

Change and continuities in foster care in Victoria

Prospects and Tasks in Foster Care revisited

Lynda Campbell

Foster care in Victoria is under strain. As Victoria implements major legislative and service system reforms, we should consider how the future of foster care can be informed by its past. To that end, this paper revisits the document on which Victoria's current system of foster care was founded, Tierney's 1973 report 'Prospects and Tasks in Foster Care'. With reference to that template, this paper examines some of the service system changes that have threatened the viability of foster care, and draws attention to some enduring qualities of foster care that nevertheless are worthy of preservation.

It is frequently suggested that in Australia provisions for out-of-home care for children who cannot live with their families are failing to meet the volume or nature of need presented (Barber & Delfabbro 2004: 197). In particular, the future of foster care, which continues to be the form of care for just over half of the children in out-of-home care (AIHW 2007), is under debate. This paper takes as its starting point the conceptualisation of foster care that underpinned Victoria's 1970s redevelopment of foster care, as articulated in Tierney's *Prospects and Tasks in Foster Care* (Tierney 1973), and explores some of the trends in subsequent decades that have threatened the viability of foster care in this form. It argues that there is still a role for foster care within the out-of-home care spectrum, but only if the special attributes of foster care are recognised and respected.

THE MID 20TH CENTURY FOSTER CARE REINVENTION

Foster care has had a chequered history within Victoria. From the late 19th century to the 1930s, children without parental care were 'boarded out' with families in the community (Tierney 1963: 21); then congregate care institutions became the dominant form of care in Victoria for several decades. Tierney (1963) described a process of alternating development of foster care and congregate care, each in response to deficiencies of the other. Such pendulum swings appear to have taken place over several decades. Perhaps we are seeing a new swing.

By 1961, compared with the other states, Victoria had the highest proportion of its placed children in institutional care (68.9%) rather than in other forms of care (Tierney 1963: 7 & 77). The centralised statutory child welfare authority maintained some long-term 'pseudo-adoptive' foster placements spread about the State, but the placement of children in foster care was 'haphazard' (Tierney 1963: 82). Foster care was often 'chosen' opportunistically – a child unsettled in residential care might be 'given a chance' in foster care, there might be bed shortages in the institutions, or a child might attract the attention of a visitor. The foster care system itself was 'grossly under-staffed' (Tierney 1963:79) with inadequate procedures for good assessment, matching, foster carer-department relationships, or child-birth family relationships.

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By the early 1970s, some of Victoria's many non-government agencies were beginning to develop family-supportive foster care, offering emergency and respite care. However, these programs were small and did not constitute a system of service. There was a third form of foster care, pre-adoptive placement of the babies of unmarried mothers, but this was about to be virtually eliminated by income security measures and cultural changes. These three major forms of foster care (pseudo-adoptive, family supportive and pre-adoptive) operated separately, not linked by coherent practice theory, policies or procedures. Practice standards were determined agency by agency and State wards in voluntary agency foster care had no government subsidy (Meredith 1973:58).

Although the *Social Welfare Act 1960* had enabled a prevention role for the Social Welfare Department, the relevant service system was undeveloped until the mid-1970s when the child welfare system underwent a major overhaul involving localisation, community accountability, family-centred services, and professional program development (Norgard 1976). In a climate of deinstitutionalisation, 'least restrictive alternatives' for children in the care of the State were sought. Community-based foster care had found its time.

In the State of Victoria, in 1973, the Family Welfare Advisory Council of the then Ministry of Social Welfare received a report on *Prospects and Tasks in Foster Care*, written by social work academic Leonard Tierney with the assistance of foster care professionals. The problems being faced at that time have a ring of familiarity:

... there is confusion about the role of foster care. Wide differences in perception of purpose exist and hence there is ineffectiveness; some agencies have difficulty in attracting staff for foster care work and the scale of resources available is insufficient for the task (Tierney 1973:1).

Prospects and Tasks provided a foundation for development of the system of foster care that has served Victoria since. It recognised that foster care was not one but many things, including pseudo-adoption, short-term clearly defined foster care, long-term clearly defined foster care, special fostering arrangements (for children with behavioural difficulties or special mental or physical handicaps), and emergency foster care pending assessment of the family situation. It also proposed new sub-programs of temporary community care and new arrangements for transferred or shared legal guardianship (the latter not developed until the 1980s permanent care option).

Prospects and Tasks provided one conceptual template for program development that encompassed these different forms of care. This template included a systems model of foster care which recognised complex interactions between three systems – the natural family, the foster family and the

agency – in a community context. This was commonly referred to as the 'tripartite arrangement' (see Figure 1).

The Report analysed the costs and benefits of foster care to these three systems and concluded that for each child-family/foster family/agency configuration:

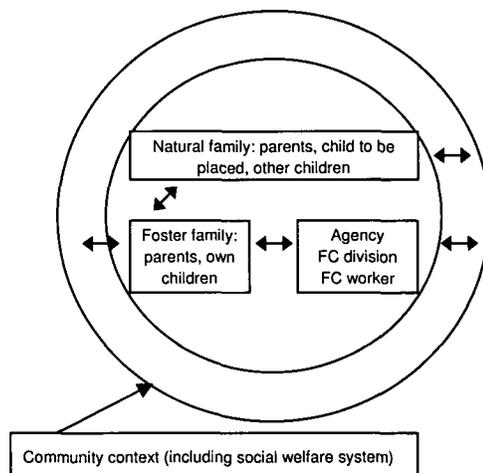
Whether the foster care experience is high benefit – low cost is to a large extent shaped by:-

- Is foster care appropriate for this child and his family background?
- Is this a suitable foster home for this child?
- Can sufficient skilled support and resources be made available to all parties? (Tierney 1973:15)

One of the chief benefits of foster care for the child was identified as the ordinariness of the social setting, and the benefit of a daily family life. The Report also identified the sequence of tasks foster care programs must perform to maintain a professionally acceptable foster care service, and these have formed the basis of program operation since:

- establishing the role of the natural family in rearing the child;
- a decision as to whether foster care is the method of choice for providing substitute care;
- recruitment of foster parents;
- selection of foster parents;
- placement of the child in foster care;
- maintenance of the placement;
- review and future planning, that is, working towards the child's return home or towards permanent placement. (Tierney 1973:17)

Figure 1: Tierney's depiction of the tripartite arrangement in foster care



Note: It is not clear from the original text whether the missing arrow between the agency and the birth family was intentional.

Where children were under state guardianship, the first two functions were the responsibility of the guardian, but foster care programs run by community service organisations (CSO) nevertheless undertook a second level 'gate-keeping' process to ensure foster care was not used inappropriately. It was expected that the foster family would be regarded as a support to the child's family as well as to the child, and that the foster care agency would facilitate progress toward family reunification. Tierney noted that, despite its complexity, foster care was desirable because the voluntary involvement of private families in child welfare facilitated the relationship between social programs and the communities they served and contributed to broader goals of community well-being (Tierney 1973:54).

Following this Report, a network of foster care agencies was developed across the State, most operating on a local or subregional basis and run by a mixed range of service providers: the Department's own regional offices; local government; community service organisations which were in the process of divesting themselves of their congregate care facilities; and some entirely new, community-based organisations. These agencies were expected to ensure program quality in accordance with the principles established in *Prospects and Tasks* for the benefit of children, their families, the carer families and the community. In the effort to shift the model of foster care from pseudo-adoption to community service, early program development and carer recruitment often emphasised emergency and respite care and support for families.

FOSTER CARE SERVICES THREE DECADES LATER

In the past 30 years of regionalised foster care, the environment of foster care has changed considerably. In Victoria in 1975, 18.3% of children 'in care' (excluding those with parents or relatives) were in foster care, and 81% were in residential care, including reception centres (Markiewicz 1996: 35). Although the numbers are not directly comparable because of the conflation of kinship care and parental care, by 2005 it appears the proportions of foster care and institutional care had reversed: non-relative foster care accounted for 56% of children in out-of-home care compared with 8% in residential care, with a further 30% of children in kinship care and 5% in other home-based care (AIHW 2006: 47). Foster care, defined broadly, has become the primary mode of out-of-home care for children under statutory orders, although official kinship care is growing rapidly and residential care has again begun to increase (AIHW 2007: 52; DHS 2003: 27). While some voluntary use of emergency and respite foster care remains, foster care has become very much the tool of statutory child welfare since the rapid escalation of child protection notifications from the mid-1980s.

Yet this dominance of foster care within out-of-home care provision has been sharply criticised by Defabro, Osborn

and Barber (2005: 12) as failing to meet the range of needs of troubled children and young people, and leading to high rates of placement breakdown. The Department of Human Services (DHS) *Public Parenting* report (2003) and sector development plan (DHS 2005) identified a decline in new caregivers and problems with the increasingly complex foster parent role with difficult children and families in a challenging legal environment. Similar findings have been reported by Carter (2002) and in various review processes within agencies. The Community and Disability Ministers Council (2004) has forged a National Plan for Foster Children, Young People and their Carers 2004-2006, reinforcing the message that no state is facing these issues alone. It notes the rising numbers of children in care and their increasingly complex needs, the reduction in (non-kin) volunteer carers, the rise in kinship care, and the need for new models of foster care to be developed and tested.

The following sections explore some of the service system changes that can inform our understanding of the mismatch between the optimistic vision in *Prospects and Tasks* and the current pessimistic appraisal of foster care's future, and discuss some of the threats to foster care's program integrity, professional creativity, the quality of the care experience for children and their families, and the family life and voluntaristic motivations of care-givers.

One of the chief benefits of foster care for the child was identified as the ordinariness of the social setting, and the benefit of a daily family life.

Changed entry to foster care

Prospects and Tasks was relatively silent on the child's pathway into court-sanctioned foster care, largely because the State had always had a 'receiving and processing' role with respect to new wards of state (Tierney 1963: 21). The continuance of the government 'reception centres' was presumed. While these persisted (until the deinstitutionalisation process later in the decade and into the 1980s), there was a place of safety (albeit flawed) for the child while his or her needs and those of the family were assessed, and while a foster family was found and introduced to the child. After the reception centres were closed, children were placed directly into foster care. This absorption of the 'receiving and processing' function fundamentally changed the foster care program. While it was initially envisaged that some foster families would be designated 'reception foster carers', in practice it proved difficult to maintain a separate pool of carers and children were often placed into whatever home might be available, to

be moved on later. In the mid-1980s, the statutory focus shifted from a 'child welfare' system caring for children in the guardianship of the State to an investigatory 'child protection' service. This required ready access to temporary foster placements (often with the address undisclosed to the parents) while workers undertook their assessments. Very little might be known about the child or family at this point.

Program funding for foster care became more defined by occupancy targets ('bums in beds'). Carter (2002: 54) describes foster care as having become 'driven by price, rather than by costs'. Combined, these factors led to the foster care agencies losing influence over the timing of placement and hence over the practicalities of matching and making the placement. In addition, the *Children and Young Persons Act 1989* formalised the case planning responsibilities of the Department, leaving little room for care providing agencies to exert influence over gate-keeping; that is, to ask whether placement was appropriate. The first and last stages of Tierney's 'tasks of foster care', entry and exit, were more frequently located elsewhere, and foster parents themselves became more directly aligned with the child protection process.

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Care as commodity

Increasingly defined as 'placements', foster families came to be treated as a formal component of the State's system of care and control. Official considerations began to overshadow foster care's prime contribution to child welfare – the informal dimensions of foster family life, child-centred and community-embedded (Evans & Tierney 1995; Tierney & Were 1991). Case planning systems tended to focus on the child and his or her family and did not really accommodate the care-giving family as a fully participating system with its own needs and imperatives. Foster carers were increasingly defined as a 'resource' to be used or not used by the State, rather than as fellow citizens aiding families in trouble in their own communities. Their voluntary contribution of relationships and civic engagement had become commodified, though several community-based agencies made strenuous efforts to preserve the ethos of 'families helping families' at some cost to agency viability.

Reduced geographic focus

With the influx of the 'front end' child protection tasks, followed in the 1990s by new managerial approaches

favouring mergers, the smaller sub-regional offices of the Department closed and were replaced by functionally specific units within larger regional centres. Many of the small, locally-based, foster care programs were also absorbed into larger conglomerates as agencies amalgamated. Over time these developments drew foster care further away from being a local family support service. This was evident in the 2003 DHS report *Public Parenting: A review of home-based care in Victoria*, thirty years after *Prospects and Tasks*, in which the key steps in placing a child in out-of-home care are described thus:

- DHS protective caseworker contacts the placement support unit (DHS) to arrange a suitable placement.
- The Placement Support Unit contacts the CSO to negotiate the placement and advises the caseworker of the placement details.
- The caseworker explains the process to the child and parents.
- Where possible the caseworker asks about the child's routines, special requirements and medical conditions, and gives a copy of the protection application and relevant information.
- The caseworker arranges a planning meeting with the CSO to provide information about the child and family. (DHS 2003: 10)

With pressure of numbers and a regional, rather than local, process, proximity of the foster family to the child's world became a lesser criterion. The consideration to the carer family in this sequence is minimal, as is the capacity of the community service organisation to make decisions. Barber and Delfabbro describe a similar, if not more extreme, role loss for South Australian foster care workers (2004: 79-80).

Complex care trajectories and case management

The *Children and Young Persons Act 1989* required the statutory case planner to develop efforts to reunify children with their birth families, yet resources to facilitate and maintain those reunifications did not keep pace. Failed reunifications have contributed to the multiple placements experienced by many children (Barber & Delfabbro 2004) with each new episode bringing more complexities. Child-family contact, increasingly determined by the Children's Court, has become elaborate and often contested, a source of considerable stress to foster families (Campbell, Jackson, Cameron, Goodman & Smith 2003). The case management tasks in placement maintenance have increased in complexity while the discretion of the agencies has been reduced.

No systemic incentives have been offered via the funding arrangements to address the integration of foster care with other child and family services. Under the 1990s focus on compulsory competitive tendering for service contracts

within Victoria, a state with many non-government providers, an agency might receive funding for foster care, family support and other services such as intensive family preservation in different geographic areas. With funds being offered competitively on a program by program basis, and targets set separately for each program, there could be no guarantee that one agency could offer a multi-faceted service to particular client families. While service coordination can be achieved across agency boundaries, this is time consuming and can be difficult in a competitive climate. This was an important assault on the presumption that foster care is a purposeful activity, informed by and supporting a well-developed, longer-term plan for the child and family.

Changing clients and community conditions

On the basis of both narrative case data and statistical trends (some of which might be attributed to changed measurement practices), it has become a catch cry that both children in care and their parents have become much more troubled. The *Public Parenting* report noted, for example, that 56% of new clients admitted to foster care in 2001-2 had experienced domestic violence and 43% had experienced substance abuse problems in their families (DHS 2003: 35).

It appears that many families in trouble retain care of their children for some years through a variety of informal and sometimes makeshift arrangements. These children may have significant gaps in their attachment experiences, basic socialisation and physical care, sense of trust in adults in the community, and peer relationship skills. When these children are admitted to care, they are unsettled and wary, their difficulties are compounded by repeated placement experiences and the disturbing effects of failed reunifications. Care-givers and their representatives argue that these children bring major behaviour problems to be managed in substitute care. The complex needs of the parents also impinge upon placement and bring into the interagency network a variety of specialist workers.

Carer supply and retention

Agencies here, as elsewhere, also report major difficulties recruiting foster carers (DHS 2005), attributing these to shifts in community values and demographic trends, including an aging population, more women in the workforce delaying or not having children, smaller more exclusive family units, higher housing and other costs including child care, less presumption of employment and location security, more complex reconstituted families managing their own varied and complicated access arrangements, and fewer available extended family supports. It has been particularly hard to recruit from those localities with a high need for carers. Once recruited, carers can be over-used, or used in ways that do not match their values and motivation. Those who are keen to help troubled parents find that they are offered fewer emergency and respite care opportunities than expected. Those motivated by 'child

rescue' have ample work but heavy demands in terms of contact with the child's family, court and other official events.

THE CONFIGURATION OF THE EARLY 21ST CENTURY FOSTER PLACEMENT

At a minimum, the early 21st century foster placement is, then, much more complex than the tripartite arrangement between agency, foster family and birth family posited in the early 1970s, and it needs to be seen as a set of interlocking networks (Campbell 1999). The *child* is more acknowledged as a party in his or her own right. The *child's family* is frequently a complex set of persons and arrangements which may span several households and include previous placement providers. The *child's parents* may bring with them various professionals whose contribution is crucial to the parents' potential resumption of the care of the child. Increasingly, the *foster family* is similarly a complex set of arrangements, both in its own structure and in the way its care giving is augmented by day care, after-school care, respite care, volunteers and other placement support workers.

Foster carers were increasingly defined as a 'resource' to be used or not used by the State, rather than as fellow citizens aiding families in trouble in their own communities.

There are multiple *departmental representatives* 'on the case'. *Public Parenting* reported audits in which 63% of children in foster care had had 4 or more case managers in the current care period (DHS 2003: 65). In addition, senior staff members make many of the decisions in conjunction with the court and other involved professionals. They in turn work alongside the placement coordination team which seeks out available 'vacancies'. A different set of departmental actors may hold the community agency to account for its performance in meeting funding targets. The *foster care worker* attempts to weave these various threads together to make, sustain, and appropriately end each placement, but much of the action occurs outside this worker's control.

The diagram in Figure 2 adapts Tierney's schema to reflect these conditions. It is readily apparent how difficult it can be for either the child or the carer to live a relatively ordinary family life.

All parties must deal with a high degree of complexity and ambiguity. This is captured nicely by Nutt (2006) in her

efforts to theorise the foster carer role on the basis of her in-depth interviews with 46 UK foster carers:

Foster carers provide a public service within a private setting, but managed from outside. Although they are called 'carers', children are placed with them in order to have a positive experience of parenting and family life. But relationships within the family are ambiguous (Nutt 2006: 34).

... Foster children are bureaucratised children. Their lives are circumscribed by rules, regulations and rights ... Foster carers must continually reposition themselves to cope with these paradoxes and ambiguities (Nutt 2006: 99).

It is against this background of bureaucratisation, complexity and ambiguity that we must understand and respond to foster carers' calls for more support (O'Neill 2003).

The contemporary functions of the foster care program

Thus the tasks of the foster care program have been both curtailed, yet made more complex. Having lost the functions relating to intake and exit, the basic remaining quality control and operational tasks are:

- recruitment, selection and training of carers;
- practical facilitation of the entry of the child to the home;
- support to caregivers, chiefly problem-solving, sharing the tasks of contact arrangements, and securing financial and other resources;
- negotiating with parents about placement issues and the

needs of the child;

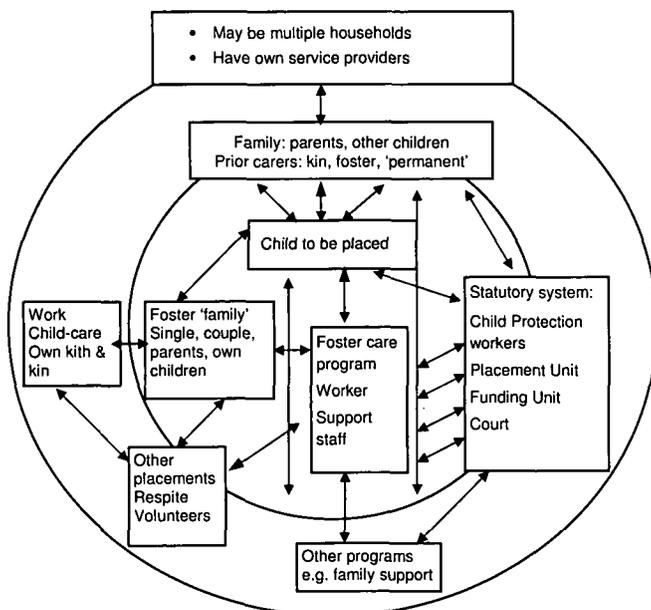
- seeing the child to monitor the child's adjustment to the care setting.

The present writer has found that workers report that all these tasks tend to be performed on a minimal, demand-driven basis.

In terms of complexity, however, the functions are also expanding, to include:

- protecting caregivers from excessive expectations and demands from other professionals;
- monitoring events during the placement, including parent-child contact, and reporting to the child protection service and to the court;
- in conjunction with the child protection case worker, coordinating the requirements of the court, including child-family contact and treatment regimes for the child, and managing these complex communications;
- seeking out additional placement support resources;
- enhanced educational input to care-givers;
- diversification in recruitment, selection, training and support strategies to accommodate more complex child and family needs and demographic and cultural changes among both the client and carer populations;
- risk management related to police checks and allegations of abuse in care;
- collecting data to meet service agreement reporting requirements.

Figure 2: The current set of systems relationships in foster care (after Tierney)



In part these changes reflect the large degree to which foster care has become subsumed within the child protection system, to the neglect of its family support and community building purposes. Yet they also suggest that it has become critical to the maintenance of the private contribution of foster families that foster care workers both shield them from, or assist them to meet, the official tasks that threaten to undermine their attentiveness to the child in care.

For all the difficulties that have been associated with foster care, the National Plan sees home-based foster care continuing as the out-of-home care method of choice, and there remains a substantial body of committed foster families who value the care-giving role highly (DHS 2003: 84-87). Evidence about the ingredients of successful outcomes for children and young people and their families, and for foster families themselves, tends to remain hidden in the narratives of their lives, in the informal conversations of workers, and in the detail of case files. Barber and Delfabbro (2004: 198) have provided a welcome window to this, reporting:

Apart from the obvious benefits to foster children of security and freedom from harm, the majority of our sample displayed improved psychosocial functioning during their time in care,

and that:

... foster children report very high levels of satisfaction with the care they receive and with the social workers who supervise them.

Perhaps it is not that foster care is outmoded, but rather that it has been systematically sabotaged by our collective failure to honour and safeguard the essential qualities and motivations of carers. The pressures of a court-driven system have led to neglect of the relationship between programs and communities which is so critical to developing a fresh and contemporary pool of carers who are attuned to the conditions that shape the lives of children and families in trouble.

Perhaps it is not that foster care is outmoded, but rather that it has been systematically sabotaged by our collective failure to honour and safeguard the essential qualities and motivations of carers.

Yet in Victoria, this is a time of opportunity with political and professional goodwill. The new *Children, Youth and Families Act 2005* is introducing a sharper focus on the child's experience of out-of-home care with a particular focus on diversion from care, stability of care, continuity of community engagement and support upon leaving care. The Department of Human Services is leading a major sector redevelopment that will significantly change the roles of child protection and family support workers through the establishment of Community Based Intake teams (*Child First*) to divert families from child protection to family services. For those children who enter out-of-home care, there will be tighter timelines for permanency planning. Quality assurance comes into focus with new requirements for the registration of community service organisations and more stringent background checks for people 'working with children'.

There are some indications of political will to resource placements more fully and flexibly, and it is to be hoped that resources will be provided to meet what the present writer anticipates will be not only more demanding roles for foster care workers in pursuit of stability goals, but also an increase in referrals from the community-based intake team and redeveloped family services. The kinds of family crises that

are currently processed by the child protection service may well be reframed as requests for emergency or respite foster care which will require more provision for voluntary placements. It may take some time and effort to re-orient foster care practices to a family support agenda.

WHAT DO WE NEED FOSTER CARE AGENCIES AND THEIR GOVERNMENT PARTNERS TO DO?

Clearly, in an era of networked public policy development and service provision (Considine 2005), foster care programs do not stand alone and cannot be judged in isolation. In terms of the quality of provision and output, there are too many variables outside their control. Nevertheless, despite and perhaps *because* of this, foster care providers do need to assert foster care's requirements and to insist on providing only such care as can be demonstrated to reduce, rather than exacerbate, risks to children and their families and carers. This should be aided by the developing national foster care research agenda, with researchers around the country taking forward some of the research priorities proposed in the Audit of Australian Out-of-Home Care Research (Cashmore & Ainsworth 2004; Cashmore, Higgins, Bromfield & Scott 2006)

Whatever decisions are made to expand the range of out-of-home care models, foster care itself needs care and attention. We would do well to revisit Tierney's foundation questions, simple as they are, as a guide to development:

- Is foster care appropriate for this child and his family background?
- Is this a suitable foster home for this child?
- Can sufficient skilled support and resources be made available to all parties? (Tierney 1973: 15)

Many of the current policy recommendations go some way toward dealing with these questions by proposing an expanded spectrum of care options and the development of enhanced or specialist models home-based care (DHS 2003). This paper, however, is also arguing that we should not neglect 'basic foster care', but should review and affirm some core principles of foster care in order to guide routine program operation and development. This retrospective reflection leads the present writer to the following suggestions.

✧ *Recognise the varieties of home-based care and their distinct service user populations with separate program requirements*

In drawing different kinds of foster care together, *Prospects and Tasks* facilitated program development and expansion, yet over time this allowed differences within foster care to become obscured. For example, the voluntary use of emergency and respite foster care has been overwhelmed by the need for statutory placements. The 'reception' function has also been absorbed into longer-term care, sometimes

leading to children remaining in inappropriate, poorly matched placements over the long term, which perhaps break down under the strain. Might planned reception placements (whether in foster care or other forms of care) be preferable? Barber and Delfabbro (2004: 200) cautiously suggest that placement instability in the first few months may be less damaging than later placement breakdowns. While apparent 'flexibility' is created for service managers when these forms of care are conflated, the consequence is that their distinct imperatives remain hidden, thus inhibiting realistic planning.

... it is vital that our models address the very different functions (foster care) performs in the community while refocusing on the human relationships between child and foster family that lie at its heart.

✧ *Manage the alliances between complementary services more strategically*

Different kinds of foster care need different partner services. It would be appropriate, for example, for emergency and regular respite foster care to be more explicitly aligned with family support services, to facilitate a shared theory base, practice principles and local knowledge in order to work well together for the child and family. Similarly, if the goal of a protective placement is family reunification, there is a clear need for foster care and intensive family preservation services to work together to help all parties prepare for and sustain reunification. Therapeutic foster care might be more appropriately developed in conjunction with Child and Adolescent Mental Health Services (CAHMS) or similar specialist facilities. While none of this should preclude the various home-based care streams working together within one service, their distinct niches require more refined policy and program attention and budgetary protection. This requires better place-based service planning linked to funding and service agreements.

✧ *Reconceptualise the tasks of foster care provision and fund them appropriately*

Foster care is more than making placements. Funding arrangements must recognise the complex negotiations that occur at the intersection of several systems – child, family, foster family, agency, department – at all stages in the placement process, and the consequent role demands and knowledge and skill requirements placed on workers. It is not uncommon to hear experienced foster care workers say 'I just make placements', or 'I'm just a glorified taxi driver'.

The concern is not just that such workers feel devalued, which is serious enough, but also that their energies have been redirected from the goals of foster care (quality care for children either permanently or as a bridge to successful home reunification) to the means (putting a child in a 'foster care bed'). Foster care workers lament the lack of time to support children, foster families and birth families through the difficult times in placement: admission, court contest, access, parental crises, schooling problems, carer family problems and so on (Carter 2002; Nutt 2006). That these core aspects of good foster care practice have come to be seen as 'luxury items' is a grave indictment of a funding regime that has failed to keep pace with complex foster care functions.

✧ *Understand and honour the voluntary commitment of caregivers and their right to say 'no'*

The question of the voluntary commitment of caregivers is often reduced to questions of reimbursement and payment. These are significant issues, not discussed in this article but the subject of important sustained work by McHugh and colleagues (Smyth & McHugh 2006). The point being made in this paper is a little different. Regardless of pay, the fundamental contribution made by foster parents is that they share with foster children their daily life and their emotional availability. They offer the child themselves, their home, perhaps their children, their friends and family, their time, and their community connections. It is because of this that matching and timing matter, and a carer must be free to refuse a placement and must be free to state their support needs without fear. They are not simply 'beds' to be 'filled', and agencies must not be funded as if they were. All service agreements need to recognise, therefore, a significant amount of 'carer downtime' for personal or placement-related reasons, and the need for some foster families to be dedicated to particular children who require intermittent care. Consequently, they must recognise the continuous nature of recruitment and maintenance of relationships in families in the 'carer pool'. Reliable funding is also required for flexible concrete forms of assistance to sustain carers in their demanding role (O'Neill 2003).

✧ *Develop and reward the workforce*

A major contribution of *Prospects and Tasks in Foster Care* was that it demonstrated the need for high quality foster care practice. This need endures. We cannot forget that any out-of-home placement is a profound intervention in a child's life. The child has only one life and cannot afford for it to be fragmented or kept 'on hold.' An excellent workforce helps each child in care live one life well. The gift of the good foster family is its readiness to respond to the child's individuality and extraordinary needs, yet fold the child into the comfort and ordinariness of its family life, with as much attention but as little fuss as possible, assisting the child to integrate his or her diverse and challenging experiences. We

sully that gift, and steal time from the child's only life when we make a poor match, overload the foster family, or tolerate a placement that is going poorly because 'it's just for while' or because we fear the effects of disruption. To assist the child, carers and family to have the best possible relationships and to function well in the community, foster care agencies need to attract and retain skilled and committed workers. These workers undertake the delicate interlacing of separate families' lives, and must also manage the socio-legal stressors that impact upon these relationships. It is their job to ensure that the child has the most supportive experience possible with minimal assault on the child's sense of worth, identity and wholeness. Their functions are often practical, but they are no less 'therapeutic' for that, and the child deserves the best thinkers, strategists and communicators in that role.

Foster care is a very special social phenomenon. As we strive to address its current complexities, it is vital that our models address the very different functions it performs in the community while refocusing on the human relationships between child and foster family that lie at its heart. ■

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