

Pathways of Care Longitudinal Study

The artist is a young person who grew up in care.

"The banner shows many pathways through the care system with a carer or caseworker acting as a guide, ultimately leading to independence for every young person. Whether we live with family or strangers, study, work, or just try our best, the paths we choose and are guided through in our youth are what we use to prepare ourselves for the happiest adulthood we can achieve" Billy Black

Children's relationships in out-of-home care

Australian Social Policy Conference 27 September 2017

<u>Professor Judy Cashmore</u> and Alan Taylor





Outline



Children's relationships with their family and with their carers:

- What contact do children in out-of-home care have with their family (mother, father, siblings, extended family)?
- How do children see themselves in terms for the closeness of their relationships with their carer family household and their birth family?
- How does that vary by placement type? By age? Aboriginality?
- How does it change over time?
- What benefits and problems do carers report?





Interviews with children





Face-to-face interview for ages 7–11 years

Questions about school, friends, feelings, behaviour, casework, support and where they are living.





Self-complete interview for ages 12–17 years

- About school, work, friends
- About your health
- About how you are feeling
- About where they are living
- About casework & support
- Other thoughts





Child felt security (7-17 years)









Children's relationships



Key factor in children's socio-emotional development

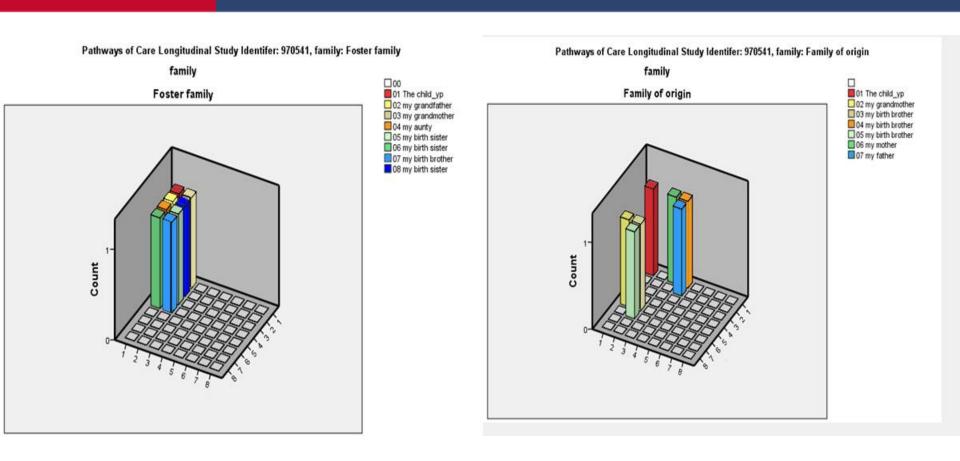
- Parents mother and father
- Siblings complex picture/constellations in care and in family of origin
- Grandparents maternal and paternal and extended family
- Carers foster care and kinship care
- Peers at school / community / neighbourhood
 - > Felt security





Child's closeness to carer household & family of origin





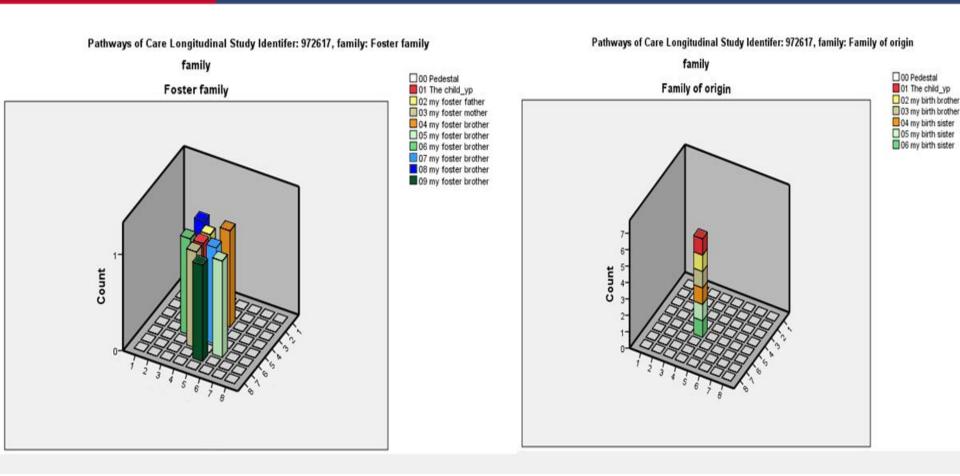
7 year old Aboriginal boy in kinship care for 16 months





Child's closeness to carer household & family of origin





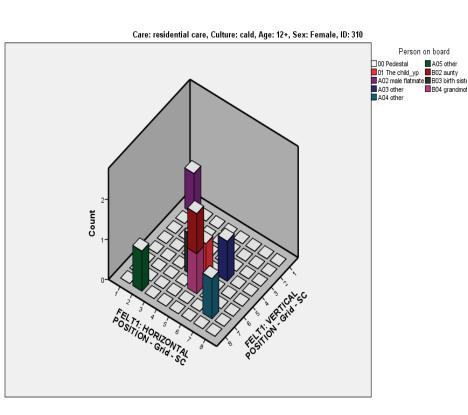
15 year old male in foster care for 16 months

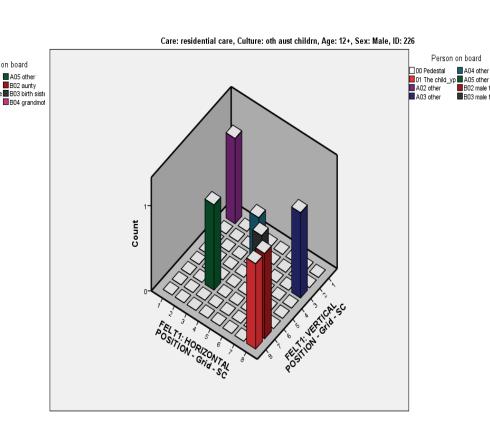




Residential care & family of origin on same board







12+ CALD female in residential care: Close to GMo/aunt, no parents

12+ male in residential care: Close to one male friend





FELT 'distances' in carer household



No difference by:

- Type of care
- Wave (1 v 2) or Aboriginality or time in placement
- Number of ROSH reports or number of < 24 hour reports
- Older children more distance between self & others
- Main difference by relationship and interacts with gender
 - Children closer to female carer than to others
 - Boys closer to grandmother than all others, and boys closer to uncle and grandfather than girls
- More analysis on configuration of 'figures' to come





Similar findings for family of origin



- Again main difference by relationship but no interaction
 - Closest to mother and father and (maternal) grandmother
- No difference by:
 - Wave or Aboriginality or time in placement
 - Type of care
 - Number of ROSH reports or number of < 24 hour reports
- Older children more distance between self & others





Main issues concerning family contact



Purpose? Age of child? Type of placement? Frequency?

- Possibility of reunification
- Child's identity and emotional and behavioural development
- Enhance stability of placement destabilising? For child and for carer?
- Sustainability over time by parent, other family members, child and carer?

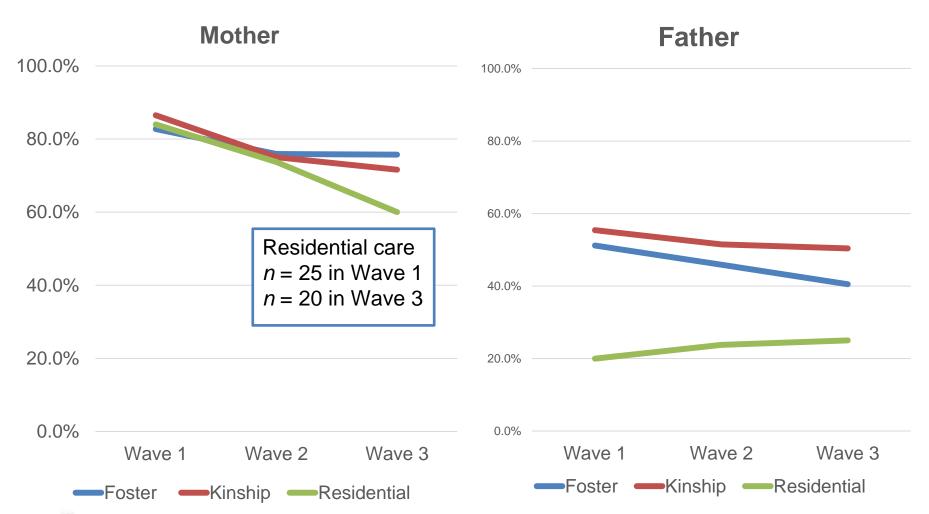
(Sen & Broadhurst, 2011; Humphreys & Kiraly, 2011 and others)





Children's contact with parents by wave



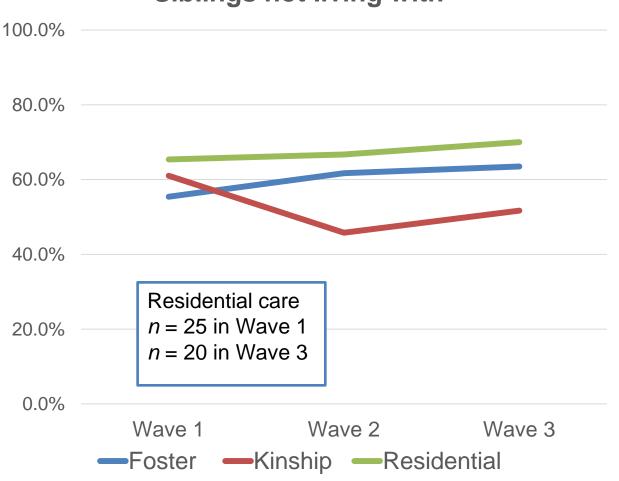




Children's contact with siblings by wave







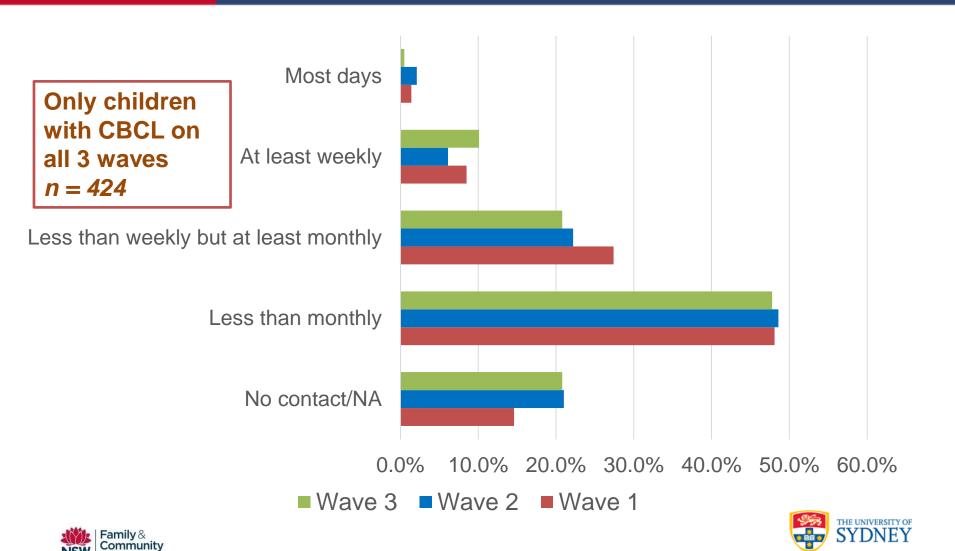
Children in relative/kinship care more likely to be living with at least one sibling eg at Wave 1: 64.5% in kinship care 54.5% in foster care





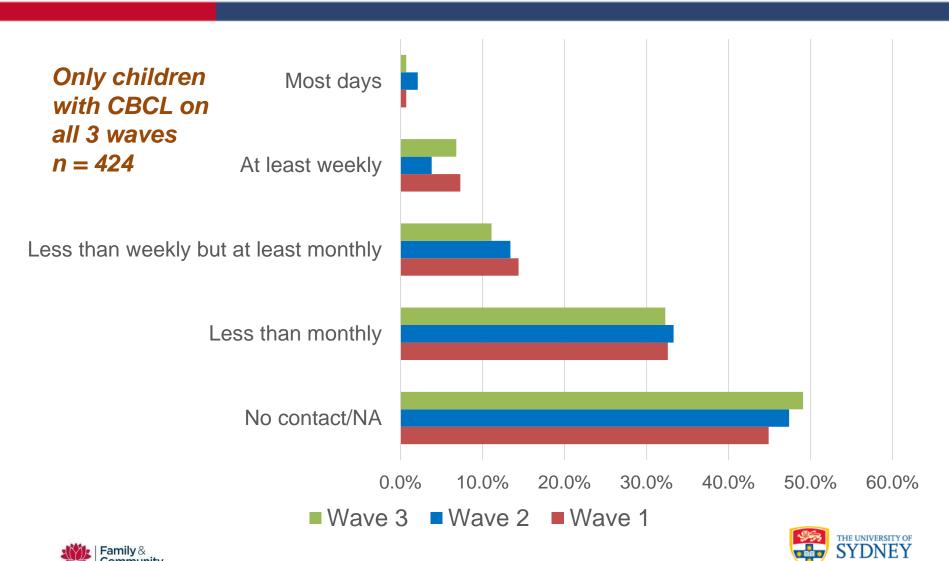
Frequency of contact: with mother





Frequency of contact: with father





Contact frequency and children's socio-emotional development



- Regression analyses (preliminary) to test association between CBCL internalising and externalising T scores (also proportion of children in clinical range) over 3 waves with following factors:
- Frequency of contact at least monthly contact with family member [mother/father/sibs] vs less frequent or not at all
- Age of child
- Type of care relative vs foster care
- Cultural background Aboriginal v non-Aboriginal children





Contact frequency and children's socio-emotional development



Externalising and internalising: for mother, father and sibs

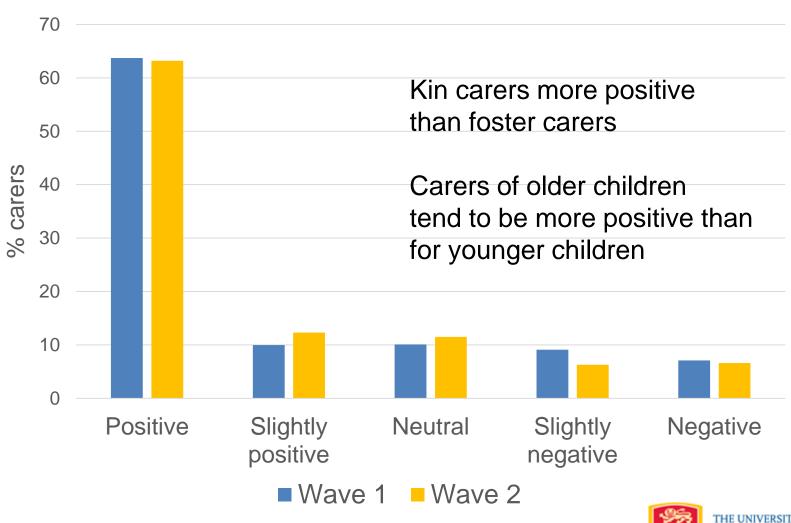
- Frequency of contact no significant differences between 'at least monthly' vs less frequent or no contact
- Type of care no significant effect relative vs foster care
- Cultural background no significant differences
- Wave signif drop from wave 1 to waves 2 & 3 for externalising but increase for internalising from wave 1 to waves 2 & 3
- Age signif higher T scores for under 3s cf older children





Carers' perceptions of birth family contact

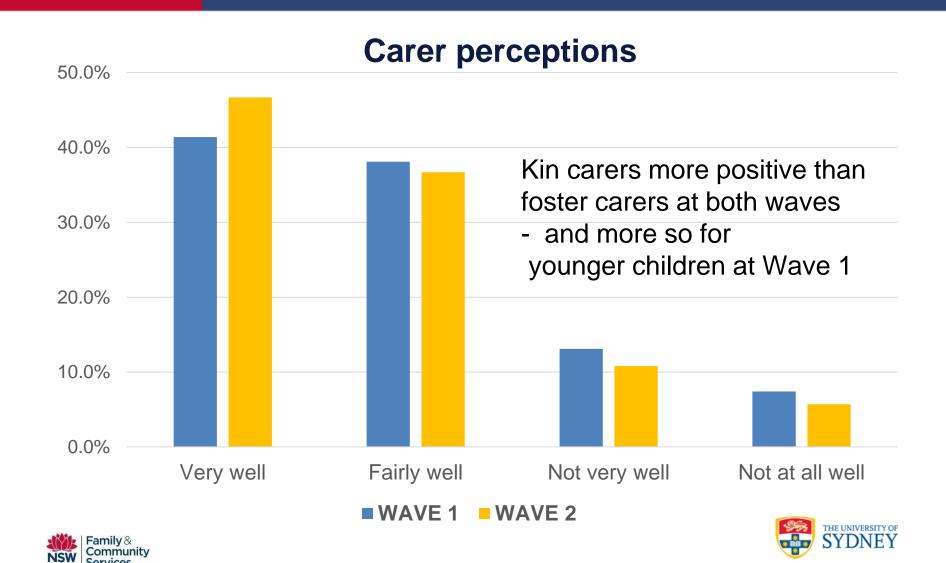






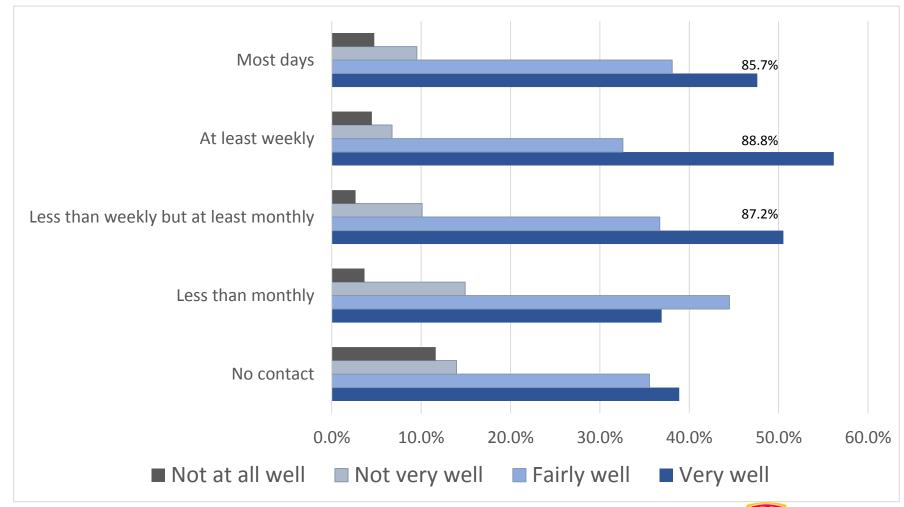
How well is contact meeting child's needs in maintaining relationships? by wave





How well contact is meeting child's needs by frequency of contact: with mother



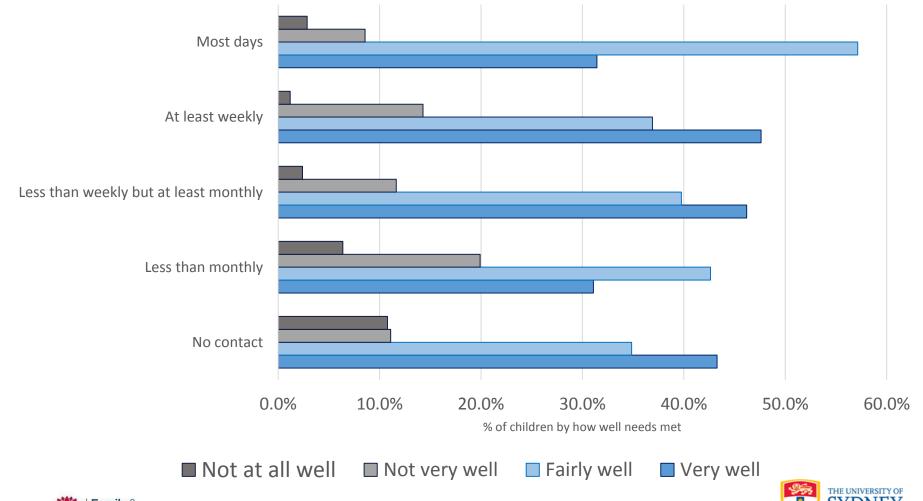






How well contact is meeting child's needs by frequency of contact: with siblings









Carer perceptions re contact



How well is contact meeting child's needs in maintaining family relationships?

- Kinship care Perceived to be better than foster care
- Aboriginal children Not as well as for non-Indigenous children, less likely to be in contact with mother at W1
- Age Better for very young children (under 3 years) and not as well for children aged 12-17 years
- Frequency Better when contact at least weekly with mother and at least monthly for father/siblings





Carers' perceptions of contact with birth family



No problems

- About one in 3 carers in both waves report no problems
- Significantly fewer carers report problems in Wave 2 cf Wave 1 on interruption to sleep and routine – children older
- Nearly 3 times number of comments at Wave 1 called for increased contact (179 comments) than reduced contact (63 comments). Similar in wave 2
 - -- frequency, consistency and length of visits, including overnight unsupervised visits
 - -- for kinship and foster carers of Aboriginal and non-Aboriginal children.

Carers' perceptions of contact with birth family



The most common problems at both waves (1 & 2) were:

- 1. Parents' behaviour kinship > foster carers
- 2. Parents cancelling not keeping to the appointment
- 3. Impact on the child's wellbeing foster > kinship carers
- 4. Disrupting child's sleep/routine foster > kinship carers
- Greater concern re impact on child for 3-5 & 6-11 year-olds
- Greater concern re disruption to sleep/routines for under 3's





Carers' perceptions of contact with birth family*



Less frequently reported problems

- Hostility between birth parent/s and carer more in kinship care:
 - Kinship care 15% both waves *
 - Foster care 5% & 6.5%
- Distance and time 17.8% in wave 1 and 13.3% in wave 2
- Few children not wanting contact between 6% and 10%
- Very few parents not wanting contact between 6% and 10%
 - 11 at wave 1 and 14 at wave 2
- Lack of casework / support between 5% and 8%





Carers' perceptions of contact with birth family



At present the child has no contact with any family members. His siblings are in Queensland but his parents are here in NSW. I would like some contact to be established with his family so that the child has those connections.

6-8 year-old Aboriginal boy in foster care)

I would like to see the contact extended for a longer length of time at each contact visit. [At the moment it is 3 hours once every 2 months]. (Foster carer of under 3 year-old in foster care in Wave 2)

I would prefer no contact at all but if it has to happen the birth mother should come up here for the contact visits and not us having to go all the way to XX for the visits. (Foster carer of 3–5 year-old)





Carers' perceptions of contact with birth family*



She was very distressed during contact visits when she was much younger and a lot of the stress was her being sent with a stranger in a car to those contact visits. There should be someone who could come and build a relationship with the child, especially when they're very young so that when it comes to contact visits with the birth family, the child already has a familiarity with the transport person to save the anxiety and distress with unfamiliar people. (Foster carer of under 3 year-old)

I would like her mother to be able to visit here and see where the child lives, and be a part of our family with us. It would help the mother not to feel threatened, and it would help the child to know who she is.

(Foster carer of under 3 year-old)









- Children are reporting good relationships with their carers that are substantially sustained from Wave 1 to Wave 2
- Children are closer to their birth mother and foster mother age effect but no time in placement or care type (though trend) effect
- Most children are having regular contact with at least one parent and siblings – also with maternal grandparents and aunts/uncles, more than paternal relatives
- Sibling contact well sustained over time with siblings not living with and over half living with at least one sibling
- Contact is generally seen by carers as meeting child's needs better in kinship care but less well for Aboriginal children
- Kinship carers report more problems with parental behaviour and hostility, and less casework support especially with young children than foster carers in W1





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Pathways of Care Longitudinal Study Team:

Phone: 1800 997 960

Email: Pathways@facs.nsw.com.au

POCLS Webpage: www.community.nsw.gov.au/pathways Study DVD, information and publication clearinghouse

