The experiences of Aboriginal and Torres Strait Islander carers in the child protection system

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Much child welfare research does not differentiate between the needs of Indigenous and non-Indigenous clients and/or does not specifically address issues concerning Indigenous children, families and communities. As such, evidence is not informed by Indigenous perspectives and knowledge. The research reported upon in this paper was conducted jointly by a university-based researcher and Indigenous child protection agencies. It explored the support needs of Indigenous carers in the context of the increasingly detailed regulatory framework for out-of-home care. It suggests there should be more investment in ongoing support for carers and more personal contact between the statutory department and the carer/s after the placement is made. This would fulfill many purposes: support for carers with attendant benefits such as satisfaction and retention; better meeting the needs of the child; and the regulatory function of ongoing monitoring of placement quality for accountability purposes.

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Aboriginal and Torres Strait Islander children are over-represented in the child protection system in Queensland, as in other Australian states and territories. Compared to non-Indigenous children, Aboriginal and Torres Strait Islander children are about four times more likely to be the subject of a child maltreatment substantiation and about six times more likely to be on a child protection order (AIHW 2006). Government strategies to date have failed to achieve real improvements in this longstanding situation. Aboriginal and Torres Strait Islander families need to be empowered to rebuild and maintain control over their family life. Supports for Aboriginal and Torres Strait Islander families, which span the continuum of primary prevention, early intervention and statutory intervention, are vital if long-term change is to be achieved in the face of the size, severity and complexity of the task of preventing child abuse and neglect (SNAICC 2005a). Given the large number of Indigenous children in out-of-home care, the support needs of Indigenous foster carers and relative carers require particular attention.

Since the 1970s, Aboriginal and Torres Strait Islander Child Care Agencies (AICCAs) have been working to keep Indigenous children safe and stable within their family and community. Queensland AICCAs have a legislated role under section 6 of the *Child Protection Act 1999* to provide culturally appropriate advice and to be involved in decision-making with the Department of Child Safety regarding the needs of Aboriginal and Torres Strait Islander children, young people, and families. In 2004 Queensland AICCAs joined together to form the Queensland Aboriginal and Torres Strait Islander Child Protection Partnership (QATSICPP). The aim of this body is advocacy and improved child and family services for Aboriginal and Torres Strait Islander people. A major focus of the Crime and Misconduct Commission (CMC) Inquiry into Abuse of Children in Foster Care (CMC 2004) was on better services to Indigenous children. QATSICPP has been working collaboratively with the Department of Child Safety in progressing CMC-inspired reforms. QATSICPP is committed to supporting and empowering the legislative role of the AICCAs and to working with all levels of government and non-government agencies to reduce the over-representation of Aboriginal and Torres Strait Islander children and young people in the statutory system.

QATSICPP is keen to promote research on Indigenous child protection issues. Much child welfare research does not

differentiate between the needs of Indigenous and non-Indigenous people and/or does not specifically address issues concerning Indigenous children, families and communities. Consequently, evidence is not informed by Indigenous perspectives and knowledge. The research discussed in this paper was conducted jointly by a university-based researcher and Indigenous agencies to explore the support needs of Indigenous carers. This research gives a voice to the Indigenous carers, who are providing a largely unheralded volunteer service to government and the community, while also helping to maintain and support members of their own extended family.

LITERATURE REVIEW

The quality of out-of-home care, availability of placement options, and support for placements are urgent issues for government to address (Fisher, Gibbs, Sinclair & Wilson 2000). Recruiting and retaining carers is vital to the continuation of the out-of-home care system. It is a difficult and stressful role, requiring a great deal of personal commitment and skill (Sellick & Thoburn 2002). Carer support enhances recruitment and retention and therefore placement choice, and improves stability by helping carers to manage a placement, reducing placement breakdowns or disruptions (Denby, Rindfleisch & Bean 1999; Fisher et al. 2000; Sellick & Thoburn 2002; Triseliotis, Borland & Hill 2000). Research has established that carers would like good information on children; regular and supportive contact with the child's case worker and the placement worker; opportunities to take part in training and foster carer groups; the chance to take breaks from difficult children; support out of working hours; and efficient handling of the hassles of foster care (Broad, Hayes & Rushforth 2001). Foster carers have generally sought both practical supports such as respite care, financial assistance and help with managing a child's behaviour, and emotional support from peers, mentors and professionals (Broad, Hayes & Rushforth 2001; Thoburn 1999).

The few Australian studies that include the views of Indigenous carers highlight the range of difficulties that may be experienced. Higgins, Bromfield and Richardson (2005) found that most Aboriginal carers had a negative view of the statutory department and the support available; that relative carers especially wanted more support; and that communication and respect from statutory workers were significant concerns. Butcher (2005) found that Indigenous carers wanted training on how to work and communicate with the statutory department, and wanted carer training to be more culturally appropriate.

Children in care are increasingly placed with relatives, rather than with traditional foster carers, and Indigenous children are more likely to be placed within their extended family (SCRCSSP 2006), consistent with the Indigenous Child Placement Principle. Thus most Indigenous carers are relative carers. As the motivation of relative carers generally revolves around the particular needs of the child they are caring for and the desire to keep the family together, bureaucratic and over-regulated approaches to managing carers are problematic (Flynn 2002, Tilbury 2007). Relative carers are generally not trained, they lack information about their role, they may fear contact with the child welfare system and they are unlikely to participate in foster care associations (Leos-Urbel, Bess & Geen 2002). Yet relative carers are required to provide the same nurturance and support for children in their care as non-kin carers provide, often with fewer resources, greater stress, and limited preparation (Cuddeback 2004; McHugh 2003). Foster carers receive a subsidy and partial reimbursement for costs and access to some services for the child in their care. Depending upon the jurisdiction and the legal status of the child, relative carers usually receive a subsidy and access to support services, but many struggle to make ends meet (McHugh 2003).

Aboriginal and Torres Strait Islander families need to be empowered to rebuild and maintain control over their family life.

There is now considerable research showing the advantages of supporting carers, guidance about best methods, and the desire of carers to receive more support. However, many current initiatives focus on regulation as a route to improved placement quality. There has been an increase in the formality, complexity and specialisation of regulation over the past two decades (Hood, James, Jones, Scott & Travers 1998), and this is evident in out-of-home care in Australia. The regulatory regime for out-of-home care now typically includes policy instruments and procedures such as extensive checks of criminal history charges and convictions plus checks of traffic, domestic violence and child protection history; assessment of the carer and the carer's family; time-limited certificates of carer approval; enforceable standards of care; charters of carer rights and responsibilities; licensing or accreditation for non-government agencies that recruit, train and support carers; special units within statutory departments that conduct audits of practice and/or investigate complaints against carers; and performance indicators requiring public reporting about the extent of abuse in care (Tilbury 2007). It is against the backdrop of a growing evidence base on carer support, the increasing regulation of out-of-home care, and the limited research on Indigenous out-of-home care, that the present study investigated the particular support needs of Aboriginal and Torres Strait Islander carers.

METHOD

RESEARCH INVOLVING INDIGENOUS PEOPLES

This research aims to engage with Indigenous perspectives, privileging the child protection expertise and knowledge of Indigenous agencies and carers. This is important as much research and evaluation in Indigenous communities is 'done to' them. Therefore much of the received knowledge about what works and how it works is from an outsider perspective. Research *with* and *for* Indigenous communities (not *on* and *about* them) requires community ownership and participation in the design and scoping of the research, with the research purpose emerging from the issues and concerns of the community, so that knowledge generated can be a tool for self governance (Scougall 1997). For these reasons, the QATSICPP was involved in the design and implementation of all aspects of the research, including development of the research proposal, data collection and analysis, and writing up.

This research gives a voice to the Indigenous carers, who are providing a largely unheralded volunteer service to government and the community, while also helping to maintain and support members of their own extended family.

SAMPLE

The research concentrated on formal care arranged by AICCAs in consultation with the statutory department. In-depth, semi-structured interviews were conducted with a purposive sample of Indigenous carers and agency workers to explore their experiences and viewpoints. Random samples were not sought given the qualitative nature of the study. As relative care is the first placement preference for Indigenous children, it was considered important to examine the specific needs of relative carers. Participants had a minimum of six months' experience in their carer or worker role. Carers were recruited from metropolitan and provincial cities in Queensland with the assistance of workers from Indigenous agencies, who approached carers with information about the study. Interviews were also conducted with one foster care worker from each of the six agencies that assisted with the study, as their work involves providing, negotiating and advocating for carer support. The final sample comprised ten relative carers (including one couple), ten approved foster carers (including two couples) and six workers. Participants were given a small gift in

appreciation of their participation and received a written summary of findings at the conclusion of the research.

ETHICS

The research was designed and conducted in accordance with nationally approved guidelines for ethical conduct in Aboriginal and Torres Strait Islander research (National Health and Medical Research Council 2003) and was granted university ethics approval. Written consent was obtained from all participants. Participants were given an undertaking that anything they said would be confidential and not reported in a way that could identify them. This was a concern for some participants who did not want 'the department' to find out what they said, so care was taken to explain how confidentiality would be maintained and that quotes from their interview would only be used with identifying information removed.

INTERVIEWS

Semi-structured interviews were chosen as the data collection tool because of their adaptability to Indigenous communication modes of listening, talking, participating and observing (Scougall 1997). The interviews were conducted mostly at the local Indigenous agency, but a few were conducted at the home of the carer. Eighteen interviews were conducted by an Indigenous researcher and eight by a non-Indigenous researcher experienced in working with Aboriginal and Torres Strait Islander people. All interviews were audio-recorded and later transcribed. The factors explored were: the needs of the child; the carer's personal, family and household circumstances; the carer's motivation and capacities; the relationship with the child's parents; and the relationship with professionals involved in the placement (that is, workers from the statutory department and the AICCA). There were questions about preparation, approval processes, training and support and the opportunity to offer unsolicited thoughts about providing placements. Information was sought from workers about their perceptions of carer needs, how these are responded to, and their experiences in working with relative and foster carers. The interviews were conducted in the latter half of 2005, about 18 months after the CMC Inquiry (2004).

DATA ANALYSIS

The analytical approach adopted was to search for the central ideas emerging from the data, as well as examining the data for the themes and concepts from existing research on carer support. The aim was to understand and describe the nature and types of support sought by Indigenous carers. The initial coding scheme for each transcript was based on areas covered in the interview protocol. There were ten categories:

- assessment and approval

- preparation for role

- support needs
- allegations of inadequate care
- family relationships
- contact
- personal situation
- needs of the child
- motivation, and
- retention.

A new category – circumstances of initial placement – was added as coding proceeded to ensure all information provided was taken into account. Data were then re-organised by category so it was possible to examine the data in relation to each issue for the three participant sub-samples (relative carers, foster carers and workers). The question 'what is the main type of support that the carer wants?' was answered for each transcript and a verbatim quote to illustrate was identified. These sets of coded and assembled data were then reviewed and synthesised to produce a narrative of the major points and themes in the data. Similarities and differences between relative and non-relative carers were sought, especially in the areas of support and motivation. A group of Aboriginal and Torres Strait Islander child protection workers considered the data analysis and findings, which enhanced the trustworthiness (Lincoln & Guba 2000) of the researchers' interpretations and facilitated a dialogue about the findings.

DESCRIPTION OF STUDY PARTICIPANTS

Ten relative carers were interviewed, all Aboriginal. Four cared for a cousin or a cousin's child, two cared for a grandchild, and three cared for nieces and nephews. Ten foster carers were interviewed, nine Aboriginal and one Torres Strait Islander. Three had prior experience caring for children who were not their own: one was a houseparent and two provided informal fostering. There were no notable differences in the personal circumstances of the relative and non-relative carers. Both groups comprised a mix of single women and couples; employed and not employed people; all had support from their own family (such as their partner or their adult children who were living with them); none had current housing problems; both groups had a couple of carers with health problems; and the majority of carers in both groups mentioned their 'tight' financial situations. Six workers were interviewed: five Aboriginal and one Torres Strait Islander. Two had only six months' experience in the role, the remainder had between two and five years' experience.

STRENGTHS AND LIMITATIONS OF THE STUDY

It is not claimed that the views of participants in this study represent the views of all Indigenous carers and workers.

The study had a number of limitations. It relied upon a small sample of current carers and workers. The carers were located via the AICCA worker, so they may have been reluctant to complain about support. We sought a range of views, for example by following up negative comments with questions such as 'have you had any good workers?' or 'have you had any positive experiences?' The sample did not cover remote Indigenous communities, although there are likely to be greater needs there because of distance and lack of services. Despite these limitations, the research adds to the knowledge base and raises valid issues and challenges for policy makers and practitioners seeking to improve the quality of out-of-home care for Indigenous children. The interviews enabled genuine engagement with the participants, and the data provides a picture of Indigenous perspectives, which are generally not heard. The findings are consistent with other studies involving Indigenous carers, as discussed earlier.

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FINDINGS

PRACTICAL SUPPORT

Carers would like assistance with clothing and furniture in emergencies, transport assistance for school and contact visits, and financial assistance. Payments were slow and there was too much paperwork. Carers felt they had to request help more than once, they always had to initiate contact, and often they gave up when their calls to the department were not returned. Many had come to the conclusion that asking for help from the statutory department was not worth the effort. Lack of follow through was a big complaint – there was a feeling that promises are made but more often broken. There was a view that expectations of carers are high but the level of support is low. These issues are reflected in the following comments:

Relative carer: *The department officers talk a lot but no action.*

Relative carer: *The annoying part is that the caseworker has changed many times and every time I ring the department I have to tell them the whole history again and again.*

Non-relative carer: *We haven't had a follow-up visit since they did the course with us (17 months ago).*

Non-relative carer: ... *there is a lot of hassle, a lot of paperwork that we don't have time for. It's not worth it. It all should be made a lot easier.*

RELATIONSHIP WITH STATUTORY WORKER

Having a good relationship with the child's caseworker makes a big difference to carers – they want to have their opinions listened to and respected. Carers felt contact was irregular and inconsistent, and that workers were not cooperative. Some carers prefer to keep their distance from the department, saying they would prefer to organise things themselves for the child, but they still want workers to return their calls. Carers spoke about this in the following ways:

> Relative carer: *Things started happening when I had that regular contact with someone from the department*

> Relative carer: *They have never been back – they don't even ring me up. We give up on the department – we just stop asking.*

> Worker: *Information is only given to carers if the carer asks. The department workers do not hear you, talk on and on but are not listening to specific questions.*

The communication styles of workers were often reported to be insensitive or patronising. For example, carers commented:

> Relative carer: *You try to talk to them on the phone and they talk cheeky back to you. I won't tolerate that, I've done nothing wrong, so I'll talk straight back at them.*

> Non-relative carer: *I think they need to have a nicer approach; they need to be mature and treat us as human beings and not names and numbers.*

> Non-relative carer: *Sometimes they are sneaky the way they word things. They word it in a way to cover themselves. You have to be firm with them I notice. If you don't they will walk all over you.*

These comments are disappointing because it seems elemental that the worker should have a positive working relationship with the carer and try to attend to the many issues that can arise with placements. Ongoing contact after the placement is made should be integral to casework. The mismatch between what carers expect and what they receive may be explained to some extent by the crisis orientation of much child protection work, and the view (on the part of workers) that if the child has been placed, then s/he is safe. However, this minimises the statutory responsibilities that workers have to promote children's well-being – a duty that can really only be fulfilled if they have a relationship with the child and the child's carer. It may also point to a structural problem whereby non-government agencies have a designated role to provide carer support, yet most resources for carers can only be accessed via the statutory worker. The issues would seem to be interlinked, in that the first step in gaining access to practical support is having regular contact and a good relationship with the statutory worker. Considerable effort is required from statutory workers to overcome the legacy of mistrust of government child welfare authorities by Indigenous people. Many carers reported

feeling 'looked down upon' by workers, illustrating a cultural gulf that needs to be bridged. Unfortunately, it seems some workers do not know how to talk to Indigenous people; they make incorrect assumptions, and project a superior stance in their communications.

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CARING FOR THE CHILDREN

Carers want departmental caseworkers to take a more active interest in the child in their care – they feel the department should know what is going on in the child's life. For example:

> Worker: *The department is making decisions about the kids in care and the carers want to see that the department really care about the children.*

> Relative carer: *Some specialist, that's what I want. So I can sit down and talk to someone, somebody who's a professional that can help.*

> Non-relative carer: *From my point of view just to make sure, all right they checked me out and all that sort of stuff, but I'd still like to see them come and see for themselves, how the kids are doing ... I'd like to see, you know, a couple more of the department people coming out and seeing the children and see how they're doing.*

This theme seems to go beyond the usual categories of carer support because it is related to caring about the child, rather than about the carer. That is, if the carer views the department as being concerned about the child's well-being and trying to optimise the child's development, then in turn they will feel supported. Carers wanted help in navigating the system to get the help they need for a child, such as arranging appointments with specialists, or advocating at school. Most carers mentioned the 'big folder' of information they had been given when they started as a carer, but few had read it. This does not appear to be an effective means of imparting information about the role of the carer. The carers relied upon the AICCA to advocate for them to the statutory department, and even while receiving support from the Indigenous agency, they wanted contact with statutory workers because they have the power to make decisions, to provide access to resources, and to approve actions.

MOTIVATION AND THE PROCESS FOR BECOMING A CARER

It is vital to understand the motivation for becoming a carer when devising recruitment strategies. It is generally recognised that routes to becoming a carer are different for relative and non-relative carers. As expected, the relative carers in this study were motivated by the needs of the particular child they were caring for.

> Relative carer: *We are not actually fostering, we are just taking family.*

> Relative carer: *For the children, we're family – that's where they should be.*

> Relative carer: *It's kinship and I want to try and keep it that way.*

> Relative carer: *She's family, she'll always have a roof over her head with us. If it's not me it will be someone else. It's always in our family group.*

> Relative carer: *I want him to have a good future.*

In addition, most of the non-related foster carers had previous experience in caring for children and saw it as fundamental to being Aboriginal or Torres Strait Islander, and this was an important part of their motivation to become a carer.

> Non-relative carer: *I always had children all around me, you know, like my aunty – her kids would come and stay, they need a break, you know, stuff like that. It's just being Aboriginal; it's just a thing you do.*

> Non-relative carer: *I am a foster child ... My mum died young.*

> Worker: *It is usually culture to them as well that they want to be carers, it is not to be carers just for the money.*

However, workers felt there were barriers to recruiting Indigenous carers because the assessment process was time-consuming and intrusive, and criminal history checks were a barrier for carers. They perceived support as being crucial to retention.

> Worker: *Most of them, 'cause of the past, have a criminal history and ... that has been knocking them out because of their past histories.*

> Worker: *Criminal checks that date back over ten years has been a big barrier for some.*

> Worker: *If the carers are well supported and get all the help they need, then we can retain them.*

DISCUSSION

The support needs of Indigenous carers revealed in this study are substantial. Although only a small sample, there was a consistent message that carers want practical help and follow-through on requests for assistance, they want help to

navigate the system, they want statutory departments to more actively care about children in care, and they want their views to be listened to and respected. The focus on the regulation of care as a route to improved placement quality does not appear to be matched by increased attention to support for carers. This is despite findings from previous research that carers would like more support, and that carer support can enhance placement quality (Denby, Rindfleisch & Bean 1999; Fisher et al. 2000). More investment in ongoing support for carers and more personal contact between the statutory department and the carer after the placement is made would fulfill many purposes: support for carers with associated benefits such as satisfaction and retention, better meeting the needs of the child, and the regulatory function of ongoing monitoring of placement quality for accountability purposes. This implies a move from the notion of 'approving' to 'enabling' placements (Waterhouse, cited in Flynn 2002). Ongoing and proactive support would recognise how the dynamics of the placement – the relationships between the child, carers and parents – contribute to the quality of the placement. Such a framework for the regulation and support of placements might involve the regulatory agency (the department) having a consultant, supporter, advisory role rather than an approver, enforcer, gatekeeper role. The relationship between the carers and the department could be friendly and co-operative rather than formal and distant, with a prospective focus on aiming to prevent problems from arising rather than a retrospective stepping in when the situation becomes de-stabilised or otherwise problematic. This would avoid resistance or subversion of regulatory standards and compliance with rules that can occur with some regulatory models (Ashworth, Boyne, McGarvey & Walker 2002).

It is important for governments to listen to Aboriginal and Torres Strait Islander communities in developing, designing and implementing strategies for culturally appropriate services in child protection.

Foster carers and relative carers should feel they are part of a supportive system that highly values what they do. This is a precursor for improving Indigenous carer recruitment and retention, which is vital to making culturally appropriate placements for Indigenous children. While some research suggests a shortage of suitable Indigenous carers (Higgins, Bromfield & Richardson 2005), Yorganop Child Care Aboriginal Corporation in Perth, for example, has found that new carers self-refer and usually come recommended from other carers. The role of the Yorganop carers is to support a child's development for what might be a short time or for

many years. They are recruited on the basis that their role includes assisting the child to develop an improved relationship with their family (SNAICC 2005b). The other possible explanation for the difficulty in finding enough Indigenous carers is the large and disproportionate numbers of Indigenous children coming into care, an issue that warrants significantly more research and policy attention. This relates to the disadvantages faced by Aboriginal and Torres Strait Islander families in all areas of life, which cannot be addressed through child protection services alone – family support, health, housing, transport, education, employment, substance abuse and domestic violence services all play a part (Stanley, Tomison & Pocock 2003).

CONCLUSION

It is important for governments to listen to Aboriginal and Torres Strait Islander communities in developing, designing and implementing strategies for culturally appropriate services in child protection. This paper reports on research about the support needs of Aboriginal and Torres Strait Islander carers in the child protection system. Changes are needed to ensure proper attention to the well-being of Aboriginal and Torres Strait Islander children in out-of-home care, which will also contribute to the overall welfare of communities. ■

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CMC—see Crime and Misconduct Commission Queensland

SCRCSSP—see Steering Committee for the Review of Commonwealth/State Service Provision

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