

3. METHOD

Key message:

The findings from this study reflect what carers, service providers and children in out-of-home care said. However, views of participants might not be accurate in relation to policies and procedures described or services available. Similarly, participants' views on promising practice do not represent practices that have been evaluated and found to be effective – it is the participants' opinions that these practices or suggestions would enhance service provision.

The Australian Council for Children and Parenting (ACCAP)'s Children at Risk Committee acted as a “steering group” for this research project. As well as the individuals formally interviewed as part of the data collection process, the following organisations were either represented on the steering group or were consulted in order to identify appropriate individuals and organisations to include in the list of key stakeholders. These included the:

- Secretariat of National Aboriginal and Islander Child Care (SNAICC), representing Aboriginal and Islander Child Care Agencies (AICCA);
- Australian Government Department of Family and Community Services – Family and Children's Policy Branch;
- Child and Family Welfare Association of Australia (CAFWAA);
- Australian Foster Carers Association (AFCA);
- CDSMC working group on the National Plan for Foster Children, Young People and their Carers;
- CREATE Foundation;
- Care Leavers of Australia Network (CLAN); and
- Australian Research Alliance for Children and Youth (ARACY).

Input from these key stakeholder groups on the implementation of the project ensured that the focus and direction were relevant to the services provided by these organisations and ensured the inclusion of appropriate participants.

3.1 Participants

Three groups of respondents were consulted:

1. organisational representatives involved with placement of Aboriginal and Torres Strait Islander children in out-of-home care;
2. carers of Aboriginal and Torres Strait Islander children and young people in two states (QLD, WA); and
3. Aboriginal and Torres Strait Islander young people currently in care (aged 7-16) in two states (QLD, WA).

3.2 Sampling techniques

Broadly the sampling strategies employed included the identification of a sample of convenience, asking organisations to nominate a participant or group of participants and snowball sampling. Specifically, the sampling technique attempted to identify key stakeholders in each state and territory. These participants were identified based on their knowledge of the out-of-home care system with a particular emphasis on:

- (a) carer recruitment, assessment, training, support and retention; and
- (b) the placement and support of Indigenous children in out-of-home care.

The strength of this sampling approach was that the stakeholders interviewed had a relatively high degree of knowledge about services and issues for Indigenous carers and Indigenous young people in care. This was a key requirement of the sample given the focus of this research on identifying examples of promising practice.

The limitation of this approach was the potential for sampling bias. In particular, a positive bias towards the organisations represented and a relatively homogenous sample in terms of their attitudes about the structure of the out-of-home care service system. State and territory departments selected all of the carers and young people interviewed and departmental representatives that were interviewed were also primarily those nominated by departmental managers.

Given the limitations of the sampling approach it is important that the findings be read critically. The findings from this study reflect what participants said. The views of participants might not be accurate in relation to policies and procedures described or services available. This is valuable information as the findings from this research can highlight areas in which community education may be of benefit in raising awareness about specific policies, procedures or services. Similarly, participant views on promising practice do not represent practices that have been evaluated and found to be effective, it is only the participants' opinions that these practices or suggestions would enhance service provision.

Separate specific recruitment strategies were used to access the four groups identified above, as follows:

Consultations with organisational representatives involved with placement of Indigenous children in out-of-home care

These consultations were conducted with individuals and groups representing relevant organisations identified by the steering group. Where possible, consultations were conducted face-to-face. However, in order to reflect a wide variety of geographic

areas, and for time and cost efficiency, some consultations were conducted by telephone. Using the questions outlined in Attachment D, the researchers conducting the interviews made notes based on the organisational representative's responses. In order to protect the privacy of individuals, however, direct quotes are not attributed to individuals or organisations. Where direct quotes are used and attributed to an individual, the informant has been provided with a copy to verify the accuracy. Informants were not asked to sign a consent form, as the questions they asked are not personal, and concern their work role and information that could be in the public domain.

Focus groups with carers of Indigenous children

In a letter of invitation sent out by the local out-of-home care agency and/or responsible state/territory department to carers of Indigenous children. Carers who wished to participate were invited to respond to the agency or department and provide their contact details. Participants were provided with a Plain Language Statement describing the purpose and nature of the research. The research team liaised with the local agency/department to set up a suitable time and venue for carers to meet for the focus group discussion. Using the wording for obtaining oral consent (see Appendix C), the researchers obtained verbal consent from all focus group participants prior to the commencement of the session. Sessions were taped (to assist with later note-making), and two members of the research team were present during each focus group to assist with note-taking, to provide participant observation, and confirm validity of interpretations of the themes emerging from the focus groups (particularly where different types of carers were present in the one focus group and present different perspectives, such as kinship, residential carers and other foster carers). Focus groups with for participant carers and young people ran for approximately two hours.

Focus groups with Indigenous young people currently in care

A letter of invitation was sent out by the local out-of-home care agency and/or the responsible state/territory department to guardians of Indigenous young people. Those young people who wish to participate were asked to have their guardian respond to the agency or the researchers directly and provide their contact details. Participants were provided with a Plain Language Statement (Appendix D) prior to the focus group or interview. Prior to implementation, the questions for young people were pilot tested on a group of young people who had already consented to participate in research activities and are part of a reference group for the Centre for Children and Young People, (NSW). The Southern Cross University, Centre for Children and Young People were represented on the steering committee for the current research. The focus groups with young people lasted for no longer than one hour.

Procedure

Carers and young people were advised that carers would not be informed of the young people's responses. Unless participants explicitly gave permission to be identified, all responses remained confidential and no identifying material has been included in this report to prevent identification of the participants.

At the commencement of the session, focus group members were reminded of the limitations to the young person's right to confidentiality and the ethical obligation for the researchers to breach confidentiality if a risk to self or others was disclosed (that is, a clear disclosure of serious criminal behaviour, abuse, or self-harming behaviour). One instance did occur of a young person disclosing physical abuse by a boarding school staff member. Permission was sought from the young person—and granted—to pass on this disclosure to the relevant department, for which the Chief Investigator took responsibility.

Carers were assured that agencies would not be advised about their specific responses. However, in one focus group of Indigenous carers, the participants were adamant that departmental representatives should be present during the discussion, as they saw this as an important opportunity to provide feedback to the department. (Fortunately, the researchers were able to arrange this).

Carers and young people in care were advised that their involvement in the research was voluntary and that they were not obliged to participate in the research. They were also advised that it would have no affect on: (a) their role as a carer; or (b) them as a young person in care. In addition, all participants were told that their involvement would have no affect on the services or supports they received. Agencies also reiterated this fact to carers and young people, in an attempt to avoid clients feeling obliged to participate in the research.

Consultations were conducted in English, and translation services were not required.

All carers and young people who participated in the focus groups were given a store voucher for \$10-\$20 as a "thank you" for participating, for the time they committed to the research project, and to reflect the costs associated with getting to the venue for the focus groups. The two state departments (Queensland and Western Australia) were responsible for identifying participants, coordinating the venue, and where necessary assisting with transport for participants for the focus groups.

Although a detailed question proforma had been developed for each of the three types of data collection (organisational consultations, focus group with carers, focus group with young people) (see Appendix E), the reality of the data collection environment and the variety of perspectives and needs of the participants meant that a more conversational interview style needed to be adopted. In most instances, when

participants were informed about the nature of the research task, and the key topics that were to be discussed, they were able to provide their perspectives with little further prompting. The organisational representatives and carers were told the research would cover the following key topic areas:

- recruitment of carers;
- assessment and training of carers;
- support and retention of carers;
- services for children; and
- other elements of successful placements for Indigenous children.

Data analytic methods

The aim of this research was to highlight examples of promising practice, to canvass ideas for improving practice and to identify impediments to healthy practices.

Semi-structured interviews were conducted with a non-representative sample of key stakeholders with an emphasis on the identification of practical solutions. The interviews varied greatly from one participant to the next in terms of both length and types of prompting employed. A broad thematic analysis was conducted to identify the themes that emerged across and within groups. Given the methodology employed and the practical aims of this research, more detailed forms of qualitative analysis (for example, content analysis to identify all themes and their relative strength or discourse analysis focusing on language use and subject positioning) were not considered appropriate. As the purpose of this research was to identify elements of promising practice, detailed participant accounts are provided, rather than the more conventional method of providing two or three short quotes to illustrate a theme. In order to highlight innovative ideas, examples of promising practice are inset, boxed and shaded to make them more easily identifiable to the reader. In order to de-identify participants and the jurisdiction from which they were responding, square brackets are used within quotes to replace the names of statutory child protection departments, Aboriginal and non-Indigenous services, Aboriginal and Torres Strait Islander tribal names, towns and cities with generic terms. When quoting verbal responses from participants or re-producing text from stories and drawings produced in the focus groups, the spelling or grammatical structure used by participants has been retained.