

Carers: Exploring the impact of child characteristics, resources, perceptions and life stressors on caregiving and well-being

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Acknowledgement of Country

We acknowledge the traditional custodians of the land on which we are gathered,
whose cultures and customs have nurtured and continue to nurture this land, since the Dreamtime

We pay our respects to Elders past
and present





Characteristics that can impact on caregiving

- Carers often faced with challenging behaviours from children in their care
- Kinship/relative carers:
 - Often older: grandparents
 - Services not tailored for kinship carers, esp. ongoing support
 - Often financially disadvantaged, poor physical & mental health, & receive less informal support than foster carers
- Social support networks – crucial for successful placements
 - Carer health has an effect on cognitive development of children in care
 - Social support lessens impact of health problems & stressful life events on carers
- Formal training & support – increases carer confidence & ability to manage

Priority policy area & aims

- **Priority policy area:** Carer characteristics & how to better support carers of children in out-of-home-care (OOHC)
- **Aims:** Explore the:
 - impact of child & placement characteristics, carer resources, perceptions & life stressors on caregiving & well-being; and
 - trajectories over time of caregiving & well-being of carers

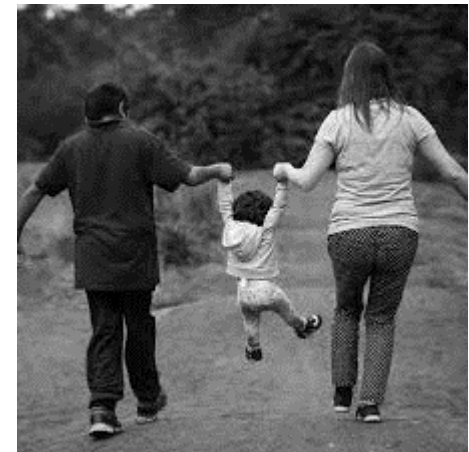
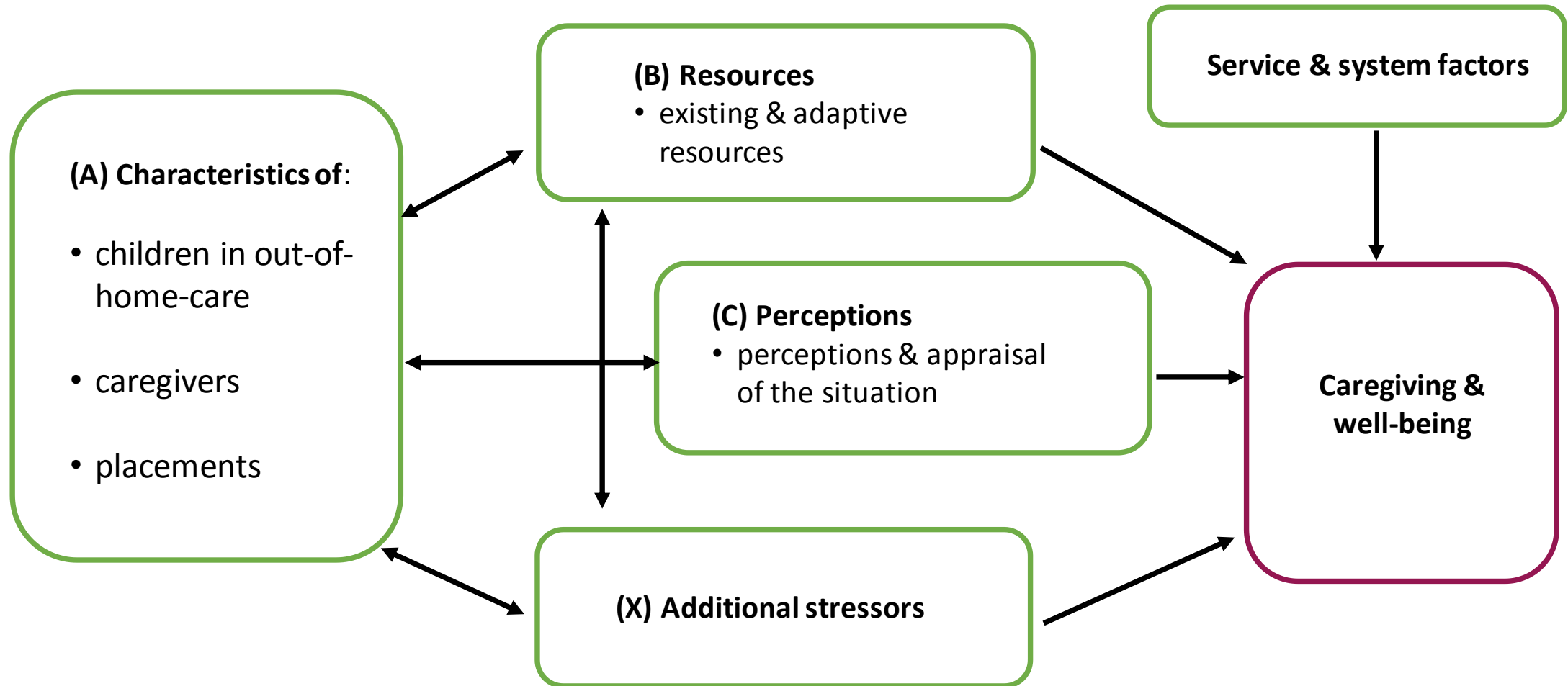


Image: <https://bit.ly/3plleuh>

Adapted ABCX model to investigate characteristics that impact on caregiving & well-being



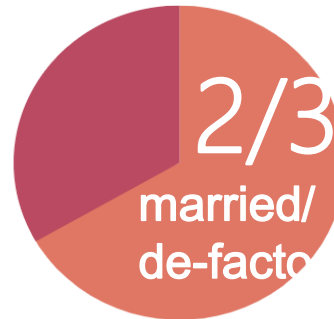
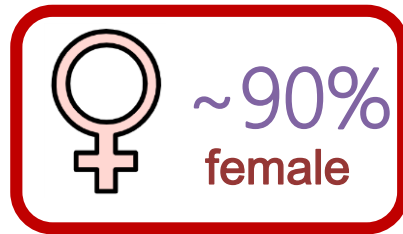
Adapted from: Lavee et al 1985. *The Double ABCX Model of Family Stress and Adaption. Journal of Marriage and the Family*, 47 (4) 811-825.



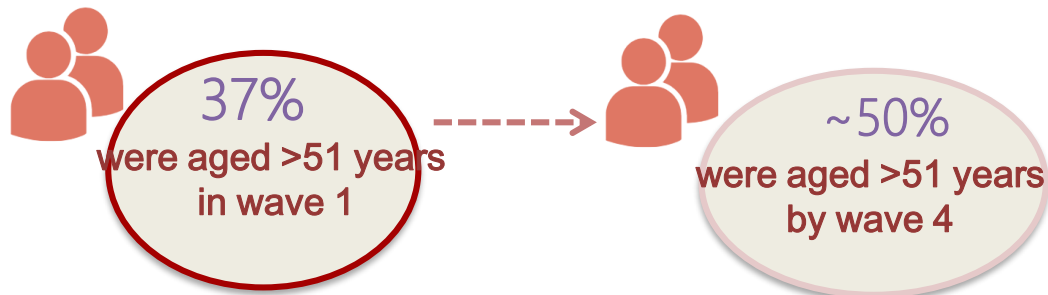
Method: Pathways of Care Longitudinal Study (POCLS)

- Largest prospective longitudinal study of children in OOHC in Australia
- Retrospective cohort study of carers across 4 waves (2011-2018)
- 1,143 carers from 895 households
- Carer & child questionnaires, DCJ administrative data, & caseworker survey
- Caregiving & well-being composite, binary outcome indicator created using:
 - **Carer role dissatisfaction**: Likert scale (i.e. very dissatisfied/ dissatisfied); OR
 - **Psychological distress**: Kessler-10: ≥ 25 (moderate/severe psychological distress); OR
 - **Distant parenting**: parenting hostility ≥ 8 (75th percentile, relatively high hostility in parenting style) and warmth ≤ 16 (25th percentile, indicating low-moderate warmth in parenting style)

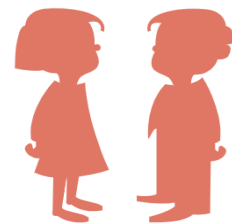
Results: carer characteristics



In wave 1:



- In waves 1 & 2, ~ 50% placements were kinship. By waves 3 & 4, 1/3 were kinship placements



30% had ≥2 children
or young people in care
(not including own children)



Results: carer stressors, resources & perceptions



~50%

Experienced ≥ 1 stressful life event in last 12 months (e.g. death of close friend/relative, serious illness, victim of violence)



Most had ≥ 2 sources of regular informal social support (e.g. friends, neighbours)

65-75%

Agreed their neighbourhood was close-knit, that people could be trusted & were willing to help their neighbours



30-40%

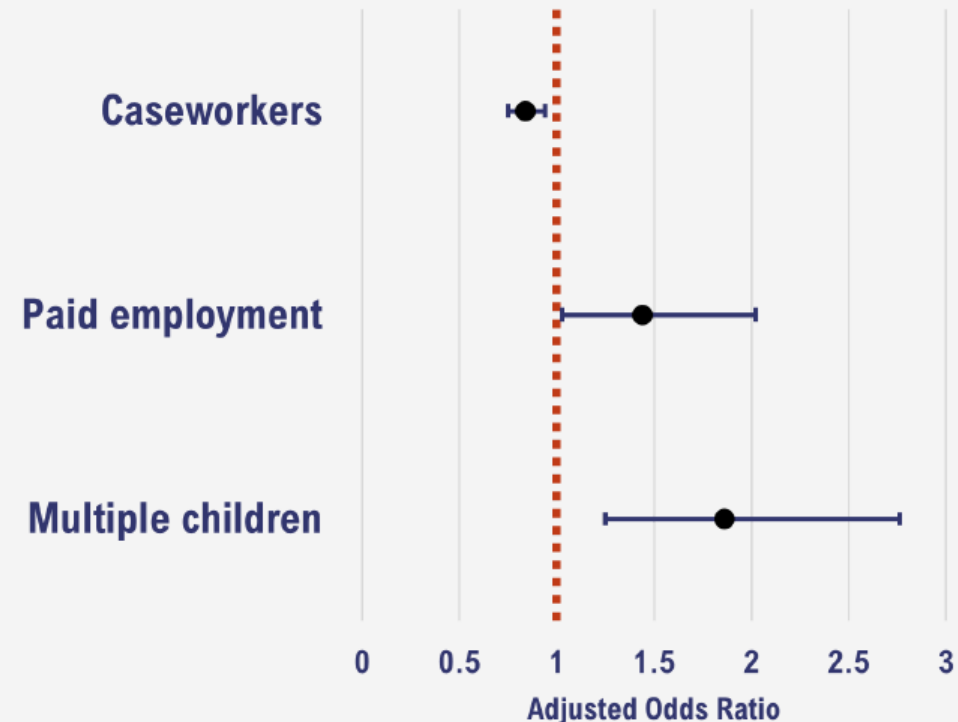
Had accessed ≥ 2 professional support services (e.g. respite care, carer support groups, counselling)



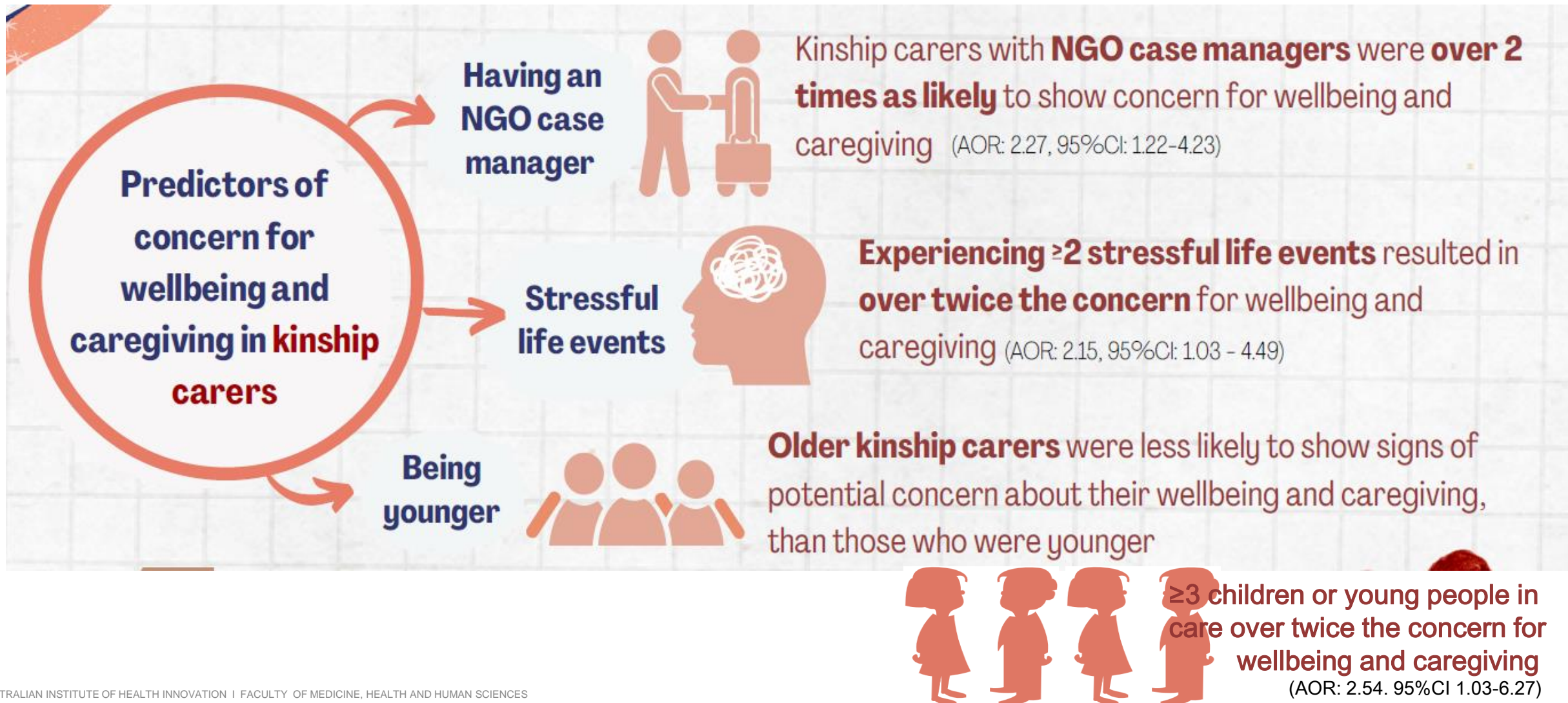
Results: Potential concern & foster carers (n=483)

- Between 12 – 20% of carers were flagged for potential concern for their well-being and caregiving in any wave

- Carers satisfied with **caseworker assistance** experienced **26%** lower likelihood of concern for caregiving and wellbeing
- Being in **paid employment** increased likelihood of concern for carer wellbeing and caregiving by **44%**
- Carers looking after **multiple children** had **86%** higher likelihood of concern for wellbeing and caregiving
- Carers with **older children** experienced **more placement challenges** than younger children, and also challenges at critical time points (e.g. when child commenced pre/school)



Results: Potential concern & kinship carers (n=356)





Results: Carer free-text responses

- **Employment** – cited as a barrier to attending training, difficult to make meetings & appointments, time demand, stress in accessing childcare.
- **Caring for multiple children** – time & cost demands, need for extra space e.g. furniture, clothing. More contact visits & professional appointments to organise & attend.
- **Social support** – practical help & valuable emotional support.
- Need for **respite** care.
- **Caseworker assistance** - responsive, communicative vs. difficult to reach.
- Need **information** about child e.g. medical history & what assistance carers are eligible for.
- Challenges with frequently changing caseworker – **lack of continuity** is frustrating.

Summary of key findings

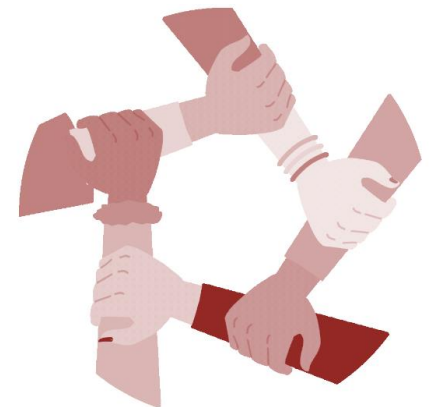
- Time demands of **working** impact carers' ability to access training & other services, & stress of work-life conflict negatively affects ability to parent in a warm & consistent manner.
- Carers with **multiple children in their care** at greater risk for decreased caregiving & well-being.
- Older children in OOHC can be more challenging, but some carers need further support at critical times for younger children, such as when a **child starts school**.
- Without a good **working relationship with caseworkers** & information, carers are likely to experience decreased well-being & have difficulty performing caregiving.



Image: <https://bit.ly/3nHEMlu>

Summary of key findings

- Kinship carers with **NGO placement providers** had higher likelihood of potential concern regarding caregiving and well-being. Experience of **stressful life events** (such as serious illness) may have a greater impact on ability to cope with demands of caregiving, due to less access to support.
- Potential need for **short-term respite care** – break from carer responsibilities, ability to deal with life events (eg. relative death; serious illness)
- Importance of **social networks and close support** in contributing to carer well-being apparent from free text comments.



Implications for policy & practice

- More information needed when child first placed in care (e.g. health history; circumstances of removal)
- Kinship/relative carers – caseworkers more likely to leave them to own devices
- Higher number of children = more support needed (e.g. ≥ 3 children arrive)
- As children reach school age, more support needed with transition
- Carers with minimal informal support networks, need more assistance
- Potential to review NGO placement provider practices for kinship carers



Acknowledgments

- Pathways of Care Longitudinal Study (POCLS) study participants & their families
- POCLS study team
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