The needs of children in care

A report on a research project: Developing a model of out-of-home care to meet the needs of individual children, through participatory research which includes children and young people.
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and young people.
This research project, the funding application for which was submitted in 1998 and the findings of which are published in 2004, inevitably has a long history, marked by the contributions of many and changing players.

The original concept for the project was developed collaboratively between Robert Urquhart, at that time Principal Research Officer at UnitingCare Burnside (Burnside) and myself. Robert’s input to the conceptualisation of the project, and his involvement as Partner Investigator in the formative stages of the research, was crucial to the project. Additionally, he played an important role in connecting the research aims with agency objectives and ensuring the child-centred and holistic focus of the research. Robert’s original thinking has continued to be a vital and significant contribution to this project. Rhonda Stien was Chief Executive Officer (CEO) Burnside in 1998. The fact that this research occurred can be attributed to her vision and enthusiasm in supporting the examination of Burnside out-of-home care programs in order to further the well-being of children and young people.

The project was very fortunate in that, after the departures from Burnside of both Rhonda and later Robert, it had the commitment of the current CEO of Burnside, Jane Woodruff. Her endorsement of the significance of the findings has provided valuable support to ensure that they get the attention they warrant. Also Christine Gibson (who became Partner Investigator) firstly as Principal Research Officer now Research Manager, Burnside, brought valued critical and conceptual skills to the project and to the writing up of the findings, as well as an enthusiasm for promoting the child-centred and inclusive methodological approach of the research. In joining the research team at a crucial stage, Christine’s speedy understanding of the project and its goals, in combination with her ability to identify and focus on the practical applications of the findings, was fundamental in moving the project to a completion that includes broadly applicable outcomes.

Throughout the development and conduct of the project Natalie Bolzan’s contributions as Associate Investigator, has been an essential element of its success. In particular, her contributions to the methodological approach of the project and to the modifications of this approach as the project was implemented, have been vital.

The thoughtful and skilled practice contributions of researchers Jan Falloon and Ros Leahy were pivotal to the project’s successful implementation. Their contributions to the project were characterised by both high levels of expertise in researching with children and adults and a commitment to promoting the welfare of children and young people. Their complementary approaches to the research work including the analysis of the findings provided the backbone of the research project. In particular their mixture of support and careful questioning were very important for making sure that assumptions and values basic to the conceptualisation of the project remained central.

Cath Brennan’s skills as Project Coordinator have been crucial to the implementation and indeed, completion of the project. Her attention to administrative detail, combined with her unflinching approach to her responsibilities for keeping all involved in the project ‘in line’, have been greatly valued.

Within Burnside, at times, seemingly excessive demands of the project have been responded to with generous guidance and cooperation. In particular Claerwen Little, in her role as Manager of Burnside’s Social Justice and Research Program, demonstrated ongoing commitment to the research, by providing both
support and management expertise. This has been an important strength of the project. Other Burnside Senior Managers, Linda Mondy, Paul Drielsma, as well as Merryn Dowling in the early stages and Chong Hean Ang in the latter stages, provided support and critique essential to the success of the project.

Jon O’Brien’s help, during the early stages of the project, in thinking through the issues of participation, and, at a later stage, his assistance with management issues, were much appreciated. Narelle Patterson’s enthusiasm and support to project staff was an important contribution to morale, while Naifee Younan’s secretarial expertise was significant in terms of presentation of the details of the project to a wider audience, at conferences and in the preparation of the final report.

Dianne Nixon contributed her very considerable expertise to many aspects of the research, most particularly to analysis of the relevant literature and editorial tasks associated with the project. We were fortunate to have a person with her depth and breadth of knowledge in the area of child welfare able to assist in the various stages of the research. In the early stages of the project, Kim Nixon contributed to the conceptualisation of issues on researching with children and young people, through a thoughtful review of the literature. Leanne and Ross Craze applied their marked expertise in lateral thinking to the development of a system for analysing the data, specific to this project. Leanne’s thoughtful entering of the data was a greatly valued analytic step towards the emergence of the findings. Extremely helpful to our use of the data was the very careful professional transcribing done by Pam Waterhouse.

It has been most valuable to the project to be able to consult with various international experts on children’s participation in research. In particular, Emeritus Professor Mary John from the University of Exeter and Professor Priscilla Alderson from the University of London, contributed significantly on short visits to University of Western Sydney (UWS) and Burnside.

A consultant to the early stages of the project was Caz Poulson, whose knowledge of out-of-home care and ways of respectfully involving children and young people contributed immensely to our design of the research questions and to the ways in which we approached children’s participation in the project.

We owe a particularly big thank you to the children and young people, birth parents, carers and practitioners who contributed. In participating in this project, by sharing their knowledge to help improve the experiences of other children and young people in care and of children and young people who will enter care in the future, they have given of themselves—a really precious resource. We greatly appreciate and value the generosity of these participants, in sharing both time and knowledge with the researchers and with those who will learn about the research.

Finally, this project had its origins in the questions arising from listening to the voices of the numerous children and young people in out-of-home care, or ‘at risk’. I have had substantial involvement in child welfare during my professional life, commencing when I worked in a New South Wales ‘reception home’ for children in the mid-sixties. The depth of sorrow and confusion, but also resilience of so many of the children and young people provided the impetus for my contribution to the development of the questions which formed the basis of this project.

Additionally, the inspiration provided by the voices of many birth parents, carers, residential care workers and caseworkers, who have sought in various ways to respond to the voices and needs of these children and young people, provided the impetus for listening to adult groups around the needs of children and young people. I see myself as very privileged to have shared in aspects of the lives of these children and young people and their carers and to have had opportunities to work in partnership with agencies and researchers, dedicated to contributing to better services for children and young people. Such a privilege carries with it a responsibility to attempt to ensure that the voices of those children and young people I have worked with and most especially in this project are heard. Christine Gibson and I, hope that this report will go some way to fulfilling this responsibility.

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Jan Mason
Chief Investigator
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Introduction
In 1999 UnitingCare Burnside (Burnside) and researchers from the Childhood and Youth Policy Research Unit (now part of the Social Justice Social Change Research Centre) University of Western Sydney, commenced collaboration on a qualitative action research project. This collaborative research project was designed to contribute knowledge to improving the ways in which out-of-home care services could meet the needs of individual children and young people. The participation of children and young people and other participants (birth parents, carers, workers and Senior Managers) within the research project was crucial. It was hoped that this participatory research process would illuminate understanding of ways of involving children and young people in decision-making about out-of-home care. The research commenced in late 2000 following receipt of funds for a three-year project from the Australian Research Council’s Strategic Partnership with Industry - Research and Training (SPIRT) Scheme.

What we learnt from the research
Children and young people in out-of-home care told us that what is important to them is maintaining connections based on familiarity/knowing and/or having something in common. Through these connections those emotional needs they consider important are met. The main emotional need is to be loved – to have someone there for them. Children and young people told us that having some power to be heard in their interactions with others is crucial to getting their needs met. Discussion by children and young people around the meeting of their needs indicated that it is a dynamic process, in which they value mutuality and reciprocity in connections.

Adult groups had some understanding of the needs of children and young people, but their own needs and experiences influenced this understanding.

Connections with others
This is the dominant overarching need – the basis for fulfilling other needs
Children and young people identify an overarching need for connections with people they have something in common with, even if it is only knowing each other. Adult groups identify something similar by talking about the importance of continuity in relationships for children and young people, although they do not necessarily highlight children’s and young people’s need for ‘in common’ connections with others. The emphasis that children and young people (and some carers) place on continuity of connection, when children and young people have something in common with persons (or sometimes places), is discussed in terms of identity i.e defining the self in a dynamic way.

All research participant groups agree on the importance of birth family to children and young people. Children and young people highlight the complexity of such relationships to a greater extent than do the adult groups. Adult groups do not recognise that children and young people need autonomy in deciding ‘where they are at’ within these relationships. Both carers and birth parents highlight the practical difficulties of arranging contact in ways that work for all.
Children and young people highlight the importance of birth mothers and a need for connection with their mothers, which varies over time. Workers and carers do not explicitly identify the importance of birth mothers. Perhaps it is because when these adults talk about birth family they may mean birth mothers? Birth mothers described feelings of extreme loss (of their children and young people and of their ‘mothering identity’) and powerlessness associated with their children and young people being ‘in care’.

An underlying concept in all groups' discussion is of an ideal family/mother, embedded in and linked with, a concept of normality.

The children and young people rarely emphasise their connections with their birth fathers, when they do it is only occasionally positive. More frequently it is with anger.

Children and young people place much emphasis on connections with their siblings and some emphasis on siblings being together in care. Adult research participants occasionally recognise the significance of siblings.

Children and young people place considerable emphasis on needing friends. Adult groups do not generally identify children and young people's need for friends, although some workers recognise the value for children and young people of getting together with those who have had similar experiences. The importance of such shared experiences can be understood in terms of themes of difference and stigma (identified elsewhere) attached to the out-of-home care situation.

Children and young people value workers/carers who care about them and invest in them beyond merely 'doing a job'. Children and young people also value when workers/carers facilitate the strengthening of their other important connections. Carers and some parents concur with this. Some workers placed importance on carers being there for children and young people, but see a more detached role for themselves.

Children and young people focus on the importance of them caring for, and having reciprocal relations with, those who are important to them. Adult groups do not identify this as a need of children and young people.

Emotional needs

Emotional needs of children and young people are met by those with whom they have connections, continuity and something in common

All research participant groups identify that children and young people need love and to be ‘cared about’ as well as being ‘cared for’. Some carers ‘care for’ but are not able to ‘care about’ children and young people. Some parents ‘care about’ children and young people but are not able to ‘care for’ them.

Children and young people and birth parents talk of a need for someone to ‘be there’ for children and young people. This need is recognised by other adult groups as important, however they often articulate constraints preventing them ‘being there’ for children and young people in care. These constraints may include the personality or behaviour of a child and their (lack of) responsiveness to adult requirements.

Children and young people talk about continuity (of connections), whereas some adults talk about stability, which is often interpreted as permanency. This finding is supported by literature that emphasises the importance of teasing out the difference between issues of placement breakdown and broader issues of stability. For the children and young people
involved in this research, placement stability is not identified as a need. Rather, continuity of important connections is the need articulated by children and young people. These connections may be diverse and include those with birth family members, friends, and carers from previous placements, pets and places.

**Power and agency in lives**

We learnt the importance of adults sharing control with children and young people so as to effectively engage with and facilitate their participation in decision-making processes.

Children and young people told us, both through interviews and their responses to engaging in the research process, that having some power (or ability to influence what happens in their lives) is basic to the meeting of their other needs. Children and young people want information, as it can be a key to them having some control in their own lives. Workers recognise this. It is evident that provision of information to children and young people is complicated by the fact that certain information is connected with adult/care-system issues of power and control.

Children and young people and birth parents express overwhelming feelings of powerlessness. Workers and carers also express feelings of powerlessness in terms of meeting the needs of children and young people in care and around their own roles in the process.

Some adults express awareness of the negative outcomes when children and young people are not participating in decision-making about their lives, yet they are unsure of how to overcome this.

**Socialisation**

Adult participants consider that a dominant need of children and young people is to be appropriately socialised.

Generally adults focus on socialisation as oriented towards preparing children and young people as ‘future adults’, whereas children and young people are more focused on their lives in the present. Education is the only area where children and young people give limited recognition to some need for preparing for the future.
Part A: Background to the research

1. The research project, its aims and methods

Burnside and researchers from the then Childhood and Youth Policy Research Unit (now, Social Justice and Social Change Research Centre) of the University of Western Sydney, commenced collaboration in 1999 on a qualitative action research project. The aims were to develop a holistic model of out-of-home care to meet needs of individual children and young people through the participation of children and young people and other adult groups in the research and thereby decision-making about out-of-home care.

A specific aim of the project was to include children and young people as participants in an action research process. Children and young people's participation was to be facilitated through methods increasingly being documented as helpful for researching the lives of children in ethically and methodologically sound ways (James & Christensen, 1999). It was envisaged that an outcome of the research would be contributions to improved delivery of out-of-home care services, locally and internationally.

The research commenced in late 2000, following receipt of funding for a three year project from the Australian Research Council.

Rationale

Confronting inadequacies in child welfare practice and with existing research

The importance of research able to contribute to the development of a model or principles to assist decision-making in out-of-home care is evident. There is a need to address the demonstrated inadequacies in the broad child welfare system and the lack of an adequate research base to inform decision-making within the system.

In recent years in New South Wales (NSW), as throughout the western world, attention has been focussed by the media and in public forums (eg NSW Community Services Commission, 1996 & 1997; Defence for Children International, 1997) on problems of the child welfare system and negative experiences of those who have been recipients of care. Increasing demands for fiscal efficiency in service delivery and the emphasis on accountability associated with critiques of child welfare systems, have underlined the importance of informed decision-making around care of individual children and young people. It is recognised that if informed decision-making in child welfare is to occur, sound and relevant research must be available (Meadowcroft et al., 1994; Smokowski & Wodarski, 1996).

While placement in out-of-home care is a time when crucial decision-making about children and young people occurs, systematic research and theory that can guide decision-making about placement for abused, neglected and otherwise ‘at risk’ children and young people has been scarce. As noted by Smokowski & Wodarski “child welfare research is often presented in a narrow, piecemeal manner that limits its applicability” (1996:505). Further, much of the research which has attempted to measure the effects of child welfare interventions, has tended to do so “in terms of service outcomes rather than in terms of the effect on any given child” (Kurfeldt & Thériault, 1995:364).

1 The aims and rationale of the project as outlined here were developed in association with Robert Urquhart, at the time Principal Research Officer, Burnside. Robert and Natalie Bolzan, Associate Investigator, had major roles in the project design, and in the research processes. These processes and issues around their implementation are outlined in more detail in an article in Children Australia 26(4), of which they are co-authors with the Chief Investigator.
In contrast, where research has looked at individual children and young people's experiences of care, for example in Australia, it has demonstrated the extent to which these experiences have been negative, with trauma and disruption an ongoing feature of their lives well into adulthood. Publicly this has been most evident in the case of Aboriginal children (eg Bird, 1998), but has been shown to have been the situation far more generally (eg Owen, 1996; Mason, 1993; Cashmore & Paxman, 1996).

In relation to decisions about the placement of children and young people in care, as Colton (1988) concluded when reviewing research in the area, there is a dearth of studies which would enable comparisons to be made about the appropriateness of foster care vis a vis residential care for individual children and young people. Australian writers Goddard and Carew commented, “there has not been enough research on what kind of care is suitable for different children” (1993:174). A decade later the situation has not changed. Relevant to the design of this project was Waterhouse's contention (1989:171) that "it should be possible on the one hand to identify the care needs of adolescents and children and on the other hand to locate the care contribution of different types of residential establishments within a continuum of residential and other child care services (such as foster care) and to relate the two". We wished to explore ways in which the expressed needs of children and young people could be more closely matched with services operating across a continuum of diverse care provision.

Historically, the meeting of human needs has been an underpinning rationale for the provision of welfare services including child welfare. Indeed as Percy commented: “The planning and delivery of family and child care services is inextricably linked to the concept of need” (2000:7). However, actual research into the needs of individual children and young people entering the care system has been lacking. Instead decision-making in terms of finding appropriate placements for individual children and young people, has been based on assumptions about universal needs. Such assumptions have ignored the fact that children and young people in any setting do not form a homogenous group and have served to camouflage the disparity between adult expert pronouncements of children and young people's needs and what Woodhead (1990:72) refers to as the “intrinsic qualities of children's own psychological make-up”. The individuality of these qualities of children's psychological make-up is likely to mean, as pointed out by Little, Leitch and Bullock (1996:676) that “depending on children's needs before entry into care, their experiences whilst there and the options available on leaving, problems will differ for each individual”.

The development of a research project in which children and young people and other stakeholders focus on the needs of children and young people, presents a new way forward for the development of strategies for an out-of-home care service system.

Participation of children and young people and other concerned stakeholders in decision-making in out-of-home care

The issue of participation by children and young people in formal decision-making which affects them has been receiving increasing attention in contemporary policy making (United Nations Convention on the Rights of the Child 1998 and in New South Wales the Children and Young Person's (Care and Protection) Act 1998). The issues confronting policy makers when attempting to develop processes which will enable children and young people to effectively participate in decision-making reflect the issues which have confronted researchers seeking to involve children and young people as participants.

Further to a focus on participation by children and young people, we sought to take into account in designing this research the contexts in which decisions about their needs are made. The necessity of taking into consideration the contexts in which children and young people's lives are lived has been argued by Hutchby and Moran-Ellis (1998). All children and young people live in contexts which are characterised by “the priorities of politics and policy-making themselves, which structure the institutionalised worlds of childhood” and “the nature of children's relations with each other and with adults” (1998:14). For children and young people in out-of-home care their contexts have particular relevance. Ignoring them means incomplete understandings about the lives of these children and young people.

The importance of involving parents and other carers (such as foster carers and residential care workers) in decision-making about children and young people in care has been identified by researchers and practitioners. They have pointed to the fact that family ties continue to be meaningful to children and young people after they have been removed from their families. The failure to include those who have the daily care of children and young people in agency decision-making has mitigated against integrated planning for meeting children and young people's needs (Callahan et al., 1995; Mason, 1993; Goddard & Carew, 1993; Berry, 1989). Family conferencing in out-of-home care is a recent innovation which attempts to involve parents and relevant caregivers in decision-
making. Burnside has taken a leading role among child welfare agencies in this development. The principles of family conferencing provide some guidance as to strategies of decision-making which facilitate the inclusion of various stakeholders, although concerns that children and young people's voices are rarely heard in such forums have been identified (Cashmore & Castell-McGregor, 1996).

This research focuses on the ways in which specific groups of stakeholders comprehend the needs of children and young people in care. By reflecting on the commonalities and differences between the stakeholder views as well as on the processes for facilitating shared understandings, this project has sought to contribute to the development of strategies for decision-making in child welfare.

In developing this project we were aware of the challenges identified in an earlier study in NSW on children's participation in decision-making in out-of-home care (NSW Child Protection Council, 1998). The findings of this earlier research acknowledged children's willingness and competence to contribute to decision-making and their beliefs that their involvement in decision-making would result in more positive outcomes for them. In discussion of their findings, the researchers argued that there remain two important challenges for those agencies attempting to implement participation by children and young people in decision-making. These challenges were firstly, to acknowledge the differences in perception between children and young people and adults and secondly to develop with children and young people effective strategies for dealing with these differences (NSW Child Protection Council, 1998).

Our specific methodology, including the application of action research principles, assisted us to respond to these challenges.

### Methodology

#### Overview

This project attempted to involve children and young people through participatory research methods as co-constructors of knowledge around their needs. Qualitative methods have historically been used to elicit the voices of the marginalised and the silenced, such as women, by listening to their subjective experiences. The use of qualitative research methods with children is more recent. Qualitative research methods are increasingly employed to obtain perspectives from children in care. In New South Wales, some important studies which used such methods include Cashmore and Paxman's Longitudinal Study of Wards Leaving Care, the NSW Child Protection Council's Having A Say and the NSW Community Services Commission's Voices of Children and Young People in Foster Care (2000).

Researching with children and young people, involving them as co-constructors contributing from their particular standpoint(s) (Smith, 1999; Alalen, 2000) rather than perspectives, meant confronting a range of methodological issues. In particular we gave attention to developing a process, which would be respectful and inclusive of the children and young people who were both the subjects and the objects of the research. Methods chosen were influenced by knowledge from a range of participatory research studies such as O'Kane (2000). O'Kane notes that such research acknowledges that participation “does not simply imply the mechanical application of a technique or method, but is instead part of a process of dialogue, action, analysis and change” (Pretty et al 1995, cited in O’Kane 2000:138).

Developing methods to involve children and young people as participants

In initiating this research project a crucial task was to decide what specific techniques to use to ensure that our research processes were consistent with our objectives. There were two factors to which we had to give particular attention. Firstly, how to involve children as participants. Secondly, how to involve the adult stakeholders as participants whose knowledge could be considered, alongside that of children and young people, in ways which would enable us to understand commonalities and differences.

The researchers spent time analysing what participation by children meant and developed a table to conceptualise and guide this process. Mason and Urquhart (2001), illustrate the complexity of the concept of participation by children (see Table 1, page 14). Three different models of children’s participation, utilised in or relevant to, child welfare practice are identified in the table. Dimensions significant for describing the differences between the models are highlighted. While any one example of participation by children in decision-making and/or research is likely to have elements of more than one model, conceptualising different approaches to participation in terms of which model is dominant was helpful for developing strategies for children and young people’s participation in this project.
In Table 1 (above), one end of the continuum of participation is depicted as adult-centric, in that the boundaries for participation are established by adults. This model allows children and young people to speak, but about what, how, and to what extent they will be heard, is determined by adults.

The child-dominated end of the continuum, refers to participatory actions where children initiate and assert their rights to establish their own agendas.

At a mid-point on this continuum, we identified a collaborative model of participation, resembling what John (1996: 20) refers to as a bridge of participation, in which adults take a leadership role but assist children to contribute knowledge from their particular standpoint(s). In this model children are acknowledged as social actors and understood as competent to contribute to research and decision-making from their own knowledge and experiences. It was this model which we sought to implement in our research project.

In seeking to implement a collaborative model of participation, it was important for us, as a research team of adults, to acknowledge that we had more power than children and young people. We needed to constantly seek to develop strategies whereby a balance of power between adults and children and young people was negotiated. This required attempts at honesty and self questioning. In team meetings reflexivity by researchers was practiced in interactions with each other, where we constantly questioned the assumptions, language and processes used in the research and in interpreting and reporting our findings. In particular, we tried to highlight children’s and young people’s voices.

<table>
<thead>
<tr>
<th>Initiation of participation strategy</th>
<th>Adult-Centric</th>
<th>Collaborative</th>
<th>Child-Dominated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adults</td>
<td>Adults</td>
<td>Children (eg children’s labour movements)</td>
</tr>
<tr>
<td>Ideological framework</td>
<td>Positivist/market forces, consumer involvement</td>
<td>Phenomenological / constructivist</td>
<td>Minority rights, groups struggle</td>
</tr>
<tr>
<td>Children viewed as</td>
<td>Passive, incompetent developmentally incomplete “becomings”</td>
<td>Actors, competent, beings oppressed</td>
<td>Actors, competent, human beings</td>
</tr>
<tr>
<td>Locus of power</td>
<td>Adults through governance and best interests, asymmetrical</td>
<td>Questions the generational order, symmetrical</td>
<td>Children, empowered</td>
</tr>
<tr>
<td>Needs identification</td>
<td>Normative from psychological literature</td>
<td>Individualised, from listening to children</td>
<td>Asserted both as a group and individually</td>
</tr>
<tr>
<td>Method of decision-making</td>
<td>Adults structure procedures</td>
<td>Negotiation between stakeholders</td>
<td>Children dominated</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Adult authority</td>
<td>Opportunity for children to shape and contribute</td>
<td>Children experts on own lives, recognises and challenges adult power over children</td>
</tr>
<tr>
<td>Professionals</td>
<td>Superiority of expertise</td>
<td>Facilitate through alliances</td>
<td>Provide resources</td>
</tr>
<tr>
<td>Children’s voices</td>
<td>Filtered</td>
<td>Reflexivity by adults and children facilitates children’s voices being heard</td>
<td>Challenge and unsettle adults</td>
</tr>
</tbody>
</table>

Table 1: Models of children’s participation (drawn from Mason and Urquhart article in Children Australia, 26[4]) with minor modifications.
As a consequence of using this model of participation we made some basic decisions, such as giving children and young people options about how they would like to participate, attempting to ensure we had their consent to participate, in addition to that of the legally responsible adults. We also decided to ignore age as an aspect of children and young people's statements, as we agree with Solberg (1996) that concepts associated with qualities ascribed to children at certain ages should not overly influence the way we approach or attend to children. Instead we focussed on how individual children and young people wished to express their knowledge.

Inclusion of knowledge(s) from adult stakeholders
As we sought to facilitate input from adults (carers, birth parents, agency workers and Senior Managers) as well as children and young people, it was important to establish a framework that would enable us to structure the process in this way. It was important to implement processes and interpret findings in ways respectful of the knowledge of all groups, whilst privileging the knowledge of children and young people. The framework we applied was specifically designed to incorporate different stakeholder perspectives within the one research project. The framework was initially based on a methodology outlined by Guba and Lincoln as Fourth Generation Evaluation (Guba and Lincoln, 1989) but considerably modified by us prior to and then again during application. This methodology enabled the researchers to identify and invite participation of various stakeholder groups and, through a process of continuing dialogue between researchers and stakeholder groups, to arrive at constructions of children's and young people's needs.

The aim of the framework as articulated by Guba and Lincoln remained the central guiding philosophy of our project. This was to achieve “a joint, collaborative, or shared” construction of the situation, which “solicits and honours the inputs from the many stakeholders and affords them a measure of control over the nature of the evaluation activity” (Guba and Lincoln 1989:184).
The research strategy

This project took as its population the children and young people in Burnside's out-of-home care programs at the time the project commenced, birth parents, carers, workers and members of the Senior Management Team. The programs included were foster care, professional foster care, community placements, residential care and aftercare in metropolitan and regional areas. Research proceeded through a number of stages, modified in accord with action research processes.

Central to this approach were the partnerships developed between the research team and the carers, birth parents, workers and most importantly the children and young people. All these participants were kept informed of the project throughout the life of the research process by Newsletters distributed regularly to all involved. The newsletters provided an important form of internal communication between the research team, the out-of-home care programs and the participants.

Stage 2: Conduct of research with participant groups and analysis of resultant data

In this stage we:
- explored with 47 children and young people their needs in care using the questions:
  - What are the most important things that have happened in your life?
  - Who have been the most important people in your life?
  - What things are working for you right now?
  - What things would you like to be different right now?
  - What are your dreams/hopes for the future?
  - What question would you like to ask children in care? (see Appendix IV [B]).
- implemented research techniques requested by the young people, mainly individual interviews and some focus groups. Some young people wished to organise video interviews, but due to changes in the population of young people in care, and difficulties with incorporating the process devised within the ethics protocol already approved for the project, this was not able to be done.
- interviewed 10 birth parents (including 2 fathers), 34 carers, 20 workers and 4 Senior Managers through individual interviews or focus groups as requested, on the topic of what are the needs of children who come into out-of-home care?
- transcribed interviews.
- provided all participants with transcripts of their interviews to approve and/or amend as they wanted. This was part of a process of ensuring that we had correctly understood what participants were telling us. Participants generally welcomed this process and while many made no amendments, there were requests for changes by some participants. Some children and young people requested further discussion about what they had said before making changes. Participant changes were incorporated in the transcripts before analysis took place.
- identified themes which emerged from the transcripts. The Chief and Partner Investigator read and discussed the transcripts, identifying themes. Data was then entered in an Excel spreadsheet developed for this purpose by Craze Lateral Solutions. The filter functions of this program were used to identify key words, expressions, phrases and clauses that were in turn identified by the research team as reflecting each of the different themes. The filter functions also assisted the researchers to identify differences and commonality in the data within and between the research projects participant groups. The themes as organised within this spreadsheet were discussed at research team meetings where reflexivity was encouraged between and by individual members. This resulted in a questioning of and revision to
original themes and to the inclusion of data within the themes.

• developed a framework from these common elements to allow categorisation and ordering of the relevant data.

• discussed the data in detail at research team meetings. Reflexivity was encouraged between and by members of the team, which resulted in intensive questioning, and some revision of the original themes.

• derived constructions for each group’s data.

Stage 3: Focus group discussions on group narratives
In this stage we:
• held focus groups with those 13 children and young people who agreed to participate further, themes and issues previously identified by children and young people were explored and elaborated upon.

• organised separate adult focus groups, 28 workers (caseworkers, residential workers and after care workers), 8 birth parents and 15 carers explored and elaborated on issues identified by each of their groups in the previous stage.

• constructed final narratives for each of the groups.

Stage 4: Analysis between groups and consideration of total findings
In this stage we:
• eliminated the planned interactive process between groups on the basis of feedback from children and also from some birth parents.

• developed a matrix of crucial elements, placing major themes in the construction of children’s needs derived from their narrative. The themes from the constructions of children’s needs derived from the narratives of other groups, were then added to the matrix in a way which highlighted the extent to which the adult groups’ constructions of children’s needs agreed with, or differed from what children themselves described as their needs.

• Developed principles for policy and practice from the findings on commonalities and differences between the different research participant groups.

Stage 5: Report development
In this stage we:
• involved 3 children, from the second stage focus groups who had expressed an interest in commenting on the presentation of findings in a summary publication of findings of the research.

• considered strategies for implementing the findings.

• developed and distributed a summary publication to research participants and others.

• finalised this report and commenced strategies for implementing the findings.

Presentation of findings in this report
Roberts (2000:229) has described the phenomenon whereby “children’s narratives tend to be edited, reformulated or truncated to fit our agendas”. We have attempted through reflection and use of action research principles, to guard against perpetuating this phenomenon. At the same time we have been aware that the interpretation of findings and their presentation in this report, are of necessity within a knowledge base largely unavailable to children or indeed many research participants. The outcome of this process as presented in this report is inevitably therefore, one for which the Chief and Partner Investigators take responsibility.

In presenting the narratives of all groups in Part B: Findings on the needs of children and young people in out-of-home care, we took into consideration the small population of participants and its location with one agency in deciding to remove any data that could be identifying. This included removing code names initially placed besides individual quotes in writing up the narratives, as use of code names could have made possible the tracing and the identifying of individual participants.
This section sketches an historical overview of out-of-home care provisions, identifying some of the underlying assumptions. It places within this context the development of policies on child participation and of Burnside’s practice in listening to children’s voices. Summaries are provided of current care provision options in New South Wales and of what children have said about their experiences of these provisions in international and Australian literature.

**Historical context**

Historically, out-of-home care in New South Wales, as in other English speaking countries, can be seen to have had its roots in the English Poor Law of 1601. This law distinguished between the deserving and undeserving poor. The children of the deserving poor were eligible for financial support in their homes. Orphaned children and children of the undeserving poor were either placed in institutional type situations with other impotent or poor persons, in local industries, or with families, as in apprenticeship or boarding out situations. These care situations focused on providing training which would lead to employment and law-abiding citizens.

While there have been changes to legislation and policies, some important features of out-of-home care have remained constant. For example, in the official reasons given for entry to care there have been marked shifts in emphasis from destitution to neglect, to abuse. However the association with parental poverty, so evident in the naming of the Poor Laws, continues to be significant (eg Vinson et al, 1989; Thomas, 2000) even if not generally highlighted. The association between poverty of women, sole parents and the entry of children to care, clear in the backgrounds of the first children admitted to care in the colony of New South Wales, can also be traced as a continuing factor in Australia (eg Fernandez 1996; Department of Human Services, Victoria, 2003), as elsewhere (eg Callahan in Wharf, 1993), although again not always identified as such.

There have been changes to earlier child welfare policies, described as culturally blind and reinforcing of oppressive practices to indigenous and immigrant children (eg Frost and Stein 1989, Armitage, 1993). In relation to Australia’s Aboriginal population, the recent change in policy has been most clearly enunciated in Aboriginal Placement Principles introduced into legislation in most states. However, the extent to which this policy change will work to the advantage of Aboriginal children, who are placed as a consequence of it in kinship care, remains an unanswered question. Outcomes are complicated by the extent to which this population remains largely impoverished and impacted upon by earlier child welfare policies.

A major change can be traced over time in reforms to the type of out-of-home care provided, in particular in the increasing emphasis given to the move away from congregate care, towards forms of care which approximate a normative concept of family. However the options available to children have largely remained the same, being foster or residential care, or some modified form of these.

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2 Dianne Nixon undertook the research for this section and assisted with writing it.
3 The Aboriginal and Torres Strait Islander Child & Young Person Placement Principles state that “a child or young person who needs to be placed in out-of-home care is to be placed with a member of a child’s or young person’s extended family or kinship group… or with a suitable person approved by the Director-General after consultation with members of the child’s or young person’s extended family.” New South Wales Children and Young Persons (Care and Protection) Act 1998, s13
The focus on defining children’s and young people’s needs in terms of the goals of producing good citizens has also been an historical constant. The specifics of the focus have varied over time. Initially the focus was on training for (menial) employment. The emphasis changed with the early nineteenth century to moral training, with carers being selected for their appropriateness as role models and for inculcating good values, to the increasing emphasis of more recent times, on promoting opportunities for children in care to attend school and achieve educationally. This ongoing focus on preparation for good, adult citizens can be contrasted with the lack of a direct focus on children’s needs in the present, as children. A challenge to this future focus of adult experts has been the contemporary focus on children’s rights and on the importance of listening to their voices. Attempts to implement polices to involve children as participants in out-of-home care decision-making is a marked change in direction for out-of-home care policies, with potential to make a significant difference to service provision and delivery.

Focus on participation by children and young people in out-of-home care

The social context

There are tensions in society for policymakers and perhaps for children and young people around attempts to support children and young people’s participation in out-of-home care.

Prout (2000: 304) provides a useful analysis of the tensions between adult control of children directed at their future citizenship and the current trend to participation. He argues that the contemporary emphasis on children’s participation (both the drives towards and the resistances to), is associated with a “generalised tension between control and self-realisation within late modernity” (p. 304).

Control of children is part of society’s attempt to direct the future through investment in children. Education, where it focuses on prescribed curriculums and national testing as in England, is “a key site for the control of the future through children”. Through “the shaping of children as the future labour force” the state increases its capacity to control its economic activity (p. 306). Prout describes the way in which the focus on control is inextricably linked in modernity with notions of self-realisation, central to which are concepts of the uniqueness of individuals. Individualisation requires the capacity for choice and therefore constructs children as persons in their own right. The actualisation of children’s participation, requires renegotiation of relations between children and adults in both public and private spheres, in the major social institutions, including the family.

Factors influencing the current interest in participation by children and young people

Child welfare is one of the social institutions in which this renegotiation of relations between children and adults around participation is occurring. Here it has been given particular impetus by two interconnected factors. The first of these factors has been the impact on child welfare of the children’s rights movement, as given legislative weight through the 1989 UN Convention on the Rights of the Child. The second has been the consumer movement, as evidenced by consumer networks of young people in out-of-home care, such as State Network of Young People in Care (SNYPIC) in New South Wales. Also legal actions taken by, and publicity given to consumers who have highlighted their negative experiences.

The UN Convention has been significant in identifying children as human beings, who possess the rights of other persons (Alston, 1991, Burdekin, 1991, Rayner 1991), as well as having specific rights pertaining to their needs as children. Principles in the Convention codifying children’s right to participate in decision-making on issues that affect them have considerable significance for child welfare matters. This has been recognised in the New South Wales Children and Young Persons (Care and Protection) Act 1998.

The reporting and publicising of predominantly negative experiences by those in out-of-home care, or who have been in out-of-home care (Mason 1993, Owen, 1996) commenced in Australia in the 1970s (in parallel with similar developments in other English speaking countries). In Australia the state networks of children in out-of-home care and more recently the CREATE organisation, have advocated for those who are recipients of out-of-home care to be listened to and for reforms to the system to be based on this input. When this is considered along with Strega’s (2000:44) comments in relation to Canada, lead us to some distressing conclusions about the unhappy nature of experiences in care, their ‘lifelong negative consequences’ and the fact that many of the systemic problems documented in child welfare continue to exist. At the same time Strega draws attention to the resilience of children in care and the fact that there are examples of when the system can work.

Over recent decades the voices of those who have had negative experiences of care have assumed additional weight as the legal and possibly financial implications have become evident, when persons who have been in care have attempted to call to account those agencies who provided them care as children.
The Burnside Board, in adopting this Cottage model, was responding to the latest theories of child care at the time, and subsequent changes to incorporate foster care and community placements, as well as family support, have reflected this commitment to applying new knowledge to improving care (Keen, 1986).

Since 1994, Burnside has pursued an active role in promoting children’s participation in out-of-home care. In 1994 it initiated the Having Your Say process. This process began with a forum of young people in residential care who discussed their concerns and how these could be addressed. Following from this forum a representative group of young people met monthly to discuss issues and aspects of care they wanted to change. Issues around participation were confronted and the process delivered some workable outcomes (Little and Mondy, 1996:9-10). Since 1995, Burnside, in partnership with the New South Wales Department of Community Services, has made available to families, family group conferences as a mechanism for involving them in planning for the care of their children. Children are included as participants in these conferences (Kiely, 1999).

Foster care: current picture
Nationally the number of children and young people in out-of-home care has risen annually from 1996 to 2002, increasing by 35% overall between these dates. The rate of indigenous children and young people in out-of-home care was over six times the rate of other Australian children and young people. Nationally, 51% of children and young people in care were in foster care and 39% in relative kinship care on 30 June 2002 (AIHW, 2003:4).

**New South Wales initiatives for participation in out-of-home care**

- The Community Services Commission (now a Division of the NSW Ombudsman) was established in 1994 to deal with complaints by community services’ clients including children and young people receiving care services.
- The 1998 New South Wales Children and Young Persons (Care and Protection) Act established principles of participation of children in child welfare decisions which impact on them.4
- The New South Wales Commission for Children and Young People, established in late 1999 has as one of its main objectives to promote the participation of children and young people in the making of decisions that effect their lives.

**Burnside: promoting the participation of children and young people**

Burnside Homes were first opened in 1911 under the auspice of successful businessman Sir James Burns. At the time the residential service was based on the (then) innovative Cottage Home system, where up to 30 children were cared for in each cottage, as opposed to the large barrack-style accommodation more typical in western societies at the time.

Burnside has promoted children’s rights and participation in decision-making through submissions to the Standing Committee on Social Issues, Inquiry into Child Protection Services (June 2002); the Senate Community Affairs References Committee, Inquiry into Children in Institutional Care (July 2003); and the (October 2003) submission to the House of Representatives Family and Community Affairs Committee, Inquiry into Improving Children’s Health and Well-being.

The three year collaborative Australian Research Council project and the resultant research has complemented these initiatives.

**Out-of-home care services and what children and young people have said about them**

The following is an overview of current out-of-home care provisions, and summarises some of the relevant literature of what children and young people have said about these forms of care.

In NSW the main out-of-home care services used for children and young people who cannot live with their birth families are foster and kinship care. Kinship care is most likely to be used if the child is of Aboriginal or Torres Strait Islander background. Residential care is used mainly for adolescents with high support needs and children with disabilities.

4 “To ensure that a child or young person is able to participate in decisions made under or pursuant to this Act that have a significant impact on his or her life”. New South Wales Children and Young Persons (Care & Protection) Act 1998, s 10.
Foster care, in which a child is cared for by a family not their birth family, has in contemporary times been described as the most common type of out-of-home care in many western countries (Goddard & Carew, 1993; Sultmann & Testro, 2001). It has also been described as ‘in a state of flux almost everywhere’ (George and van Oudenhoven, 2002:10).

Children’s views
Most research or projects including children’s views on their foster care placements have targeted older children in longer term placements. Generally they have focused on children entering and leaving care - there is little knowledge about what happens to them in care from reports obtained of their experiences at that time. The following are findings gleaned from reports on children’s experiences of foster care:


- A lack of information regarding the circumstances of their placement and an ability to influence service plans (Gil & Bogart, 1982; Colton, 1989; Johnson et al, 1995, in Shlonsky & Berrick; NSW Community Services Commission 2000).

- The importance of parental and familial contact (Gil & Bogart, 1982; Johnson et al, 1995, in Shlonsky & Berrick).

- The importance of preparatory visits to carers’ homes; explanations for the placement and information on how to make contact with their birth family (Aldgate, Bradley & Hawley, 1996).

- The importance for positive transition from out-of-home care into their community, of stability of placement, continuity of supervising worker and the involvement of young persons in decisions about their lives (Cashmore & Paxman, 1996).

Intensive foster care
DoCS estimates that as many as 600 children and young people could be expected to fall within the ‘complex and high needs’ category - approximately 5.75% of the total state out-of-home care population (Gild, 2004).

Some specialist foster care programs have been developed in western countries to provide for what are described as children and young people with ‘high needs’ or ‘high support needs’. This label is used to apply to children and young people who present “challenging behaviours and social/emotional difficulties” (Gild, 2004). In NSW funding has been provided for professional care eg Burnside Youth Futures. These specialist programs are often characterised by an emphasis on the carer and family environments as the main therapeutic modality. There is expected to be a high degree of sensitivity to the child’s needs, specific additional treatment services to address these needs, a comprehensive and integrated model of service provision, the recognition of the carer as a full member of the caring team and payment of higher than usual allowances to carers (Chamberlain, 2000; Carter, 2003).

Children’s views
The voices of children in kinship care are rarely heard, and when they are it is in studies with small numbers. From those studies children tell us:

- Parental and familial contact are very important (Shlonsky & Berrick, 2001).
- The maintenance of existing adult-child relationships, and familiarity are important, additional to biological links (Mason et al., 2002:16).
- Kinship homes appear to promote satisfaction and commitment to the placement by the child or young person (Wulczyn & Goerge, 1992; Courtney & Needell, 1997, in Madge, 1995:16).
- Placement with kin is less likely to disrupt community associations, eg neighbourhood, church, sporting and school links (Berrick et al., 1994, in Madge, 1995:16).

Kinship care
“Kinship care is the placement of children or young persons within their extended family or family network” (New South Wales DoCS, in Mason 2002:15).

The formal placement of children in kinship care is a recent but growing phenomenon in many countries including Australia (eg Ainsworth and Maluccio, 1998; Berrick, 2001; Testa and Slack, 2002; Mason et al., 2002). Nationally 40% of children in care are in kinship care. In New South Wales the majority (57%) of children and young people in care are in kinship care (AIHW, 2003: Table 4.4).

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Residential care

Residential care services are arrangements usually based within a community, involving workers often on shift arrangements and having an emphasis on shared living and learning. They may have a range of developmentally enhancing services attached to them, e.g. living skills programs, external training (Ainsworth & Fulcher, 1994, in Ainsworth, 1997). They may also involve group living, but recently non-Government agencies have extended the definition to include more innovative approaches, such as independent living with support within communities.

On 30th June 2002, 6% of children in care nationally were identified as living in residential care accommodation, and in New South Wales approximately 4% of all children in out-of-home care were in residential care or independent living (AIHW, 2003: Table 4.4). New South Wales also had 4% of their out-of-home care population in ‘unknown living arrangements’.

Most of these placements in NSW are provided by the non-Government sector, and most residents are aged 10-17 years (CSC, 2000:35). In NSW, most residential services provided by the welfare sector have the primary aim of providing a caring and stable living environment. Unlike the US or the UK, very few have primarily therapeutic goals (Bath, 1998).

Children’s views

Much recent research incorporating the views of children and young people on residential care placements comes from the UK. In this research there is much commonality in what children tell us. This includes:

- The importance of continuity of carers, contact with birth families and respect from adults, individualised care, smaller units, privacy, attention and support with school work, confidentiality around their situations, support to participate meaningfully in case reviews, with their views being given same weight as carers, control of bullying, wider peer contacts, less staff favouritism (Hill & Aldgate, 1996; Munro, 2001; Morris & Wheatly, 1994).

- Relationships with caseworkers are a key component for positive placement. Disruption to such relationships and unreliability in terms of commitment to appointments are felt keenly, making considerable contribution to children and young people’s feelings of powerlessness (Munro, 2001).

Comparisons between foster and residential care

Comparisons within the out-of-home care literature have frequently identified foster care as the placement of choice. There is some research where children and young people’s reports on their experiences support this statement:

- Children living in foster families have been found to be generally more satisfied with their placements than children in residential homes. Foster children rated their caretakers as less strict and more supportive and the children they lived with as more friendly than did the ‘residential’ children in the sample (Colton & Aldgate, 1989, in Madge 1995).

On the other hand comments in some reports from children and young people suggest considerable similarity in what children are saying about both foster and residential care. Further, some children who have made direct comparisons between the two forms of care, tell us:

- Their preference for either foster care or residential care as a placement option is based on their relationships with and the attitudes of their own family. For example, some birth parents may feel threatened by foster carers’ apparent adoption of their parental status (Kahan, 1979, in Berridge, 1997:19).

- Residential and foster care can both be the source of, either positive or negative experiences (Mason, 1993). Children and young people may prefer living in residential care when compared to previous negative experiences with foster care (ACWA, 1999).
Summing up
Considering child welfare provisions historically, underlines the extent to which an adult agenda, an agenda of those more powerful adults in our society, has dominated policies and their implementation. The inclusion of children and young people's voices in evaluations and other research is very recent. They are still not heard very loudly or frequently. However when they are heard, these voices provide a challenge to the assumptions and values that guide policies. Greater attention to children's voices is likely to move the focus away from the question ‘how to fit children to the existing provisions?’ towards ‘how can individual children be provided with appropriate responses to their needs?’ This latter question has been a focus of attempts to apply the findings of this research to practice.
Introduction
A major aim of this research was for children’s participation to contribute to knowledge of how to involve children in decision-making about out-of-home care. This section of the report reflects on our experiences of engaging children and young people as participants in this research. It relates these experiences to the themes which emerge from the interviews and places them in the context of the findings of other researchers. Some principles for involving children in decision-making about out-of-home care are identified as they emerged during the research process.

Engaging children in the research process
As social research is about social relationships, forming relationships with children is central to engaging them as participants in research (Christensen and James, 2000:5). It is necessary to recognise that children in out-of-home care are part of a particular network of social relations and the researcher must first engage with this hierarchically ordered network in which the child is at the lowest level.

Stage 1 involved analysis of the literature and conceptualisation around topics of researching with children and young people and their participation. At the first meeting of our research team we discussed the issues of involving children as participants in research when we already had a research agenda established for the project, submitted in the application for funding. We asked ourselves how could we legitimately involve children as active research participants when the parameters of the research project were already in place? We sought answers to this dilemma in liaising with advocates for children, such as CREATE. As a result of the input of one advocate we decided to add an additional step to the project. In this step we informed children and young people about the project and asked them if and how they would like to be involved. This occurred through the distribution to children and young people of a leaflet (Appendix IV [A]), followed up by the researcher meeting with or talking on the phone with the children and young people. Phone discussions were generally held with children in foster care. The researchers also made themselves available for on-site discussion about participation in the research. They visited various locations at times that suited the young people. This process provided an opportunity for a number of young people to discuss hesitancies and concerns, some of which were based on negative past experiences of research. When children understood that the research was designed to provide them with opportunities to be heard on matters important to them, they generally expressed enthusiasm to be involved in the project. The majority of children and young people expressed a preference for individual interviews, as the way they would like to contribute. There were some suggestions for use of video and some suggestions for group interviews, if and only if, the children and young people were able to have a say in who were the other participants.

Negotiating access to children Engaging children as participants in research is characteristically associated with tensions in negotiating their participation with other adults who act as gatekeepers (eg Cree et al., 2002; Gilbertson & Barber, 2002; Hood et al., 1996). Before this project could proceed it was necessary to obtain a number of approvals. Initially it was necessary for each research team member to comply with the New South Wales requirements of Commission for Children and Young People Act 1998 – Part 7, Working With Children Check. Our research methodology was presented to two research ethics committees -

1 Ros Leahy and Jan Falloon conducted the fieldwork for this project. Their reflections informed this section. They also contributed their reflections, along with those of other team members to the analysis of the data presented in other areas.
2 In this document, the word children is sometimes used as a generic term to refer to both children and young people.
the University of Western Sydney and UnitingCare Burnside Research Advisory Group (RAG) and also the Department of Community Services Research Unit. The processes involved in obtaining these approvals contributed to a tighter conceptualisation of and improvements in our research methods. However the waiting time involved in obtaining approvals caused delays in implementing the research.

The next level with which we needed to negotiate in order to approach children and young people was organisational. There was much diversity in the extent to which individual gatekeepers assisted the researchers in making contact with and engaging children in the research. The gatekeeper’s support or otherwise was the major factor as to whether particular children and young people participated in the research.

Hood et al (1996) commented that the attitudes of adults to children’s participation in research is informed by role assumptions and perceived child protection responsibilities. Differences in assumptions between carers and researchers became evident in seeking the participation of children in this research project. The decisions of some carers about whether the researchers could contact children in their care, reflected assumptions of children’s passivity, incompetence and vulnerability. These carers understood their ‘duty of care’ obligations as implying the need to protect children from an experience which could potentially damage their welfare. The researchers’ requests to consult with children were based on assumptions about children as actors, with competence to make informed choices and therefore, if given information, able to decide for themselves whether or not to be involved in the research.

When carers did not support individual children’s participation, reasons given were generally that the children in their care were developmentally, cognitively and/or emotionally incompetent to participate. As researchers who were concerned to position children as subjects and provide them with choice as to whether to participate, the use of such discretion by some adults, proved a quandary for us. As Neale (2002: 456-8) has pointed out in relation to some legal contexts, it is important to recognise that when adults make decisions on children’s ability to participate, they are using their individual discretion, as nowhere is the concept of competency clearly defined, and further, issues of “children’s welfare are notoriously difficult to determine, let alone predict”.

Those who did consent to children participating, frequently also supported them in practical ways to engage with the researchers. For example, by being welcoming and hospitable in their attitudes to the researcher, assisting children to question the researchers and enabling those children who wished to participate to do so, by for instance, transporting them home early from after school activities.

Seeking informed consent
We were concerned as researchers to make sure that those children we contacted had maximum opportunity to actually give informed consent. We were aware that research has indicated that when adults consent to children being involved in research, before children themselves are consulted, it can place constraints on children’s decision to voluntarily participate in, or terminate their participation in research (Abramovitz, 1991). We therefore sought to balance efforts to interest children in participating in the research, with efforts to provide them with a real option to say ‘no’. This option was used by some children in both direct and indirect ways.

Where carers encouraged children to make their own decisions about participating in the research, the children frequently took time about making their decision and required a significant amount of information from the researchers. They wanted to know about the researchers, what the project was about, and what choices they had about how they could participate.

Establishing respectful relationships
In inviting children and young people to participate in the research we attempted to respect what they told us about what times suited them to contribute and where they would like interviews to take place. The places in which children chose to be interviewed included their own homes, McDonalds and, in one instance, a Chinese restaurant.

The discussions that took place with children prior to the actual interviews seemed important to many of the children, in enabling them to get to know the researchers and to check the researchers out. As part of the process of becoming familiar with the researcher, some children required several phone calls and visits. In the case of some older young people considerable tolerance was required of the researcher in dealing with missed or constantly renegotiated appointments. This process was understood as reflecting “where the young people were at” in their lives at the time they were involved in the project.

In engaging younger children researchers found it important to check out their understanding of the project, as sometimes they appeared initially to understand but
then needed to hear about the project in different words. This process was time consuming, but was the beginning of an experience of mutual exchange between researcher and child. In this exchange the researchers took seriously information initially volunteered by children such as forthcoming birthdays and favourite toys. They responded to this by for example, giving a card around the time of the birthday, or asking to see the favourite toy during a visit.

Sharing control
Researchers shared control of the arrangements for collecting data with the children and young people by consulting each child and young person about how they would like to contribute eg focus group, individual interview. For the individual interviews we were able to negotiate situations to suit children and young people (as well as researchers). Children and young people responded by taking control in a number of ways. For example, children and young people in one of the placements asked for a week to think over the project after being shown the questions and tools and meeting the researcher. They had had previous negative experiences of research and were not sure they wanted to be involved. These children and young people advised that if they were to agree to be involved they would like to take part in a group with girls of similar ages, and they wanted it to be a fun experience.

Within individual interviews, children and young people were provided with copies of interview booklets (Appendix IV [B]) to enable them to follow the questions. Some children and young people asked for these prior to agreeing to participate, so they had more information on which to base their decision to participate. All the questions for children and young people were framed in a very open-ended way to allow freedom in responding, with the final question designed to maximise their control of the content of their response. The opportunity to develop their own question was accepted enthusiastically by most children and young people, enabling them to define what was important for them to tell the interviewer. In data gathering sessions a box of fun activities was available. This meant that children and young people could choose to draw, write their responses, select stickers or talk around a picture that reflected their responses. This gave them flexibility to respond according to their individual competencies and in ways in which they felt comfortable.

Some children and young people took a major role in controlling the tape recorder to the extent of deleting from the tape what they did not want recorded. Most welcomed the opportunity to review a copy of the transcript of the individual interview and some made alterations to it. One young person requested the tape itself, so she could check out what she had said. Children and young people overtly controlled what they told the interviewer, as in the instance of one child who spoke about her birth mother extensively whilst travelling in the car to the chosen interview location, but did not mention her mother in the taped interview. When reminded of the earlier conversation, the child made it very clear that she did not want that conversation on tape.

A discussion at the end of one of the Stage 3 groups, illustrated the importance of feelings of equality between adult researchers and the children and young people.

Interviewer:
You are OK with us (2 researchers) being part of this discussion?
Yes because you are really honorary children.
You are down at our level.
You are like us.
Disengaging

Quite early in the process the researchers, responsible for developing research relationships with children and young people, signalled a dilemma around engagement with children and young people. What ethically were their responsibilities for maintaining relationships with the children and young people they had effectively engaged? This dilemma was emphasised as we began to analyse the data around the importance of familiarity and continuity in relationships for these children and young people. On the one hand, it seemed important to respond to children and young people by giving them attention, not only in terms of engaging them in the research, but also in terms of the demands made by some of them on the researchers. On the other hand, we were professionals, who would not be continuing our relationships with them.

In part, this situation was resolved by the extent to which we provided choices in the project - some of the children and young people disengaged themselves by choosing not to continue into Stage 3. For those who did participate in Stage 3, certificate-giving ceremonies were conducted by the researchers to thank those who had participated to this stage. This provided, in a concrete way, the opportunity for participants to ‘wind down’ and experience a sense of closure. An opportunity was provided to those children and young people who were most involved in Stage 3 of the project, to provide input into the structure of the summary report. Three accepted this opportunity and contributed to the way the findings were presented.
Some principles relevant to children’s participation in decision-making within the out-of-home care situation

In the process of engaging in and contributing to the research, children and young people were in many respects acting out what they defined in interviews as important in terms of having their needs met. That is, children and young people were telling us in practice as well as in words, that what is helpful in order for them to feel comfortable in contributing to decision-making about their own lives, is familiarity with the adults with whom they were interacting, sharing control of processes and exchanging information in relationships where there is reciprocity. We were also learning that participation in decision-making is a dynamic process over time.

Children and young people want to be involved in decision-making affecting their own lives

Children and young people told us in both actions and words, that it is important for them to be involved in decisions which affect their lives. Within out-of-home care there has been an increasing trend to respond to children’s needs for involvement in important decisions, by including them in formal decision-making events such as case conferences and reviews. However children and young people often implied that they found it difficult to make meaningful contributions in these formal situations.

The literature on children’s participation reflects and extends these findings. Sinclair (2002:196) found that “children take seriously their right to be involved in decisions that affect them”. She concluded that this explains the high levels of attendance by children at decision-making meetings. However Sinclair also noted that children overwhelmingly found their attendance at meetings an uncomfortable, and often meaningless, experience” (2000:196).

Children’s negative experiences of these forums could be accounted for by lack of preparation or information beforehand; meetings being too large; children feeling they could not talk freely and not liking to be in the spotlight; feeling ignored; finding the proceedings boring; being unable to trust those at the meeting. Thomas (2000:191) notes the “relative formality” of official decision-making lacks connection with children’s everyday lives.

Familiarity and continuity is important for engaging in decision-making

A factor that facilitated children and young people contributing (which they also highlighted as important) was that they had begun to know the researchers making them feel comfortable exercising choice. Buchanan (1995:137) noted that children and young people want decision-making to occur within relationships where there is some familiarity. These children and young people were selective about with whom they shared their innermost wishes and feelings and preferred this to be with carers whom they knew, rather than social workers. Neale (2002:467) found that lack of trust by children in adults outside the children’s families, undermined their comfort when talking through their needs. Children valued making decisions through ongoing conversations as part of their daily life in families in contrast to ‘stilted’ and ‘one-off’ discussions with (in this case) ‘socio-legal professionals’.

Participation in decision-making is a dynamic process

Children and young people in our research were implementing and describing participation in decision-making as an on-going, dynamic process that goes beyond official forums. This was a point also made by some of the carers. The importance of focusing on children’s and young people’s participation in processes rather than in events, such as reviews and meetings instigated by agencies, has been emphasised by Sinclair, ‘actively involving children is a continuous process facilitated by a participatory culture’ (1998:199).
Introduction
We explored with 47 of the children and young people receiving an out-of-home care service from Burnside questions about what they felt were their needs in care. These children and young people selected techniques with which they felt comfortable discussing their feelings. Following this, further elaboration and clarification of the themes identified in the earlier exploration came from several small group discussions in which 13 chose to participate. The age range of the children and young people was from 8 to 18. These individuals included some living with carers and their families, some living with professional carers and some who had left care.

The following construction has been developed from themes which emerged from the data from both individual interviews and focus group discussions. Occasionally the voice of the interviewer is provided as part of the discussion within a group. The different responses reflect a different participant from the previous respondent.

The importance of connections
Children and young people say it is very important to have connections or links with others. These connections may be based on familiarity, continuity and having something in common – all of which are important for making meaning of who one is.

Feeling connected is associated with knowing another person (familiarity) and with having things in common
Being with (relative) is working because I know him a lot more than people I don’t know - some of the foster carers I wouldn’t know from a bar of soap.
Interviewer: What did you say before that ‘connected’ was?
Umbilical cord.
It means when you know somebody.

Interviewer: What does knowing somebody mean?
Understanding them, knowing who they are, what they are like, being friends.
They agree with stuff.
Things in common.

Having connections with birth family is a particularly strongly felt need and is important for a feeling of who one is, one’s identity
They would be the most important things that I know - my parents... my biological parents, well they brought me into this world.
Because they care a lot about me sometimes but not all the time.

Connections with the birth family are important, even when satisfactory connections exist with a foster family.
I don’t feel like non-real because I’ve got parents (foster) but you know I like to be aware of the fact that I do have another family outside of (foster parents), I’d like my biological family to know that... I like having that contact with my biological family cause I feel like you know I’m pretty lucky because I’ve got two families.

While birth family remains important for most children, their feelings towards them are complex and tend to fluctuate over time.
When I was younger, like at first. I thought everyone was wrong.
Excuse me I’m supposed to be with my parents! What the hell do you think you’re doing. I’m right, I’m supposed to be with them.
They didn’t do anything. But then once I realised that they did do something wrong, I was so bitter. I was just like ‘oh I hate them so
much’. ‘Cause you felt like all the people you loved, it was all just a lie, just went against you. Everyone you thought you trusted and loved. The people you were sticking up for you know they abused it. They abused that power and I was angry. But then like I'm sure they didn’t mean to. But I forgive so easily because like I can’t help it. Like, yeah. Sometimes I still wish that I was with my real parents instead of being with foster parents you know.

Feelings may be ambivalent. Yeah, I want to be with my real mum and dad because they are my real mum and dad but then again what if I was still with them I wouldn’t be any better off than I am now. I probably wouldn’t even have a good education. I’d probably be bruised all over still and you know in pain and think that is all life is about, but now you get a different perspective on it.

Children and young people emphasise that there are no general rules about connections with birth families. We are not all exactly the same. You can’t have the same rule for every experience. There are different rules for different experiences. Like some people might have had really serious, really sad experience and some people might have had mild compared, like they are all bad experiences yes but some people have worse experiences than others, you know what I mean like …. it just depends on the circumstances really.

They also remind us of the complexity of connections. Some people may have had experiences where their parents were on drugs and so their parents couldn’t look after them but other people’s experiences are that their parents were violent and that they hit them. Some experiences are where children were taken away from parents because the parents couldn’t look after themselves, but some other cases are where the kids were getting hurt by their parents and that is why they were taken away. That makes it a lot harder.

Violence or assault or some sort of abuse like that, that is a lot harder for people to forgive because they have dreams or nightmares about that sort of thing so it is always there in their mind and they always know, ‘oh, this actually happened to me’. And although they might not be able to remember physically they know ‘hey this happened to me and this shouldn’t have happened to me. Why would they do this to me?’

Birth mothers have a particular significance for many children and young people. I love my real mum. Yeah, more than anything. Interviewer: People talk a lot about their mothers. I think it is because you are sort of more bonded with your mother. Because you came from her I guess.

Interviewer: ‘Cause you came from her? It is like ‘cause when I’m not at home I cry when…

Interviewer: When you are away from your real mum? Yeah. A part of you is missing when you are not with her. And like I feel sorry for people who don’t see their mum ever but I’m a lucky one but not that lucky, because everybody else can, most people can see their mum like every morning, every afternoon, every night. Yeah, their real mum. They don’t know how lucky they are. Yeah, people who really can stay with their mum even they are still lucky but I’m a kind of a bit lucky, but not. Yeah, like my friends will say ‘oh I hate my mum’ but you sort of sit there and you think ‘well you’ve got so much, you take everything for granted. Like, I don’t even see my real mum, I can’t live with my real parents’, you know what I mean. They are not responsible enough, do you know what I mean. And they just say ‘I hate my mum’ because she wouldn’t let her go out on the weekend. It is like you don’t know how lucky you are. You don’t know what you’ve got.

Feelings towards mothers may fluctuate over time yet remain intense. Probably my mum, (even though) she has screwed me up royally. She is my mum and I love her. She has always been there. You know I’ve called her every name under the sun you know, seen her in the worst of situations um but when I’m ready to come home she has always welcomed me with open arms, you know, like this time.

Because she is my mum. She is now, she used to be my worst enemy but now I can say she is my best friend. My mum is my best friend... I just love my mum... mum popped you out, mum brought you up and mum taught you the rules... Clean up after you. Wash the laundry, cook for you, clean up after you, worry about you, what else do mothers do?

The complexity of feelings around mother includes the conflating of mother with attitudes to what being ‘female’ is about.

Interviewer: You wish you could be with your mother more? I mean, like if you are a female you feel more connected to your mum than your dad. You feel you could go to your mum and tell her anything. I think they are more sensitive. Yeah. More sensitive to your feelings in general. You ask any female can you help me they will help. They will drop everything and go. Every female is the same.
Interviewer: Is that how you feel about your mum?
No, not our ‘real’ mum.
Just any female in general. If I’m going to (researcher) can you please help me? Her first instinct is she is going to drop everything she is doing, what can I do to help? What is the problem? How can we fix it?’
Instinct yeah, it is a female instinct. You can’t help it. It is just there. Whereas the male, like you go to a male.

Children and young people describe feelings of loss, anger and betrayal when the behaviour of individual mothers contrasts with their expectations of mothers.

One child described a mother as: Evil.
Interviewer: You’re talking there about your birth mum aren’t you? Yeah.

Interviewer: Why don’t you like her? She didn’t look after you?
No she didn’t look after me and plus she knew what was going on the whole time.

Interviewer: And didn’t try and stop it?
Did nothing.

Interviewer: So you feel like you can’t trust her?
Wasn’t there when she was needed.

Children respond:
They are supposed to be there for you.
Like she wasn’t there when we needed her even.
Okay, my mum, she brought me into this world. She is supposed to feed and look after me. She is supposed to put me first before anyone else in the world. But then when your mum says to you ‘that (abuse by other parent) is a lie, you are lying to me’. When she says that it feels like she has really let you down in a way.

Interviewer: She is supposed to be believing what you are saying? Okay she is supposed to love me but she doesn’t believe me.

Interviewer: And she doesn’t match those expectations?
But there are certain expectations that you think of everyone, it is not like we are asking her to pull out a million dollars. We are asking her for simple things like loving, caring, believing, trust. Asking for guidance.

Interviewer: All those things and sometimes your real birth mothers can’t give them to you?
It is guidance. She should be like I think of a mother, I think of guidance. Like helping me through things. Parents to me are supposed to be people that you look up to. Okay? And if you are a girl, I know personally I look up to my mum and think I want to be like her. So if your mum was saying to you after you told her something so important, you’ve trusted her with something so important and they don’t they just say to you that’s crap, then you sort of feel crap about yourself. You think, oh okay well she must be right, she is my mother.

Interviewer: Yeah, so that makes them less important to you because of what they did.
Yes.

Connections with birth fathers.
Connections with birth fathers can be significant.
He has recently passed away but I feel like if anything I’m more like my father and I just, I connected better with my father than I connected with my mother.
We haven’t found my dad, but I have found my mum. Finding my dad … It’d be good when it happened.
I mean like my dad, excuse the French, but my dad did some pretty shitty stuff. But, but every time I saw him… he would just, he, he didn’t even have to say a thing. You could just tell in his eyes that he wanted to be there cause he knew he was seeing me. And you like, oh great, this is great like you know, he came here to see me.

More generally, birth fathers seem to have been absent from the lives of their children and are not mentioned, or children express anger towards them.
Well we sort of felt relieved when we like we left our real parents. Things are going to be different. And we thought, oh wow you know like that is going to be good, because I was really scared of my dad. Like I would come home from school and I would be scared.
You can’t really connect with dads, like if say the dad does something to you and then you go to another dad you will never, if you get a foster dad, you will never look up at them as the same because you have had that experience done by them. You can’t really connect.
Like I have no real connection with real family or foster families or anything like that.

Interviewer: But especially dads?
Is that right?
Yep. Especially males ...
What he did to me was pretty mean. Like you know ??? Worse he never apologised once to me or my mum and that just adds to the pain.
I found, with males, they have a big problem in saying sorry. Guys don’t say sorry. They do something wrong, they won’t say sorry. And I think that also makes it a lot harder for us to forgive them. Because we think well, hey they have got to say sorry … and a lot of males just won’t. They (dads) keep them (feelings) so bottled up that they don’t share. They don’t.

Children focus on the importance of shared activities when discussing what would help in developing relationships with fathers and their expectations of fathers.

All dad’s should take their kids to the footie, okay. I love the football so that is a good daughter and dad thing. Any kid that doesn’t like football has got a serious problem. Oh my god I love football.

I was with my dad the other day and that really felt like we got closer to him. We went bowling you know. Father and kid outings cause usually you are always going out with your mum. Why don’t you go out with your dad, go bowling, ice skating with dad or going to the footie, I love going to the footie.

Connections with siblings may be important

It was very important to me because we (sisters) kept each other together and as soon as one sister left we all kind of fell apart after that.

I like having a brother who is just one year older than me because I get to play with him sometimes. My sister is the only one with the memory (of when we were taken away from family). She understands me when no one else can.

For some children and young people being separated from siblings was very traumatic. It was really hard when we first went into foster care. When we got split up that was the first time we had ever been split up and we were just so upset. That was a really weird time. Like we had just never thought that that was going to happen.

It seems like they have done something wrong and that is why they can’t see you. You get that impression. Like, well why can’t we be in the same place together, what is the problem?

For some, separating from siblings is OK.

Interviewer: So it has worked out better for you not living with your sister?

Yep Burnside said I’d be with her but as soon as I moved away from my last carers what did they do? They split us up. And what has happened? It’s a lot better for me. It’s a lot better for her.

Grandparents or other birth family members may be important

Well even though I was still with my sister, I still wondered about the rest of my family and my mum and my nan because I really loved my nan, me and my nan have always had a close relationship.

Connections with friends are very important

Having friends is most important. Like mean I was lucky enough to have those two good friends who I could share everything with and could trust that, you know, it wasn’t going to end up all over the school …. without two friends in particular I wouldn’t have made it though. I would have gone crazy.

Friends are particularly important because of the sharing and understanding that comes from having experiences in common. And like we (friends) have lots of things in common.

Then I also think my close friends are important as well... so that, I mean, mum understands what we are saying as well but there are some childish things... so like me and my friend we understand. Also to be able to share with other children in similar... say in a school setting where there is not any other children in substitute (care) in a similar situation.

When I don’t have friends, I feel like my world, my life is coming to an end.

I think friends are a good thing because you can get close to friends because they are not your family, so you can see them at school, so you can tell them things that you wouldn’t be able to speak to other people about. You can say ‘oh I’m having some issues with X’. You may not be able to discuss it with your mum cause it may be about your mum. You don’t want to discuss it with your dad because you think, ‘oh well he will tell mum’. So it is really good to have, it is like another outside place where you can talk to someone if you have got an issue about something. I mean I think that, I feel my friends are a very important part of my life. I get very upset when my friends are being horrible to me.

I think that everyone, like even if you only have one friend or one person that you call a friend, maybe they are not a really close friend, but I think that everyone needs someone else outside their house, not family, not social worker. I just a friend you can hang out with. You don’t have to look up to them but just someone that you have something in common with.

Someone to look up to.

You have to have something in common with them, because if you don’t, that is what friendship is about.
Some children and young people have connections with pets that are important to them. When (pet cat) died …… That is the most saddest thing that happened in his life … and when our puppies ran away. They’re like family. When you get bored you can play with them (pets)….. Special thing is when they wake you up in the morning ….. And lick me on the face…. They like me. Pets always cheer you up. If you have got an animal all you have got to do is give them a cuddle. They are like a safety net. They (pets) love you. You have got an animal all you have got to do is give them a cuddle. They are like a safety net.

Interviewer: They (pets) love you unconditionally?
Yep.
They give you this awareness where you think oh I’m loved. No matter, I don’t have to do anything to be loved. All I need to do is care and you think if it is that easy to care for things why couldn’t it happen to me. Then you think, oh but I’ve got something that loves me.

Interviewer: So it helps you when you are feeling down?
You feel better about yourself when you have an animal.

Connections with carers and workers in the out-of-home care system are important
He (carer) knows me better than my mother does. Yeah, he knows all of us better than our mother does... (I get) encouragement from carer. I try to think what would I be like if it wasn’t for him you know. I would be a wreck.
Um of course, I reckon she (worker) would be the number one person I would ever love. I would do anything for her, more than my own mother. I mean, she has actually looked out for me for the past two years that I have been here.
Just well I mean the caseworker cares so much about you while you’re in care. I just to see that it wasn’t just a job, that she’s like, you know well, they are going to continue to care after you’ve, you know, you finish your wardship or whatever.
You need your carer and I think you need your social workers. I think you should have a really good bond with your social workers as well… because I trust them both and it is just, there has got to be a level of trust as well. You have got to be able to trust your social worker and your carers.

Need to be cared for and cared about
Love and care
Children value it when they feel that those they are connected with both love and ‘care’ for them.
I am just me and they can love me that much. And it just really makes me feel sort of special and like well someone can love me you know like they hardly know me and they can love me. So made me feel really better about myself.
I felt like people cared for me and all that kind of stuff (when things go well). I just sort of felt cared for and looked after instead of just sort of no one really caring for me.
Well it is just his (carer) encouragement, he believes in me you know and you know he likes me, he actually loves me you know. He loves us all like his own daughters, he even said that.

There for me
It is particularly important to children when they feel that those with whom they are connected are ‘there for them’. When people are ‘there for’ the child, they are described as important people in children’s lives. Sometimes it may be a birth parent, a sibling, friend, a carer or a worker.
They (carers) are just there for you when you need them and give you a hug sometimes.

And friends are always there for you when you know you need to talk to someone or you know, so making friends, I realise like um, really my true friends I mean were in high school.

A couple of big crises actually. But yeah, she was always there and she always made sense of everything. She helped me see straight about things. She’s (aunty) just been there for me.

Children and young people feel let down when those they expect to be there for them, are not. (Mother) Wasn’t there when she was needed.
Your social worker is supposed to be there for you to talk to.

Need for power and agency (or being an actor in one’s own life)
Children experience a need to act and negotiate in their relations with others. They identify times where they feel that they have been prevented from using available opportunities to develop a sense of agency or control in their lives. They also give positive examples of when they experienced agency.

Reciprocity in relationships
Children value opportunities to exercise agency in caring for or giving to others.
Yes, I would be able to give some money to my family and (brother). Well she’s (carer) got a lot of animals. They’re important because you can look after them. Help them. Make sure they get plenty of water and food.

Typically, caring for others is in the context of reinforcing existing connections within relationships characterised by reciprocity.
I like the fact that me and mum (foster) have got a really (good relationship). Ever since I’ve moved out, like me and mum have just got the best relationship now. Like she rings me and like she can really, really, open up to me and I really, really open up to her. Like we can just, we feel comfortable telling each other absolutely anything. And I love that.
I needed her (mother) to help me.
to get off the drugs and for me to help her to get her off the drugs too. We needed to help each other. I bring him (carer) a cup of tea and then as soon as I go about 15 minutes later, he goes back to sleep. He is just there, you know, just to keep me company while I am waiting to go to school. (If you have a pet) You usually feel better about yourself. You go ‘oh my god I’ve got something that loves me and I can look after’.

Children and young people struggle to find their voice amidst competing truths

An underlying theme was the obstacles children and young people experience in their struggle to exercise agency and their resultant experiences of powerlessness. This powerlessness was related to their positioning as dependent children and young people in relation to adult authority. The interplay of this authority, within and outside the family, contributed to confusion and the dilemmas children and young people often confronted. Access to information was identified as a crucial factor in empowering children and young people.

In the following excerpt children and young people discuss how the structuring of adult-child relations within the family, meant that the subordinate position of children and young people requires them to accept as truth what adults tell them. As a consequence they can be confused when given alternative truths by persons they don’t know.

We didn’t know the police people. We didn’t know our carers then. We knew him (father) and we thought, well he is going to tell us the truth. Why should we believe someone we don’t even know? You know what I mean. So it is very hard.

It is like a dependency. If you are in a relationship with someone and they are beating you, it is like a dependency. Once you know what they are doing is wrong but you go oh but they are my parents. They must be in the right. They are older. They are adults. And then when you get taken away from them and you’ve got other people telling you… ‘Oh no this is wrong, you shouldn’t be experiencing this’. I’m a kid, they’re adults.

You don’t know what is right and what is wrong. But they are saying what is supposed to happen… you’ve grown up to think ‘oh well this is what I’m allowed to do. It must be alright’.

Children’s and young people’s experiences of powerlessness within these adult and child relations means it is not easy for them to find their own voices in abusive situations.

When you go to school when you are little and they say ‘oh where did you get all those bruises from?’ you say, ‘oh I fell down the stairs’, because you’ve been trained to say it. You’ve said it so many times that you just come to think, well I have to say it.

It is not easy for children and young people to comprehend that certain behaviour towards them is considered by authority outside the family to be wrong.

They go ‘oh you are not going home we are going to take you somewhere better’ and we are like, ‘is there such a world as something better than where we are?’ Because we’ve grown up thinking that, well this is life. This is what life is about so we can either like it or lump it.

Confusion and feelings of powerlessness around adult abusive behaviour is compounded when children and young people voice concerns to authority outside the family but they are discounted. Children and young people can feel that they are not taken any more seriously by adults in authority than they were taken by adults in their own families.

Interviewer: It sounds (from what you have been discussing) like you don’t really get to say what you really think when you are a kid, when you are in those sort of situations, is it hard?

No one takes you seriously, like the police, when you talk to the police, they did not take us seriously. They ask us about 10 times the same question, like we were going to change our story or something. And they kept asking, thinking that it was funny. Like, I think I remember like, this one guy and we were in the room and we were talking to him and he asked us the same question like 10 times.

And every time, every time we told him what the answer was it was the same answer. Every time, ‘no, okay what’s the answer?’ And then they try and put things in your mind. We are kids, we don’t know. They go ‘oh was it like this?’ You go ‘no it was like this’. They try and twist the words. And then it drags on so long and they are like ‘oh well we will have to do that again’ and you are like we just did it 10 times. Like that sort of stuff. I think also it doesn’t help if you are in a place for you know an hour or so talking about something that traumatic, the last thing you want to do is repeat it 20 times.

Interviewer: You want people to take you seriously?

I think that would help, I felt that was a problem when we went into care. That you know, I think it should have been handled a lot better. That they shouldn’t have just put us in there and left us to talk to these people. Especially when they didn’t take us seriously.
As if we are, we are not going to tell people we don’t even know. Another thing, when we told our mother about it she goes, ‘oh don’t be so stupid’. That sort of stuff.

When children and young people recognise adults’ behaviour as wrong it can create dissonance and confusion.

Why did it happen to me?

Some children and young people struggle to come to terms with this dissonance around their experience. They often feel that they, rather than the persons labelled as abusers, were the one’s punished by official action to remove them from their homes. I reckon ... that the parents, like if the parents did something to the kid like sexually harass them or something like that that all the parents get for punishment is get the kids taken away from them. In my case it happened to me, it happened to my little brother. What did my dad get? He just got them taken out of his family. Whereas in actual fact I reckon he should have all the kids taken away from him. There should have been a sterner punishment instead of just taking us off them. ‘Cause he was just walking around freely. That is a crime. We didn’t do anything wrong.

Being rescued or moved to a place of safety may be constructed by the child, in terms of the discourse they live with, as evidence of their own badness.

Interviewer: So meaning - when kids are removed from their family it is like they are being punished for something that their parents did? That they (children) haven’t even done.

Yeah like we (children) are getting punished.

When we were first in foster care our father, he used to threaten us. He used to say if you say anything the boogie man is going to get you. Or if you ever say anything they will take you away.

Interviewer: So it is very scary? Treating it as though we’d (children) done something wrong. You get to a point where you think ‘okay well maybe I’m the person doing the wrong thing’, but then you get all these other people saying ‘no it is not you it is him but you see you (are the one to) go. ‘Okay I’m the one getting punished, I’m away from these people’.

Some children and young people experience the feeling of being punished for parental abuse as stigma about being in care.

Everyone sort of looked at us because everyone knew about, you know, our parents and everyone sort of thought well they are just trashy kids.

One child describes avoiding the stigma associated with being in out-of-home care by denying it to others.

My (foster) family knew, like just the family I live with but no one else. Like no friends, nothing. My boyfriend, nothing ... the entire time. Like they knew I didn’t live at home but they thought that I lived with relatives, like they didn’t know I was in care ... my choice. Because it is embarrassing.

Children and young people talk about the frustration of not being listened to

I wish people (in the agency) would listen to me about (things needed in living situation).

The other relatives that I did stay with I didn’t like. And they know that when I got there. But they (DoCS) still sent me there... I told them I didn’t want to go. They should take notice of you. Or take it into consideration.

One child comments that it is important that children and young people are heard because individuals see things differently.

Because then we get a kid’s point of view, from where they are standing which might be different to where someone else is standing. I think kids should have a relationship with someone who’s neutral to both them and their carer, or their host as in my case ... just someone who can see both sides of the story and have them talk. I mean, when me and (carer) used to have a lot of conflicts and we used to come round here and (caseworker) was an excellent mediator because he used to be able to see both sides of the story ... someone like that who can, who’s got both party's respect and can see both sides of the story.

One child talks about the way her action in reporting parental abuse was not followed through by any opportunity to take control over further decision-making leaving her feeling trapped by her original decision.

I just regret the day that I probably ever ran to the cops and told them what my parents were doing ... if I could change one thing right now it would be (pause) for me not to leave and go to X to live with my dad... If I could go back in time I would stay there, I would stay in boarding school and wait for my mum to pick me up. I wouldn’t go with my father.

Children and young people discuss the difficulties of making themselves heard by adults who they are afraid of.

Interviewer: Do you think that is a bit hard for kids to do ... to get others to listen to them?

Yeah. It is because you are scared of them. You are scared. You don’t know what, you don’t know that they might get angry about it.
Interviewer: Who might get angry?
The carer or the other person. Like you might think, they won’t, they might not even, you know, they might be really caring people but you might think ‘oh, if I ask this they might take it wrongly or something’ or you think that ‘they will get aggro’. You don’t know them you don’t know their reactions. You might be scared of them really getting aggressive like with us. We were bashed and all that stuff so we might have thought, ‘oh you know what if they are like my dad?’

Interviewer: Don’t you have a caseworker you can tell?
I don’t know if I even have a caseworker.
You would be thinking ‘okay, every time I’ve asked the question before I’ve been thumped. Do I really want to go and ask this question?’, because you know that is how I’ve been brought up. But that is not going to happen. Yeah, are they going to yell at me and scream at me and throw me against the wall. What is going to happen. You think they might not really but you still have that in the back of your mind.
Yeah.

Interviewer: Is it hard to ask for help or say you are upset to adults when you are in care, do you think?
Sometimes because you are worried that they may judge you. Like I mean when you are young you think they are going to judge you. I mean you don’t know what the word judge means but you think they are going to judge you.
You think they are not going to listen to you, how you feel, you think that they are going to go oh don’t be silly.
Don’t be so stupid, you know.

Children and young people talk about wanting to exercise more agency in their lives.
I am nearly 18 and I can go see them (mother and sisters) as much as I want now…. (but then) you have always got to wait until it suits everybody else to go see them.
Well I hadn’t seen them for three years. I kept asking DoCS and they didn’t want me to see them. So… probably because they didn’t know me. They don’t even know me mum, let alone me so…
You don’t want to be enemies with who you move to. You want to be a friend (having “a say” re moving to people with whom you are compatible).

The importance of information
Children and young people emphasise the importance of being given information in order to help them to have some control in their own lives. Some children and young people express gratitude to workers for providing requested information.

(We need) workers to help us to understand what’s happening … otherwise we think … we don’t know what to think and think maybe (it’s) something about us.
I didn’t know where we were going until we got there. It was, because we drove from A to B and had no idea where we were going. I thought we were going to some sort of institution or something. I was very, very scared for that time.
Yeah, it was the lack of explanation of what is happening and the understanding. Like I mean you have got no say but at least you should know what is happening because you do get very, very scared.
You know, like because I didn’t know why I wasn’t with my mum when I was in foster care. They just told me she was sick and in hospital and stuff like that. Like I didn’t know there were reasons.
It is only just, probably a few years ago, I found out the real reasons why I was in foster care.

Talking things through is important, like why things happened and when… most important is for carers and DoCS to just tell them (children) the truth, straight down the line.
It was my caseworker, through DoCS, she was the one who helped me. I said ‘look I need some answers, give me some information or something’. She got it for me and let me read through it.
They all know why you are taken away to foster care so they should all discuss it. All social workers should discuss with the child why they are in foster care and make sure they have a clear understanding of it.
Make sure the kids know what is going on because when we were put into foster care we thought, every one of us, we thought that we’d done something wrong.
Education
For children and young people, school is considered important for planning to meet future needs. School is important because if you don’t have schooling you are not going to get a job. Well, if you don’t have an education you don’t know how to do the jobs so you can’t get it. Well, I’ll have a good future now I suppose because I have been with this (care situation) - that’s pushed me through hard subjects and easy subjects and that eventually comes easy to you. Been through the hard bit that will give you a future. And then when you finish school you have a job, good job. And then you get heaps of money so then you won’t... so then you can have babies and whatever you like and so and everything. It is not just for playing... but pay for food for you and so you don’t die or you can have water and then you pay your bills too.

One child talks about achieving in a career they would enjoy even if it did not bring in much money. I want to be a PE teacher because you get to be out either playing sport all day or teaching health. And I love playing sport and the health just sticks in my head and I love explaining it so either doing that... Pay’s not the best but I don’t want to be rich, I want to be modest.

While education is seen as important for the future, for some children and young people school was not a good experience. Actually school is not really on the good side lately. I am just, I am reaching the point where I just, I just don’t want to do it any more. You know. And the reason I am not going to quit is because I have come so far and I’m the only person in my family so far to have finished Year 12... that is a really big privilege so I am going to keep going.

Summary
Context for children and young people
The diverse group of children and young people in Burnside out-of-home care has had a range of life experiences. This uniqueness of individual experience is evident. There are similarities and differences in what children and young people told us. What is clear is that their needs differ from each other and change over time.

Children and young people mostly discussed their needs in relation to their present lives. When schooling was considered the emphasis was on preparation for the future.

Children and young people identified their main need as for connections ie links with others. They want to maintain important connections over time by sustaining meaningful links with birth parents, siblings, friends, places and pets.

They have a need to be ‘cared about’ ie to have people ‘there for them’.

They have a need to experience power and agency through caring for others, developing ‘voice’, being heard and exercising choice. Some recognised a need for education so as to enhance opportunities to exercise future choice.
Introduction
The following narrative is a construction derived from birth parents’ responses to individual interview questions and the views they expressed in a group discussion.

Individual interviews with 10 birth parents (8 mothers and 2 fathers) were conducted. The same parents also contributed to a group discussion where they amplified their earlier responses by sharing opinions and experiences with each other. The following narrative represents a construction of the contributions from all the birth parent research participants.

Context in which birth parents articulate the needs of children and young people in out-of-home care
Overwhelming sense of loss and powerlessness
Interviews with birth parents were permeated by a sense of continuing loss and powerlessness following the removal of their children.

When you are on your own and you haven’t had the care of your young person, your son, you haven’t been looking after him day to day and yet your heart’s just breaking for him all the time.

But to me what’s X (son)? I haven’t seen him for three years. I don’t know what he looks like, how he acts...

It’s hard to go and see Y and then leave him to go to his foster family. That is the hardest time. When we see him and then the hard part is leaving him.

We miss out on being involved in the events in their lives - our kids should be the people who decide whether we should be involved.

Siblings who remain with birth parents were also experiencing feelings of loss in two ways: the loss of the presence of a sibling and a perceived loss of opportunities.

My children find it hard to understand why their older brother isn’t with us. They also feel they miss out on all the things their older brother gets.

The birth parents understand the experience of loss felt by children and young people removed from them.

They (children who have been removed) feel a sense of loss like us.

Multiple moves for children mean multiple losses, we only get one loss.

They also identify ways to ameliorate the children's and young people's sense of loss/need for connection.

I would like them (children) to have photos of us by their bed at night so they know we are thinking of them.

A loss of a sense of identity can be part of the loss felt by birth parents.

Well that is it. I mean like when you know nothing else but to be a parent, if that is what you’ve been doing, say for five years or however long. You are a family and then all of a sudden you lose your family.

You don’t want to miss it so yeah you, I think that was it, like I was missing out on it... I’ve missed out. I’ve missed out on a lot of stuff throughout the years, like their presentation days, you know their school awards, ceremonies, all that type of stuff. Things that I would have really liked to be involved in.

For this mother not only did she lose her children and with them her identity but the loss is compounded by the contrast with what the foster parents are able to give to the children.

They took my job. I was a mum. I was only... I was young then. I was a mum. They took them off me. I was nothing. They had my job, they had my kids, they had everything and they had all this money and a farm. They had a pool, they got horses, they got ‘Game Boys’, they got everything.
A father expressed loss of his parental status. I love those kids and I want them to know that I’m their father, not the bloke that is looking after them. I mean I can spend time with them, I can say, they will know how much I love them.

The losses and feelings of powerlessness and alienation experienced by parents are exacerbated by their feelings of being judged and discounted by the various authorities with whom they interact. They never listen: the doctors, the workers, the DoCS workers... They want to bring all these people in on you ...

They make judgements, too many judgements. They just put you in this little category with everybody else. And you’ve got to prove your life. They want to know what my home’s like, well why hasn’t any DoCS officer come and checked it out. ... Even when courts make the decisions that they (DoCS) are supposed to come round to the houses but they still don’t even do it. So you know, shit, there is just too many rules and regulations and too many bureaucrats I think and not enough Indians. They took my children off me through my mistake, not in on you ...

Once they’re wards of the state it’s permanent. DoCS and the court say you can get them back but you can’t.

I jumped through all DoCS’ hoops and I still haven’t got my children back.

The birth parents saw no room for asserting themselves because it might lead to a punitive response. I’m too scared to tell the caseworker that the arrangement doesn’t work for us... then we might not see (child) at all.

Birth parents feel that negotiating with those in authority is not possible. Burnside and DoCS have too much power. They don’t meet us half way.

Birth parents consider that a helpful worker could resolve some of their feelings of powerlessness. (You) need to have a worker on your side so you are not scared (in dealing with the system).

Struggles to cope with loss
The birth parents are struggling to cope with their losses. (Losing son was a) big loss ... we needed to talk to someone badly. For someone to lose a child they need someone there the day the child goes, the next day, someone there to help out. We never got that. So the last three years with X (son) we’ve had to struggle.

We asked for help. We asked for help that many times, we never got it.

We would like help too but we don’t get help. The kids get help but the parents don’t get help once the kids are taken. You want someone to talk to you on your own level, not talk down to you. Trying to sort out things and make their lives better and when you are trying to do that all on your own it is very, very, very stressful.

Birth parents talk about how they are attempting to adjust to a new situation.

One birth parent makes explicit her feelings of competition (for the child’s affection) between herself and carers and how she moved through negotiation, to an acceptance.

And they’ve got a lot of other stuff too. That’s it. They’ve got a bigger family. They have got more of a family than you, they’ve got the foster parent’s family and all that type of stuff as well. I found it hard with my kids when they decided that they wanted to call the foster parents mum and dad. That was hard for me to adjust to. Um, but we got past that as well. We defined the difference between us. They call the foster parents mum and dad and they call me and (birth father), like, mummy and daddy. Where there was that difference. So yeah I was feeling like once they started (calling) them mum and dad I was like I’d lost my kids.

Like I always thought that you know like I was competing. They were taking my boys off me but you know like that is what it was. It was competition. Who is the best parent? They are not.

Now what it is, is that they’ve got two sets of parents and they’ve got twice as much love so they are just as lucky now. They are luckier so...

One parent’s struggle to prove that she is now a parent worthy of caring for her own child.

But I am trying to change it. I do, I go to every case conference. They have them twice a year, every six months. And they need to do that more often.

See but I’m different. I go to every case conference. I work, I show them that I’m a good mother, I go to (the agency) ... which is a Burnside organisation, to better my parenting skills and I’m doing this on my own bat. I’m not made to go there by them, a lot of other women are. But yet, they’ve got their kids.

An internal struggle is expressed through ambivalence about where their children’s needs are best met, followed by a resigned acceptance that the child is better looked after by foster carers.

It makes us feel real down but what can you do about it. You can’t really fight the government. So you’ve just got to live with it and you know your child is getting the best care he needs and he is getting the best help. He’s come on, (son) come far.
And resigned to not being involved in her children’s lives in the ways she would like to be.
The kids as I said they have torn loyalties and all that sort of stuff. They want to be as how do I put it? As normal as possible and they have been with these people, this family for so long and everyone in the school knows them as being with these people, with the foster parents. So they don’t want anyone else to see them (at school functions) and see another parent.

There is a sense in which birth parents are ‘hanging in there’ until their children turn eighteen. We need help when children come back when they are 18. It’s a big change.

An important part of this struggle is around the knowledge that birth parents are able to contribute to their children’s lives.

One parent wants to be the person who conveys information to the child about how and why their children were removed from them.

Well it wouldn’t help him if someone else told him... Well that is important because like I’m the one with the information... And they are not, they’re like they know the reason why my son is in foster care but they don’t know the whole story... maybe they could be telling the wrong facts.

If, well if they ask the foster parents a question and if it is a question they can answer for them, well then they can answer it, but if they (the children) ask the question and they can’t answer it, well the biological parents need to tell them because they (carers) can’t tell them if they can’t answer it.

Parents feel it is important for them to convey information to children because otherwise children blame themselves for what has happened to them - as they get older they tell you that.

And one wants to convey information about her child to the carers. I knew my son had problems but it seemed like no one was listening to me. But then when they found out he did have problems well then. Yeah I was right in the end. So like yeah, so they should be listening to us like we should be included as well.

**Children’s and young people’s needs in out-of-home care**

**Need for love**

Birth parents express their concern about their children and young people needing to know that they (ie the parents) love them, in a range of ways. Some talk about how this need for love could be satisfied by them while others talk about others having a role in conveying this to the children and young people.

A lot of care, hugs, me playing games with her: just like give him more attention, let him know that someone, that a lot of people love him and stuff. Every now and then they can say oh you know that your mum and dad still love you. Or your mum still loves you or your dad still loves you.

So to me, if I was B, oh okay well I’ve got no parents now. Parents I can’t see. He is with his new parents who he calls mum and dad and all that with new kids. So he has labelled them as his parents. That is how I see B looking at it at the moment. So I need for me to have a talk to B and have him know he has got parents who love him.

That the important thing for her (wife) is that even though it has been really, really, really hard, she has never given up on her son and she never will.

Well just the way that he knows that we love him. Which I know Y does know that. We agreed what happened in the years that we lost him through complications and all that but it is just good to know that he can ring us when he wants to ring us.

Parents feel that children and young people need to know that removal was not the children’s fault. They (children) need reassuring. Reassurance that it wasn’t their fault. They need reassurance that they are still loved, that their parents still love them no matter what, that they are still there and that they will still see their parents. Depending on the circumstances, that one day they could end up getting back with their parents.

That sort of thing, who and where and when.

The children pay for our mistakes.

**Direct connections or relationships between birth parents and children and young people are seen as important for meeting children’s emotional needs.**

They should be with their (birth) parents.

Well I think that the children should always be with (birth parent).

Because he is my child. I beared him. ...

I stick to my children, no matter what.

Connections between birth parents and children and young people are expressed as the parent ‘being there’ for the children. For some this meant standing by their children and young people, for others it meant allowing their children and young people to know that their parents would ‘be there’ for them.

I don’t know cause like see that way they’d always know that they weren’t given up. That I’ve always stood by them, I’ve always been there, I can’t be that bad if I’ve always stuck there.
We had to leave the state and go to (another state) but I made sure that no matter what, I was there with them. Their foster parent, the foster mother, went down with my girls to make sure that they were present, present for it (birth father’s funeral). And I was present for it as well. I made sure that they knew that no matter how my feelings were with their father or whatever, no matter what, I was there for them. ‘C’ause my dad did the same thing at the same age. My dad committed suicide when I was their age. So like I knew and my mum wasn’t at that funeral. Q (husband) said that it is always important that kids know that you are, that the birth parents are always there no matter what happens and that they need to know that. And one of the ways that (we) have been there for (daughter) was to go to her wedding and how much that meant to them. ‘And I think you got (Q) all dressed up is that right?’ Yeah. Suit. And um just being there for those important events is really important.

Would like him to know that we are here for him and them to tell him that if you want to see your parents you can. But they won’t tell him that.

Contact
Ongoing and more contact between birth parents and their children and young people is seen as a vital way of maintaining these important connections for meeting children's and young people's needs. Contact is an arena in which struggles continue. Many parents felt powerless to negotiate the terms of access visits.

I’m supportive and I’m happy for them to stay there but just let me see them a bit more.

Like I would love to have more contact with my boys knowing that they are going to stay with that family constantly. Whereas I think that they work it that if they stay there you get less contact. I would prefer more contact knowing that they are going to keep them forever. More access visits with their parents, you know... After all as I said to you we are their parents and not the other people.

Access days which by law should be, well should have been every month now it has changed to every two months and now it is the judge at the Court who said access visits as per usual. We aren’t even getting access as per usual. We are lucky if we’ve got about two or three access a year. I think there are time limits too, like you know when you see kids, like I used to get mine for a couple of hours, three hours. And they used to say, that was because they were young and they will get tired and all that sort of stuff. I applied to now have a six hour access as well because my kids are older, so I want to see them for that extended time. You cannot do enough and see them enough in two hours.

I think he needs more (contact with birth mother). Because we used to get once a month until he started school. Now all of a sudden it is once every school holidays, when they can cater for me.

It is from my heart. It is how I feel. And I know he has missed out on a good life too with me but I know he has got a good life where he is. But if they could change their ways or, or come and look at my case they would know for his sake he needs to be able to come and see me on weekends and stay in my home and interact with his (sibling).

It is going to be Christmas before I get to see him and they have offered me an extra one (visit) over Christmas. Well whoopee I get to see him twice in eight weeks. You know like isn’t it eight weeks that they have off over Christmas or something like that? You know like, I used to get to see him once a month. Why can’t I get more than that over Christmas?

This parent considered her child should also have contact with other members of the birth family. Now B is missing out on seeing the grandparents which shouldn’t happen, the grandparents should be still seeing him. They shouldn’t just wipe him because of the father doing those wrong things. They need to be kept in contact with the whole family.

Maintaining contact by phone and letter were seen as important, in addition to access visits. I reckon they should be able to keep in contact with their real parents by ringing them or sending them a letter. Like even a couple of words. To like let mum and dad know how they are going on.

He had more contact with us when he had his mobile ... That was his oh what do you call it? his lifeline to the world... His lifeline to us.

We don't feel close to him like we used to because we haven't seen him. We've heard nothing.
Some birth parents suggest ways to be more involved with their children and young people. Shared parenting is one suggestion and making visits more comfortable for both parents and children and young people is another.

Why can’t I be the respite carer in some situations?

Shared care with the foster parents?

A proper (access) centre in Campbelltown, Mt Druitt. Can go there (has toys and craft things) and can interact with our children. Someone could sit at the door, not on top of us, to make sure we don’t take the kids.

There needs to be choices there for the kids of what they do at the time of the visit, rather than like now. Arrangements such as park visits which once they are decided on can’t be changed.

Parents felt that the unnatural way that contact with their children and young people occurs creates problems for the maintenance of connections.

I see my son well it was for two hours every two months. But is has been reduced to an hour every two months, and the children that are in foster care we should like oh how can I explain this. The children that are in foster care, if they know the birth mother as well, they should be allowed to take them out for the day, instead of sitting in a room and playing with toys because it does get a bit boring for the child.

We’ve had one social worker she was very good, we used to have an access like half an access at Burnside and the other half we used to go to lunch at McDonalds and my son used to play on the play equipment and that was a good access. But now yeah we are with another social worker and we have it at (at the agency) in a room and we play with the toys and I think that is why my son is getting bored because we weren’t going nowhere.

As your kids get older I think you need to spend more of a day with them, like more time and actually listen to what they want to do. Don’t just go okay this is what we are doing and lets go. Listen to what they want to do. I’ve got boys which means I’ve got to do different stuff than what I do now. Like go go-carting and rock climbing.

I felt because they weren’t with me I had to overcompensate.

When my kids first went into care when I seen them I would turn up with big bags full of toys and presents and god knows what. ‘Cause I hadn’t seen them in six months or so I mean like you know I’d see them and there was presents. And it got to the stage where after a couple of years they were saying so what did you bring me? What did you bring me? And they were more excited to see what I had brought them.

They need you to treat them, I can’t say the same, cause that was when they were at home and it is not the same. They need to be treated like they are every day. Not because they are seeing me that this is something special. It is a big thing but it is not, you know. It’s big, it is a contact thing, it is not a birthday or not, you know, like when you get presents.

They’ve never kept in contact with us, only at the access visits. And they don’t send me/us a birthday card or Mother’s Day card or like even a Father’s Day card. Because I think (daughter) gets a bit upset because I can’t send her money. When you’re on a pension three hundred and something dollars a fortnight it is not much money to live with. We pay rent, by the time you pay bills and everything else, electricity and buy your food. Food is not cheap now.

Improving life chances - carers’ role in realising children’s and young people’s ‘best interests’

Some parents accepted that foster care could meet their children’s and young people’s needs and in some instances gave their children and young people more opportunities for better lives.

Like my boys are supposed to come back into my care but I wouldn’t do that to them now. Like I’d leave them. I decided that a couple of years ago now to leave my boys where they were. I was going to fight for them.

But now I can look at it and I can see that everything that they have got has benefited them. Has given them ambition. Like my eldest son as I was saying like he has (a medical condition) and like he’s now going to join, he’s joined the Army Cadets. He’s going through all that type of stuff now. He’s joined the Army! Like if they were with me they might not have had that goal or that ambition. They might still you know be doing nothing.

She’s fed properly, that they are spending time with her, talking with her... Caseworker to visit her more to see how everything is going. Love and support like when he or she finds out that they can’t go to live with the biological mothers or fathers that they are in foster care and when they get told why and why and how they are in care they need that loving support, the support.

To me in a way Burnside has given him what I couldn’t give him... ‘Cause I couldn’t afford to support my one family and kids.

They give him what I couldn’t give him and they give him better treatment, they can give him better medication, they can give him... football training anything he needs to help him out... medical assistance and he had a pretty bad (medical) problem.

I’ve got gratitude to them (foster parents).
I’m proud my child is in Burnside. They tell you more about the kids and do it right by the child and the parents.

DoCS brainwash the child. They are only there for the child (not the parents as well).

I needed to let my boys grow up. I needed to stand back and see my boys have ambition. My boys have goals. My youngest son he is striving for the Olympics in six years. He is a really top sportsman. He is dux of the school. Everything he touches he is the top at. Like he is number one at everything.

Caring ‘for’

Birth parents told us that carers receive an allowance to ‘care for’ their children that they as birth parents are not able to access if the child is in their care. These funds cover such items as specialist medical treatment and therapy services. Birth parents find they do not have the personal resources to cover the cost of these items.

We couldn’t afford these things on the dole. If he comes back he loses these.

I live day by day in housing commission. If he comes back at 18 he loses so much. No one helps us with these things.

How come foster parents get reimbursed for these things and we don’t. Will I get help with medical expenses and tutor if he comes home to live with me?

Summary

Context for birth parents

Birth parents experience many emotions when a child or young person is removed from their care. They can continue to feel grief for a long time. Birth parents experience a sense of powerlessness in relation to their dealings with DoCS, and sometimes other agencies. They feel unsupported even when acknowledging that their parenting capacity could be improved.

The dominant themes within which birth parents consider the needs of children and young people in out-of-home care are:

• an overwhelming sense of loss and powerlessness
• an ongoing struggle to cope with the loss of their child and sometimes their sense of identity
• the changing circumstances of their lives.

Generally birth parents feel it is their role to satisfy the emotional needs of children and young people. However, they acknowledge that carers in better circumstances can improve their children’s life chances.

They also feel that children and young people’s emotional needs are best met through supporting birth parents and facilitating meaningful contact / shared care / restoration in relation to their child.
4. Construction of children’s and young people’s needs from the narrative of carers

Introduction
The following narrative construction is derived from carers’ responses to individual and group interview questions and the views they expressed within group discussions.

Both individual and group interviews were conducted involving 40 carers (some were interviewed as couples). Many of the carers who contributed to individual or couple interviews also contributed to group discussions (held in different regions), where they amplified on carers’ responses to the first round of interviews, by sharing opinions and experiences with each other. In some of these groups, summaries of the discussions were made and agreed on. Transcribed recordings were not necessarily used.

The following narrative construction represents an amalgamation of all the contributions from the carer research participants.

Burnside recruits carers to support children who are unable to live with their birth parents. Relevant Burnside staff recruit, support and monitor a range of carers. The relationship between casework staff and carers varies according to what model/style of care is offered by each type of out-of-home care service (eg Foster Care, Community Placements, Residential Care, Professional Care and After Care). This means that interactions between staff and carers differ, such different perspectives may be evident in carers’ comments below.

Needs of children and young people
The context – Issues of ‘normality’
The carers hold somewhat contradictory views about both the needs of these children and young people and the appropriate carer responses to them. Needs are located either in the general experience of being a child (ie needs are the same as those of other children) or the particular needs of children and young people in out-of-home care (ie to experience a semblance of normality as they have experienced the abnormal).

I think the first one (need) would be a sense of security and, as much as can be possible in the circumstances, a normal kind of life, as normal as possible. I’ve sort of tried to avoid situations at school or anywhere else where they were made to feel different. You know they feel different anyway because they are not living with biological parents.

One carer emphasises sameness. Treat him like your own I guess... They are, they are your own children. They are just like any other member of the family.

Another carer emphasises difference (of being in care).
When kids come into your care they have a need for instant gratification. That's how they see life. They need to feel good because often they feel, and for a large amount of the time, they feel rotten. They just hate themselves. Ah, just something that makes them feel good in an instant is all there is to it.

This difference is attributed to experiences in birth families.
I feel that he doesn’t have a sense of belonging. He came to us without actually any strong family values.

One carer puts together these seeming contradictions.
You just nurture them like you would any other child and everything will fit in and we will just be okay: ... but it’s not as easy as what you are thinking it is going to be. Cause they have a background and a history and so you’ve got to cope with that as well as the every day things.
For carers the concept of normality is located either in the child and/or in the out-of-home care system.

As one group discusses, achieving normality in the out-of-home care situation has a lot to do with ‘finding the right fit’ or ‘gelling’ between child and carers.

Some carers comment that children in care are seen and see themselves as having different needs from other children because they are not with their own families and also because they have had experiences which differentiate them from other children ... especially like say they have been abused.

Carers comment on how the out-of-home care system itself contributes to a lack of normality in the lives of these children and young people. The systems’ surveillance, as well as its complex lines of adult authority around these children’s and young people’s lives contributes to children and young people in out-of-home care having different needs. For some carers attention focussed on the way authority over children and young people in care differs from non-care situations.

You’ve got to be really careful how you tread with them (foster children) or the system comes down on you like a ton of bricks. And I think with the system the way it is, that these kids can’t really have like a normal life.

These children and young people feel different because the label ‘foster care’ stigmatises them. The label demonstrates that they are different from other children and young people by virtue of not being with their own birth families. Carers comment that damaging stigmatisation could also occur when labels such as ‘high intensity needs kid’ are used directly in discussion with the child.

The background/history of the child is an important factor in discussion of the nature of the needs of children and young people in care. Carers hold a variety of opinions.

You know I think that this secrecy business, and certainly I’d experienced it earlier on as well, I can’t see how it does anyone any good. It certainly doesn’t do anything to help the children because if there is something that the DoCS psychologist can’t mention but implies, then you are forever wondering what on earth it can possibly be. Was it more traumatic than perhaps it actually was? You know they should either not mention it at all or be quite open about it. I think you can be open about the child’s history, or children’s history without sort of being indiscreet or breaking confidences in terms for the carer.

I prefer not to have to know too much for the child, then we are open and not influenced by reports because very often we realise that they are not correct. I think you have to give the kids a chance. It can be a risk but it is always a risk to take kids in, in your home. Especially these kids.

Able to deal with children’s experiences better when you have background knowledge, respond more appropriately.

Emotional needs: love, security, belonging, stability and someone ‘being there’ for them

Carers speak about a number of emotional needs in relation to children in care. They sometimes see these emotional needs as separate and sometimes in connection with each other.

Some carers emphasise children’s need for love

Lots and lots of love. Lots of support. Lots of attention, lots of talk, lots of cuddles.

It is extremely important for a child to feel loved and wanted. Not feel part of the furniture ... that they feel genuine love ... establish this either with their real family or the extended family.

Be fed and clothed and loved and looked after.

However some carers in discussion agree that it is not necessarily easy to love these children. They refer to difficulties in responding to all children they ‘care for’ with love. For example they may not like particular children who are placed with them. Love is not something you can turn on when it is not there.

Other carers emphasise children’s need for stability

I think with this type of children that normally, or the ones that we take on, they have already been through five, six even 20 homes, so they are expecting to move on. So you have to say right it is our job and you are staying here.

I would say, stability. Consistency, a lot of the kids sort of need that consistency to deal with everything. And once it is thrown out the window well then you get your behaviour problems and stuff like that and it is hard to sort of maintain that as it is.

Stability is considered to be related to continuity.

Some carers identify a lack of continuity in relation to workers and consider this as having a negative effect on children.

Four different caseworkers in six months.

That really buggers a child up.
Groups discuss the damage done to a child when, rather than dealing with the problems contributing to the reason for removal, they are moved from a placement too precipitously. Some consider that children should only be removed from a placement when it has absolutely broken down. They noted that removing a child causes the carer a great deal of pain and guilt which workers are not necessarily good at dealing with. Even after a placement breaks down the importance of continuing to maintain contact for both carers and children is emphasised. Particularly noted is the importance of carers maintaining connections with a child who may visit very irregularly, for a short time and with long spaces in between who could turn up and want to be remembered at special times.

Continuity is seen as crucial, whether it is with caseworker, carer, school or friends. However it is generally considered that whatever connections children valued should be maintained for them. For example one carer mentions the value to a group of children of having a house in which they would remain until the youngest turns 18, even if the carers changed.

Carers talk about children's and young people's need for security and belonging. A place of belonging...their home...the people they live with...the house. If the carer is moving...take him (child) with you...belonging.

Well it is acceptance as well as I honestly think it is security. Knowing there is a secure place waiting for them when something goes wrong. I think that (what) they need is security, somebody to actually be there and somebody to give them support.

The part that I would like to add is that they need a sense of belonging and then need people that they can trust. Now, if you put those two parts together then it goes a long way to the big picture. I mean, they've got someone they can attach to and someone they can trust that is going to keep them safe.

Some carers speak of the importance of 'matching' carers and children and young people if their emotional needs are to be met. This 'matching' or 'gelling' had to do with...emotional connection or something, you can't quite put your finger on but you know when it is there or not there.

This is seen to occur frequently during initial contact but not always.

When our boy came he was here for X months...the caseworker said 'what do you like about him' and we said 'nothing we don't like this boy at all'...by the end of six months things clicked. He is a lovely kid.

Some carers discuss children's need for someone 'being there for them'. You know, giving him a home. Being there for him. I think he will make it. I think he will grow up on his own and then maybe he will just know that we are here and that we are friends and he will make it. As long as he knows that we can always be friends I'll be happy with that.

This is emphasised as very important because children and young people need carers to 'be there' well after they turn 18. Others feel that they cannot unconditionally be there for children and young people before and particularly after they turn 18, as there are some children and young people who come into their care with whom they cannot form an emotional attachment.

Need for contact with birth families

Carers generally consider that children in care have an ongoing need for contact with their birth families, although they recognise that this need differs for individual children and young people over time.

Like mum and dad might have a problem or mum might be too sick to look after them or you know, because nine out of ten the ones with the families they do work out and they do get back. They mightn't get back there to live but they get back. And I feel it is important. I mean that is their family. No matter how bad that family is to those kids, they still love them and they still want them. Even kids that are adopted go and look for their natural...don't they their natural birth parents and that. Yeah, everyone of them I found have, all, they might have had a bit of a hate about family but deep down when they start to talk and you just know that they do, I do, I feel they do (care about their parents).

Individual differences are recognised ie some children and young people may have more need than others to see their birth parents.

X remembered he had had a lot to do, because he was five years older than Y, he had had more to do with Mum and he just wanted to be with his mother...He needed I guess, more access with his mother than Y needed.

Contact with birth parents is seen as very important for children and young people, a right of all children and young people. Some believe contact is important and necessary, even if the children and young people do not want the contact.

...to know where they come from.
Others consider a child’s wish not
to have contact with their birth
family should be respected. Some
comment that it is important that
children and young people have
knowledge of the reality of their
parents, rather than a fantasy.
Kids in care need to know where
they came from, they call it their
roots and what happened. That is
the essential part of it. They need
to know all the bits and pieces,
otherwise their life is not complete.
I mean there is always that little
bit missing.

However, one carer accepts that a
child did not want to have contact
with the mother, so she (carer)
kept up the contact by sending
regular letters informing the mother
about important events in the
child’s life.

Carers recognise that contact with
families should occur but want to
set limits, about how it occurs and
to the extent of their involvement.

Some carers believe that even
where contact has to be
supervised it should be around an
activity, making it less formal.
If you sit around and try to sort of
talk to your parent if you haven’t
seen them for six months in a
room with five chairs is just asking
the ridiculous. There is something
odd about it anyway... I think they
need to have access that is not
bound by four walls. They need to
go out to ten pin bowling or they
need to do some sort of activity.
Particularly you know if restoration
is not part of the plan.

Informality of contact is
emphasised eg over lunch or
some other activity.
Informal means it is not threatening
to the kid. It is non-threatening to
the parents.

Some carers state that contact
should not occur in the home of
birth parents and some think the
carer should always be present to
avoid confusion for the child.
Kids should have contact with the
parents if they want to. But I’d
rather stay away. I think the
parents should not interfere and
should not ring the home. Kids can
call their parents if they wish.

Carers identified the importance
of continued contact between siblings.
I think that it is important for sibling
groups to be together
... vitally important for them to have
that connection (with siblings),
maybe even more so than with
parents.

Some carers talked about the
difficulties in children maintaining
contact with siblings located in
different homes.

Needs for socialisation, including
setting boundaries and discipline
The acquisition of social skills by
children and young people is
centrally important to some carers.
Education was seen as important
for children and young people to
be able to achieve in life and to
acquire material things.
With (child)... we have always
wanted to sort of make him self
sufficient.

A concern is voiced that some
children receive a lot from the
agency and from their carers. It is
felt that this can result in
inappropriate socialisation or
spoilting of the child, in a way not
typical for others in the community
and that
... spoilting of the child makes them
abusive.

Children need discipline in order
to ensure appropriate socialisation.
I sort of insist that certain things
happen. Like, even if it takes time
to shake hands with people and to
make eye contact. Now he found
all that very difficult. He will never
be able to do that naturally like kids
who have had sort of the nurturing
and trusting for the first couple of
years but he will be able to feel
comfortable enough to go through
the usual social sorts of things.
Having to be in the routine of
wearing that uniform every day
where it becomes a preparation for
life. ... There are going to be times
when you don’t want to wear a work
uniform, it doesn’t look good on you
but you have to, to get your wage
and that is what these children, a lot
of them, need to learn.
Consistency is what kids need if
they have had none. They also
need you to be responsible I mean
the message I always focus on
with X has been very simple from
day one. It is to empower him to
take responsibility for his life. Now
that is a very simple objective, but
of course the accomplishment of it
is ... you know lots of little steps
producing big results. To get there
takes a lot. Kids need to have
some consistency ... to sort of
have boundaries.

There is a limit and if they do
wrong they get punished, you
know, grounded, that is my big
thing, grounded. I do think all kids
need discipline and there has got
to be rules they have got to live by.
It is the responsibility of adults to
teach children right and wrong
through discipline.

For some carers, discipline is seen
as being connected to showing
children and young people that
you care. These carers impose
rules to protect children and young
people so that they are not hurt
and so they don’t get into trouble.
They believe that discipline is to
protect children and young people
from the consequences of
inappropriate behaviour. It also
helps them to develop self-
discipline so that they become
responsible members of society.
Yeah well if there was no rule, if
you didn’t discipline the child they
do something wrong and you go
‘oh don’t worry about it’. Their
attitude is ‘oh she doesn’t care about me…’ Yeah, and that is why they trash the house because nobody cares. You know ‘they don’t care about me’.

Discipline…. Makes them think and know you care…. Makes them responsible… know you care even though you’re … going off at a child, they know you are interested and they know you care.

Discipline is seen as contributing to children’s self-esteem and their respect for carers.

I think it (discipline) teaches them self-esteem… I made rules when he came into my house and I stick to them no matter what and I think he respects me more because I stick to them and I won’t break it no matter what he does. That is it you know. I just think that he doesn’t do things at my house that he does everywhere else and I think that is because of the respect for me and my husband.

Others emphasise that respect comes to carers when they earn it and should be considered quite separately from discipline.

Carers express concerns about which adult has authority over children and young people in care. It is seen as very important that workers respect the carer’s authority in terms of day to day decision-making. There is concern that workers change employment and this lack of continuity affects both child and carer. In particular it may mean that children don’t know who is the boss. Some carers think that often the person making decisions is a Manager who has very little contact with either children or carers. Some carers consider they lack power in the life of the child. They consider that Burnside has control because it arranges placement changes.

Some carers feel undermined. This seems to relate in part to not being able to discipline children and young people as they would their own and, also, to the fact that they do not have the capacity to reward as they would their own.

There is also concern that rules governing placements do not always have the flexibility necessary to meet the needs of individual children or take account of the interpersonal dynamics of specific situations eg age of child placed in relation to ages of other children in the home.

Some expressed resentment that mentors get paid quite a lot of money to do fun things with the children, while the carer has to do the difficult things.

Need to be listened to

Some carers thought it important that children and young people be listened to. It is a respect thing. Somebody to talk to whenever he wants to talk and to identify what his special needs are and tap into those and be around to share those things.

Listening to them… you know giving them a voice. You know … helping them feel that what they have to say is important.

Some carers comment that some children and young people feel that others, such as workers, have set rules, that it doesn’t matter what children and young people say as it won’t make a difference – children and young people feel they do not have any power to influence decisions. This feeling of powerlessness is conveyed to children and young people by the fact that they are moved around regardless of their feelings about the moves. Children experience major events over which they have little say. They see that decisions are often made on the basis of money and that the out-of-home care system is not really geared to meet their needs. Other carers consider that children are listened to too much by workers and that this creates confusion, particularly when workers do not listen to carers.

Some carers deny they have a role in empowering children and young people, rather … we are trying to help them evolve to a point where they reach an age where they have got the capacity to be legally responsible, they will have the emotional and behavioural capacity to handle it (decision-making).

Some remark that, as carers, it is not easy to listen to children and young people partly because individuals have different styles of communication and do not always communicate effectively.

Case conferences, including children and young people, were seen by those carers who talked about them, as inappropriate. X saw his foul habits and everything else just discussed in front of what was an ever changing group of people... It’s appalling.

Some carers suggest that Burnside workers would do better to spend a couple of days with the child rather than put them through a case conference. The most severe criticism from carers related to the way case conferences undermined the goal of achieving normality in the child’s living situation.

You are trying to build them into a family sort of life and then all of a sudden they have got to go to these meetings… rather than sit down as a family and work it out.
Need for activities
Physical activities to keep children and young people busy, were seen by some carers as a need of children and young people.
I would love to see a hall put up there where we could have a workshop with our kids. We could have bike track put in there down one end and we could have maybe another, I don’t know about a motorbike track so much, but places for our kids where they can go. Maybe we could go up and sit there of a day time, voluntary, you know, and be there and have maybe a workshop where we could teach them paintings or a bit of woodwork or something like that, you know. We need to know where our kids are because there is so much time they have got on their hands and they are just wandering the streets.

I think it is important that they get involved in physical activities. Sport and those kinds of things and even though …, especially adolescence which can be very difficult for them. If they are doing different sorts of things other than school with a similar age group. Different outings like you know youth groups. But they really need things that will tire them out, chew their energy up.

Group discussion emphasises the importance of activities for contributing to the development of social skills and also for finding something that children and young people are good at and about which they can experience feelings of achievement. Activities are a way of learning important lessons of life, such as the importance of keeping going. Sport is good for health. Discussion amongst carers indicates that they made decisions about what activities are good for children and young people on the basis of what ‘worked’ for them when they were children.

What carers say they need: guidance and support, and authority
Carers expressed the significance of having certain needs of their own met. The meeting of these needs was highlighted as being important to their effective functioning as carers within the out-of-home care system.

The provision of occasional relief is mentioned as necessary to sustain carers’ contributions.
Maybe a program where somebody responsible comes and picks them (children) up to go to McDonalds for a night and just give the (foster) parents a bit of an hour’s break or so.
Well we all need our space and there are particular kids where you don’t get your space.

Discussion indicates that some carers felt that formalities imposed by the legal system created inflexibility in the ways in which they could organise their caring responsibilities, including respite for themselves. For example they were not able to call on extended family/friends to baby-sit informally as they would for children not in the care system. Here, they pointed out that legislative measures such as the Child Protection (Prohibited Employment) Act 1998, designed to protect abused or neglected children from further abuse, can have unintended consequences in hindering ad hoc casual care arrangements.

Some carers need guidance and support
I think newer carers need perhaps a period of guidance because I know if we were just starting, well especially with the new system, that you would be going nuts really. So you need guidance. But people that have been caring for a while, I think they should be let go a little bit. You know what I mean. Have a little bit of leeway a bit more.

Some carers experience difficulties in getting support. There is a fear amongst some carers that sharing problems with workers may result in the child or young person being removed.
I think a lot of carers, well there are a lot of things they don’t talk about, for fear that the children will be removed.

Sometimes workers could make you feel as though ‘Big Brother’ is watching.

Other carers found workers very supportive.
It is so good you can ring up any time of the day or night and get support.
It is suggested that new carers could be given contact numbers of more experienced carers. This would enable them to talk through issues as they arise because you feel very often so frustrated and insecure and when you see ‘oh I have the same problem that you have’ it is much easier. I think they are still inflexible. It is an outlet when you talk with the Agency. If something is negative or what we experience with them has to be put on record and you feel gee... you don’t need that. You need to talk about it. You don’t want to have to write everything down... you don’t want to be stressed by getting that support by the procedures. I think I shouldn’t have had such a cold reception. There are feelings involved here too as a carer... I know with Burnside getting larger, they are more rushed in there and they forget things ...I think a special person should be called in whenever it starts to break down.

Carers emphasise that there should be recognition when carers are doing a good job. The comment was made that caring is the only job where the pay does not increase when you are doing a good job, in fact the better your work (the better the child is) the less assistance you get.

Carers talk about the importance of being empowered by workers building on their strengths, affirming their value and giving them constructive feedback. One carer thinks workers are too textbook-oriented and do not share enough of themselves, while they, on the other hand, know all about the carers.

Some carers discuss feeling undervalued and taken advantage of. I think that carers are treated like crap.

There is concern that the worker, in highlighting the children and young people as important, was marginalising carers and that this was contradictory. It is kind of like the kids are at the bottom of the hierarchy anyway. If you don’t get (attend to) all the things on the way down they are the ones that get dumped on ‘cause you know the placement breaks down on account of you are just at your wits end, no assistance, no help. Who suffers ultimately? The kid! Kind of like these are all steps that need to be put in place properly.

Carers consider that their authority as a responsible adult capable of making decisions is often an issue.

Some carers consider that they should be able to make more decisions in relation to the children in their care eg such as allowing children to stay elsewhere overnight. They feel that this would make it more like the family situation that Burnside is aiming for. Carers could be responsible for their decisions just as in other families. I think the professional carers should have the power and that, but be accountable to Burnside.

There was also concern that agency rules did not always allow the flexibility necessary to meet the needs of individual children. Some carers believe they could make valuable contributions to specific decision-making involving the interpersonal dynamics of specific situations eg potential integration of child within carer’s family.

Finally, there is highlighting of the considerable work stemming from an acceptance of the importance of birth families for children in care. That means identifying with family, he is identifying with his grandmother. So we work very hard, he visits her in hospital. I buy flowers so he takes flowers when we see her in hospital. The last visit was very effective. It was probably the best exchange I have seen between him and his grandmother. He’s now starting to really achieve at school. It was quite interesting to sit back and look at her, she actually looked at him with love and pride and it was quite ‘spinny’. So he is getting family. He is just selecting which bits of it he relates to and surely everyone does that anyway.

I’ve just got a new caseworker. I was going to ask her to write out of a list of the birth dates and like so when next year comes around it is already in place. So in January I know I’ve got to do certain things, February, whatever the month is that those things come up and I know where I’m at.

Summary

Context for carers

Burnside carers provide homes for children and young people for varying lengths of time. They adjust their lives to address the various needs of those placed in their care. Whether as a foster or professional carer, these adults juggle competing demands so as to do their best for those in their care.

Generally carers identified the needs that they helped children and young people address as:

- emotional
- contact with birth families
- socialisation including the acceptance of boundaries and discipline
- to be listened to
- to be active.

Carers stressed that they needed guidance, support and authority to assist them to meet the needs of children and young people in out-of-home care.
Introduction
The responses of 44 Burnside workers, both caseworkers and those from residential care settings, were collected on what they considered to be the needs of children and young people in out-of-home care. These responses were obtained through individual interviews and group discussions. A construction of their narrative was shared with workers in focus groups, where the attendance varied somewhat from the original interviewees, in that it included some workers not in the first round of interviews. The narrative was clarified and elaborated on during this second round.

Context of discussion of children’s and young people’s needs
Workers generally discussed the needs of children and young people in out-of-home care within the context of what they described as the ‘normal’ or ‘different’ needs of children and young people. The needs of children and young people in care are considered normal in so far as they are seen to have needs that all children have. Children and young people in care are also described as having additional or different needs as a consequence of their backgrounds prior to entry to care or as a result of being placed in care.

I think that their needs are the same, but perhaps in the general community we just take these things for granted and don’t realise what we are giving our children … we are much more aware of what they do need, what they have been through perhaps, difficulties they have had in their relationships with their families or peers. No essentially I think they need exactly the same thing. They are normal kids. They have just had different backgrounds. And there are a lot of people in the general community who have had just as difficult a time but they are not in residential care so, yeah. I think the same things.

What is normal? You know I suppose meeting their needs. The everyday needs. You know they all want to hopefully finish school.

They do, even though they moan about I hate school. They want to at least say, well I completed Year 10. They want to get a job. They want to eventually get a place on their own and stuff and you know it is those sorts of things that we help them with in their transition. Plus a bit of the learning skills involved in getting there. Like budgeting their money and things like that.

Children in care have the same fundamental needs as children (not in care) to be safe, to have something to eat, to have good relationships.

They also have different needs related to being in care.
Well, being in care creates all sorts of problems for kids … a kid in care may have to deal with stigma. Frequently young people tell their story, time and time again and tell it to anyone. For children being in care is a real issue that makes them feel different. Often they do not have the opportunity to work through issues about coming into care.

Some workers felt … what is missing in care is looking at the reasons why the kids are in care.
These workers considered that not enough is done to deal with the issues and experiences of children and young people around entering care. The system ignores this part of children's experience... There is a sense of making it up to children rather than dealing with it.

Workers also discussed the way these children's and young people's needs were different because of the impact of ‘being in care’. A lot of young people will say to me that the reason that their lives are in chaos, basically is because of ... they have just been kicked from pillar to post and they’ve had so many different people in their lives and they end up being in care isolated from so many normal life experiences. Having DoCS in your life and going to case conferences and all that sort of thing which you need to do but it is still bizarre. I mean for kids to have decisions made by sitting around, not sitting around the family table or in the backyard or in the kitchen but going to DoCS and sitting around talking about it ... (with) total strangers.

It is considered that the experience of coming into care changes children's and young people's needs. Whether their care experiences are good or bad there are still frequently unresolved issues. Even those in stable placements come here and need to revisit their past experience.

Workers consider that they need to be more conscious of the way they respond to children and young people in care. Here you have to be more conscious of the way you do it, the way you encourage certain residents may not be the same way that you would encourage someone else, you know, maybe in a relatively happy environment. With a couple of the residents here I definitely think you need to sometimes be more careful the way you approach supporting them in a certain way because they’ll quite often reject your help in one way, but if you do it in another way they won’t sort of realise so much that you are doing it.

Some workers comment that the differences between children and young people in care compared with those not in care is to do with the reasons why the children and young people came into care. Feelings of abandonment, and experiences of abuse and neglect leading to greater instability and lack of self esteem. It was noted by some that children and young people who had experienced multiple placements had greater needs.

The concept of normalcy is related to the workers’ ideas of family life. I guess the normality that I’m talking about is in regards to family routines... activities that children would normally have in a home ... soccer or cricket practice... extra tuition.

Another explains it as going beyond routines, it is about ... expectations too ... In a family placement there would be expectations the same as the expectation of my family and your family. ... carers are encouraged to do the things that parents are usually expected to do and it is about natural nurturing and about carers taking responsibility for the children in their care.

Workers also comment on differences in needs between individual children and young people in care, and the inappropriateness of generalising ... each young person that is here, I know, they've got their own needs as such to deal with you know. One is particular ‘high needs’, likes a lot of attention, another is quite self-sufficient.

However there are other issues ... Definitely differences of degree, but no, definitely some of the residents do need perhaps, more guidance or support in certain areas and others seem to be quite capable in that area but need help in something else. No I think we do focus on different things with different residents definitely. J ust as you probably would with any teenager that may need more help with their education or more help with their social skills or more help with you know building their family relationships. J ust because one of the siblings wants to see the parent, each of the children or young people in that sibling group have different needs and different wants and different views and different opinions.

**Emotional needs**

Stability is emphasised by workers

Probably the most important thing is for them to feel secure and safe in the environment, in this residential environment. Stability is important cause a lot of them have come from backgrounds that have been quite disjointed. I think some of them like continuity in their lives and stability so they are getting the same messages from the same people over a period of time. And some sort of, I don’t know, stability around accommodation and who’s in their life ... or which worker or who is in there. So it is like sort of as stable as possible while they are in care. And even when they leave care that they still know who to talk to and different people or at least the same organisation and the same structure within a program.
Stability is seen to be about the continuity of relationships, particularly as it could be maintained by placement. This is related to the development of identity and to what carers define as a ...willingness to allow them to be who they are but providing that framework for them to function in.

It is suggested that the concept of stability means different things to workers and children and young people.

Stability for us (workers) again, would be measuring the child’s behaviours, whether they have changed ... say this is an area of re-offending. For a child it may not, it may not mean that. It may mean that the caseworker may be the same caseworker 12 months down the line.

Violence to and by children and young people is seen to threaten stability.

We’ve even had phone calls monitored because when the young person spoke to the parent, the parent was very abusive. There have been cases where it (access) has been completely restricted because it was abusive and the young person would never be able to stabilise or never let themselves be happy as long as it continued.

If you’ve got a violent kid that is going to present that immediate threatening behaviour and that risk of harm, physical harm and abuse, that is harder to work with. I think the violence, how do you prepare people for that, how do you train them to (deal with it)?

Children’s and young people’s need to be loved

You know I think they need a lot of love.

J ust to give them a lot of love and listening to them, I think.

And I think just for them to feel comfortable and loved. But maybe in a different way obviously to their families or other people. To feel safe and comfortable in this (residential) environment.

The difficulty of extending love to children and young people who come into out-of-home care is remarked on in terms of the need for someone to ‘be there’ for them.

I define love as allowance, you know. It is not about me imposing how they need to express themselves or all that sort of stuff. I’m kind of, I’m here. And I guess that is allowance for their own expression, their own experience and my presence here as well. That is how I see it.

Well a lot, some of the older ones will ring through and they will obviously see me as their first contact, but I think for me it is like yeah, I’ve got to be open for them. I’ve got to respect them. I’ve got to listen and give them that smile. J ust you know yeah, be there, give them that love you know in a, in an energy sense.

I think they need a lot of patience from us, just you know hanging in there, just hanging in there with them, you know through the anger, through whatever it is that they are doing, through the interplays through the stuff through the drama, they need, it is like a life line.

Some workers consider that workers should be there in the background for support if necessary but emphasise the importance of children and young people becoming self sufficient so that they do not need others to be there for them but ... can rely on themselves to be there (for themselves) or develop their own inner strength.

Connecting through relationships

For meeting emotional needs Making connections with others through relationships is emphasised in association with meeting the emotional needs of children and young people. Overall the journey is always somewhere along the line having a connection, having stability in their lives.

I see belonging as a sense of acceptance... a sense of, I guess somebody understands. Ah, it is okay to be who I am here. It is okay to be where I’m at here, I’m not going to be attacked or condemned for how I might feel or who I might be or all that sort of stuff. To me that is a sense of belonging... and a sense of connection as well. You know at whatever level, they have got their own terms of what connection is for them.

Another worker emphasises the importance of connection in association with ‘mothering’.

From my point of view, mothering is, well I suppose I would like to start from an emotional point of view. I think for me it is having an emotional connection. And I think it is possible for a male to do that as much as for a woman. So I kind of don’t see that it is necessarily kind of gender specific. So for me it is about establishing that emotional connection if you like or you could call it love or whatever you want to call it. But you know, creating an environment where that young person feels that they are needed and they are wanted and they are valued.
The achievement of such an emotional connection is fundamental for meeting other needs. So I think at that level and then at another whole different set of levels is the physical, material stuff. Around having somewhere to sleep. Having some security, some certainty, being fed, being clothed, all those kinds of things. So I think it, to me that is all wrapped up in that, in that whole emotion, that whole concept.

Birth family members are seen as of fundamental importance. Some workers feel connections with some member of the birth family are important for the meeting of emotional needs. Access (to natural family) is very important to kids and you find that when they have access then they are generally more stable in their placement.

Regardless of how damaging that (family contact) has been in the past what we found is that it is more damaging to actually withhold or reduce any type of access. It is now minimising the risk for that to happen and allowing young people to continue that relationship that they had. It is about them making a choice about if they want to continue to be in that environment if you like because they are going to run there often anyway. So we try to supervise it and, and nurture that relationship as best we can and what we know about families or parents is most of them really love their kids and so you can work with that. You can actually work at nurturing. We've actually had some very successful outcomes for parenting in fact, if you encourage or empower parents to be parents they often can do that as well. I think we are actually asking for those things to be considered and listening to what the kids want and most of them will say, regardless of where they come from, I want to go home.

I think it is the recognising that the birth parents are an extension of the child. That's the important thing, if you say bad things about them you are saying bad things about the child.

Some of the workers considered that even where a connection did not exist it should be developed. One of the big things is to actually somewhere along the line, instil the connection with family, or a significant you know sort of family member in their life and with having somewhere that is actually going to be stable for them. Cause most of the people that actually come to us they've gone from pillar to post. And just someone that is going to be stable, something and someone that is going to be part of, involved in part of their lives.

Building a history, building a documented history for that kid so when they leave care they know where they have come from, they know who their aunties and uncles are, they know who their mum is, all that sort of stuff. Like this kid has got younger siblings, one of them is two, and he hasn’t seen them basically... and he is saying he doesn’t want to. But you know a lot of the research was saying that if kids didn’t have that connection no matter how sort of strife ridden it was, if they didn’t have that connection they went into adulthood without a sense of grounding or you know that sort of stability stuff. And, they also go back to their parents you know when they get older too. And if we haven’t built that relationship it is really problematic.

Relationships with extended family and community are important. I think sometimes the community and more so with smaller communities, the community is their family, whether it be blood or not. They are all this kid’s family so they all have an interest in this kid and just to be, as a non-Aboriginal worker, to be accepted into an Aboriginal community you should feel pretty much respected and really good about yourself if you’re accepted in there. It all comes down to being down to earth like don’t be above people, like you wouldn’t be with anyone but more so like going into that community. Yeah, because family to them may not mean just their aunty or uncle. It could be next door neighbours’ aunt. You know, so knowing that everyone is kind of family.

Continuity, I mean trying to find those people that they’ve lost. Maybe it is a neighbour or a favourite teacher or somebody else that was important to them. I mean talking to them about the people that they miss or what they miss and then trying to find out and it could be a teacher. Maybe even giving them an opportunity, if they haven’t had an opportunity to go back and say goodbye and be able to say ‘well this is where I’ll be’ or whatever. Being able to give them that opportunity, so that they can do that or maybe you can facilitate some sort of contact even if it is just letters and cards and different things like that and catch up.
Relationships with other children and young people in care can be important.

Some workers in second round groups discussed how, within a specialist program, it had worked well when young people in care had contact with each other. It just seems to happen quite naturally that the kids of the service, the service users, yeah, benefit, they tend to benefit from hanging out together from time to time. That doesn’t mean that they necessarily sit there and discuss their circumstances or whatever but they just tend to know that they have got that link in common and maybe that person has an understanding of what their life is like that a person from school who lives with their natural family in that conventional family environment might not have that same empathy.

**Children and young people need to have agency in their own lives**

Through choices and participation

Most of the time the young people don’t feel that they have any choices... they don’t have any control over their life. So I suppose by giving them choices and information so that they do have a bit of control they are feeling more secure and that. That is just my judgement.

So, just trying to meet them and get their idea about where they want to go and what they want to do and, and not pushing them into it because they may not like you and some of the kids are reluctant. I mean it would be great for him to, to engage in education to you know have a traineeship... it is about, on one level, dropping our expectations of him or what we think is best for him and really start to listen to him and to actually really constructively help him set up and establish what it is that he wants. We may feel that it might fail but if this is really what he wants then he needs an opportunity to perhaps experience that.

It is asking them what they want, how they see it and what they see your role as and letting them define it to a certain degree because you can’t force them to see you in a certain way or to relate to you. So it is what they want. Giving them choices about what sort of contact in a way. Like even giving them the choice if possible of what day of the week.

Questions were raised about whether children and young people are actually participating in case conferences. While it was seen as important for children and young people to have choices about who attends their case conferences, it seems that not all involved are willing to respect such choices. Workers identified the way resource limitations sometimes prevented children’s and young people’s participation being more than superficial. They also considered it important for children and young people to have a say in who their carer will be yet they recognised that limited choice is a feature of reality.

If you want to talk about choices and the potential for kids to have like carers A, B & C to choose from well the reality is that that is a luxury that we will probably never have, because there is always a shortage of carers and an abundance of kids who need care. That is just how it is.

Being heard is important

You can listen to their needs. For example one of the girls we worked with, her transition process took five months. We ended up doing it because she said ‘I’m not ready you know’ and we listened to that.

I feel that once you start listening to the young person they’re often, quite able to come up with different ways of doing things and if you listen to those then you can pull out some alternative ways of doing things that they are actually agreeable to.

Some workers comment that... as a society we don’t believe children have agency, we invite children to participate but we don’t listen. You can have a say but not about who your worker will be... things that are important.

Children and young people are seen to have a need for the facts about their situation. Workers see this as part of sharing power with children and young people, helping them to ‘develop agency’.

Clear and very honest real information on why they are coming into care.

Well it is about knowing what is happening to them. You know, who they can turn to when they need help. Knowing the system that they are in I suppose. Like here at Burnside, how things work. And if they know how things work then they know they feel secure I
suppose. They need a fair bit. It depends on their age level I suppose as to how much information you are going to give them and how early you give that information to them but they need as much information as I guess we would want to know if we were being moved to somewhere I guess. It is a major change in their life.

The bottom line is when they come into care they know what the role of DoCS is and they know that on the bottom line DoCS is going to make those decisions and we let them know that. I mean there are things that we can talk to them about and keep their confidentiality on of course and that includes from birth parent, from carer, from DoCS, from us and probably do that with everybody else also. But they know, when it is a big decision, on the bottom line it is the Department that has to make that. So I think we set that up from the beginning that there’s certain things that we are going to have to talk about that are going to go above us.

Like I’ve got a kid that is coming in at the moment, I’ve been transitioning him and he has got a couple of rather sort of difficult behaviours. One is his drug/alcohol use and one is his absconding. It is just stupid for me to put a plan together which doesn’t address ‘well what if you are going to abscond, what are we going to do’. You know also I have to assume that I have to work on the basis that this stuff isn’t going to happen. I mean to me it is just getting around it by just being really open about it.

Workers consider that they should advocate on behalf of individual children and young people.

In terms of those more general things there is a real need for advocacy for the kids because I think that they are in a lot of the different systems, whether it is health or education or anything, they get lost. They are just, they are just sort of seen as one person with a problem and okay we’ll implement this whatever policy it is and it will be hidden. And there are lots of individual kids like that that have got maybe more individual needs and there is no-one, often the parents aren’t able to do it, there is no-one there to speak up on behalf of the kids.

We have advocated in the past for when it has actually not been supported but because they were actually going to do it anyway they said okay let’s work with them rather than against them and let’s see if we might be able to make this a positive thing and the Department has, if you can advocate strong enough on the basis and the legislation is actually saying that that should be more considered.

It is that initial advocacy role that is really important I think for the young person in the school. To get in there and be speaking to the school.

Children and young people need material things

Workers believe that at a basic level, meeting needs has to do with the provision of material things.

Kind of core things just to have a secure base to start with somewhere. That is kind of the basic. Well here I’m safe and I’ll have a roof over my head and I’ve got a bed and some food and consistency as well. That is kind of number one basic thing.

Getting and having material things is important to identify formation. Often when children come into this program they have virtually nothing. Often just whatever they are wearing at the time, so I mean there is a need for clothing, toiletries... Yes, so while we don’t buy a lot of possessions we buy them what they need at the time and quite often you find that the kids are absolutely shocked that they have got these new jackets or new pants or new shirts. It is something that they haven’t had before and they feel good about it. They really treasure those clothes. It might just be a couple of tee shirts but they really treasure those because these are brand new and they got to pick them out themselves.

It comes back to the individual. We don’t have a list of stuff that we are going to buy the doona or the clothes. It depends what the needs are when they come in and we actually do that with the carer as part of the bonding. There is nothing better than taking them shopping. They think that is beautiful to have money spent on them.

It is not just the money, it is actually the time and the focus that they put on it. What is this young person like? It is a nice experience.
**Roles of workers**

Professional role in relation to children and young people

The main focus is the child.

Workers saw the importance of ‘being there’ for children and young people as a ‘safety net’, caring for them but not loving them, ensuring continuity, but … guarding against it (such continuity) becoming too comfortable.

I wouldn’t say I would love any of them. But I would care.

The focus on ‘caring for’ rather than loving children and young people is linked for some with the need to differentiate emotional love for children and young people from sexual love, amid concerns that children often need physical touching, such as hugs. Such touching could be translated by them or by others as inappropriate.

Some workers feel that it is the workers’ not the carers’ responsibility to facilitate children and young people’s participation. It’s about creating better workers, people who can communicate, talk with children and young people.

Some Caseworkers point out that their role differentiates them from carers or Residential Workers because they are not with children 24 hours a day. Some see themselves as a catalyst enabling a child to invest in others.

Ongoing relationships

A lot of the young people still keep coming back. They’ve turned 18, they are out on their own but we still see them. I don’t know, like given that I’ve been here 12 months I don’t know these young people but, you know, now and then people call in and say hello or come in and ask for support or guidance on different things. They come on and off, and they may be professional relationships but a relationship none the less.

And given that so many people do come and go in their lives, like there’s you know, so many placement breakdowns and also that being consistent like ‘you are always there’. Yeah, so that is really important.

That is, without the relationship I don’t think you are going to get them achieving much. No. I think that’s what to me, working here, has been the crucial building blocks for us with the young people. It is a relationship that we have with them and it has enabled us to actually work very, very closely. Then they feel and they know they can trust us. Yes we are overall we are here as workers but we are more than just a youth worker, we are friends as well. And that is what makes the difference you know. But yes it is a job for us but I think it is more than just ‘I’m just coming in do my shift and disappear’. We all do even the work outside hours to make sure that the young people are okay.

She just can’t survive basically without having a worker. She just falls to pieces. … Well I think so, yeah because she has never felt like she belonged anywhere … You get indoctrinated with the whole idea of having a worker as well.

Burnside as ‘mother’

Some workers identify a key role for Burnside as mothering ie providing on-going caring for children and young people. Individual workers mentioned being invited to school presentations or given Mother’s Day cards.

What I was saying is that sometimes kids and placements break down and often we, it is the fact that they can trust in the assurance that we are going to be there as a service. I mean the placements are vital, I’m not going to take away from that importance, because it is certainly there but it is more about the safety net.

The children know that Burnside is there and Burnside that is their stability.

Burnside was seen to function in this way particularly, but not only, in specialised programs.

**Assisting children and young people to have effective relationships with significant others is the main strategy**

Improve birth family relationships with child

Work with birth families is designed to improve birth family interactions. It just doesn’t work otherwise because no matter what the kids have been through their biological families are so important to them that if we don’t make that relationship it just doesn’t work.

We spend all this time in conflict with the family so we will start right from the beginning. So even before the kid comes into the service we will start working with the family and having them involved in every decision that is made.
This theme is elaborated on as workers emphasise that their role is about giving limited support to parents. Support to parents was not an end in itself but a means to an end: the end being to further the interests of the child. When there is conflict between the needs of birth parents and the child’s needs the worker’s role is to put boundaries there so children’s and young people’s needs are met. You’ve got to accept that a parent has got a right to feel really distressed about what is happening... we need to give them an opportunity to express that. And we are doing that because that is in the best interests of the kid. Although we have compassion for the parent it is not our role.

In mediation between parents and children and young people that is what so much of our work’s about I think. That relationship between them, like the middle man. The mediator is about looking through the eyes, or trying to at least, or empathising what it might be like for that young person actually letting that parent know what that is like and encouraging them via their love for their child. Well we know you want the best thing for such and such and we know you want to do the right thing. Do you think we might do this?... particularly within Koori communities when you actually work with a Koori community in that way I think it is very empowering and they actually think okay this is different we can actually have this role. We’ve got a lot... of our young people’s parents actually attend case conferences.

Quite often we’ve ended up being like counsellor, mediation between them and their families cause you know they can’t talk to the folks about some issue which you know they come to us and of course we always tell them there is a certain line that we can’t cross, confidentiality etc, and also it means your parents are your legal guardians and so but we will happily advocate and that has worked quite often.

Workers focus on their role as mediators and negotiators with carers when children’s and young people’s behaviour is challenging. I think it is the caseworker that really intervenes between the carer and the child to try to bring some understanding. The child’s perspective to the carer and then the carer’s perspective to the child so that you can sort of keep it all together and I think we do a lot of talking. Our work is a lot of negotiation. A lot of propping up is not probably the word but support I think.

For those resourcing young people when they leave care, negotiating with carers may challenge the carer’s authority and so contribute to cross-agency problems due to different agendas or perceptions of different services. There may also be problems in terms of advocating for services for young people when workers change or priorities differ.

Worker involvement with the community can be part of role

Yeah, you have really got to be part of what is going on in the community. You are not trying to show that you are better than the people you are communicating with, you are working with them... It is building positive relationships. When (we) can involve broader community in say a regional or Koori area it can be very beneficial to the child in care. However this is not easy to do as there can be considerable mistrust of ‘welfare’. It is usually dependent on having connections with the community and having knowledge of the worker that facilitates trust.

Workers roles with carers

The nurturing of the carer is an important part of worker’s role. It is the actual professional development of the carer as well. For some workers nurturing and support of carers is almost the primary role... they (carers) are the one’s doing the work.

Empowering of carers is also seen as important.

I think it is also about the young person seeing the carer as someone with some sort of authority. That in the past, maybe some of their authority has been a bit undermined. So they will, they may override whatever the carer said but might actually listen to the caseworker.

So it is really about handing back to the carer so that the prime sort of focus is on the relationship between carer and young person.

Support and empowerment of carers in furthering children’s and young people’s best interests has some inherent contradictions that highlight the ambiguity of care work.

This is evident when there is a conflict of interest for the worker. There is something else about the role that I was thinking about I mean it is that difficulty for us that we, we support the carer and we support the child. So sometimes there may be a conflict of interest and for the child to know that we are there, you know, for them and then they can tell us if they are not happy there or there are issues. We’re the ones that are going to have to deal with it. And that can be difficult and sometimes we’ve thought some cases, you could do with a worker for the carer and a worker for the child but that isn’t possible in our agency is it. Yeah, so you have to be aware that sometimes there can be a conflict of interest and how you are going to deal with that. The child needs to know that you are going to have
to talk to the carer about some things if they are not happy. I mean it’s not easy really because you are trying to juggle, so I mean you are not just a friend. As you were saying the boundaries stuff and the statutory responsibilities you know all this sort of stuff that you have to keep in mind but I think sometimes that can be a conflict when you are trying to, to support the child, carer and the birth parents and often they have got different needs. They might not all be the same.

Contradictions surface when workers experience frustration when some carers don’t take responsibility for including children and young people as part of their family. A life time commitment (other carers) know that they don’t really don’t have to put in the long haul with these kids because stuff, Burnside staff will find someone (to ‘care for’ children). If they have got a child and behaviours are getting to a point where they don’t really have to keep them. ... and they have got no real ownership.

When there is inclusion of children and young people by carers as part of their family it can exclude the worker. I have a carer who consistently raises the issue that they are a family. That means the carers and the kid. The caseworker is not part of that... and they ask us to butt out... I keep saying to them well this is... the kid is part of the team, you are part of the team, we are part of the team, the DoCS worker is part of the team, so we just keep reinforcing that... we are a family, just a different constitution.

A collaborative but balancing role with birth family and also with carers can be important We like to be equal players yes pretty much an even playing field but every now and again we have to say well hang on no the duty of care says that. Cause we might have a different opinion, not so much, I don’t think we have it so much with families, natural families as we do with carers. They (biological family) are all important players in this... even if we have an opinion about a natural family or even a carer, cause sometimes carers can do things that are frustrating as well and even when the young person could do that we have to keep that balance of okay well maybe it is this and we need to do this. There is an expectation that carers will not only open their homes to the young person but also to us as partners.

There are limitations to how workers apply the concept of participation. There is lots of talk about participation I think and the real reality for us currently is that we are just too busy to branch out anyway. I mean we’ve talked about user friendly case conferences, things like that but we don’t do them in young people’s homes or the carers’ home or the natural family. We do them here. We do them in the DoCS office... but ‘the time it takes’ is a barrier to such things being implemented.

Socialisation of children and young people
Looking to the future Socialising children into our society ... (is) about things like appropriate interactions.

I think our role is to socialise the kids into our society but you do that with looking at each kid’s individual needs. They go sort of hand in hand. I don’t know. I used to struggle with this when I first came here a lot more than I do now.

Now I just expect it. I think it is important to help them develop relationships, social skills. A lot of them, probably just because of their disjointed backgrounds, find it hard to interact with adults, with peers, staff, all sorts of people. I would like to note something that is more of a collective need in that we need to maintain the vision that we are raising young adults. That they are not going to be children all the time. So everything that we do should be looking at that future and what their future needs would be, as we would with our own children, to you know help them with the basic things like cooking and cleaning and all those sorts of basic things that they can learn along the way and their interaction within the community as well. That they can actually go on and we take away the cotton wool. That these kids are often put in cotton wool not to protect them but to protect others and that actually does a real injustice to these kids. I don’t think we look seriously enough at hey what is it that you want to do, what is it that really drives you, how can we support you in doing that? I don’t think we are helping them. Okay how are you going to stand on your own feet, how are you going to do your finances, what are you going to do about family, working out the relationships, you know we are not doing any of that. And that really concerns me because we are just setting this kid up to fail.

The case plan is the vehicle for driving a future-oriented approach to children and young people. A future looking approach is sort of fundamental to what we are doing, you know written into the case plan and there are things around living skills, socialisation, education, appropriate access to health, so it is all part of it, in that we are going through some of those processes. They are learning opportunities for them.
The setting of boundaries is seen by some workers as a way of preparing children and young people for their future lives. And like the boundary thing yeah like you were saying like pushing, pushing and pushing. That is ... that happens and that is why the boundaries are there and I think that having the boundaries ... is something that would be very useful for people when you are going for jobs, when you are looking for accommodation.

The importance of parameters and boundaries for people within society and that is something that we constantly struggle with for young people is about how far, how far can you push this young person, how far can we encourage them. How can we support them to do that, how can we do that in a way where they don’t feel like they’ve been painted into a corner and they’ve got no way out and then they come out fighting. So for us it is a constant challenge around how we set those reasonable fair boundaries because most of them don’t have that. Most of them have never had that experience.

Workers identified that setting boundaries is contrary to giving kids choice. It was acknowledged that all young people take risks so the question is how can we help keep them safe?

It’s about young people keeping themselves safe.

Education is seen as important I think one of key needs or issues that we have to put lots of energy and effort into is education. I think it once again goes back to that point we were talking about earlier about one size fits all and the fact that the education system is not particularly adept at I suppose catering for the needs of the young people that we have in our program. I think it is fair to say it is an ongoing battle for us with education to keep young people in school, keep them engaged in education and so I would like to open that up for discussion. Also for us to help them educationally, because obviously once they move out of here their education is one of the most important things for them and if we don’t encourage them to continue with their education, whether it is at school or at TAFE or getting into a TAFE course, it may be a career that they are interested in, it will be very difficult for them in three, five, ten years time. So things like that. Looking into what, what they are going to need in the future when they are no longer in residential care and they are out there on their own.

Some workers believe they should be putting effort into ensuring children’s needs are met by the education system.

I guess the issue for us was: is it really our role, was it really our responsibility, were we really resourced to do it? I think in the final analysis it is no. It is really education’s responsibility but we took it on because they just weren’t doing it. After those successes when a school actually saw that this kid changed and he became engaged they then came in behind and it made all the difference.

Some workers felt that there is a lot of rhetoric around education but that because many young people have very basic needs unmet including basic literacy and budgeting skills, the push towards formal education is unrealistic. Push (for formal education) is great for those with skills but timing needs to be much better.

Health care needs
The importance of physical, sexual and mental health is emphasised by some workers. There are concerns that for some children and young people health issues are not picked up and dealt with while they are in the care system and ... that the situation is getting worse because it’s expected that they will go to the dental hospital or whatever, you know whole of government approach.

Comparison is made between the lack of follow through in care situations and the amount of resources that go into follow up of children’s and young people’s dental and other conditions in some families in the community. There is emphasis on the importance of health as a process rather than something that can be dealt with by a tick box approach, whereby ...

... health is not part of their lives, it’s part of the case conference... Box ticks don’t work. We need to find some way to check that work has been done... service folders that children can give feedback.

Some workers emphasised the importance of consistency in dealing with and following through on health issues for children and young people in care in terms of their potential future parenting roles by learning and modelling self-care.

Being a kid teaches you to be a parent.

Concerns were expressed about a current lack of follow up and consistency around children and young people’s health needs. Their consequent lack of a basic understanding of the importance of following through or even attending a doctor or dentist until an emergency arose would have an impact on their capacity to parent.
Obstacles to meeting the needs of children and young people in care

Systemic obstacles

Yeah, but I think that also sitting behind are those systemic issues that I mentioned earlier. I think that there are real issues generally within the society in terms of what we are prepared to do. We talk a lot about the importance of the family, we talk a lot about the importance of children but it is not very well reflected in government policies and government programs. So take for instance a lot of the families where the young people come from, there are quite serious substance abuse problems. There’s really no adequate resourcing or programming for families to deal with substance abuse problems, with rehabilitation and so on, especially in rural areas. It is fine to talk about the importance of building those links and so on, but until we can start to support families to come to grips with some of those basic kind of issues that lead to their children being in the situation that they are in at the moment, it is a really complex and difficult exercise. So I think that there is some really kind of significant gaps in what we are trying to do.

It is sort of an attitudinal thing you know. Like I think the Department, once the kid goes into wardship or long term care, I think the Department makes a psychological decision that the parents are no longer part of the picture.

It is like X was saying, the resources aren’t out there in the rural areas for these families to be linked in with other services that should be complementing our work with the kids.

This isn’t a system built around children or families… we need to look at investing in workers in direct care.

Lack of resources

It would be really nice to know that when the children come into care and we assess their needs and we know what their needs are that the money is made available by the Department to actually meet those needs. Especially when it’s what the Department’s supposed to be doing. I mean we have got one young person who’s been in the program six or seven months now and we are still waiting for approval for speech therapy and occupational therapy. So to have the funding without question marks and without having to fight for it and without having to continually put up a submission to be able to do that.

I think that that is reflected in the way in which the Department does their work. As the department’s progress is still very much around what is in the best interest of the child immediately in terms of safety and not necessarily focussing with as much effort and resource on the importance of the connection that the young person has with the biological family.

I think the government needs to look at what they are actually providing for the young people in the way of support. Not this government, the overall, you know, local system in the way of providing for young people accommodation, access to different agencies and facilities that they have. Even the Centrelink system I think gee it is so daunting for the young people. The paper work they have to fill out and if you’ve even got a young person who’s not too bright and embarrassed about their spelling or the form in the booklet is ridiculous.

I know we do a damn good job however sometimes I just hate having to scratch around for resources.

There is just not enough medium to long term accommodation. And what there is, is full. There is plenty of crisis refuge where you know it is in and out. And even those are full. There is just not enough provision given to the needs of young people, the homeless and even the non homeless kids, and the way of dealing with their issues. Usually at most schools there is one counsellor. There should be at least three at least. Somebody they can talk to. They should find some way of getting the network going to where all these other agencies which are involved work closer together in being able… A young person comes to me and says they’ve got a problem. I can say right fine that problem, I’ll mention that to such and such because I know they’ve got the resources. And start putting something in place in case this happens. There is a potential this young person might be kicked out of home in two weeks time. It is already in motion so that if that does happen we can pick it up rather than it is months down the line where we are finding out hey you know they are living on the streets or whatever.

I think what we do is very much like the medical profession, nursing. It is a needed profession but it is not recognised fully. Because they (government) know there’s people there who will just do it and keep quiet and just do the best they can. You know and that is how I look at it. The same with nurses. Not every nurse is going to go on strike or whatever because you care for your charges. There’s so much pressure on the youngsters today but there is nowhere for them to actually access fully, without either having to pay for it or wait in the queue. You know you’ve got to get some sort of help, information whatever. What seems to happen is it’s always, what there is around is very small because its maybe some people, from their goodwill, have started it up and the Council has funded it. You know somewhere in the big overall government pot there should be a big chunk of money and say right this money is here. We can actually pay such and such to provide this service and you know have some way of course of monitoring how well and how effective it is. Rather than every
time you need to do something cause it is usually cap in hand, so much paperwork filters backwards and forwards. So by the time if you do get the okay the emphasis is lost. People who are interested have moved on because of the time factor. Especially with DoCS, just around providing the financial side for the young people. Usually what happens is, when they’ve come to us you know once they’ve settled, we'll sit down and look at what they need and we'll get DoCS in and we'll draw up an agreement to say, yep medical expenses, clothing and so on and so on, activities you know, major activities and that is their agreement that they will say 'yep we'll provide, we will agree to pay.' Cause as much as we would love to, we can't pay for the young people. The young person uses their DO (District Officer). Some of them are pretty generic. Like education, you know like paying for their education needs and stuff. Clothing only 3 times a year x amount of dollars so they can buy some winter clothing and stuff. Medical to give them if they need any medical and stuff and then activities because we like to take the kids out. So at least twice a year we should be able to say right we’ll fund a major activity. Where it means we say take them away on holiday somewhere for a week or things like that. And then other little things in between we would negotiate with the DoCS Caseworker about what funding purse we need. But every case conference the young person is involved in, especially a lot of the youngsters we have here, they will pick up the phone themselves and call their DO’s you know and say hey look can we, ‘can we meet up’ or ‘I need this please, can I have permission to get it?’

Redirecting resources
I think that maybe the resources are often focused very strongly on the child. Sometimes those resources may be better utilised if they were focused on the parent or parents with some of the issues to help support them so that the child can then move back in with the family. So I feel that sometimes the focus or the money is directed in the wrong place.

Summary
Context for workers
Burnside out-of-home care workers generally carry out intermediary functions move between children and young people, their carers and other significant people (within the boundaries of the relevant laws). Workers in residential settings may have more opportunities to develop collegial relationships than those supporting children and young people living with carers do.

Generally workers saw their role as:
- being a safety net
- providing children and young people with continuity
- mediating between children and young people and birth parents and carers
- nurturing, supporting and empowering carers
- shaping children and young people's future by advocacy around education, health care and in support of their interests.

Workers recognised individual needs of children and young people but found the system's lack of resources and limited referral options insensitive to the local and individual needs of children and young people in out-of-home care.
Introduction
This construction was developed from interviews with members of the Burnside Senior Management Team and supplemented by statements from Burnside’s Strategic Plan 2002-2005.

Four Burnside Senior Managers were interviewed individually during the early stages of the research. The Chief Executive Officer was subsequently re-interviewed. The questions that the Senior Management Team responded to differed from those asked of other participants. The focus of these questions was about policy directions for Burnside, as well as what they considered to be the needs of children in out-of-home care. There was some change of personnel in the Senior Management Team during the life of the project. An early version of the findings was presented to the Senior Management Team, and some clarification and elaboration occurred. Reference is made to the relevant sections of UnitingCare Burnside’s Strategic Plan 2002-2005.

The context
Continuum of Care framework (integrated service spectrum)

Burnside’s out-of-home care services operate within a continuum of care framework to facilitate service users remaining connected to needed supports during difficult times in their lives. Children and young people in Burnside’s care may receive a range of services from foster care to aftercare.

It is very clear to us that we are committed to the concept of a continuum of care with all the limitations of the word ‘care’. We have specifically said that we will continue to work in the area of out-of-home care.

I think we see ourselves moving to different sorts of models increasingly over time. That we will increase our focus on prevention and early intervention and we will also retain programs for young people.

So the framework for the continuum of care that we are now talking about is prevention, early intervention, protection and out-of-home care. But of course when you actually look at our programs there is a significant crossover in many of the programs. Out-of-home care of course also involves aftercare and our longer term responsibility for people who have been part of our services. So the directions are obviously within a framework of a continuum of care.

A continuum of care framework highlights the role of preventing placements of children and young people into care. This is a significant aspect of the context for the future provision of out-of-home care services by Burnside.

I think we want to be trying really hard to make sure that our models of care can really address that if only we’d be able to have full access to preventative services this child wouldn’t need to be in care, because a lot of kids would like to stay at home if things were safe.

So for me where we are going is minimising the risk and maximising preventative strategies for the kid in terms of the fact that they are vulnerable and they are ‘at risk’ kids for a whole variety of reasons. And they wouldn’t be in our care if they weren’t.

‘Poverty and other forms of disadvantage are powerful influences on how children develop and grow. Disadvantage affects the capacity of families to “care for” their children... …Building community confidence and offering programs that create a feeling of belonging leads to strong, supportive networks.’

UnitingCare Burnside Strategic Plan 2002-2005

6. Senior Management Team’s construction of needs of children and young people and policy responses
Commitment to Burnside's core values
Social justice
But I think we need to refocus on the programs and I don’t mean only existing programs but obviously what sorts of things work, what doesn’t work etc. What other factors contribute to the definition of appropriate directions of care for children by Burnside? Well the core values of the Agency, obviously. A commitment to social justice, a focus on systemic change as well as individual change. I think all the issues around negotiation with government about adequate case loads, recognition of the level of intensity, the importance of providing service to natural parents as well as foster parents or whatever.

Structural disadvantage
It might be worthwhile looking at what we have now put together, a very short statement on breaking the cycle of disadvantage. We’ve tried to put those two things together so that the message continually to everyone, staff, service users, policy people and so on is that you can’t have one without the other. And our focus and our expertise is on individuals and that is where I think as a traditional child welfare agency we will continue to put our emphasis but this will only work if it is in that broader context.

Organisational factors which influence models of care
Internal factors
There are issues about the continuity, quality and quantity of staff available for effective service delivery.
But there are some really interesting issues that then feed back to what is the training that these people get? Is it relevant for the types of services? Is there something extra that needs to be added onto the basic training if you are going in this direction or this direction? I think it is quite interesting.
The common elements of what made them (residential units) work... was strong leadership, people knowing clearly what they were doing, the ability to inspire others, to include the children in all of the day-to-day workings of the place and building quality relationships.
How do people who work as direct care workers, who are probably on a base level, the lowest paid youth workers anywhere who often don’t have skills or don’t have tertiary qualifications or are new graduates, how do they develop a model of what it is like to raise a very troubled 14, 15, 16 year old? How do you create that, jump over that chasm i guess between the theory and the practice?

The importance of separating staff career issues from service provision issues.
There are some fairly ambitious people, ambitious in their own career sense who don’t know what they don’t know and think they have the answers who are going to be quite actively pushing those answers for perhaps not the right reasons and I find that hugely concerning.

External factors
The relationships Burnside has with government organisations. There are issues around legislation I mean funding is certainly a huge one. There are issues about how you have relationships with DoCS, with government, with Treasury. As well as doing advocacy meetings and so forth to get that message out to the sector. So I would like to see yeah the trend over the years, with the new Act as well because that does talk about best endeavours for all government departments to really get behind each and every child in care.
And I think the challenge for an agency like Burnside or Barnardo’s and all the others is for us to get into I would say actually into the driving seat in terms of that policy. I don’t know that that is really realistic because I don’t know that government and public servants will ever relinquish that control. But what they need to become experts in is funding and we’re the experts in providing, therefore they need to let the policy around the provision of services come from the people who are the experts. But they won’t understand that. And of course they will also tell you that they are huge providers of out-of-home care but they are not in the same way. I think this is very significant but you know it has got to be negotiated over time. And if we’re not drivers then we are at least equal partners in determining those issues.

Partnerships with other non-government agencies
To enter into partnership arrangements with other agencies, I would like to see that happen a lot more with disability agencies so there weren’t services for children in isolation but in desegregated disability services. I think we’ve got a role as a participant in things like ACWA and so on and then obviously through a research framework to put that information into the public and professional arena.
Needs of children and young people in care

The children's and young people's needs identified by the Senior Management Team were for continuity in relationships, stability and connections with birth parents and education.

Continuity of relationships and stability

(Care needs to be) offering the maximum amount of stability that we can... and maintaining continuity of relationships.

Continuity of relationships obviously will always (be important) - it is the old social work stuff that we know to be true.

The common features I guess are the sense that someone loves them and cares for them and believes in them, whoever that might be. Hopefully it is quite a lot of people, if we can create a caring network for a child so that includes the child's own parents, carers, siblings or whatever.

It has always been about relationships and staying with kids and that is something we have always done but I am hoping that that will come even more to the fore. For example in foster care we always try really hard, obviously not only to place the child with great carers that will see them through, but with workers we want to keep them too, so that the kids don't have to get used to new workers all the time.

To know where they are going to have some sense of permanency planning around what is happening to them. To know that that plan is not just finishing the day they turn 18.

Ideally the birth family will meet these needs but where it does not then look to doing this in some other way.

Relationships with birth parents and other family members

The importance of connections with birth families to children and young people in care was discussed.

Research tells us again and again that whatever has happened to young children by their biological parents they still want to know and have contact with those people and they still have a sense of needing to belong to those people.

To be as much as possible in contact with the biological roots on an ongoing day to day basis.

I think the area where that becomes a particular issue is their need to regain contact with, or return to their natural family. And we have to, I mean that is a role absolutely a role, to manage with sensitivity and just acknowledge that it is there and it doesn't matter why it is there. You know, like it could be genetic, it could be hormonal, but if it is there it is there and it is not our job to be judgemental around those sorts of things.

Ideally the birth family will meet these needs but where it does not then look to doing this in some other way.

Education

The importance of education was identified and its significance in terms of future lives and its complexity as a concept highlighted.

Evidence suggests education is really significant for kids in care. We are banging a very big drum about the role of education in the lives of children in care. Again the research is showing that education is one of the biggest levers to pull in terms of how you can get a child through care and outwards and forwards by really putting a lot of energy into their education. They should have the benefit of the full education system getting behind them.

We really want to focus on and we are already...(on) education. I suspect, we'd have a bit of a debate in the agency about what education means. Ranging from the people who say it is formal education because that really is the door out, to people like me who are going no it is about sport, it is about art, it's about talent. I don't care whether they do the HSC. What I care about is that they find a pathway. Lets say pathways because that is probably better.

‘Education programs are a key way to give children, young people and families the opportunity to develop their full potential and enhance their life choices. ... We see educational opportunities as central to determining successful life outcomes.’

UnitingCare Burnside Strategic Plan 2002 -2005
Features of a model responding to children's and young people's needs

More than 'good enough' care
I guess what is important for me is that they are in an environment in which they will do more than just be looked after. So an environment in which they will thrive and that obviously has to meet their needs. All children and young people deserve the opportunity to have safe and enriching relationships and environments in which to develop and thrive.

Flexible and responsive provisions - permeable
I think that the challenge for us is to both meet our responsibilities in terms of duty of care, particularly for those children and young people who are our responsibility in the sense that we are their primary carers. But at the same time to be flexible and innovative about the types of models of service that we develop and we practise. There’s almost an inherent tension in some ways I think between saying I’m in here for the long haul with this group of young people or children, or even this community etc, because we do believe that quick fixes are not the answer.

Flexible supported care arrangements that best suit the child or young person.

Matching provisions to individual needs
Well obviously they’ve got different needs according to their age and developmental stage. So each child is obviously different and needs to be looked at as an individual so you can’t say they all need this or they all need that. Each and every child is looked at individually.

That there should be matched placements for every child so that you are not just putting a square peg in a round hole. You have actually got choices and to bring children with disabilities into the mainstream picture so that children can have continuity of care really in terms of not just hopping from one agency to the next.

I think the issue is about getting the match between the service type and the population and the needs of individuals and then we have to work out where we position ourselves within that framework.

I think there are a lot of issues around what sort of options are appropriate and will work for kids who are reasonably intact but don’t want to be in either a residence or a foster family and are getting up towards adulthood. So how do you match their developmental needs to what you are able to offer them and also in a sense their tolerances, although I suppose that is really developmental that as you are getting older you are less likely to want to bond with another new family, even if your experiences haven’t been that awful along the way?

Intensive assistance
There is going to be a big push again I think for treatment services for young people. I don’t think that is simple because until you have a planning framework from the government about what they want and what they are prepared to fund it’s very difficult to really say we are not going to do that.

Inclusiveness of policy and practice
A model should be able to address the needs of all children and young people, with special attention being paid to children and young people with disabilities.

I think we will be moving into trying to work in an inclusive way with children with disabilities, profound disabilities. It fits well with the new Act and with the Community Services Commission Report. So I think we will be going in that direction which is positive.

We would certainly be prepared to work much more proactively in the area of care for children with disabilities. I think we would only do that within the main stream model, but meeting the special needs of those kids. I think we have an obligation to do that but again we are not going to do that without funding either, because that is doing the government’s job for it as well. But if that came about that would certainly be a direction where we would be prepared to expand.

It would be nice if we stopped talking about children with
disabilities and just talked about children but I think we’d probably be going backwards from that position rather than closer to it. I’m defining care of children in this context really to mean care as in out-of-home care.

The model should be capable of involving children and young people as participants.

A common element of what made them (residential units) work was... to include the children in all of the day-to-day workings of the place and building quality relationships.

What is important:
- Reinstating or ensuring that there is agency and control by children and young people in their lives – there should be empowerment.
- Ensuring participation in day to day decision-making.
- Being inclusive to members of the child’s birth family.

Family involvement could be at the level of decision-making...

Because we have done a lot of work with the Family Group Conferencing Model which we believe is very critical to the care spectrum that is involving families, extended families, in making decisions about children, or it could be a more collaborative approach to families.

I’m quite keen to look more at that shared parenting notion. Does the child have to be away/cut off from families or can there be a role carved out that is meaningful for all parties and can we promote a collaborative approach?

I like the idea that out-of-home care is being seen now in a broader spectrum of what they call supportive care so that there is potential there for shared care models with parents.

Summary

Context for Senior Management Team

Burnside’s Senior Management Team is concerned with efficiently managing a large non-government organisation so as to achieve the best outcomes for a number of groups ie individual service users, staff, volunteers, carers, Board members, donors and funding bodies. Both internally and externally generated policy directions contribute to the service delivered to children and young people in Burnside’s out-of-home care.

A commitment to social justice and to confronting structural disadvantage supports the adoption of a continuum of care framework for Burnside’s out-of-home care service delivery. Staffing and collaborative relationships across the sector are considered to be important organisational issues, as is responsiveness to funding opportunities.

The Senior Management Team identified needs of children and young people as:
- continuity in relationships
- stability of accommodation
- connections with birth parents
- education

To address such needs, their environment must allow children and young people to thrive.

The Senior Management Team desires more flexibility in the direction of out-of-home care policy.
Part C: Making meaning of the findings

1. Integrated construction of children and young people’s needs: commonalities and differences between stakeholder groups

The following construction of children and young people’s needs is based on the major themes that emerged from analysis of all stakeholder group data. The following table places the needs identified by children and young people in the dominant left hand column. Summaries of the stakeholder groups’ constructions can then be contrasted against needs identified by children and young people. The Senior Management Team construction is excluded from this table because they were asked different questions. Where a stakeholder group did not emphasise that need there is no entry.

<table>
<thead>
<tr>
<th>Needs identified by children and young people</th>
<th>Children and young people’s construction</th>
<th>Carers’ construction</th>
<th>Birth parents’ construction</th>
<th>Workers’ construction</th>
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**CONNECTIONS WITH OTHERS**
This is the dominant overarching need - the basis for fulfilling of other needs

| Connections with others | Based on familiarity, knowing, continuity and having something in common. Important for making meaning of who one is (identity). Value whoever they have connections with - friends, relatives, pets, etc. Also value connections with places. | Continuity. Love, security, belonging, stability and someone ‘being there’ for them. | Direct connections between birth parents and children and young people were seen as important in meeting children and young people’s emotional needs. These connections between birth parents and children and young people included the parent ‘being there’ for the children and young people. Connections through relationships with others, are important for meeting the emotional needs of children and young people. ‘Others’ extend to whoever relevant in the broader community. Children and young people need mediators of these connections. |}

Children and young people identify an overarching need for connections with people they have something in common with, even if it is ‘only’ knowing each other. Adult groups identify something similar, by talking about the importance of continuity in relationships for children and young people, although they do not necessarily highlight their need for ‘in common’ connections with others. This is discussed in terms of identity ie defining the self in a dynamic way.
Children and young people highlight the importance of birth family to children. Children highlight the complexity of such relationships to a greater extent than the adult groups. Adult groups do not necessarily recognise that children need autonomy in deciding ‘where they are at’ in these relationships. Both carers and birth parents highlight the practical difficulties of arranging contact that works for all groups.

Connections with birth mother

Feelings for birth mothers intense, fluctuate over time. Birth mother is not necessarily recognised separately from birth family. Caring for children and young people central to the identity for mothers. Birth mother is not necessarily recognised separately from birth family.

Children and young people highlight the importance of birth mothers, but their attitudes towards and needs for connections with their mothers, vary over time. Workers and carers do not explicitly identify the importance of birth mothers. This may be because when these adults talk about birth family they may mean birth mothers. Birth mothers described feelings of extreme loss (of their children and of their mothering identity) and powerlessness.

Connections with birth father

Important only to some children and young people. Some were very angry with their fathers. Important to fathers.

Children and young people rarely place emphasis on their connections with birth fathers, when they did it was only occasionally positive. More frequently it was with anger. Fathers were not mentioned separately by other groups, except for the birth parents group.

Connections with siblings

Connections with brothers and sisters are mostly (although not always) very important. No specific emphasis. No specific emphasis. No specific emphasis.

Children and young people’s construction

Carers’ construction

Birth parents’ construction

Workers’ construction

CONNECTIONS WITH OTHERS

This is the dominant overarching need - the basis for fulfilling of other needs
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**CONNECTIONS WITH OTHERS**
This is the dominant overarching need – the basis for fulfilling of other needs

Children and young people place much emphasis on connections with their siblings and on siblings being kept together. Adult research participant groups do not generally recognise the significance of siblings except within references to the broader concept of birth family.

<table>
<thead>
<tr>
<th>Connections with friends</th>
<th>Share/connect over things in common (defence against feeling alone?).</th>
<th>Some minimal recognition of importance.</th>
<th>Nil recognition.</th>
<th>Identify program where children and young people had benefited from sharing with their peers in care.</th>
</tr>
</thead>
</table>

Children and young people place considerable emphasis on needing friends. Adult groups do not generally identify children and young people's need for friends, although some workers recognise the value (for children and young people) of getting together with those who have had similar experiences. The importance can be understood as having things in common in relation to the difference and stigma attached to being in out-of-home care.

<table>
<thead>
<tr>
<th>Ongoing connections with carers/workers where children and young people felt cared for</th>
<th>Children and young people valued connections with carers and other workers when they felt they really cared for them, and/or made it possible for their connections with others to be strengthened.</th>
<th>Understanding of the value of their relationship with and that of caseworkers for children and young people. Also recognised that not always able to strongly connect with children and young people, and talked about the importance of child carer matching.</th>
<th>Recognised that carers important in children and young people's lives and some resented and others accepted the value of this.</th>
<th>Being a catalyst, for the child, wary of emotional investment in child, seeing this is the role of the 24 hour carer. Consider carers should ‘own’ children or young people as part of family.</th>
</tr>
</thead>
</table>

Children and young people value workers/carers who care about them and invest in them beyond 'merely doing a job'. Children and young people also value when workers/carers facilitate the strengthening of other important connections. Carers and some parents concur. Some workers placed importance on carers 'being there' for children and young people, but see a more detached role for themselves.

| Reciprocity (two way connections) in relations and also unconditional love eg pets, family members | Children and young people ‘care for’ as well as wanting to be ‘cared for’. Focus on unconditional love but in a relationship with some reciprocity. | | | |
|---------------------------------|-------------------------------------------------|-----------------|----------------------------------------------------------|

Children and young people focus on the importance of them caring for and having reciprocal relations with those important to them. Adult groups do not identify this as a need of children and young people.
Children and young people talk about continuity (of connections), whereas some adults as well as talking about continuity talk about stability, often interpreted as permanency. This finding is supported by that literature which emphasises the importance of teasing out the difference between issues of placement breakdown and broader issues of stability. For the children and young people involved in this research project placement stability is not identified as a need. Rather continuity of important connections is the need articulated by children and young people. These connections may be diverse and include birth family members, friends, and carers from placements that have broken down, pets and places.

<table>
<thead>
<tr>
<th>Needs identified by children and young people</th>
<th>Children and young people’s construction</th>
<th>Carers’ construction</th>
<th>Birth parents’ construction</th>
<th>Workers’ construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love and care</td>
<td>Being special, valued, sometimes unconditional.</td>
<td>Love, but may not be foster carer.</td>
<td>Love of birth parents.</td>
<td>Love but may be difficult to give love to.</td>
</tr>
<tr>
<td>Person there for one</td>
<td>People who connection with available when needed.</td>
<td>Security, belonging important, with some limitations on the part of some carers in terms of particular children and young people and match between carer &amp; child.</td>
<td>Being there for children and young people.</td>
<td>Res care workers, to have persons available. Caseworkers, safety net to facilitate self sufficiency, not necessarily to respond by being there - security.</td>
</tr>
<tr>
<td>Continuity</td>
<td>Continuity of connections with others.</td>
<td>Stability &amp; consistency. Continuity of caseworker, carer, school, friends and at times accommodation.</td>
<td>Importance of stability. Continuity, can be related to outcomes of care.</td>
<td></td>
</tr>
</tbody>
</table>
Children and young people highlight their need to choose and also to contribute within relationships. They struggle to have some constructive control of aspects of their own lives and for mutuality within relationships.

**POWER AND AGENCY IN LIVES**

Children and young people emphasise in their narrative as well as in the research process that they are individuals whose needs change over time and that it is by exercising choice in a dynamic way that they can have some control in their lives.

<table>
<thead>
<tr>
<th>To be actors in their own lives</th>
<th>Contribute to determining their own lives, making choices. Reciprocity with those connected with.</th>
</tr>
</thead>
</table>

To find voice and be heard in relationships with adults where power is shared or negotiated

| Powerlessness in relation to adults on whom dependent, experience confusion, being discounted, to blame, stigma. Not being heard means feeling trapped by powerlessness. |
| To be listened to, feel valued. Some carers acknowledge importance of children and young people being heard but feel they lack power to influence the system. Others concerned that children and young people should not be heard before carers. Some carers recognise it is difficult for them to hear children and young people. |
| Not to feel they are at fault for removal. Birth parents trapped by own experiences of powerlessness. Would like to hear more about/from child. |
| Recognise children and young people have voice & can show it by eg resistance. Should have choices & participate in decision-making. Workers should be advocates and have skills in communication. Issues of implementation mean can only hear children and young people superficially. |

Some adults express awareness of the negative outcomes when children and young people are not participating in decision-making about their lives, yet are unsure of how to provide for this. Children and young people and birth parents express overwhelming feelings of powerlessness. Workers and carers also express feelings of powerlessness in terms of meeting the needs of children and young people in care and around their own roles in the process.

<table>
<thead>
<tr>
<th>Information for control in their own lives</th>
<th>Contributes to agency and control in lives as well as non abuse. Context for identity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambiguity about whether need history of children or young people.</td>
<td></td>
</tr>
<tr>
<td>Want role in conveying information to children and young people.</td>
<td></td>
</tr>
<tr>
<td>Children and young people need facts and honesty.</td>
<td></td>
</tr>
</tbody>
</table>

Children and young people want information, as it can be a key to them having some control in their own lives. Workers recognise this. It is evident that provision of information to children and young people is complicated by the fact that certain information is connected with adult/care-system issues of power and control.
### SOCIALISATION

Except for some limited recognition of the importance of education by children and young people, adults determine socialisation needs of children and young people.

<table>
<thead>
<tr>
<th>Needs identified by children and young people</th>
<th>Children and young people’s construction</th>
<th>Carers’ construction</th>
<th>Birth parents’ construction</th>
<th>Workers’ construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for Education to prepare for future</td>
<td>Important for future lives and meeting material, vocational needs as adults. In present sometimes a negative experience.</td>
<td>For achieving in life a minor emphasis.</td>
<td>Some value where this is being provided for their children and young people. Would like to be more involved in their educational achievements.</td>
<td>To engage with school and become oriented to career. Value of informal education.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Consistent health treatment for present and as future parents.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Social skills so can interact with others.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Social skills to interact with others and fit into society. Prepare for futures as adults. Case plan central.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Discipline - to know right and wrong, develop responsibility and avoid them being hurt.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Setting boundaries to avoid hurt. Boundaries can conflict with giving choices.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Physical activities for occupying children and young people, guided by carer interests.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Value that carers can provide material things.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Material things important to children and young people’s identity, security.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Self sufficiency as adults.</td>
</tr>
</tbody>
</table>

Adults consider a dominant need of children and young people, is to be appropriately socialised. The only area where children and young people give limited recognised of some need for socialisation is in education. Generally adult focus on needs for socialisation as oriented towards preparing children and young people as future adults, whereas children and young people are more focused on their lives in the present.
The findings in context
Children and young people in out-of-home care tell us that what is important to them, is being connected with those who are important to them. These feelings of connection come from developing and maintaining relationships with people with whom they have something in common. Through these relationships children and young people’s emotional needs, including love, are met. Children and young people tell us of the importance to them of having some power to be heard and to make choices regarding their interactions. Adults had some understanding of the needs of children and young people in care. This understanding is within a context influenced by their own needs and experiences.

Need for connections
Children and young people identify an overarching need for connections with people with whom they are familiar, know and/or have something in common, that is with whom they can share. They emphasize connections as extending broadly to include relatives, friends, previous carers, pets and also places.

The adult groups in our research also recognise the importance for children and young people in care of connections/relationships with others, as does much of the child welfare literature and relevant legislation. The NSW Commission for Children and Young People (CCYP) noted in its Inquiry ‘one clear and consistent message from children and young people: relationships are the most important thing’. Similarly the Community Services Commission Voices of Children and Young People in Foster Care report (2000) documented the loss and grief children experienced as a result of connections with siblings, extended families, trusted teachers, friends and pets having been severed by their movements within the child welfare system.

The significance of ongoing relationships to children and young people is recognised at state level within the New South Wales Children and Young Persons (Care and Protection) Act 1998 S9(f), when it legislate that

‘If a child or young person is placed in out-of-care, the child or young person is entitled to maintain close relationships with people significant to the child or young person, including parents, siblings, extended family, peers, family friends and community’.

With the proviso
‘unless it is contrary to his or her best interests’.

Aspects important in children’s and young people’s relationships
The children and young people in this research contributed an understanding of what is the essence of an important relationship.

Having something in common and knowing
Children and young people identify that part of the essence of valued relationships is having something in common. At its most basic this may be a knowing of the other, similar to the concept of familiarity. Birth family members and kin may be encompassed, but not necessarily so. Ongoing contact with a particular carer may be valued because that carer is someone the child is familiar with, even after the placement is considered by the agency to have broken down.

Continuity and identity
The emphasis children and young people (and also carers) place on continuity of connections with those with whom they have something in common is discussed in terms of identity - as a defining of the self.

Within the child welfare literature continuity is acknowledged as being important. Jackson (2002:43) suggests that in relation to continuity, its “importance is greatly underestimated by social workers, especially in relation to
health and education, but also for example, in maintaining links with previous carers and other people who matter to the child."

When continuity and its association with identity is recognised as a need of children and young people, for example in legislation such as the New South Wales Children and Young Persons (Care and Protection) Act 1998, it tends to be constructed in a static way around normative concepts of what contributes to identity formation, e.g. nationality. In contrast, children and young people in our research place themselves in an active role in determining and maintaining contact with those with whom they wish to maintain continuity in the present, in ways that may be unrelated to codified norms.

Connections important to children and young people
Children and young people are saying in this research that they value relationships with adults such as family members, carers and workers. They are also placing particular importance on relationships with other children and young people. Other relationships they value can be diverse.

Relationships with other children and young people
The importance to children and young people of other children and young people, siblings and friends was emphasised. This importance is recognised to some extent by legislation, yet is given minimal attention by the adult groups or in the relevant literature.

Siblings
Children and young people in this research consider connections with brothers and sisters as significant. With some exceptions they consider ongoing contact and, frequently, placement with siblings as vital. Of the adult groups, carers recognised the importance of siblings to children and young people. Other adult groups give some recognition to siblings, but not the emphasis that children and young people give. The lack of emphasis on siblings generally in the literature is surprising, given policy and practice admonishments such as those of Berridge (1997) who confirms it is generally accepted as good practice to place siblings together in out-of-home care (UK Dept of Health, 1991) unless there is firm evidence to the contrary.

Friends
The importance that children and young people attach to friends is given some recognition in other New South Wales research where children and young people have been consulted, and in the legislation of this state. More generally within the child welfare literature, as with adult groups in our research, it has been traditional to describe those relationships that are important to children and young people in out-of-home care, as being with adults. Berridge (1997:48-49) states that "we are too often mesmerised in social work by child-adult relationships. As a result, we very much underestimate the importance of children's relationships with one another". George and van Oudenhoven (2002:72-73) comment on the silence in the international literature around this aspect of children's lives in foster care, and remark that this is a serious deficiency as "peers largely determine a child's happiness, attitudes, life experiences and even his or her future more than everyone else, more so even than birth or foster parents" (p.72).

Relationships with other children and young people have particular significance because of a commonality of experience. Bagshaw and Chung (2001:13) found children preferred talking with peers in contrast to teachers, when for example in trouble “as their peers knew the unique difficulties that they faced and could explain things in ways that they understood”. As Mayall’s research has demonstrated, children’s friendships are important as a basis for constructing a “common domain” where they are able to support each other and through this support to deal with issues in their relations with adults at both home and school (2002:123).

Children’s and young people’s emphasis on friendship with peers, in association with the findings regarding children’s and young people’s feelings of powerlessness, has significance in terms of power relations. Hartup draws attention to the fact that friendship between peers rests on a more equal power base than that of adult-child relationships. The 2002 Commission for Children and
Young People's consultation with children, as well as highlighting the importance of friends to children, noted that “children, like adults, value relationships based on equality, understanding and respect” (p. 41). This has particular relevance when considered with themes of difference and stigma of the “in care” situation identified by most stakeholder groups in this research. Workers identified the value they had observed in children and young people, who had had out-of-home care experiences, getting together.

Relationships with birth parents
The importance of connections with birth parents is something which all groups highlight. However, adult groups tend to talk more globally about birth families, while children and young people, specifically focus on birh mothers, as well as siblings.

Birth mothers
Children and young people emphasize the centrality of connections with birth mothers, indicating intensity as well as complexity, in these relationships. This is understandable in the context that whether one's experience of mothering has been good or bad, “relationships with mothers usually generate strong feelings for much of the life course” (Phoenix and Woollett, 1991:1). This complexity and the waning and waxing of the child's need for this connection, is generally not acknowledged by the adult groups in this research. A consequence of this lack of acknowledgment is that adults tend to generalise that children and young people need contact with parents irrespective of their stated wishes. Significantly in relation to this generalisation, Marsh and Peel (cited by Jackson 2002), found that only a quarter of a sample of children leaving care nominated their birth mother as key kin, while social workers focused almost exclusively on the mother, ignoring what the children had to say about their generally extensive family networks.

The intensity of children's and young people's feelings about their mothers, parallels the birth mothers' experiences, following their child's entry to care, of overwhelming loss and unmet needs for support and assistance. Similar experiences by birth mothers and their far reaching implications have been reported in some major studies of parents with children in care (Thomas and Thorpe 2003:27). Work with parents on their loss and grief (Burghem,2002, cited by Thomas and Thorpe, 2003) is important to the promotion of children and young people's well-being. It is also significant that carers as well as birth parents, discuss the importance of effective arrangements for contact between birth parents and their children. To achieve such outcomes it may be necessary for our care services to develop more in accord with what George and van Oudenhoven (2002:22) assert is occurring in some other countries, where care “is increasingly seen as complementary to and not substitutive of relationships with biological parents”.

Birth fathers
While the few birth fathers who participated in this research consider birth fathers to have an important role, children and young people generally place less emphasis on this connection. When they do focus on birth fathers, it is often with anger. This fits with the growing body of research which points to men's lack of understanding of parenting and relationship issues and their non involvement in families as contributing to problems within families, including domestic violence, child abuse, sexual assault and child behavioural problems (Russell et al.,1999).

Pets and places
Indicative of the diversity of connections that may be important to children and young people, some children and young people discuss their connections with pets. The importance of pets in children's and young people's lives has been recognised by those involved in introducing pets into therapeutic environments. Not only has research identified that pets can be companions for children and young people, helping them to adjust to emotional traumas but that adult women can regard a pet as a best friend (Gould, 2004).

That some children and young people value continuing connection not only with pets, but also to places, such as their home, alerts us to the fact that the connections important to children and young people can vary enormously.
Emotional needs
Children and young people consider that satisfaction of their emotional needs occurs within relationships with those with whom they feel connected, have continuity, and something in common.

Love and being cared about
All groups identify that children and young people need love and/or to be cared about by those with whom they have connection. Love is a concept that is not easy to find in books on child welfare. The need for love is partly about having someone who is emotionally there for them, who cares about them.

Love: expectations of mothers and mothering
For many children and young people and adults in this research, love is discussed in terms of a particular construction of mothering and of women as carers, congruent with a broader social conceptualisation of mothering. According to this conceptualisation, motherhood has been presented “as fulfilling, creative and characterised by loving” (Marshall in Phoenix et al 1991:70). As Dalley (1988:8), argues, in this conceptualisation of motherhood, caring for and caring about are seen to be so “completely integrated that it is unnecessary to disentangle them”, except in the case of deviant mothers. Some children and young people in our research discuss how they feel their mothers failed them in terms of this concept. Other children and young people describe how as they have become older they see their mothers as individuals and relate to them with more understanding of their issues, sometimes developing reciprocal relationships with them.

Birth mothers for their part, identify that they have an emotional bond with their children, and ‘care about’ them, but feel they are unable to convince others that they can ‘care for’ them, and that they are unable to obtain assistance which might make this possible. They mention the significance of the resources available to carers which facilitate effective caring for their children. This fits with Smith’s (1993:226) argument that the value placed on mothering in our society can oppress disadvantaged birth mothers by setting impossible standards. When birth mothers fail to reach these standards, they tend to be marginalised in plans for their child’s care, with a stronger emphasis on the socially-sanctioned new bond or connection, between carer and child.

Love: issues for carers and workers around caring about children and young people
Children and young people value those carers/workers whom they feel care about them emotionally and who they describe as willing to invest themselves in a relationship with them. In the case of workers, children and young people describe such investment in them, as being beyond the scope of paid jobs. Carers and workers describe themselves as able to ‘care for’ children and young people, that is to meet their day to day needs and be concerned for their well being, particularly in steering them towards appropriate futures. However some carers and workers identify constraints around being able to ‘be there for’ and/or ‘care about’ individual children and young people at the affective, emotional level. They describe limits to what they can give emotionally, and the children to whom they can give. For carers this is sometimes experienced as not having something in common with the children and young people for whom they care, attributed to factors such as that, when the placement was made, there had not being adequate matching of child and carer or sufficient attention to what suited the carer.

Some workers recognise that children and young people value intense connection with them, but place limitations on what they consider their involvement should be, based on personal and professional constraints. Workers and children and young people seem to be identifying differing ways of responding to children and young people.

The conflict between what children and young people are asking for and what workers generally consider as appropriate ways of responding to children and young people in care, can be equated with what Davies (cited in Parton, 2003) refers to as two idealised ways of working as a professional. The first is a masculine, gendered ideal of bureaucracy and profession that calls for detachment and autonomy, the second, a (non-gendered) ideal, which places caring at its centre. This second ideal is a more connected reflexive, approach which recognises interdependency and a collaborative approach to use of self in professional helping.

Stability versus continuity and having things ‘in common’
A need for stability was emphasised by many of the adult participants in this research. It is a concept which has a dominant position in the child welfare literature. However, it was not identified as such by children and young people.

Jackson (2002) describes the way in which many studies of children in public care associate instability and unpredictability in the lives of children in care as “prime causes of poor outcomes” (p. 38) but suggests that “wider issues of stability have been confounded with the question of placement breakdown” (p. 54). This confounding of the need for stability with issues around placement breakdown can be argued to have been a major impetus in the move towards permanency planning.
Teasing out issues of placement breakdown and concepts of stability, permanency and continuity of connections where there is something in common, seems essential. This is in part supported by Sellick and Thoburn (2002) who comment that a major mistake in permanency planning policies, has been to underestimate "children’s need for continuity and connection with the family and culture of origin" (p. 32). Our research extends this conclusion through broadening the understanding of what connection means for children and young people, as including not only aspects of relationships with families of origin, but with others with whom children and young people have something in common. This may include for example past carers, school friends and teachers.

Need for power and agency or being actors in their lives

Children and young people tell us in their verbal responses, as well as through the way they engage with the research process, that they have a need for power and agency and that the satisfaction of this need is basic to the meeting of their other needs.

Participation in decision-making as policy

The right of children and young people to have this need for agency met through participating in decision-making about their own lives has been recognised in the United Nations Convention on the Rights of the Child and in domestic legislation, including the New South Wales Children and Young Persons (Care and Protection) Act 1998.

The New South Wales Community Services Commission (2000) Inquiry into the Practice and Provision of Substitute Care in New South Wales found serious deficiencies in the application of the principle of child and young person participation. From the review of what works in child welfare by McNeish & Newman (2002:277), it appears that the situation is not very different in the UK where “young people often described feeling as if their views did not count. Although there are processes for listening to young people in reviews and so forth, some young people found these to be tokenistic rather than genuine”.

Powerlessness

Children and young people tell us how their feelings of powerlessness and of being trapped by their dependency on adults, cripples their use of agency. Some tell us that these feelings were part of living in abusive situations prior to entry to care, and have been compounded by interventions that removed them from this situation and by their experiences within out-of-home care.

Adult participants vary in their awareness of children and young people’s need for agency. Some carers and workers are concerned to empower children and young people and indicated this in, for example, the ways they facilitated children and young people’s decision-making about participating in the research.

Carers and workers are at times concerned that they themselves lack the power to negotiate the system in ways which would make participation by children and young people in decisions about their own lives possible, and make it more possible for them as workers to meet children and young people’s other needs. In children and young people’s and birth parents’ narratives, feelings of powerlessness were more pervasive and related to their experiences of being ‘in care’ and/or to their interactions with those in more powerful positions in the care system.

Children and young people made very explicit their understandings of their powerlessness when we asked if they would be willing to attend a final stage of the research process. It was originally planned that the children and young people would participate in negotiations with other stakeholder groups around constructions of needs. The children and young people we asked told us they were not willing to be part of the suggested process, as they would feel intimidated, either by specific adults or adults in general. They indicated that in a forum bringing together the various groups’ constructions of what are the needs of children and young people in care they would experience difficulty having their views heard.

The role of power in satisfying needs

Children and young people tell us that it is through having choice in and some control of relationships, that their emotional needs are most likely to be satisfied in a way relevant to them as individuals. John (2003:4) in identifying that children require power to satisfy their aspirations, quotes Rowe (1989:16) “In the final analysis, power is the right to have your definition of reality prevail over other people’s definition of reality” (p. 47). By presenting children and young people’s definition of their needs in the integrated construction in this report as a point of reference to discuss the adult stakeholders’ definitions, we have privileged their narrative and thereby their experiences of reality.

In this way we have challenged what John refers to as “the usual power relationships between adults and children” (p. 47) where adults provide services to meet what they define as the needs children have, so that in relation to the provision of education, “it is the adult’s view of the world which is most often the framework for understanding, which forms the basis of formal and informal induction into the world” and “is inescapably linked with control, both latent and manifest”.
Information and power
In terms of the way power is manifest in the context in which children and young people in care live their lives, information, and the way it is controlled, is central. This is evident in the ways adults vie to control both what information children and young people are provided with and who conveys information to them. Principle 10 of the NSW Children and Young Person (Care and Protection) Act 1998, recognises that for children and young people to participate effectively in decision-making they require accessible information, as well as support in expressing their views. Our research underlines that making information available to children and young people is not a simple matter. It challenges the status quo. The birth parents who want to be the persons to give information to children and young people, implicitly recognise that in doing so they, rather than other adults, would have the power to define the reality of their children’s being in care. Those carers who do not want to be provided with information on children and young people who are placed with them, seem to be saying that they do not want their interactions with children and young people to be influenced by some other adult’s definition of children or young people’s needs.

Socialisation needs
Children and young people did not generally identify a need to be socialised, although it was a major focus for carers and workers. In discussion by adults of, what we have termed, needs for socialisation, issues of control were explicit in a focus on setting of boundaries for and discipline of children and young people. Thorne notes: “socialisation and development (are) perspectives that many parent teachers and other adults bring to their interactions with children... children don’t necessarily see themselves being socialised or developing and their interactions with one another and with adults extend beyond these models” (1993:13).

Our findings on the socialisation of children and young people, and the associated concerns for normal developmental experiences for children and young people ‘in care’, support Thorne’s contention that “asking how children are socialised into adult ways, or how their experiences fit into linear stages of individual development, deflects attention from their present, lived and collective experiences” (p. 13). This is exemplified in children’s and young people’s experiences of education. Some children and young people, who comment on the importance of education to their future lives, also comment on how it is failing to meet their needs in the present.

It is very possible that had this project gone through the originally planned stage of negotiation between stakeholders, that children and young people may have recognised some other areas in which socialisation is significant. However, they are also likely to have put a more present-oriented slant to these other areas.
Children and young people making sense of their individual lives: power, voice and normality

Inherent in children’s and young people’s individual responses as well as their aggregated group narrative is an attempt by them to make meaning of their lives and of their own identities or selves. They struggle to do this within the context of their powerlessness to influence events and others’ definitions of what is normal. Central to these definitions is the concept of the normal family. Entry to care, and processes within it, especially for those who have repeated care placements, represent continuing attempts by adults to normalise their experience (and consequently continuing experiences of failure).

At the same time, children and young people’s actual experiences of their present, including some connections important to them, are frequently ignored by silencing their voices. This silencing is experienced as denying that they are people with feelings and reinforcing powerlessness, as was made clear particularly in the experiences of some of the children and young people around participation in the research process.

John (2003), in commenting on how children’s subjectivities have been denied by psychologists and other adults, refers to the way in which this silence has resulted in those who are powerful describing the lives of the silent, even though they are outsiders to these lives. She highlights the interconnections between power, voice and the identification of individual experience and in particular the importance of power in having other people accept your definition of reality.

The importance of negotiating realities

The interconnections between power, voice and the identification of individual experience were highlighted at the point where we were unable to facilitate a forum in which the different realities were to be negotiated. Developing strategies to confront the power inequalities in the lives of children and young people in out-of-home care, will be crucial in implementing the principles outlined in Part D of this report.

Providing children and young people with opportunities to have their realities taken into account; to the extent where the negotiation of variously defined realities becomes part of the experience of care for individual children and young people, will improve the extent to which the needs of children and young people in out-of-home care can be met.

Focusing on children’s and young people’s presents

Children and young people are telling us that it is their present that matters to them, but not in isolation from the past and future. Children and young people are seeking some continuity in connections from their pasts and ideally some assurance that these will go with them into their immediate futures. A focus on children’s and young people’s presents enables the development of principles which are responsive to individual children and young people and avoids the pressure towards inappropriate generalisations, inherent in adult emphasis on socialising children and young people to future goals. As Mark Raper, Head of the Jesuit community in Australia, eloquently put it, when apologising to school victims of child sexual abuse: “The future takes care of itself if we adjust and respond to the present” (http://www.smh.com.au 28.7.03). This is surely a precept for child welfare.
Implementing the model within Burnside

Burnside is well placed in its explicit policy to implement practice principles following from the findings of this research, within the constraints posed by resource limitations and the parameters of state child welfare policy.

Burnside’s focus on a continuum of care should provide for the meeting of children’s and young people’s needs for continuity of connections and responses to them as individuals. This would ideally be reflected in a reduced separation of the practice areas of before or out of care, in care and after care and an increase in practices targeted at individuals in their particular contexts.

Any ambiguity in the findings on explicit agency policy that places children and young people centrally and reduces inequalities between adults and children and young people, reflects struggles elsewhere in implementing participation by children and young people in decision-making. However, the emphasis of Burnside principles of social justice and responding to structural disadvantage, should facilitate practices for reducing inequalities in power between children and young people and others in their lives and provide a basis for support and advocacy to enable children and young people to have more control of their own lives. It should also make possible practice supportive of birth families and of negotiations between those with competing stakes in the lives of children and young people in care.

Implementing the model beyond Burnside

The findings of this research project and the principles arising, are generally relevant to care agencies with responsibilities for children and young people. In particular these findings and the principles derived from them, point to a holistic way of responding to contemporary problems of a child welfare system, flagged in Part A, Section 2 (Out-of-home care and the participation of children and young people). This holistic approach would start not from asking how to fit the child or young person into existing provisions, but from the question of how to put in place provisions responsive to the needs of individual children and young people.
Part D: Suggested principles for policy and practice

Introduction
It was initially intended that an outcome of this research project would be a model of substitute or out-of-home care, to meet the needs of individual children and young people. As the findings from the research emerged, it became clear that it would be inappropriate to explicate a particular model and thereby idealise one approach to out-of-home care. A model of care would ignore the complexity of decision-making around the needs of individual children and young people, particularly when they and others are participants in the process. Indeed a conclusion was the importance of flexible responses, which enable providers to adapt provisions to the child and to think broadly across and beyond existing models. Consequently the researchers considered the implications of the findings and identified principles to give practical guidance for the implementation of the findings at practice, policy and broader system, levels. This part of the report relates a summary of the findings to principles for practice at all three levels.

DoCS kindly agreed to comment on the draft ‘broad system policy principles’. Their contributions were taken into account when finalising this report.

7 Derived from findings of the research

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<tr>
<th>Research Finding</th>
<th>Practice Principle</th>
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<tr>
<td>1. Children and young people identify an overarching need for connections with people they have something in common with, even if they ‘only’ know each other. Adult groups identify something similar in talking about the importance of continuity in relationships for children and young people. Adults do not necessarily highlight children and young people’s expressed need for ‘in common’ connections with others.</td>
<td>Identify and strengthen all those connections which children and young people describe as being important to them, eg use social network mapping with children and young people to identify significant people. Important connections can also be identified and reinforced through ‘life story work’. Use Kit to document significant people etc...</td>
<td>Work collaboratively with statutory agency (DoCS) to engage with child before removal.</td>
<td>Placement to address individual needs, rather than slot children and young people into services with a vacancy. This should occur at earliest possible stage of intervention.</td>
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<td>Identifying and facilitating connections is a continuous process not solely done at time of assessment.</td>
<td>Monitor, through supervision, the ways that staff identify and strengthen children and young people’s important connections.</td>
<td>Recognise, by collecting relevant data in the care plan, that where children and young people share commonalities with others, strengthening of such connections is of value to children and young people. eg the Children &amp; Young Persons (Care &amp; Protection) Act 1998 uses the term ‘significant adults’.</td>
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<td>Examine data categories to ensure that all potential important connections can be counted.</td>
<td>Examine DoCS data categories to ensure that all potential important connections can be counted.</td>
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<td>OOH C policy &amp; procedures to guide staff in care planning ie content, timing, documenting etc.</td>
<td>Care allowance accessible to kinship carers.</td>
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<td>2. All research participant groups agree on the importance of birth family for children and young people. Children and young people highlight the complexity of these relationships to a greater extent than the adult groups. Adult groups do not necessarily recognise that children and young people need autonomy in deciding ‘where they are at’ in these relationships. Carers and birth parents highlight the practical difficulties of arranging contact that ‘works’ for all.</td>
<td>Be aware of which of children and young people’s birth family members they are connected with and regularly check with children and young people where they ‘are at’. Be mindful of the complexity of these particular connections so as to address change as it occurs. Mediate between children and young people and adults to facilitate workable connecting processes with birth family members. Negotiate with all the concerned parties to ensure that any contact arrangements are comfortable for all. With input from child, develop ways for keeping birth family informed about their child in care.</td>
<td>Develop policy, re supporting children and young people to maintain and or initiate contact with birth family members. ‘Birth family members’ should be defined broadly. Restate Burnside policy regarding child-centred practice, ie seek and acknowledge children and young people’s views at all times. Provide guidance to carers re children and young people’s contact with birth family members and mediate where carers disagree with children and young people’s expressed needs to have or terminate contact with a parent. Work with carers to address contact concerns. Review policies about contact to ensure flexibility in contact arrangements. Provide contact settings that are conducive to the development of positive relationships. Ensure that birth parents are supported for contact with their child(ren).</td>
<td>Adopt a strengths-based approach to birth families. Intensive early intervention for families where children are ‘at risk’. Recognise the importance of exploring all options for care of child to maximise the meeting of child’s needs.</td>
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### SUGGESTED PRACTICE PRINCIPLES

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<td>3. Children and young people highlight the importance of birth mothers. Their attitudes towards and needs for connections with their mothers, vary over time. Workers and carers do not explicitly identify the importance of birth mothers. This may be because when these adults talk about ‘birth family’ they may mean birth mothers. Birth mothers described feelings of extreme loss (of their children, of their mothering identity) and powerlessness associated with their children being ‘in care’.</td>
<td>Be attentive to and help children and young people to work through their intense but changing attitudes to their birth mothers. Arrange support for birth mothers of children and young people coming into Burnside’s care so that they can be helped to deal with their losses (of children and identity) eg connect mother with family support service or the like. Include mothers support person in care reviews.</td>
<td>Lobby for support services for mothers whose children and young people have been removed. Include referrals etc for mothers in care plan.</td>
<td>Allocate resources for mothers of removed children and young people.</td>
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<tr>
<td>4. A concept underlying much of all groups’ discussion was that of an ‘ideal’ family/mother. This was linked with a concept of ‘normality’.</td>
<td>Practitioner assumptions of ‘normal’ and ‘ideal’ families should be clarified, assessed and reviewed. Strengths based framing discussion of mothering as experienced rather than deficit approach.</td>
<td>Accept a diversity of parenting arrangements. Training for carers and staff re strengths based approaches and unpacking assumptions about ‘ideal’ family / mother.</td>
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<td>5. In this research, children and young people rarely placed emphasis on their connections with birth fathers, when they did it was only occasionally positive. More frequently it was with anger.</td>
<td>Identify when a child is angry with their father so as to help the processing of these feelings and their implications for continued relationships. Assist in locating fathers so as to provide an opportunity for them to be informed about their child. Contact details to be recorded. Fathers identified as being significant by child to be provided with regular updates on the child. Every effort made to establish meaningful relationships between child and father. Arrange support for fathers (of children and young people in care) who wish to develop a relationship with their children.</td>
<td>When fathers are ‘in the picture’ support efforts to help them to relate constructively with their children, eg refer to Burnside Fathers Support Service.</td>
<td>Orient appropriate services so as to provide opportunities for fathers to constructively engage with their children.</td>
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<td>6. Children and young people place emphasis on connections with their siblings and a few emphasise siblings being placed together ‘in care’. Adult groups did not generally recognise the significance of siblings except within references to the broader concept of birth family.</td>
<td>Identify the extent to which siblings value their connections with each other and make continuity of valued connections a priority, eg by placing siblings in care together. Arrange contact between separated siblings. Target carer recruitment campaigns for sibling groups.</td>
<td>Placement to meet individual needs. Do not assume that siblings want to be placed together. Every effort to be made to keep sibling groups together if that is their wish.</td>
<td>Support children and young people’s desire to be placed with or apart from siblings when placement is being arranged.</td>
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<td>7. Children and young people place considerable emphasis on needing friends. Adult groups do not generally identify children and young people’s need for friends, although some workers recognise the value for children and young people of getting together with those who have had similar experiences. The importance of such shared experiences can be understood in terms of themes of difference and stigma attached to the ‘in care’ situation identified elsewhere.</td>
<td>Create and support opportunities for children and young people to make friends, both outside and within care. Provide diverse opportunities for children and young people in care to share their experiences with each other, eg phone links, letters, regular activities which children and young people participate in planning and organising. Be aware of children and young people’s friendship networks and facilitate the maintenance of these significant connections if children and young people move residence. Link children and young people in care to CREATE.</td>
<td>Identify and value peer friendships by dealing with procedural barriers to their development, eg can’t stay with friends overnight without friends’ parents being legally cleared. Reimburse carers for costs incurred in facilitating the development and maintenance of friendships eg provide stamps/phone call cards. Recognise the importance of children and young people in care coming together by making opportunities for such connections. Recognise that procedural barriers is a system issue that is in place that cannot be changed at an agency level.</td>
<td>Create opportunities for children and young people in care in NSW to be in contact. Continue to fund CREATE and Foster Care Week in NSW.</td>
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<td>8. Children and young people value workers/carers who care about them and invest in them beyond ‘merely doing a job’. Children and young people also value when workers/carers facilitate the strengthening of other important connections. Carers and some parents concur. Some workers placed importance on carers ‘being there’ for children and young people but see a more detached role for themselves.</td>
<td>Recognise that children and young people may place more importance on their relationship with workers/carers than these adults do. Respond to children and young people in honest ways that respect their need for emotional continuity, eg maintain (limited) contact by sending a birthday card. Workers and carers should be prepared to use ‘self’ in their ‘work’ relationships with children and young people in care. Be open about what level of connection is available to a particular child not only from oneself but also from all those identified as significant to the child.</td>
<td>Facilitate matching of child to worker/carer. Does child have right to decide? Employ diverse workers and carers. Provide training to workers/carers re development of sustaining adult/child relationships. Engage staff prepared to invest beyond doing ‘a job’. Provide conditions that recognise workers may be making a considerable emotional investment, eg provide workers with access to needed expertise and training. Assess and review case loads with reference to children and young people’s needs. Provide professional supervision to staff.</td>
<td>Ensure the development and support of a diverse pool of qualified workers and carers, eg Muslim carers group. Ensure that skilled regular supervision and training occurs for all those working with children and young people. Continue to improve the level of skill and availability of carer support workers and caseworkers. Continue to encourage implementation of Step by Step and Shared Stories Shared Lifes. Personal Planning &amp; Review for DoCS Caseworkers.</td>
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<td>9. Children and young people focus on the importance of them caring for and having reciprocal relations with those important to them. Adult groups did not identify this as a need of children and young people.</td>
<td>Recognise that children and young people may want to ‘care for’ and about those with whom they have relationships eg facilitate visits to mother if she is ill. Listen to children and young people when they identify the persons/pets that they do care ‘about’ and facilitate reciprocal caring eg assist children and young people to learn pet care.</td>
<td>Facilitate worker/carer learning about ways children and young people can show reciprocity in their important relationships.</td>
<td>Value the real interdependencies of relationships involving children and young people by eliciting and documenting children and young people’s views re matters concerning them.</td>
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### Research Finding

10. All research groups identify that children and young people need love and to be ‘cared about’ as well as being ‘cared for’. Some carers care ‘for’ but are not able to ‘care about’ children and young people. Some parents ‘care about’ their children but are not able to ‘care for’ them.

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<td>10. All research groups identify that children and young people need love and to be ‘cared about’ as well as being ‘cared for’. Some carers care ‘for’ but are not able to ‘care about’ children and young people. Some parents ‘care about’ their children but are not able to ‘care for’ them.</td>
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<td>11. Children and young people and birth parents talk of a need for someone to be emotionally ‘there’ for children and young people. This need of children and young people is recognised by other adult groups as important, but often they articulate constraints on them ‘being there’ for children and young people in care. These constraints may include the personality of the child and children and young people’s responsiveness to adult requirements of the child.</td>
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<td>12. Children and young people talk about continuity (of connections), whereas some adults talk about ‘stability’, often interpreted as ‘permanency’.</td>
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<td>13. Children and young people told us that having some power (or ability to influence what happens in their lives) is basic to the meeting of their other needs. We learnt the importance of adults sharing control with children and young people if we are to effectively engage with and facilitate their participation in decision-making processes.</td>
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<td>14. Children and young people struggle to have some constructive control in their own lives and for mutuality within relationships.</td>
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<td>15. Children and young people emphasise that they are individuals whose needs change over time and that it is by exercising choice in a dynamic way that they can have some control in their lives.</td>
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<td>16. Children and young people want information, as it can be a key to them having some control in their own lives. Workers recognise this. It is evident that provision of information to children and young people is complicated by the fact that certain information is connected with adult/care-system issues of power and control.</td>
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<td>17. Adults in our research consider that a need of children and young people is to be appropriately socialised in a number of areas. Generally socialisation is oriented towards preparing children and young people as ‘future’ adults, whereas children and young people are more focused on their lives in the ‘present’. Education is the only area children and young people identify in this way.</td>
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<td>18. Adult groups understand some of the needs of children and young people. Adults' own needs and experiences influence this understanding.</td>
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</tbody>
</table>
References


Gould, H. Department of Psychology, Massachusetts, Clark University. www.clarku.edu/departments/psychology/papers/gould.pdf accessed 20.1.04


NSW Community Services Commission (2000B) Inquiry into the practice and provision of substitute care in NSW. Sydney, NSW Community Services Commission.


Wesley Dalmar Child and Family Care Agency and University of Western Sydney, Social Justice Social Change Research Centre (2002) Families speak video.


Appendix I

Nature of the collaboration: university and industry partner

As a non-profit agency with a long history in child welfare service provision, a sound asset base, and pool of professional expertise, Burnside is well placed to innovate. Burnside is concerned to further the Uniting Church’s policy of creating knowledge for public benefit. As part of its organisational culture, Burnside has promoted external evaluations of its programs. These evaluations have provided valuable snapshots of the effectiveness of individual programs, but have not been able to indicate future directions for substitute care, and in particular how Burnside can more effectively respond to the greatly increased needs of its client population and the consequent increased cost of service delivery. In collaborating in this project it acknowledged that it is important to build on earlier work, through examining agency assumptions and beliefs about meeting the needs of children, as part of seeking new directions and to obtain the views of children and young people and those concerned about their welfare.

The project was developed collaboratively, in the context of on-going professional contact between the Chief Investigator and senior staff members at Burnside. Contact had occurred over a number of years, with the Chief Investigator being on a number of Burnside committees, and Burnside staff participating as experts and as students, in activities at UWS. The project developed out of discussions on the need to fill this gap in existing research on out-of-home care for children, with the commitment of academics of the Childhood and Youth Policy Research Unit, to involving children in any research project, being an important factor for the Burnside executive, in seeking to implement their strategies to achieve best practice.

Industry-University collaboration, such as that in this project, is increasingly recognised as a particularly appropriate strategy for achieving research breakthroughs in child welfare. Lovell and Thompson (1995:96) note that collaboration between policy-makers and academic researchers ‘offers tremendous potential to reshape the child welfare system’. While there are a limited number of reported examples of such research (eg Callahan et al., 1997), there are no known examples reported in the literature as comprehensive as that in this project.
Definition of terms

ACWA: Association of Children’s Welfare Agencies. Peak body in New South Wales (Australia) with the objectives of supporting non-government agencies and improving the quality of services available to ‘at risk’ dependent children and young people who need to live away from their families.

Aftercare: the organisational support of young people after they have left the care situation in order to maintain their independence within the community. In Burnside, Aftercare works directly with young people 15-25 who have already left care and are living independently without support, and provides resourcing and consultancy to young people who are getting ready to leave care.

Agency: (1) an organisation providing a service to the public, or (2) a way of exerting power; instrumentality.

ARC: Australian Research Council. The ARC fosters excellence, partnerships and the highest ethical standards in research and research training in all fields of science, social sciences and the humanities. ARC provided the funding for this three year research project.

Birth parents: the parents’ children and young people are born to. Known as ‘natural’ parents in some earlier literature, or simply ‘the parents’.

Carers: carers refers to people authorized or employed by the agency to ‘care for’ and have daily control of children and young people in out-of-home care.

Children: In this document, the word children is sometimes used as a generic term to refer to children and young people of all ages, to indicate that the data being discussed is relevant to the non-adult status of this group of participants. In this document the terms ‘young people’ or ‘young person’ are used where this status, has specific relevance to what is being discussed.

Designated Agency means:
(a) a department of the Public Service, or
(b) an organisation that arranges the provision of out-of-home care, if the department or organisation is accredited for the time being in accordance with the regulations.

DoCS: Department of Community Services. New South Wales State Government Department. Largest provider of out-of-home care in NSW. DoCS provide funding to non-Government providers of OOHC and are responsible for the development of policy relating to child and family services.

Ethnographic: a descriptive and comparative account of the way of life of a particular group of people.

Foster care: the care and daily control of a child or young person within a family which is not related to them, nor is their immediate birth family. ‘Family’ may mean a single carer or a couple, with or without other children.

Guardian: NSW Children’s Guardian based at the Office of Children’s Guardian. The Guardian has responsibilities for monitoring children in the out-of-home care system, as well as for promoting and safeguarding the rights and best interests of children in care. They will oversee the accreditation of agencies that provide out-of-home care and ensure the agencies meet the agreed standards. The Children’s Guardian also assists in resolving disputes between carers or children and young people and the responsible agency.

Kinship care: the care of children and young people by persons other than birth parents, who are members of a child’s extended family or relevant community members.
‘In care’: the state of being cared for by carers other than the child or young person’s birth parents, in a place other than the birth parent’s home, either by an order of the Children’s Court or through a voluntary placement.

Independent living: living and functioning within the community without physical support deriving primarily from a family.

Individualised or ‘wraparound’ services: services focused primarily on the individual requiring care/ protection. It is accepted that human needs change over time, places and circumstances, and that funding should be flexibly directed to provide the services to meet these changing needs.

Non-Government sector: agencies which may be funded by, but are not organisationally part of, Government Departments. They may derive from a Church, charity, or community base, or may be established to work for profit to provide services within the community.

NSW Ombudsman: the NSW Ombudsman deals with complaints about NSW State Government departments and the provision of community services, as well as overseeing and auditing complaints handling systems in Departments and agencies. It is primarily an independent review body.

Out-of-home care: care and control of a child or young person at a place other than the usual home of the child or young person, and by people either not related to the child/young person or not of their immediate birth family. *(out-of-home care means residential care and control (whether or not for fee, gain or reward) of a child or young person:
(a) at a place other than the usual home of the child or young person, and
(b) by a person, other than a parent of the child or young person).
Taken out of Children and Young Persons (Care & Protection) Act 1998.

Participatory Appraisal Research (PAR): a participatory method of making an assessment of community resources and problems. The whole community is involved in the process, and decisions are made from the bottom up.

Qualitative action research: action research is research that is explicitly aimed at supporting change through the research process. The data collection in this method of research is often qualitative ie responses are usually descriptive, and focus on the who, which, what, when, where and why of the issue.

Residential care: out-of-home care of a child or young person where it is not conducted within a family context ie it is in a house other than the child or young person’s original residence, and the carers are employed by the agency to ‘care for’ them on either full-time or a roster basis.

Senior Management Team: the management layer within Burnside with responsibilities across program areas to develop and drive strategic directions for the organisation.

Workers: refers to those staff members employed by UnitingCare Burnside to provide out-of-home care services to children and young people. Workers are employed in residential care, foster care, professional foster care and aftercare.
Profiles of research team members

Natalie Bolzan
Associate Investigator

Natalie Bolzan is a Senior lecturer in the school of Applied Social and Human Sciences. She has recently undertaken a national research investigation into community attitudes to young people for the National Youth Affairs Research Scheme. She is interested in exploring the ways in which marginalised groups such as the young or those with mental illness are able to resist or alter their marginalised status and achieve agency. She is particularly interested in methodologies which seek to engage young people in research which concerns them.

Jan Falloon
Researcher

Jan has worked extensively with children and families for many years. She has worked with individual children and families in a support role, in child protection and in out-of-home care. Jan has worked in direct care, program management and policy and community management in the government and non-government sectors. Jan currently teaches in the School of Social and Applied Sciences, University of Western Sydney. Her focus is to contribute to policies relevant to children, youth and families by exploring issues associated with researching childhood. She is committed to achieving more appropriate and inclusive ways of involving children in research and thus enabling their voices to be heard in practice and policy.

Christine Gibson

Christine Gibson is Research Manager, Social Justice and Research Program, UnitingCare Burnside. She has been working to facilitate and improve services for children, young people and families by promoting and engaging in relevant research and evaluation activities. She was a vital contributor to a national project, Shaping the Future: Strengths-based frameworks for professionals who work with children living with domestic violence. Both her academic and consultancy roles are built on the knowledge and experience gained while working within the NSW community legal centre sector. Many years collaborating with lawyers taught her that ‘good practice’ requires clarity of purpose as well as clear communication.

Ros Leahy
Researcher

Ros has over 20 years experience in child and family services field services in direct client work and training and curricula development. She has worked across a diverse range of Government Departments, non Government services, Community programs and provided consulting services. Her main areas of focus include: health, statutory child protection, out-of-home care, family work, mediation and debriefing, victims of crime counselling (including sexual assault and domestic violence), investigative interviewing and training and curricula development. Out-of-home care experience has focused on recruitment and assessment of carers, case planning of children in care, evaluation of programs and tools and training and development of services.

Robert Urquhart
Partner Investigator (1999-2002)

Robert is now the Manager of the Social Justice and Social Change Research Centre (SJSC) based at the University of Western Sydney. Robert has worked in the social and public policy arenas in the public, private and non-profit sectors. He has over twenty years experience as an applied social and economic researcher and in managing social R&D programs from start-up. In his previous position as Principal Research Officer UnitingCare Burnside, he established the in-house Social Research arm within the Social Justice and Research Program.
Appendix IV (A) - Leaflet

We want to find out what children and young people think about their lives!

We want you to help us work out the best way of doing this.

THE PLAN IS...

Step One: I will be ringing you. I want to find out if it's ok for me to talk to you about what I am doing.

Step Two: After you hear more about what I am doing I'll ask if you can help me with the project.

Step Three: We can talk on the phone about ways that you can be part of the project or I can come and visit you.

IT'S UP TO YOU!

You may not want to talk - it is okay to say NO.

If you want to talk, I would like to listen.

It's up to you what you do.

Your Case Worker and the adults that you live with also know about the project so you can talk to them about whether you want to be involved or not.

My contact details are on the back page.

WHAT'S UP?

Hi my name is Jan Falloon. I am doing a project with Burnside to learn about what things are important to children and young people. I work at the University of Western Sydney.

As adults we do lots of guessing about what your needs are. Adults forget what it is like to be a child or young person.

I've got an idea!

Let's do it!

IF YOU WANT TO FIND ME!

There are 3 ways you can contact me:

Call me on 9768 6814

Text message me on 0401 500 301 or

E-mail me at j.falloon@uws.edu.au

UNIVERSITY OF WESTERN SYDNEY

_UNITINGCARE_Burnside
Appendix IV (B) - Interview Guide

Interview Guide
Developing a model of care to meet the needs of individual children and young people

Stage 2 Research with children and young people

Format: Verbal Questions
1. What are the most important experiences in your life?
Or
What are the most important things that have happened in your life?

2. Who have been the most important people and pets in your life?

3. Can you tell me what things that are working for you right now?

Format: Verbal / Written Questions
Lead question
What dreams/hopes do you have for your future?

Lead Statements (on following pages)
5a. What are your dreams of the future?
5b. What has to stay the same to make your dreams come true?
5c. What has to change to make your dreams come true?

What are you happy about?

What would you like to keep the same?

What would you like to change?

Appendix IV (B) - Interview Guide continued

FORMAT: VERBAL QUESTION
6. If you were interviewing someone who was in care or had been in care, is there a question you would like to ask them?

Thanks

What are your dreams for the future?

What has to stay the same to make your dreams come true?

What has to change to make your dreams come true?

Appendix IV (B) - Interview Guide continued

Thank you very much for participating in this research. I really appreciate you taking the time to talk with me and share your ideas.

I am now going to write up all the information you provided to me today and give you a copy to read to make sure that I have fully understood what you have been telling me.

If you are interested in any further involvement in this research please let me know. We are looking at bringing together a group of children and young people to talk about our findings. Let me know if you want to know more about this. My contact number is ****

Thanks again you have been a BIG help.