are met and the child has an opportunity to grow and develop in an environment which provides consistent nurture, support, and stimulation (Fisher et al, 1999, p. 3).

In a list reminiscent of the articles in the UN Convention on the Rights of the Child, the same authors argue for the provision of basic needs for children's well-being, including the well-being of children in care.

Family well-being means that a family has the capacity to care for its children and fulfil their basic developmental, health, educational, social, cultural, spiritual, and housing needs (Fisher et al., 1999, p. 70).

Well-being indicators provide a more comprehensive understanding of a child's personal growth, development and capacity.

Child well-being indicators assess health status, cognitive functioning, and social and emotional status and encompass a wide range of variables including educational opportunity, economic security, food security, and family/neighborhood environments (Welfare Information Network, 2003).

Altshuler and Gleeson (1999) have undertaken a comprehensive review of well-being in family foster care. The well-being domains they describe, and the methods for measuring them, include research on resilience, coping and overall functioning, physical health, mental health and school performance. They detail the substantial body of research in these areas applicable to children in care while also admitting there is a challenge in incorporating well-being measures into foster care.

Admittedly, using well-being indicators in foster care is more complex than applying indicators of administrative status but it does provide the ability to monitor the children's

well-being as stable, improving or deteriorating. Bailey, Thoburn and Wakeham (2002), in a project that monitored the progress of 96 children in the care of a local authority in England, rated the children to determine their well-being and progress while in care. They used indicators from the 'Looking after Children' (LAC) project developed by the UK Department of Health (2002), expanding the seven LAC indicators to nine: health, educational attainment, personal identity, ethnic/cultural identity, emotional and behavioural development, family relationships, social/peer relationships, social presentation, and self-care. The researchers were able to document a more wide-ranging snapshot of the children's functioning in care using these indicators.

Using Fisher et al.'s (1999) framework for family well-being and including the indicator of economic security from the UN Convention on the Rights of the Child, we can summarise a number of writers on the well-being needs of children, including those in care, as shown in Table 1. The references in Table 1 are not exhaustive but they are comprehensive.

As can be seen from Table 1, the main emphasis for children's well-being in the literature is on indicators of health, educational progress and social development. Indicators that address cultural identity, spirituality, housing and economic needs are virtually ignored. Yet, these may be domains that are important to Indigenous people when addressing their children's well-being.

INDIGENOUS CHILDREN'S WELL-BEING INDICATORS

The literature on well-being indicators for Indigenous children, especially those in foster care, is meagre. In one respect, they would be much the same as those for non-Indigenous children. At the same time, the history of Indigenous peoples as colonised populations within their own country means that, while definitions of well-being may be similar, they may not always be the same.

In any reference to well-being in literature about Indigenous peoples in Australia, the first connotation is about Indigenous health. The concept of well-being seems to be pervasive in Indigenous health literature although it is generally restricted to a broad definition of health. Thus, Anderson (1999, p. 54) states in an article about Aboriginal well-being, 'we need to develop a critical framework that enables us to grapple with the relationship between health, health care and broader social processes', in which he includes history. In a similar way, a study by the Ministry of Children and Family Development (2002) in British Columbia, Canada, compared the health and well-being of Aboriginal and non-Aboriginal children. In their research, they included indicators such as health status, educational achievement, rates of teenage pregnancy and of substance abuse, experiences of suicide, numbers of Aboriginal children in care as a proportion of all children in care,

Table 1: Well-being indicators for children

WELL-BEING DOMAINS	WELL-BEING INDICATORS
Developmental	<ul style="list-style-type: none"> Resilience, coping and overall functioning (Altshuler & Gleeson, 1999) Behaviour (Kortenkamp & Ehrle 2002; Simms et al, 1999) Emotional problems (Kortenkamp & Ehrle, 2002)
Health	<ul style="list-style-type: none"> Physical health (Altshuler & Gleeson, 1999; Fluke et al, 2000; Kortenkamp & Ehrle, 2002; Silver et al, 1999) Poor/fragmented health care (Silver et al, 1999) Mental health (Altshuler & Gleeson, 1999; Silver et al, 1999)
Educational	<ul style="list-style-type: none"> School performance (Altshuler & Gleeson 1999; NYCACS, 2001; Simms et al, 1999) School engagement (Kortenkamp & Ehrle, 2002) Involvement in extracurricular activities (Kortenkamp & Ehrle, 2002)
Social	<ul style="list-style-type: none"> Nurturing home environment (Kortenkamp & Ehrle, 2002) Positive interaction with caregivers (Kortenkamp & Ehrle, 2002) Family characteristics (warmth, cohesion) (Garmezy, 1993) Presence of caring adult in absence of responsive parents (Garmezy, 1993) External support (neighbour or social institution) (Garmezy, 1993) Two parental figures in home (Runyan et al, 1998) No more than two children in family (Runyan et al, 1998) Social support of maternal caregiver (Runyan et al, 1998) Neighbourhood support (Runyan et al, 1998)
Cultural	
Spiritual	<ul style="list-style-type: none"> Regular church attendance (Runyan et al, 1998)
Housing	
Economic security	<ul style="list-style-type: none"> Employment (NYCACS, 2001) Economic indicators (Fluke et al, 2000)

experiences of violence and sexual harassment, and involvement with youth justice services. In these definitions, health status as a well-being indicator is defined in holistic terms.

However, if we attempt to discover what indicators of well-being Australian Indigenous peoples want for their communities generally, including for their children, they provide wider explanations than an holistic approach to Indigenous health. Noel Pearson (2001) sees economic development, health and social well-being as central to the existence of Cape York communities. For him, the catalyst for the social disintegration of many Indigenous communities, including the abuse and neglect of children, is 'the lack of a real economic base' because of Indigenous dependence on passive welfare through the social security system since the 1970s, and because 'the nature of the passive welfare economy is reflected in our social relationships.'

The fact is, every economic relationship is also necessarily a social relationship and underlying many of our social problems are these economic relationships. Whilst there is a general nominal acceptance of the interrelationship between economic issues and social problems, in practice economic issues have been relegated to the 'too hard basket' and attention has been focused on behavioural problems such as domestic violence or health problems (Pearson, 2001).

Pearson believes that an essential element in changing the health and social relationships of the Cape York communities is transforming the economic base of the people in the communities. The Cape York Justice Study (Fitzgerald, 2001) comes cautiously to a similar position on issues of economic and social development. The Study also recommends education and health indicators for the Cape communities.

The Aboriginal and Torres Strait Islander Women's Task Force on Violence (Robertson, 1999) comprised 50 Aboriginal and Torres Strait Islander women, representing communities throughout Queensland. They reported on the issues leading to violence against Indigenous women, children and families and provided strategies to address this violence under the following eight headings:

- Policies, service delivery and access to service;
- The economics of deprivation and the challenge of economic sustainability;
- Education as empowerment;
- Alcohol and other drugs;
- Indigenous health and well-being;
- Families and security;

- Law or Lore – the Indigenous experience of justice;
- Land, spirit, culture, identity.

Except for the first heading, each of the remaining seven provide indicators for the well-being and functioning of Indigenous communities, families and children. Certainly the provision of services to meet these seven indicators would not only ensure the well-being of Indigenous communities but would also address the reasons Indigenous children come into care.

Providing families with community-based formal and informal supports, resources, or treatment that will enable them to provide a secure, stable environment for their children, often results in achieving child well-being (Fisher et al., 1999, p. 70).

Table 2 summarises well-being indicators applicable to Indigenous children, including children in care. The three Queensland studies are compared to the UN Convention on the Rights of the Child and to two North American studies, one from Canada and one from the United States. The argument here is that if this is what Indigenous people want for their communities, families and children generally, it is likely to be what they want for Indigenous children in care.

Table 2 shows that well-being for Indigenous children encompasses health, educational and social indicators just as it does for children generally (see Table 1). Significantly, all commentators in Table 2 include economic indicators as a measure of well-being. The most comprehensive list of well-being indicators is from Robertson's (1999) report. No commentator mentioned developmental indicators but it may be implied in other indicators, particularly when it is defined as 'children's cognitive, physical, and mental functioning in relation to developmental milestones' (American Humane Society, 1998, p. 38).

One thing we must guard against in developing well-being indicators is the simplistic assumption that indicators will necessarily be defined the same in Indigenous and mainstream contexts. The well-being domain of health is a good example of differing definitions: Reid (1983, quoted in Anderson, 1999) notes the Yolngu theory of illness causation that encompasses Western ideas as well as the activities of sorcerers and spirits. More significantly,

Aboriginal health is defined as 'involving the physical, social, emotional, cultural and spiritual well-being not only of the individual but of the whole community' (Anderson, 1999, p. 65). An holistic understanding of health not only implies a more comprehensive indicator for individual children but it reaffirms the necessity to continue to work with Indigenous children within a community perspective, one of the implications of the ATSICP Principle. This communal understanding of health fits neatly with an ecological approach to social work practice that considers people within their environments (Germain & Gitterman, 1980).

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IMPLICATIONS FOR PRACTICE RESEARCH

The argument of this paper is that well-being outcomes for Indigenous children in care are a more important alternative area of study than their administrative status. We contend that not only are they more important in a philosophical sense but many of them have been identified by Indigenous people as being important to them. As Tilbury notes,

It is possible to have programs that are successful in meeting agency or case goals, but unsuccessful in meeting the needs of clients (Tilbury, 2002, p. 140).

What, then, would an alternative program of research consider? First, research into the development of well-being indicators for foster care needs to become part of the national research agenda on children in care. There is a need to develop specific well-being indicators for children in care to measure improvement (or not) arising from being taken into care. What do stakeholders such as children in care,

Table 2: Well-being indicators for Indigenous children

Publication	Develop-mental	Health	Education	Social	Cultural	Spiritual	Housing	Economic
UNICEF (1989)		X	X	X	X	X	X	X
Goodluck & Willetto (2001)		X	X	X				X
Fitzgerald (2001)		X	X	X				X
MCFD (2002)		X	X	X				X
Pearson (2001)		X		X				X
Robertson (1999)		X	X	X	X	X	X	X

foster parents, birth parents and child welfare agencies define as appropriate well-being indicators for children in care? What will these indicators measure at different times in a child's life? What are appropriate research methods to undertake the development of well-being indicators?

Second, there needs to be research undertaken to identify well-being indicators that address specific Indigenous concerns for children in care. The Australian commentators in Table 2 are writing in response to problems in Indigenous communities rather than expressly addressing the well-being needs of children in care. What well-being indicators do Indigenous communities define as appropriate for Indigenous children in care? Are these the same or do they differ from those in the general community? Are there variations about perceptions of Indigenous well-being across Australia? This should be research designed and analysed in collaboration with Indigenous communities. Sanders and Munford (1998) recommend that this research be interpretive and qualitative to explore the subjective realm of everyday life. It will require localised research to address the well-being needs of Indigenous children in care from specific families/communities. It could also mean the development of collaborative, practitioner-initiated action research with the families/communities of individual children to ascertain perspectives on the well-being of Indigenous children in care.

Third, well-being indicators tend to imply group or community levels of achievement (employment, lack of violence, health). If the ATSICP Principle is going to assist Indigenous foster children in care, it must place them with Indigenous families or communities that have better measures of well-being than the families they were taken from. To ensure that there are communities/families that meet these benchmarks, there needs to be research into types of holistic development with Indigenous communities that addresses social, economic and cultural development. For example, the *Bringing Them Home* report (HREOC, 1997) called for the implementation of community development programs in Indigenous child welfare so as to lessen the number of Indigenous children still being removed from their families and communities.

Evidence to the Inquiry repeatedly indicated a community perception that the problems which result in removals need to be addressed in terms of community development. However welfare departments continue to pathologise and individualise protection needs of Indigenous children ... Indigenous communities throughout Australia gave evidence to the Inquiry of their need for programs and assistance to ensure the well-being of their children (HREOC, 1997, p. 584. See also pp. 453-454).

Pearson's (2001) proposals for social and economic development will address this concern. In communities where community development programs are in place or are

beginning, there is an opportunity to test and articulate changes to the well-being of children and their families, including those children in care. In particular, there is an opportunity to collaborate in action research to implement a community development approach to child welfare.

Fourth, there is a challenging need to develop 'valid, easy-to-use, relatively short, comparable measures of child well-being' (Altshuler & Gleeson, 1999, p. 143). Workers' time is already precious and there will be resistance to cumbersome and time-consuming procedures. But we do need measures that indicate how the child is faring in care and not just how he/she is being administered.

... well-being outcomes for Indigenous children in care are a more important alternative area of study than their administrative status ... not only are they more important in a philosophical sense but many of them have been identified by Indigenous people as being important to them

In summary, this paper has argued the need to develop indicators of well-being for Indigenous children in care in addition to the current use of status indicators, and some indication has been given of what these indicators might be. An underlying theme of the paper has been that the levels of well-being expected for children generally in the community should be expected for children in care. The idea of well-being indicators for children in care is prominent in North America and in the UK, but there is a lack of consistency in the literature about the definitions and scope of the notion of well-being. At the same time, a number of Queensland commentators have set out goals for the development of well-being outcomes in Indigenous communities. These indicators are community wide and community based and so encompass Indigenous children, including children in care.

The current practice of measuring the administrative status of children in care does not provide evidence of how the child is faring in care. That, ultimately, is the impetus to develop some way of measuring the child's well-being in care, particularly those that might be expected to apply after state intervention into a child's life. And, because of the lack of elements of well-being in some Indigenous communities and because of the history of interventions in Indigenous family and community life by welfare agencies, it is imperative that well-being indicators for Indigenous children in care be developed in collaboration with Indigenous families and communities. □

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