Carer support

Practice paper

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Introduction

In the best interests of children and carers, and in order to do no harm to foster families, it is important to provide carers with the training and support they need to assist in preventing placement breakdown and retaining foster carers (Osborn et al., 2007:1).

This practice paper provides an overview of the research literature in relation to carer support, including:

- the support needs of carers, and if or to what extent support needs are effectively responded to
- the benefits of supporting carers, as well as the risks and outcomes if selective, ongoing supports are not provided (particularly by children’s case workers)
- factors to consider when negotiating supports, including the seven key elements of support.

The practice paper also includes a summary of the supports available to approved carers in Queensland. Approved carers include foster, kinship and provisionally approved carers.

For the purposes of this paper, the terms ‘social worker’, ‘case worker’ and ‘field worker’ refer to the child’s allocated worker. In Queensland, this is the Child Safety Officer (CSO) with case responsibility.

Reliance on ‘home-based care’

The reduction in residential care in recent decades has contributed to foster and kinship care being the primary placement type (‘home-based care’) for children in out-of-home care within Australia. Further, increases in the number of children entering and re-entering out-of-home care, and the increasingly complex needs of a greater number of children “have significantly changed the role of and need for fostering in Australia” (Layton, 2003 cited in Osborn et al., 2007).

Queensland data (Department of Communities, Child Safety and Disability Services, April 2013), highlights the reliance on foster and kinship care for children placed in care in Queensland. For example, over the last four years, the number of children in out-of-home care increased by 19.9% from 6,670 (as at 30 June 2008) to 7,999 (as at 30 June 2012). Of the 7,999 children in ‘out-of-home care’ as at 30 June 2012, 34.6% were placed with kin and 57.2% were placed with foster carers.

Kinship care is also the fastest growing out-of-home care placement type in Australia and "nationally, it is projected that at the current rate of growth, there will be three kinship placements for every one foster care placement by 2016" (Joyce et al., 2008 cited in Department of Communities, Child Safety and Disability Services, 2012:4).

The meaning of support

Ludowyk & Moore (2006:843), define support as giving strength to, or enabling to last or continue. The term support and what it means for carers is sometimes subject to different interpretations. This sometimes contributes to a lack of shared understanding between carers.
and the CSO regarding what constitutes an effective level of support. Nixon (1997) argues that, while support is often recognised as an important component of effective out-of-home care placements, its provision is often unsystematic and haphazard.

Support of a carer may be undertaken by either departmental officers or a non-government agency. Regardless of which agency or person provides the support, it is important that there is consistency in the delivery of support to carers. To achieve this consistency, clarity is needed around what support means, how the support needs of carers are determined and what activities constitute support.

There are two aspects to carer support with a degree of overlap between them. They are:

- the support required for all carers specific to the goals of the placement for a particular child
- the broader, general development and support needs specific to the carer’s overall role and responsibilities.

Both of these elements are essential in supporting carers and are addressed through separate processes.

In Queensland, the general support needs of foster carers are negotiated during the development of the Foster Carer Agreement. The development and support needs of kinship carers, along with the support needs of the child are negotiated and documented in the placement agreement for each child.

The distinction between these two support types is relevant to how the support needs of kinship carers are addressed in comparison to foster carers. Kinship carers provide care for a child who is related, or for whom they are a significant person, and their support needs will therefore be predominantly addressed through assisting the carer to achieve the goal and outcomes of the child’s case plan. This will include providing a range of supports to assist the carer to provide care that is responsive to the unique and individual needs of the related child.

Foster carers however will require a range of supports that address both aspects of support. Foster carers, in contrast to kinship carers, are required to provide care for a range of non-related children, over varying timeframes, depending on the nature and purpose of each placement. Foster carers must also participate in standard or advanced training prior to an application for renewal of approval.

**Eligible carers**

All approved carers are to be adequately and proactively supported to meet their legislative responsibilities under the *Child Protection Act 1999* (the Act).

In addition, suitable persons granted the long-term guardianship of a child under the Act can request and receive support from the department in response to their changing needs or circumstances, or those of the child in their guardianship.
Legislative requirement to provide support

The Act requires the department to provide support and training to carers to help them care for children, and the procedures giving effect to this requirement are located in the Child Safety Practice Manual.

By providing carers with an appropriate level of support, there is an increased likelihood of:

- providing out-of-home care consistent with the paramount principle of the Act, that is, the safety, wellbeing and best interest of a child are paramount
- providing a level of care that meets the standards outlined in the legislated Statement of Standards and the Charter of Rights for a Child in Care
- improving outcomes for children in out-of-home care, their carers and carer families.

Issues associated with carer support – research findings

In addition to the levels of usage and reliance on home-based care, research literature (national and international) provides important messages and directions for practice in relation to identifying and responding to the support needs of carers. Interestingly, the common support needs consistently identified by carers can most effectively be met or responded to by children’s case workers.

Current ‘status’ of carer support

“A major finding from the research on the retention of foster carers is that many carers do not feel supported, either financially or emotionally” (Osborn et al., 2007:15).

Although the research literature shows how to improve the level and nature of support required by carers, it also indicates that carers rarely receive adequate ongoing support.

The Australian Foster Care Association (AFCA) survey (2001) found that approximately 80% of carers reported that they received ‘just enough’ or ‘not enough’ support, and that almost half of all carer respondents received ‘little’ or ‘no support’ from the relevant government departments (Osborn et al., 2007).

Key areas of concern raised by carers included inadequate support by the child’s case worker, the absence of support and information about legal entitlements and eligibility for benefits and services, and the need to be adequately informed, prepared, supported and consulted, to improve placement stability (Osborn et al., 2007). AFCA carers also identified the need for improved training, information, respite, support following allegations of abuse and financial support (Osborn et al., 2007).

Briggs and Broadhurst similarly found that departmental support for foster carers was “minimal or absent and that those who had been assaulted or threatened received no counselling or assistance” (Briggs & Broadhurst, 2005 cited in Osborn et al., 2007:7).

Levels of support were reported by foster carers to be very important (Butcher, 2005 cited in Osborn et al., 2007) and the majority of carers wanted a dedicated 24 hour contact service or help line to provide assistance where required (Osborn et al., 2007).
Gilbertson and Barber (2003 cited in Osborn et al., 2007) determined that placement instability can be restricted if carers are adequately informed, prepared, supported and consulted.

McHugh et al. (2004 cited in Osborn et al., 2007) found that the challenges associated with fostering included contact with ‘birth’ parents, stress and workload and the behaviour of children.

Enhanced financial supports, increased recognition and involvement (for example, carer involvement in decision-making about children) and increased levels of support were particularly associated with levels of carer satisfaction (Department of Human Services, 2003 cited in Osborn et al., 2007). These elements, “along with improved assessment of and information about the child, were associated with current carers’ willingness and ability to continue fostering” (Osborn et al., 2007:9).

**The importance of training**

Research studies consistently identify three key areas in which foster carers request training:

- managing family contact between children and their families
- managing the behaviour of children
- supporting the education of children and liaising with schools (Social Care Institute for Excellence, 2004).

Training is important for new and existing carers as it helps them to feel prepared and increases their sense of feeling supported. Carers who are adequately prepared are also better able to care for children, contributing to better outcomes for children (Osborn et al., 2007).

Higgins et al. (2005 cited in Osborn et al., 2007) found that the carers of Indigenous children felt more supported when they had been provided with pre-service training, especially in relation to working with the statutory child protection agency. The non-Indigenous carers of Indigenous children also wanted training in Indigenous culture (Osborn et al., 2007).

**Family contact and carer retention**

The research literature relating to family contact and carer retention also provides a focus for supporting carers.

For example, research indicates that although carers are generally positive about family contact, they report some significant problems associated with it. These problems include parents or other family members drinking, presenting with serious mental health issues and engaging in violent behaviours. Carers also experience problems such the unreliability of family members and the impact of contact on the behaviour of children in care or the carers’ own children or families (Social Care Institute for Excellence, 2004).

Wilson et al. (2004) identifies that carers cease fostering for two key reasons:

- dissatisfaction with levels of support and not being treated as full members of a team
- ‘events’.
Particular areas of dissatisfaction include inadequate information on children, poor after hours support, inadequate respite, insufficient support from case workers and the disorganised handling of practical matters, such as payments, reimbursement of expenses. ‘Events’ incorporate allegations against carers, disputes with the statutory child protection agency, stressful incidents involving children’s families and placement breakdowns.

**The importance of developing ‘successful carers’**

The research literature provides guidance about the characteristics of ‘successful parenting’ and the attributes of ‘successful carers’. “A central characteristic of successful parenting is providing guidance and control without appearing to be rejecting and undermining self-esteem. Theories suggest that some parenting styles, particularly a style which combines setting boundaries with warmth, work better than others” (Social Care Institute for Excellence, 2004).

More specifically, ‘successful foster parenting’ includes (Social Care Institute for Excellence, 2004):

- a parenting style which combines boundaries with warmth
- an expectation that the relationship with the child will survive
- an emphasis on the relationship and on flexible problem-solving within it
- facilitating contact with parents and avoiding criticism of children’s families
- flexibility and not being easily upset
- encouragement about education and school.

Developing or strengthening the above-mentioned ‘successful’ parenting characteristics is an important component of ongoing carer support and training.

**The experience and impacts of ‘carer strain’**

“…strain on foster carers reduces their capacity to parent well and has an adverse impact on placement outcomes, both in terms of disruption and the quality of the placement for the young people” (Farmer et al., 2005:251).

Research about the extent of ‘strain’ on the foster carers of adolescents identifies a range of important considerations for the provision of support to carers, particularly given that around 50% of ‘teenage placements’ are likely to break down before the child reaches 18 years of age (Social Care Institute for Excellence, 2004).

When examining the extent of ‘strain’ on the foster carers of adolescents, its influence on parenting practices and the overall impact on placement outcomes, Farmer et al. (2005) found that:

- parenting capacity was significantly reduced across multiple parenting areas when carers had experienced numerous stressful life events in the six months prior to the young person’s placement, or were under considerable strain during the placement
- contact difficulties involving children’s families, as well as conduct problems, hyperactivity and violent behaviour by young people particularly increased ‘carer strain’
- difficulties in contacting case workers increased ‘carer strain’
- help from friends and local professionals reduced ‘carer strain’
placements were less positive for young people
‘strained carers’ experienced higher placement disruption rates.

Note: Although Farmer et al. studied adolescents aged between eleven and seventeen, the terms children, adolescents and young people are used interchangeably.

The parenting capacity of carers who experienced high strain levels was considered to be significantly reduced in that these foster carers:

- more often disliked the young people placed with them
- showed lowered levels of sensitive parenting
- demonstrated reduced ability to respond to the child’s emotional age when it differed from their actual age (Farmer et al., 2005).

In addition, ‘very strained’ carers provided limited assistance to young people who were preparing to transition from care to independence, and also:

- were less committed to or engaged with the young people
- were less effective at providing consistent appropriate limits
- made less effort than other carers to help the young people to fit into the carers’ family
- were less active than other carers in ensuring that the young peoples’ broader needs (for example, counselling, education) were met (Farmer et al., 2005).

“…the resources of these strained carers were exhausted and their parenting capacity reduced. They were less committed to and engaged with the young people, less sensitive to them and took a more limited view of the caring role than less strained carers. The carers also felt more dissatisfied and less well supported. Overall, these placements provided less good environments for meeting the needs of the placed adolescents than those with less strained carers” (Farmer et al., 2005:249).

In addition to the causes and effects of ‘carer strain’, Farmer et al. (2005) identified various factors which reduced the experience of carer strain:

- carers having help from friends (particularly help resulting in immediate practical and emotional benefits)
- carers having access to help or advice from ‘non-social services professionals’ (for example, doctors, counsellors)
- children’s case workers visiting the carers alone
- children’s case workers visiting children more frequently when the carers were not under strain than when they were. “This suggests that attentive social work reduces strain or that strain increases when there is too little visiting or both” (Farmer et al, 2005:246).

Farmer et al. (2005) also identified the following strategies for supporting carers who experience high levels of ‘carer strain’:

- ‘placement workers’ considering the personal circumstances of carers and the resulting impact of identified stressors, where applicable, prior to recommending new placements
- matching ‘strained carers’ with children who have only ‘moderate’ levels of support needs and providing ‘strained carers’ with enhanced levels of support
considering carers’ reactions to requested placements (carers felt under more strain when they had accepted a young person reluctantly or under pressure)

- providing enhanced levels of support to the carers of young people who present with conduct difficulties and particularly, hyperactivity
- assisting carers to obtain assistance from within their own support networks, including professionals and friends
- children’s case workers having regular face-to-face contact with carers and the children in their care, and returning phone calls in a timely manner.

Support needs unique to the carers of children with ‘adverse’ sexual histories

The carers of ‘sexually abused or abusing children’ present with a unique set of support needs, and it is critical that children’s case workers (along with placement support workers) actively assist carers to identify and receive effective responses to their support needs.

The importance of providing background information about the child

“The caregivers who had had no prior information about their backgrounds of sexual abuse and/or abusing behaviour had had no opportunity to take special precautions and were horrified when their children and grandchildren were abused by the new arrival” (Farmer & Pollock, 2003:105).

Perhaps the most important support need for the carers of children who have histories of sexual abuse or sexualised behaviours is the need for full information, in as much detail as possible, about children’s histories of sexual abuse or sexualised behaviour. The provision of this information, during pre-placement matching enables carers to fully consider whether they can realistically provide the level and type of supervision likely to prevent further ‘abusing behaviour’.

The consequences of not providing full information to carers in these circumstances can be catastrophic. For example, in Farmer & Pollock’s (2003) study of only 40 young people, seven young people (approximately 18% of the total sample) had sexually abused another child (affecting 13 other children) while residing in the placement.

In the absence of adequate information about the child’s history of sexual abuse or sexualised behaviour, carers can also:

- inadvertently re-create some aspects of the environment in which the abuse took place, needlessly exposing children to further, significant emotional trauma
- find themselves being investigated in relation to allegations of abuse.

Despite the significant risks associated with not providing full information about children’s histories of sexual abuse or sexualised behaviour to carers, “practice has fallen far short in this area” (Farmer & Pollock, 2003:104).

A key reason for not providing carers with full information about children’s histories of sexual abuse or sexualised behaviour is the concern that carers may not accept the placement. The research literature however indicates that carers could cope with very difficult behaviour as
long as they knew what they were taking on and that failure to provide adequate information contributed to placement instability (Farmer et al., cited in Wilson et al., 2004).

Supporting carers to provide ‘effective responses’ to the child

“Adults are often unsure about how to manage adolescent sexual development and some parents find addressing sexual issues with their children very uncomfortable. The situation is even more difficult when young people have been prematurely sexualised, and show a range and intensity of sexual behaviours that the adults would not otherwise encounter…When young people show sexualised behaviours which are more intense and widespread than is usual for their age, the anxiety levels of caregivers and professionals rise sharply…care needs to be taken to ensure that this does not lead to paralysis, minimisation and denial in the management of the children and in the assistance offered by field workers” (Farmer & Pollock, 2003:101 and 111).

Farmer & Pollock (2003) found four areas of activity to be particularly important to the effective management of children with histories of sexual abuse or sexualised behaviour:

- supervision
- effective sex education
- modification of behaviours
- therapeutic attention to the needs underlying the behaviours.

Farmer & Pollock (2003) also determined that the carers of these children are likely to require support in relation to:

- understanding the nature of a child’s past trauma, the people by whom the child felt betrayed and the conditions in the placement under which the child might fear a re-enactment of the abuse and heightened risks of ‘hyper-sexualised’ behaviour
- being alerted to the need to exert tight supervision, to prevent abusing behaviour occurring and to keep their own and other children in contact with the child safe
- making plans for ‘safe care’, having regard to the unique needs and sexual backgrounds of the child requiring placement
- ensuring that all children in the carer’s household are taught how to keep themselves safe and never to keep secrets
- considering who else has a need to know about the child’s background of abuse or abusing behaviour and in what level of detail (for example, teachers, parents of the child’s friends, adults responsible for overseeing the child’s involvement in activities or hobbies outside of the carer home)
- identifying suitable respite carers or baby-sitters
- deciding the most suitable person and process for ensuring that children are provided with adequate knowledge about sexual development, contraception and sexual health
- teaching children about safe touch and safe sex, and helping them to develop an understanding of non-exploitative sexual relationships
- accessing therapeutic services for children
- teaching children to give and receive affection in non-sexualised ways
- being open with children about their abusing behaviour and the need to prevent repetition
• teaching children more appropriate interpersonal boundaries and involving them in activities which will enhance their self-esteem in more ‘socially appropriate’ ways.

The benefits of providing ongoing support – research findings

“Carers who feel supported…are more likely to provide successful placements” (Social Care Institute for Excellence, 2004)

“Carers who feel unsupported are more likely to feel under ‘strain’ and difficulties with a child can increase as a result. This perception of a lack of support, and criticism of the type of support they get, can allow a downwards spiral to develop” (Social Care Institute for Excellence, 2004).

The research literature identifies a range of benefits associated with the provision of ongoing support to carers, for example:

• carer support increases satisfaction and helps retain experienced carers
• satisfied carers attract new carers
• carer support promotes placement stability
• carers who are better prepared are better able to care for children, contributing to improved outcomes for children in care
• enhanced support, particularly the regular and reliable availability of the child’s case worker and taking the foster carer’s views seriously, can reduce ‘carer strain’ (Social Care Institute for Excellence, 2004; Wilson et al., 2004; Osborn et al., 2007; Farmer et al., 2005).

In addition, the following factors are associated with carer retention:

• training, support and the chance to meet and get support from other foster carers
• being treated as a member of the team and the opportunity to work with social workers
• adequate information about the child
• good out of hours and general support, including access to specialist help and advice
• guaranteed respite
• good levels of remuneration, realistic and well-managed payment systems, which ensure that they get paid on time (Social Care Institute for Excellence, 2004).

In summary, the research strongly indicates that carers who feel supported are more likely to provide successful placements.

The role of the child’s case worker in supporting carers

“Foster carers assess social workers partly in terms of the work they do with foster children. They also want workers who treat carers as important partners in a shared endeavour. This means good information on children, regular and supportive contact with the child’s social worker and family placement social worker, opportunities to take part in training and foster carers groups, the chance to take breaks from difficult children, efficient support out of working hours, and efficient handling of the ‘hassles’ of foster care” (Wilson et al., 2004:62).
“...it is important for field social workers to understand the central importance of their role to foster carers, the frustration that mounts up when they do not return telephone calls and the benefits of keeping in regular contact with foster carers and children. Improvement in social services support has to include improving the routine service provided by young people’s social workers” (Farmer et al., 2005:251).

Supporting carers in Queensland

Irrespective of any supports identified or responded to by regional Placement Services Units or foster and kinship care services, the CSO always plays a critical role in supporting carers on an ongoing basis. Reasons include the following:

- the supports most requested by carers are primarily child-specific (for example, more information about the child, ongoing relationships between the child’s case worker and the child, providing services to meet the needs of children)
- the CSO is the departmental officer primarily responsible for developing the most comprehensive level of knowledge about the child and as a result, is often best placed to identify, and ensure a response to, the carer’s support needs.

It is reasonable to conclude, given the research literature outlined in this paper that the CSO should not underestimate their role and influence with regard to the provision of, and positive outcomes associated with, ongoing support to carers. Further, it is insufficient for Placement Services Units or foster and kinship care services to assume sole responsibility for providing ongoing support to carers – particularly if better outcomes for children are to be achieved, and quality carers are to be retained.

Supporting kinship carers

“Kinship carers face unique barriers, as they tend to be poorer, older and they receive less in the way of services such as assessment, training and financial support than foster carers... Careful consideration should be paid to the relative strengths and weaknesses of kinship...care, focusing on ways to support the placement so that the young person can achieve ‘emotional permanence’ or a sense of security from being loved” (Bostock, 2004:14 and 15).

The needs of kinship carers are likely to be unique in comparison to those of foster carers. Waldman and Wheel (1999) specifically refer to family dynamics that need to be addressed, such as conflict with the birth parents, divided family loyalties, boundary definitions and the changed role from being a member of the child’s extended family to becoming their primary carer (full reference not available).

Increasingly, kinship care is regarded as a preferred option when placing a child. This trend is likely to continue for a range of reasons:

- a decline in the number of ‘traditional’, non-related foster carers
- an increase in the number of reported cases of abuse and neglect
- research showing that placement with kin provides more stability for a child, may mitigate a child’s feelings of loss and grief associated with separation from their parents and promotes a sense of personal and cultural identity
- legislative and policy obligations across a number of jurisdictions requiring priority being given to the placement of a child within their existing kinship networks.

The growth in kinship care highlights the importance of ensuring that kinship carers are provided with the same level of support as foster carers. However, McHugh (2003) notes that kinship carers are sometimes overlooked when considering support options, and kinship carers are less likely:

- to be offered, or expected to have completed, any training
- to have the case plans for the children in their care
- to be supported by agency workers
- to have peer support groups
- to be able to access support services provided for other children in care.

For further information on kinship care, refer to the departmental resources:

- Kinship Care Program description
- Kinship Care: A Literature Review.

**Supporting Aboriginal and Torres Strait Islander kinship carers**

A recent review of kinship care undertaken by the Northern Territory notes the importance of separating the ‘monitoring’ role undertaken by statutory child protection agencies and the ‘support’ role, particularly for the Aboriginal and Torres Strait Islander communities and the carers in these communities.

The history of state involvement in family life and the ongoing negative impacts on Aboriginal people of the Stolen Generation is widely acknowledged. It is argued that Indigenous people often see ‘welfare’ departments as unable to assist them and their communities. They perceive the departments as bureaucracies which require a lot of paperwork, judge Indigenous people’s lives and ultimately remove their children (Bringing Them Home, 1997:456). As a direct consequence, Aboriginal kinship carers may be reluctant to seek the support and assistance they require for fear of being perceived as not coping (Bridge, 2000 – full reference not available).

Further to the experiences of Indigenous carers, some writers suggest that placement of a child with extended family can be viewed as preserving the child’s links with family and in that sense is an extension of family preservation principles. Kinship care is not viewed as a substitute care service but an extension of the work done to preserve, support and strengthen families in family support and child protection casework (Ingram, 1996; Sultmann, Testro and PeakCare Queensland, 2001). A shift in thinking is required to provide the type of support families require to assist them to care for and protect their children (for example, the family is supported to undertake this role).
Factors to consider when negotiating supports

The Queensland Crime and Misconduct Commission Inquiry into Abuse of Children in Foster Care noted that the support needs of carers are multifaceted and include monetary compensation, parenting advice, access to services and resources (including medical and mental health services) and social support in the form of support groups or mentoring relationships for children (CMC, 2004).

The nature and level of support to be provided to individual carers will depend on a range of factors, which should be considered and discussed with approved carers when negotiating support arrangements. Examples of these factors include:

- the level of skill and experience of the carer – for example, a new kinship or foster carer is likely to require greater levels of support during the initial period of approval, as opposed to carers who have provided out-of-home care for a number of years and have participated in ongoing training
- the complexity of the needs of the child – for example, a carer may require support or training in relation to helping a child to understand their cultural background and meeting the child’s cultural needs
- the child’s case plan goal and outcomes – for example, family contact issues, length of placement and the need for respite
- the dynamics of the placement – for example, whether there are high levels of conflict between the carers and child’s parents, or the carers and the child’s extended family
- the number of children in the placement – for example, whether the placement consists of a sibling group or a number of unrelated children
- the type of care provided – for example, respite care, short-term care or long-term care (the type of care will require different skills of the carer)
- the intensity of care tasks – for example, a child with a disability or specific health needs may require a carer to receive specialist training or support and advice in relation to understanding and meeting these needs
- the purpose of the placement – for example, whether the child’s case plan goal is reunification or long-term out-of-home care, each of which create different challenges, and require different skills of the carer
- the carer’s approval type (whether kinship, foster or provisionally approved) – for example, kinship carers will experience, and may require support to manage, a range of unique challenges that do not apply to foster carers (refer to the departmental Kinship Care Program description)
- the carer’s views regarding support needs – for example, some kinship carers may find it difficult, or may resist, working with the department due to concerns about intrusion and interference by a statutory agency in what may be considered a family problem
- the degree and nature of support available to the carer from their informal support network – for example, the carer’s friends and extended family members may be able to assist the carer with tasks that provide immediate practical and emotional benefits during crises or times of increased stress.
The seven elements of support

Nixon identified seven main elements of support for foster carers (Nixon, 1997 cited in Hayden et al., 1999). It is argued that these key elements can apply to both kinship carers and foster carers, although the mode of delivering certain forms of support will differ to reflect some of the differences between kinship care and foster care.

1. Financial and practical support

Departmental officers can support carers by providing practical assistance such as:

- ensuring carers are aware of the financial support options provided by the department and assisted to access these (for example, High Support Needs Allowance, Complex Support Needs Allowance, Child Related Costs payments)
- providing carers with a Carer Business Discount Card (further detail is provided below)
- informing carers of changes to departmental policies and procedures, review rights and complaints procedures
- assisting carers to access appropriate forms and resources.

2. Emotional and psychological support

Emotional and psychological support can come from various sources, including a partner, family, friends, case worker and other carers. Departmental officers can support carers by assisting a carer to identify, enhance and maximise their support network and offering (or facilitating) professional counselling when circumstances require.

3. Social support

Social support has been defined as ‘relationships and attachments in our everyday lives which provide a sense of being cared for, loved, esteemed and valued and a sense of belonging’ (O’Dea, cited in Lovatt). This support can be obtained from extended family, friends, neighbours and other carers. It has been acknowledged that ‘carers who have effective social support from partners, friends and agencies are more likely to continue as carers’ (CMC, 2004).

Social support can also be facilitated by assisting carers to access support networks such as:

- Foster Care Queensland
- FAST (Foster Carer Advocacy and Support Team) representatives
- the local foster carer support group
- PeakCare Queensland
- the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP).

These forums provide carers with an opportunity to pass on practice wisdom, share experiences and problem-solve issues. They can also provide opportunities for education, training and advocacy.
4. Professional development

Departmental officers can support carers by ensuring they access regular learning and development opportunities. The provision of professional development opportunities:

- enables carers to deliver the best possible service to the child
- equips carers with the necessary skills and knowledge to deliver care consistent with the Statement of Standards.

For foster carers, professional development activities can include:

- the completion of ‘Quality care: foster care training’ (further detail is provided below)
- the completion of standard and advanced training modules (further detail is provided below)
- ensuring participation in the choice, planning and delivery of learning and development opportunities
- being involved in the facilitation of shared learning and development opportunities with departmental officers and foster carers together
- delivering training on various topics, targeting different skills levels.

Departmental officers can assist the professional development of carers by:

- providing them with educational materials such as books, videos and community resources
- using experienced carers as trainers, group leaders and mentors to new carers
- ensuring that carers are kept well informed of changes in departmental policies and procedures and relevant legislation
- assisting carers to reflect on aspects of their carer role and learning experiences
- assisting carers to be clear about their roles and responsibilities
- utilising existing relationships with government and non-government services to access professional development opportunities for carers.

For kinship and provisionally approved carers, support can include:

- participating in ‘Quality care: foster care training’, where appropriate
- being able to access training and development opportunities that are suited to the individual needs and circumstances of carers.

Support, information provision and training for kinship carers will be directly related to the assessed needs of the child placed in out-of-home care with their kin.

5. Task-focused problem-solving support

This can usually be accessed through the case worker, other carers, or through an organisation such as a local association, national group, legal assistance or access to a 24 hour help line. A range of government and community organisations may be able to assist carers, for example:

- facilitating referrals for children and carers
- providing specialist advice and assistance (for example, psychiatric, medical or educational assistance)
- providing assistance with complex issues such as children with special needs and significant behavioural issues
• providing access to existing community-based support groups specific to various medical, developmental or behavioural needs or issues
• offering interventions such as counselling, family therapy, or behaviour modification programs
• by advocating and assisting with respect to accessing services in a timely way.

6. Respite care

Respite care is an integral part of support for all carers. Respite can help to maintain placements by providing planned breaks on a regular basis.

Carers are able to access planned respite, with a view to preventing carer burnout and reducing the rate of placement breakdown. Carers should be able to access respite in a planned manner and the availability of respite should not be based solely on waiting for the carer to request it.

Wherever possible, respite for a child should be sourced from within the child’s own family or community. In addition, a range of flexible options are available to meet the need for respite for all carers, for example, attendance at organised camps or structured school holiday activity programs.

7. Community support

This can involve promoting community recognition of the importance of foster and kinship care and undertaking opportunities to publicly promote the work of carers in the public domain.

Supports available to approved carers

Standard and advanced training

Following approval, foster carers are required (unless exceptional circumstances apply) to complete specified standard and advanced training. Further information is available on the Foster carer training website.

Standard training consists of three modules, including:
- Promoting positive behaviours
- Caring for children and young people who have experienced sexual abuse
- Carer support, advocacy and self-care.

Advanced training consists of a selection of modules so that approved carers can choose topics of interest and relevance. Examples of available modules include:
- Loss and grief for children in care
- Reality fostering
- Ready, set, fly! A parent’s guide to teaching life skills.

Some advanced training modules are available online through the Foster Parent College, which means that foster and kinship carers may access training from their own homes.

In addition, carers who require specialised skills to provide care for a specific child may request funding for external advanced training, where the training needs of carers cannot be met through existing advanced training modules.
While kinship carers are not required to participate in standard or advanced training, it is important for departmental officers to discuss the likely benefits for the carers themselves and any child placed, and actively encourage their participation.

While suitable persons granted the long-term guardianship of a child under the Act are not required to participate in training specific to the child in their guardianship, they may participate in standard or advanced training as a means of supporting the long-term guardianship arrangement.

**Foster and Kinship Carer Support Line**

When negotiating support arrangements with an approved carer, ensure that the carer is made aware of the Foster and Kinship Carer Support Line, which provides carers with greater access to after hours support, including:

- positive behavioural support for carers facing complex issues, such as children with special needs or significant behavioural issues
- counselling and support
- information about current departmental policies, procedures and existing resources – both financial and emotional
- making referrals for specialist advice and assistance for children and carers.

The Foster and Kinship Carer Support Line is also available to suitable persons granted the long-term guardianship of a child under the Act.

The Foster and Kinship Carer Support Line can be contacted on 1300 729 309 (Monday to Friday 5.00pm – 11.30pm and Saturday and Sunday 7.00am – 11.30pm).

**Child Safety After Hours Service Centre**

The Child Safety After Hours Service Centre (CSAHSC) provides after-hours support to address urgent needs that require an immediate response, for example, carers are to contact the CSAHSC when:

- a child in their care goes missing
- a parent does not return a child to the carer following a family contact visit
- a child placed in their care is seriously injured in an accident.

It is important to ensure that carers are made aware of the possible scenarios requiring them to contact the CSAHSC and provided with the carer-specific telephone number.

**Foster and kinship carer handbook**

All foster and kinship carers are provided with a copy of the Foster and kinship carer handbook, which includes information that supports and assists them in caring for a child in care. The handbook also provides an opportunity for departmental officers to support carers (particularly kinship carers who are not required to attend pre-service training prior to their approval) by utilising the handbook as part of an induction or learning process, following their approval.
Carer Business Discount Card

The Carer Business Discount Card has two purposes:

- to assist foster and kinship carers in their day-to-day fostering duties with easy identification to government agencies and hospitals
- to provide access to a range of financial discounts (offered by participating businesses) for foster and kinship carers, to assist with their everyday caring costs – participating businesses include automotive repairs, home maintenance, healthcare, accommodation and tourist attractions.

For further information on using your Carer Business Discount Card please refer to http://www.qld.gov.au/community/support-for-carers/using-carer-card/

Fact sheets and other resources

There are a range of fact sheets and other resources to be provided to carer applicants and approved carers during pre-application, assessment and approval processes. Where appropriate (particularly for kinship carers), departmental officers utilise these resources to support carers and address their learning and development needs.

In addition, there are a range of resources associated with ‘Quality care: foster care training’, that may be useful in supporting kinship carers, particularly where kinship carers do not attend pre-service training. These resources are linked to Chapter 8 of the Child Safety Practice Manual and are also available through the Child Safety Internet, which can be accessed by carers from their own homes:

Conclusion

The research literature clearly emphasises the importance of, and benefits associated with, the provision of ongoing support to carers. It also provides clear direction about ways in which the support needs of carers can be better met, thereby resulting in improved carer retention, increased levels of carer satisfaction and perhaps most importantly, more positive experiences and successful outcomes for children placed in out-of-home care.

The research literature also suggests that much more is to be done, particularly by children’s case workers, if carers are to feel adequately supported by both children’s case workers and government departments responsible for child protection.

Attention is particularly required to the support needs of kinship carers, including Aboriginal and Torres Strait Islander kinship carers, many of whom accept unplanned placements in times of crisis and have not had the opportunity to prepare (emotionally and materially) for placement. Further, kinship carers face a range of unique, often adverse impacts associated with providing kinship care to children from within their families and communities.

It seems that unless or until children’s case workers clearly understand the importance of their role in providing ongoing support to carers (along with the role of placement support workers), and the associated benefits that can be achieved for carers and the children in their care, the risks and issues associated with inadequate carer support will continue to exacerbate the many pressures already faced by the out-of-home care system – particularly in relation to the availability, stability and quality of home-based care placements and the increasing reliance on kinship care.
Reference list


O’Dea, cited in Lovatt. Full reference not available.


