A fork in the road: Redefining and counting the well-being of Indigenous children in foster care

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Abstract
In child protection, indicators for children in care typically describe the reasons for coming into care, length of time in care, racial identity and whether specific bureaucratic milestones have been reached. This approach serves administrative decision-making and not the needs of Indigenous children.

We propose different criteria for evaluating the effectiveness of foster care for Indigenous children that considers their well-being within Indigenous frameworks of family, economic, social and cultural relations. We see this criteria as what counts. This places Indigenous foster care within a model of Indigenous strengths/assets rather than within the current deficit framework.

Children's well-being in foster care

Children in care are often evaluated by indicators that measure the children's administrative status (Powell and Withers, 2001; Tilbury, 2002). These status indicators measure reasons for coming into care, length of time in care, racial or ethnic identity and whether specific bureaucratic milestones have been reached. With Indigenous children, status indicators are broadened to encompass explicit requirements arising from the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP). Status indicators, therefore, provide measures to see how the child fares administratively once they have come into care and have become a prime means for measuring how children are faring in foster care. The use of status indicators is an important, even crucial, administrative function which must be maintained and strengthened. But, the focus is more on the administrative status of the child than an indication of their well-being and how they are functioning.

We propose different criteria for evaluating the effectiveness of foster care for Indigenous children that considers their well-being within Indigenous frameworks of family, economic, social and cultural relations. This places Indigenous foster care within a model of Indigenous strengths/assets rather than within the current deficit framework. The argument of this paper is that well-being outcomes for Indigenous children in care are more important, or count more, than the documentation of their administrative status. We also contend that some well-being indicators have been identified by Indigenous people as being especially important to them and their children.

Family functioning, including foster family functioning, is a broader concept and more important for the child's development than their administrative status and its progress. Functioning includes the notion of well-being and child well-being means that a child's basic needs are met and the child has an opportunity to grow and develop in an environment which provides consistent nurture, support, and stimulation (Fisher, Pecora, Fluke, Hardin, and Field, 1999, p. 3). Family well-being means that a family has the capacity to care for its children and fulfill their basic developmental, health, educational, social, cultural, spiritual, and housing needs (Fisher et al., 1999, p. 70).
Altshuler and Gleeson's (1999) comprehensive review of well-being in family foster care included research on resilience, coping and overall functioning, physical health, mental health and school performance. They detailed the substantial body of research in these areas applicable to children in care while also admitting there is a challenge in incorporating well-being measures into foster care. However, the main emphasis for children's well-being in the literature is on indicators of health, educational progress and social development. There is little discussion of indicators that address cultural identity and spirituality. Yet, these will be domains that are important to Indigenous people when addressing their children's well-being.

**Indigenous children's well-being indicators**

The literature on well-being indicators for Indigenous children, especially those in foster care, is meagre. In one respect, we could argue that they would be much the same as those for non-Indigenous children. At the same time, the history of Indigenous peoples as colonised populations within their own country means that, while definitions of well-being may be similar, they may not always be the same.

In any reference to well-being in literature about Indigenous peoples in Australia, the first mention is always about Indigenous health. The concept of well-being seems to be pervasive in Indigenous health literature although it is generally restricted to a fairly broad definition of health. Thus, Anderson (1999, p. 54) states in an article about Aboriginal well-being, we need to develop a critical framework that enables us to grapple with the relationship between health, health care and broader social processes in which he includes history. In a similar way, a study by the Ministry of Children and Family Development (2002) in British Columbia, Canada, compared the health and well-being of Aboriginal and non-Aboriginal children. In their research, they included indicators such as health status, educational achievement, rates of teenage pregnancy and of substance abuse, experiences of suicide, numbers of Aboriginal children in care as a proportion of all children in care, experiences of violence and sexual harassment and involvement with youth justice services. In these definitions, health status as a well-being indicator is defined in holistic terms.
However, if we attempt to discover what indicators of well-being Australian Indigenous peoples want for their communities generally, including for their children, they provide wider explanations than an holistic approach to Indigenous health. Noel Pearson (2001), for example, believes that an essential element in changing the health and social relationships of the Cape York communities is transforming the economic base of the people in the communities. The Cape York Justice Study (Fitzgerald, 2001) comes cautiously to a similar position on issues of economic and social development. The Study also recommends education and health indicators for the Cape communities.

More comprehensively, the Aboriginal and Torres Strait Islander Women’s Task Force on Violence (Robertson, 1999) comprised 50 Aboriginal and Torres Strait Islander women, representing communities throughout Queensland. They reported on the issues leading to violence against Indigenous women, children and families and provided strategies to address this violence under the following eight headings:

- Law or Lore — the Indigenous experience of justice;
- Land, spirit, culture, identity.
- The economics of deprivation and the challenge of economic sustainability;
- Education as empowerment;
- Alcohol and other drugs;
- Indigenous health and well-being;
- Families and Security;
- Policies, service delivery and access to service;

Except for the last heading, each of the remaining seven provide indicators for the well-being and functioning of Indigenous communities, families and children. Certainly the provision of services to meet these seven indicators would not only ensure the well-being of Indigenous communities but would also address the reasons Indigenous children come into care. Providing families with community-based formal and informal supports, resources, or treatment that will enable them to provide a secure, stable environment for their children, often results in achieving child well-being (Fisher et al., 1999, p. 70).
Table 1. (below) summarises well-being indicators applicable to Indigenous children, including children in care. The three Queensland studies are compared to the UN Convention on the Rights of the Child and to two North American studies, one from Canada and one from the United States. The argument here is that if this is what Indigenous people want for their communities, families and children generally, it is likely what they want for Indigenous children in care.

Table 1.: Well-being indicators for Indigenous children

<table>
<thead>
<tr>
<th>Publication</th>
<th>Health</th>
<th>Education</th>
<th>Social</th>
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<td>Pearson (2001)</td>
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<td>Robertson (1999)</td>
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Table 1. shows that well-being for Indigenous children encompasses health, educational and social indicators just as it does for children generally. Significantly, all commentators in Table 1. include economic indicators as a measure of well-being. The most comprehensive list of well-being indicators is from Robertson’s (1999) report.

A fork in the road

If identifying and achieving well-being indicators for Indigenous children in care is something we want to pursue, it means changing the way we do Indigenous child welfare. The ATSICCP child placement principle presumes that, after the safety of the child is assured, placing Indigenous children in families or communities is enough to meet all children’s needs. This places all the burden onto Indigenous families and communities and does not address the well-being indicators identified above. A foster care system based on Indigenous ideas of well-being for Indigenous children requires a different, more collaborative relationship between state departments and Indigenous families/communities who foster children. This is what the Queensland Government has promised in its *Queensland Families: Future Directions* (2002) initiative:

> Over the last four years, there has been an unprecedented policy and budgetary focus on building our social capital — making Queensland a place of diversity and fairness, with safer, more confident children, young people and families. Today’s challenges mean no person or organisation is solely responsible.
Networks of individuals, businesses, community organisations and Government must tackle problems together (p.8)

The implications of this approach are far-reaching. They can be summarised briefly, as follows:

1. The seven indicators of well-being for Indigenous children are more comprehensive than current concerns about child safety and Indigenous placement.
2. The development of well-being indicators needs to focus on Indigenous strengths and cultural assets rather than just on risk factors and problems.
3. These well-being indicators must be developed in collaboration with local Indigenous families/communities, one of the implications of the Aboriginal and Torres Strait Islander Child Placement Principle.
4. The concepts underlying well-being will require a more collaborative response from governments and Indigenous families/communities than current relationships based on the ATSICCP principle.
5. The success of a placement will be based on creating the conditions for the well-being of the child across the seven indicators and not just on meeting administrative benchmarks.
6. The well-being of Indigenous children in care implies concerted efforts to ensure all Indigenous children meet well-being standards.

In summary, the current practice of measuring the administrative status of children in care does not provide evidence of how the child is faring in care. That, ultimately, is the impetus to develop some way of measuring the child’s well-being in care particularly those that might be expected to apply after state intervention into a child’s life. And, because of the lack of elements of well-being in some Indigenous communities and because of the history of interventions in Indigenous family and community life by welfare agencies, it is imperative that well-being indicators for Indigenous children in care be developed in collaboration with Indigenous families and communities. Undertaking this work is of paramount importance if we are to further our understanding of what counts in relation to well-being and indigenous children in care.
References


Robertson, B. (1999). *The Aboriginal and Torres Strait Islander women's task force on violence report*, Brisbane: Queensland Government (Department of Aboriginal and Torres Strait Islander Policy and Development).
