

Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care

Children's Family Relationships in Out-of-Home Care



Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care in NSW

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Children's Family Relationships in Out-of-Home Care

Prepared by

Professor Judy Cashmore and Dr Alan Taylor
University of Sydney

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Analysis and Research
223–239 Liverpool Road
Ashfield NSW 2131
Phone + 61 2 9716 2222

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Disclaimer

FACS funds and leads the Pathways of Care Longitudinal Study. The findings and views reported in this publication are those of the authors and may not reflect those of FACS. The authors are grateful for the reviewers' comments.

About the information in this report

All the information in this report is accurate as of December 2016. The analyses presented are based on a an almost final version of the Wave 1 unweighted data collected in face-to-face interviews with children, young people and caregivers; and FACS administrative data.

Pathways of Care Longitudinal Study Clearinghouse

All study publications including research reports, technical reports and bulletins can be found on the study webpage www.community.nsw.gov.au/pathways

Study design by NSW Department of Family and Community Services (Analysis and Research); Australian Institute of Family Studies; Professor Judy Cashmore, University of Sydney; Professor Paul Delfabbro, University of Adelaide; Professor Ilan Katz, University of NSW; Dr Fred Wulczyn, Chapin Hall Center for Children University of Chicago.

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1 Preface

The Pathways of Care Longitudinal Study (POCLS) is funded and lead by the New South Wales Department of Family and Community Services (FACS). It is the first large-scale prospective longitudinal study of children and young people in out-of-home care (OOHC) in Australia. Information on safety, permanency and wellbeing is being collected from various sources. The child developmental domains of interest are physical health, socio-emotional wellbeing and cognitive/learning ability.

POCLS is the first study to link data on children's child protection backgrounds, OOHC placements, health, education and offending held by multiple government agencies; and match it to first hand accounts from children, caregivers, caseworkers and teachers. The POCLS database will allow researchers to track children's experiences and outcomes from birth.

The study will provide a strong evidence base to inform policy, practice and professional development to improve decision making and support provided to children and young people who cannot live safely at home. Permanency pathways include restoration to birth family, guardianship or parental responsibility to suitable person(s), open adoption and long-term parental responsibility to the Minister. The POCLS will track the trajectories of children in the study, including after they turn 18 years of age.

The overall aim of this study is to collect detailed information about the life course development of children who enter OOHC for the first time and the factors that influence their development. The POCLS objectives are to:

- describe the characteristics, child protection history, development and wellbeing of children and young people at the time they enter OOHC for the first time
- describe the services, interventions and pathways for children and young people in OOHC, post restoration, post adoption and on leaving care at 18 years
- describe children's and young people's experiences while growing up in OOHC, post restoration, post adoption and on leaving care at 18 years
- understand the factors that influence the outcomes for children and young people who grow up in OOHC, are restored home, are adopted or leave care at 18 years
- inform policy and practice to strengthen the OOHC service system in NSW to improve the outcomes for children and young people in OOHC.

The population cohort is a census of all children and young people who entered OOHC for the first time in NSW between May 2010 and October 2011 (18 months) (n=4,126). A subset of those children and young people who went on to receive final Children's Court care and protection orders by April 2013 (2,828) were eligible to participate in the study. For more information about the study please visit the study webpage www.community.nsw.gov.au/pathways.

2 Executive Summary

The aim of this report is to examine children's relationships with the people they are living with and with the members of their birth family, from the perspective of the children themselves and their carers in the first wave of data collection in the Pathways of Care Longitudinal Study (POCLS). It also examines the amount of contact children have with members of their birth family, and in particular their mother, father, and siblings, and how their carers assess the value and issues associated with contact. In particular, it explores the differences between relative/kinship care and foster care, and also differences by the child's age, Aboriginality and time in the placement.

2.1 Main findings

- Children generally report positively on their relationships with their carers.
- Children aged 7–17 years indicated that they were closer to their birth mother and female caregivers (foster mother, grandmother, aunt) and female siblings than to other family members and people they were living with; there was no difference associated with the time they had been in that placement or by care type.
- Most children were having regular contact with at least one parent and siblings – and also with maternal grandparents and aunts/uncles, more than paternal relatives. The frequency of their contact was the best predictor of whether they were reported to have a good relationship with those family members.
- Contact was generally seen by carers to be meeting the child's needs for maintaining family contact, particularly for children in kinship care.
- The carers of some children, however, indicated some concerns and ambivalence about the value of contact.
- Kinship carers reported more problems with parental behaviour and hostility from the parents and other family members involved in contact than foster carers, and also less casework support and assistance with supervised contact.
- Foster carers reported more concerns about the disruption of sleep and routines for young children and the adverse impact of contact on the children.

Keywords Out-of-home care, family contact, felt security, closeness, socio-emotional development, children's views, relationships in out-of-home care, relationships

3 Introduction

“Stated simply, relationships are the ‘active ingredients’ of the environment’s influence on healthy human development. They incorporate the qualities that best promote competence and well-being – individualized responsiveness, mutual action-and-interaction, and an emotional connection to another human being, be it a parent, peer, grandparent, aunt, uncle, neighbor, teacher, coach, or any other person who has an important impact on the child’s early development. Relationships engage children in the human community in ways that help them define who they are, what they can become, and how and why they are important to other people” (National Scientific Council on the Developing Child, 2004. p1).

3.1 The importance of children’s relationships

Children’s relationships are essential to their socio-emotional development and wellbeing. When children are removed from the care of their parents and placed in out-of-home care, it precipitates a number of very significant changes in their lives and their relationships: a new home, the loss of daily interactions with their parents and siblings, and often a change in school, community and neighbourhood. A critical aspect of these changes is the need for children to develop relationships with the people they are now living with, and the other people in their community, with new teachers and with other students. There is the added complexity of dealing with their sense of loss, of missing their parents and siblings, and in some cases, understanding who is in their family (Johnson et al., 1995; Selwyn, Saunders & Farmer, 2010). Understanding and navigating their relationships with members of their foster or relative/kinship family and household as well as their family of origin, may be difficult and stressful so it may take a considerable time for them to settle into their new living arrangements (Ellingsen et al., 2012; Gardner, 1996, 2004; Heptinstall, Bhopal, & Brannen, 2001). While children in step-families have similar territory to navigate, they do so with the guidance of their parents.

Having a sense of belonging and emotional security with the members of one or both families is very important to children’s level of comfort, their wellbeing and their development. Children’s relationships and interactions with the people who are significant in their lives are very important elements of their experience in out-of-home care and closely associated with their well-being and longer-term outcomes, in and after care. As Andersson (2005) and others have reported, the children who fare best are those who have a ‘lasting and significant relationship with at least one parental figure’ in their family of origin or the family they are living with (Andersson, 2005; Cashmore, 2014; Cashmore & Paxman, 2006; Lahti, 1982). This is consistent with Bronfenbrenner’s (1979) ecological theory and argument for the importance of an ‘enduring, irrational involvement of one or more adults in the care and joint activity with the child’ (pp. 5–6).

A number of aspects of children’s experience in out-of-home care are likely to contribute to their feelings of security and wellbeing. These include the warmth and parenting style of the caregivers, the opportunity for children to have contact with their birth family and others who are significant to them, the age they enter out-of-home care, how long they have been in that placement, and the type of placement (Chapman, Wall, & Barth, 2004).

Formal relative or kinship care is now the predominant form of care for children in out-of-home care in Australia, and particularly in New South Wales (50.9% compared with 45.1% foster care and 3.5% residential and group homes). Amendments in 2014 to the *Children and Young People (Care and Protection) Act 1998* in New South Wales to facilitate and increase the permanency and stability for children in out-of-home care have prioritised long-term guardianship with relatives or kin over adoption if there is no realistic possibility of returning children to their parents; the last option is long-term parental responsibility to the Minister (*Child Protection Legislation Amendment Act 2014*; Ross & Cashmore, 2016). The rationale for the increasing preference over the last decade or so to place children with relatives rather than in foster care is that it allows children to maintain their connections with their family and is likely to provide more stability and emotional security for children; at the same time, it helps to meet the chronic shortage of placements for children in out-of-home care. As Delfabbro (2017) points out:

From a theoretical and policy perspective, relative/kinship care is generally considered to be a two-edged sword. On one hand, relative kinship arrangements are thought to be potentially beneficial in that they are considered more likely to keep children closer to their original families. Relatives are more likely to be in contact and be known to the carers. ... Other potential benefits arising from relative/kinship care include the fact that the arrangement may help to maintain young people's sense of identity (they are still with 'family') and may help to preserve cultural and religious beliefs (O'Brien, 2012).

The alternative more negative view is that relative/kinship care may be problematic if children are looked after in environments that are very similar to the one from which they were removed (O'Brien, 2012). Relative households may expose children to many of the same risk factors as the original home and potentially abusive individuals may have easier access to the children.

There is some support for the role of relative and kinship care in supporting children's family relationships and emotional security. One of the largest and nationally representative studies in the US was based on the views of 727 children and young people in the US National Survey of Child and Adolescent Well-being (NSCAW) study who had been in out-of-home care for 12 months. Chapman, Wall and Barth (2004) reported that children in relative/kinship care 'reported feeling closer than children in group care to their caregiver' and 'feeling their caregiver cared for them more than did children in foster care ... , and children in group care'; they were also similar in their reported feelings of closeness to a sample of children in the general population (Chapman et al 2004, p. 301). On the other hand, other studies have reported little or no differences between children in relative/kinship care and foster care, particularly after taking account of the some of the likely selection effects of children being placed in kinship versus foster care (Dunn, Culhane, & Taussig, 2010). As Font (2015) points out in relation to placement stability:

Having a relative who is willing and able to provide care is not likely to be an isolated factor – the mere existence of a relative who is both able and willing to take a child into their home suggests that child may have stronger familial ties or a more involved extended family... given evidence suggesting inter-

generational patterns of maltreatment, substance abuse, and mental illness [references omitted], all of which are common antecedents to out-of-home placement, having relatives that are able to be approved for placement by the relevant child welfare agency may be advantageous in itself, irrespective of whether the placement occurs. (p. 100)

The most consistent differences, however, are between children in residential and group care and those in family-based care (foster care and kinship care) with those in group care reporting less positive experiences (Johnson et al., 1995; Wilson, 1994; Wilson & Conroy, 1999; Chapman et al., 2004).

3.2 Children's contact with their family of origin

Children's contact with their parents and family is provided for as a right for children in out-of-home care, according to Article 9(3) of the UN Convention on the Rights of the Child, and defined as one of the principles of the *Children (Care and Protection) Act* (section 9 (f))¹ and the NSW Child Safe Standards for Permanent Care (2015). Standard 4 (Identity) refers to the legislative requirement that children and young people who cannot remain in the care of their family should be cared for by people who understand and respect their religion, culture and language. Standard 5 (Family and significant others) refers to the legislative requirement that 'children in care are entitled to ongoing relationships with family, people of significance, friends and community' and that this is 'in accordance with their wishes, where it is safe and appropriate'. As Humphreys and Kiraly (2011) point out, 'striking the balance' between the child's 'need to develop a stable and secure relationship with their caregiver while building and maintaining 'their family relationships is difficult territory that highlights the systems issues' concerning support for parents and carers (p. 2). While family contact is promoted as helping children to understand the reasons they are in care, to know who their family is and to assist them to develop a positive personal and cultural identity, there are also concerns that contact can disrupt the relationship between the child and their new carers, and destabilise their placement.

The debate about the value, purpose and practicalities of contact has been ongoing for at least four decades, but the research on the benefits and possible risks surrounding contact is not straight-forward (Masson, 1997). One reason for the difficulty is that the purpose of contact differs for children who are expected to go home and for those who are not – but there is often no 'bright line' between these or it may change over time. The frequency and type of contact are likely to vary with the child's age, type of placement, and their parents' circumstances, and the presumed purpose of contact. If children are likely to return home, the purpose of contact is to maintain and develop their relationships with their family and foster their sense of belonging and connectedness. For children who are to remain in out-of-home care or are to be adopted, the focus of contact is more on

¹ S 9(f): If a child or young person is placed in out-of-home care, the child or young person is entitled to a safe, nurturing, stable and secure environment. Unless it is contrary to his or her best interests, and taking into account the wishes of the child or young person, this will include the retention by the child or young person of relationships with people significant to the child or young person, including birth or adoptive parents, siblings, extended family, peers, family friends and community.

their need to understand where they come from, who their parents are, and what their cultural background is, as well as allow room for these relationships. The context is also different for children who have already spent some years living with their family compared with very young children who have had little time, if any, living with their parents.

Contact is therefore a very complex and contentious issue, and there is considerable policy and practice debate about the amount of contact children should have, with whom, under what circumstances, and whether it should be face to face and supervised. The frequency and type of contact with different family members when children are in different types of placements, and the age at which they enter care as well as the likelihood that they will return home, are all likely to affect children's relationships and their longer-term outcomes. It is therefore very important to understand how these factors interact and how they affect children's perceptions, experiences and outcomes.

Australian and international studies have found that most children in care want to see and have more contact with their family of origin, again reminiscent of children in post parental separation families. Most often this is with their siblings, and their mothers and their fathers (Chapman et al., 2004; Fernandez, 2007, 2013; Fox & Berrick, 2007). Children in kinship care are reported to have more contact with their family members than children living with unrelated foster carers, but this also has also been found to depend on the relationship between the carers and the parents (Cashmore, 2014; Fox & Berrick, 2007; Lundstrom & Sallnas, 2012; Messing, 2006). Contact in relative/kinship care placements is less likely to be monitored by caseworkers and is more likely to be arranged between the caregiver and the birth parent (Delfabbro, 2017). While this provides for more flexibility and a more informal environment, it may also make it difficult for relative/kinship caregivers to set boundaries and manage the parent's behaviour during contact (Messing, 2006, p. 1,418).

3.3 Importance of children's voices

The critical element of children's lived experience is children's own perceptions of the security and quality of their relationships. Their sense of security – of feeling loved and cared for – has been found to be associated with better outcomes for children in care and young people leaving or ageing out of care (Andersson, 2005; Cashmore, 2006; Daniel, Wassell, & Gilligan, 1999; Perry, 2006; Samuels, 2008; Schofield, 2002, 2003; Tarren-Sweeney, 2008).

While there has been an increasing focus on asking children what is important to them, both for children in out-of-home care (Baker et al., 2016; Cashmore, 2014; Gilligan, 2000; Messing, 2006) and more generally, conducting such research is not straightforward because of the ethical issues and the need to gain the approval of various gatekeepers (Archard & Skivenes, 2009; Berrick, Frasch, & Fox, 2000; Cashmore, 2014; Gilbertson & Barber, 2002; Heptinstall, 2000). The Pathways of Care Longitudinal Study (POCLS) is therefore very important because it provides an opportunity to examine the quality of children's relationships with family members and others who are significant in their lives, and their perceptions and 'felt security' in their first years in out-of-home care. Both the child's and the carer's views are available for children aged 7-17 years. As each wave of data becomes available, we will be able to examine the association between aspects of

children's contact with their birth parents, siblings and/or extended family and how these influence their outcomes.

3.4 Research questions

- How well do children settle and manage their relationships with their carer and members of their caregiving household, according to the carers?
- How close do children feel to members of their birth family and to members of their caregiving household?
- Who do children have contact with in their birth family, how frequently and of what type? Does this differ for children in foster and kinship care?
- Is there any association between the contact children have with members of their birth family and their relationships with them, as reported by their carers? And as reported by children?

4 Method

The POCLS interview cohort at Wave 1 involves 1,285 children on final orders from the NSW Children's Court from a study-eligible cohort of 2,828 children who entered care for the first time between May 2010 and October 2011. Face-to-face interviews with caregivers and assessments with children and interviews with children aged 7–17 years were conducted between May 2011 and August 2013 in 897 caregiving households. On average, the carer interview occurred 17.4 months after the child's first ever entry to out-of-home care, ranging from 4 to 39 months. The most common length of time the POCLS children had been residing in their current placement at the time of the Wave 1 interview was 12–17 months (further details of the recruitment process and response rate are outlined in the *Wave 1 Baseline Statistical Report* (2015) and Paxman, Tully, Burke, and Watson (2014).

4.1 Children and young people

More than half of the children (713, 55.5%) whose carers completed a Wave 1 interview were under 3 years of age about 18 months after they entered care; 239 (18.6%) were aged 3–5 years; 136 (15.0%) were 6–8 years; 136 (10.6%) were 9–11 years, and 74 (5.8%) were 12–17 years of age. There were equal numbers of girls (648, 50.8%) and boys (637, 49.2%). Two thirds (67%) of caregivers at Wave 1 reported that they were told that the placement would last until the child was 18 (Baseline report, p. 63).

Just over one-third (469 children, 36.5%) were Aboriginal, similar to the 35% of Aboriginal children and young people in out-of-home in NSW (Paxman et al., 2014; FACS, 2014). 112 children (8.7%) were from a culturally and linguistically diverse (CALD) background.

Just over half the children were in foster care (661, 51.4%), and slightly less than half were in kinship care (598, 46.5%); a small number (26, 2.0%) were in residential care. Comparison of the final orders cohort ($n = 2,828$) who entered care for the first time over that period indicates that the interview cohort of children was generally representative of the study-eligible population cohort in terms of gender, age, Aboriginality and type of placement (*Wave 1 Baseline Statistical Report*, 2015).

At the time of the first interview (Wave 1), 44.4% of children were living with at least one sibling (534, 41.6%) or step-sibling (36, 2.8%) while 134 (10.4%) children were living with at least three and up to six siblings. Just under 14% (176 children) were living with at least one cousin. Similar numbers of children were living with at least one unrelated child (225 children, 17.5%) or were the only child in the household (201 children, 15.6%). Children in foster care were much more likely to be living with another unrelated child (202 children, 30.6%) than children in relative/kinship care (7 children, 1.2%).

4.2 Interviews with children

Children aged 7–11 years who agreed to participate in the study participated in a computer-assisted questionnaire (CASI) on an iPad, assisted where needed by a trained interviewer. Older children and young people aged 12–17 years generally completed the

activity without assistance. The qualitative and quantitative questions asked about school, work, their friends, health and wellbeing, behaviour, casework, support, where they are living, their experiences of being in care, and for older young people, about leaving care and living skills. The CASI self-interview allows for privacy and standardisation of the interview, with some flexibility and choice in the order in which the various modules of questions are responded to. The audio-assisted delivery also helps children and young people who have difficulty reading, with a 'play' button that allows the questions to be repeated and a text box for recording responses and other thoughts. At the end of the questions, the interviewer asks if there is anything else they would like to say, and games are available to play at the completion of the process.

4.2.1 Child 'felt security' (7–17 years)

Children and young people aged 7–17 years were asked to indicate who they felt close to, and to what extent, using an activity adapted from the Kvebaek Family Sculpture Technique (Cromwell, Fournier & Kvebaek, 1980; Gardner, 1996). The child is asked first to place a figure to represent him/herself on a board (see Figure 3.1), and then to select figures to represent other people and place them according to how close they feel to them. The first set relates to the people the child is living with in their current placement; the second set concerns the people children are not living with but whom they consider to be important people in their lives. The placement of the figures on the board provides a visual representation of children's perceived emotional closeness to the people they are living with and to people otherwise important to them but with whom they are not living.

Figure 4.1 Child engaged in the felt security activity adapted from the Kvebaek Family Sculpture Technique to show who they feel close to. A trained interviewer instructs the child how to use the checkerboard and figures to complete the activity.



The analysis of the child's representations focuses on the distance between the child and other figures and the clustering of figures including the child's position on the board.

4.3 Interviews with carers

In Wave 1, the carers for 1,285 children were interviewed: 91% ($n = 790$) were female. Details about the carers are provided in the *Wave 1 Baseline Statistical Report (2015)*. The interviews were conducted with the carer who knew the child best and/or was willing to be interviewed. The interview with the carer covered a range of developmental domains including the child's socio-emotional wellbeing, cognitive development, and health as well as a range of questions about the care environment including specific questions about the carers' relationship with the child, the child's relationships with others in the household, with their birth parents and with peers. The focus of this report is on the child's relationships, as perceived by the carers, and by the child. The questions asked of carers and children and young people are outlined in the results section.

5 Results

The Pathways of Care Longitudinal Study (POCLS) involves a large cohort of children entering out-of-home care for the first time in NSW on final orders and provides data on both the carers' perceptions and those of children aged 9 months to 17 years on a number of domains. The results focus on the perceptions of both carers and children and young people aged 7–17 years concerning the child's relationships and contact with members of their family of origin. The congruence between the carers' and children's views is analysed where possible.

The analyses include descriptive and bivariate analyses, and multivariate logistic regression that allows the simultaneous testing of the child's age, gender, cultural background, time in the placement, type of placement, and the frequency of contact, assessing their effects while holding other factors constant.

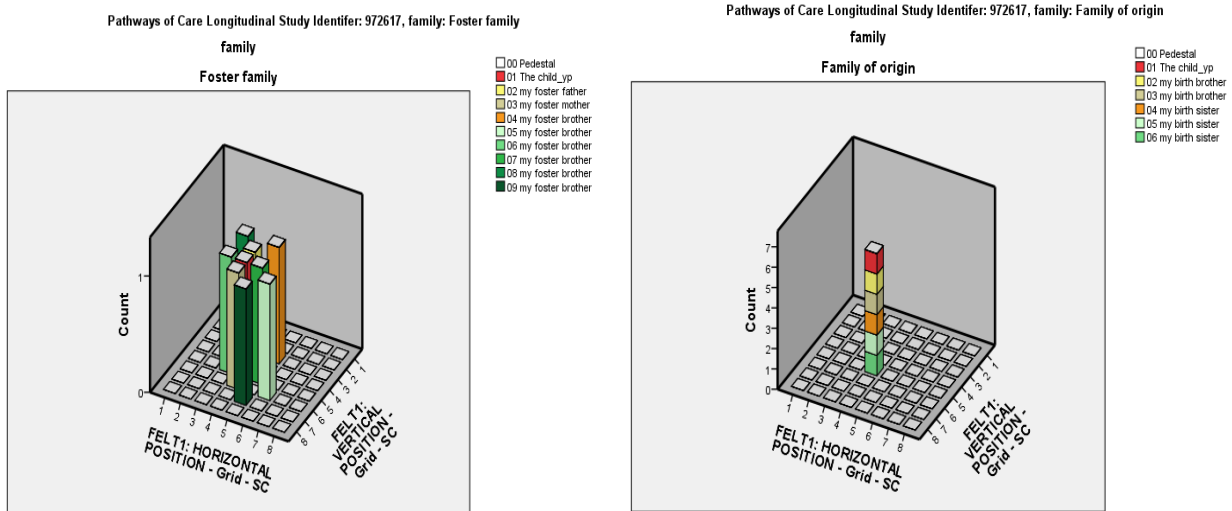
5.1 Children's reports on their relationships with their caregivers and family of origin

The perspectives of children and young people in out-of-home care are very important because it is their subjective views and understandings of relationships that are very likely to influence how they settle into their new living arrangements and affect their outcomes. As a number of studies using different methodologies have shown, 'children and adults often have different understandings of key concepts or different priorities' so it should not be assumed that parents' or carers' views necessarily reflect children's views and understanding (Holland, 2009, p. 232).

Children and young people who were interviewed responded to several tasks to indicate the closeness of their relationships and their perceptions of the caregivers' parenting. Their mean age was 10.73 years (SD = 2.64). As outlined in the methods section, children were asked to place figures on a board to indicate how close they feel to members of their caregiving household and then to other people in their lives who are important to them but not living with them. In total, 331 children (173 females, 52.3% and 158 males, 47.7%) made placements on the 8 x 8 matrix for the people they were living with in their current placement and 305 children (161 females, 52.8% and 144 males, 47.2%) for their families of origin and other people who are special to them.

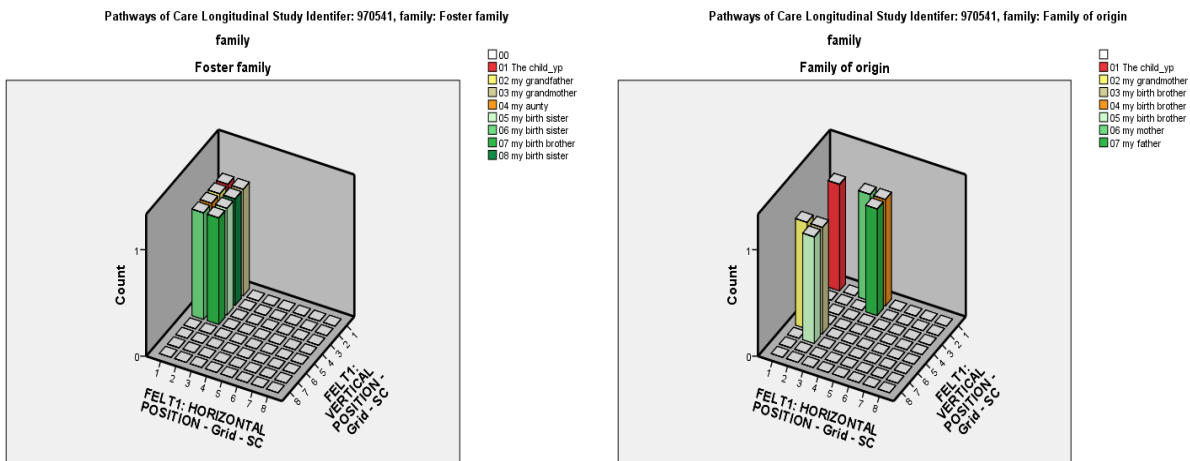
Figure 4.1 provides an example of how one young person aged 15 who had been in foster care for 16 months, responded to this task. He placed himself in the middle of each board and surrounded himself closely by those in his foster family's household, and very closely – indeed on the same square – by his siblings, two brothers by birth and three sisters. He did not include either parent or his grandparents.

Figure 5.1 Perceived closeness (FELT security task) to (a) members of caregiving household and (b) to important people not living with: 15 year old male in foster care for 16 months



In another example (see Figure 4.2), a 7 year-old Aboriginal boy in kinship care for a period of 16 months, placed himself in the corner of the board with his grandparents and one sister surrounding him, and his aunt and other three siblings next. On the second board, he remained in the corner with his mother and father and one brother close by but not immediately surrounding him, and his grandmother and other brothers in another separate group.

Figure 5.2 FELT placements by 7 year-old Aboriginal boy in kinship care for 16 months



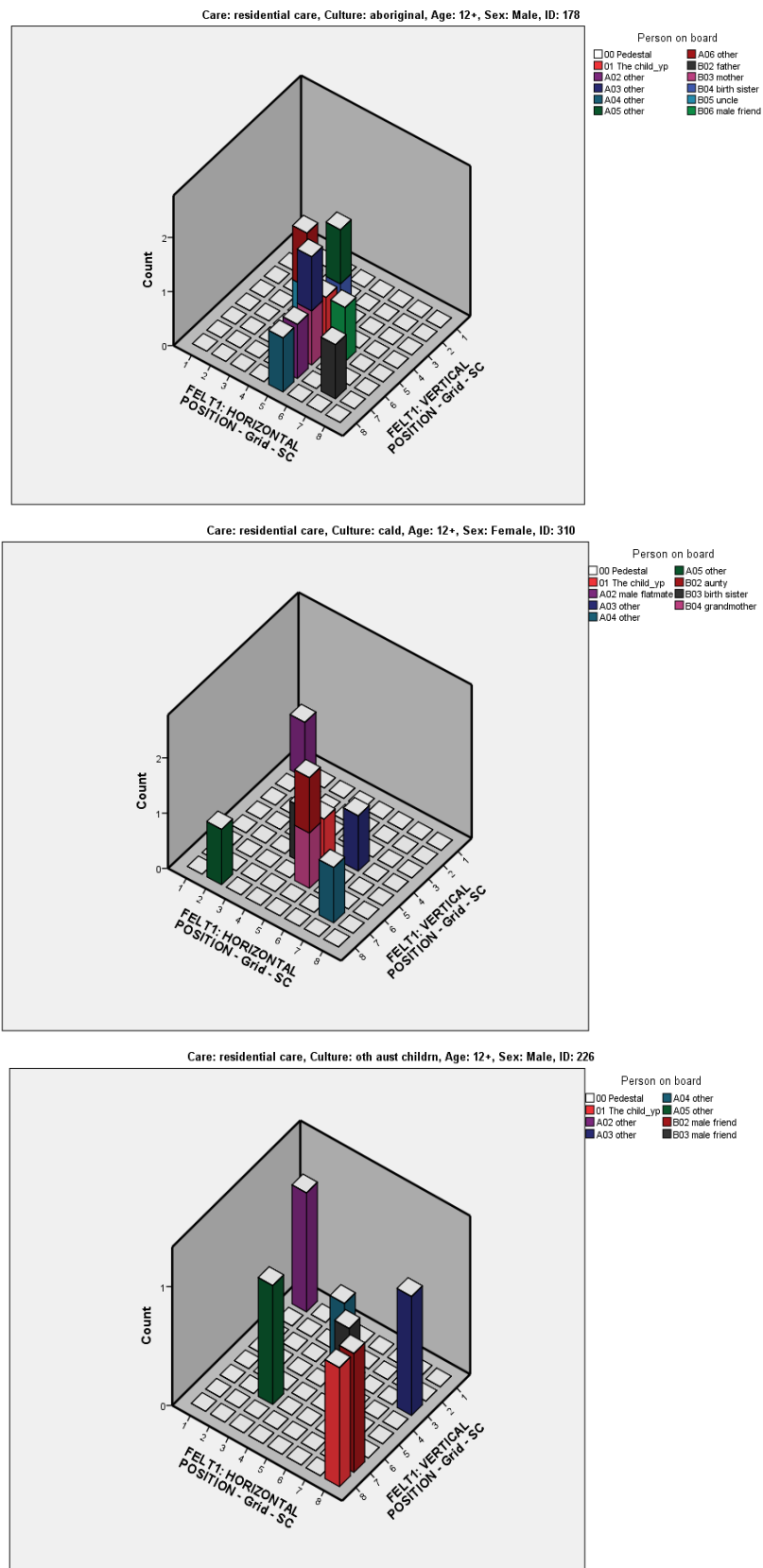
Figures 4.3 a, b, and c show an alternative representation for several children and adolescents in residential care, with the figures for both the people they are living with and their family members on the same board. This provides an indication of how many people they see as close to them overall. In Figure 4.3a, an Aboriginal boy in residential care in the 12+ age group surrounded himself with family members – with his father, mother, birth sister and uncle closest and placed in that order – and then a male friend as

one of the people he was living with ('other') relatively close by but more distant. This was typical for the representations by Aboriginal young people in residential care. Figure 4.3b shows the representation by a 12+ year-old girl from a non-English speaking cultural background who again places family members – her aunt, grandmother and birth sister – closest to her and with all other people she was living with, with one exception, some distance away.

With the exception of the young person shown in Figure 4.3c, most other children and young people in residential care followed the same pattern, with family members close by and in some cases very close to them, and others they were living with further away. The 12+ year-old male in Figure 4.3c did not include any family members as people he counted as significant in his life and close to him but placed one male friend very close, another close by and others he was living with much more distant.²

² The figures with 'A' indicated that they are people the child is currently living with, and 'B' the people in their family and others who are special to them. The order they appear is the order in which they were placed on the board.

Figure 5.3a, b, c Felt placements by (a) Aboriginal boy in residential care, (b) CALD girl in residential care, and (c) other Australian boy in residential care.



Children were free to choose and place as many or as few people as they wished on each board;³ the mean number of people selected and placed (excluding the initial self-placement) was 4.68 (SD = 2.28). The average number of people selected for their caregiving household was significantly smaller when children were responding in terms of their caregiving families (M = 4.36, SD = 2.0) than for their family of origin, which may reflect the fact that children's families may have been larger and they could also include people outside their family (M = 5.04, SD = 2.52).⁴ Overall, there was no association between the age and gender of the child and the number of people represented on either board. However, overall, Aboriginal children placed more people on both boards (M = 5.11, SD = 2.28) than non-Aboriginal children (M = 4.49, SD = 2.26).⁵

The distribution of children's initial placements (of the figure representing themselves) on the matrix is shown in Figure 4.4 below. It indicates that children most often placed themselves around the middle of the board, but a corner placement was also quite common. In an early study, Gardner (1996) reported that children in long-term foster care were more likely to place themselves on the edge rather than the middle compared with children in intact families. This may indicate that they perceive themselves to be less central to the family 'group'; the way children configure the placements will be examined in more detail.

Where children placed themselves on the board was the same for both tasks (the caregiving family and the family origin). This did not vary significantly according to whether they were male or female, Aboriginal or not, nor how long they had been in their current placement, but older children tended to place themselves nearer the edge of the matrix ($r = -.19, p < .0005$).

In principle, children who placed themselves further from the centre of the board could have greater distances between themselves and the other people they placed on the board. This proved to be the case in practice.⁶ For this reason, a measure of the distance of initial placements from the centre was included as a covariate in all analyses involving distance/closeness.

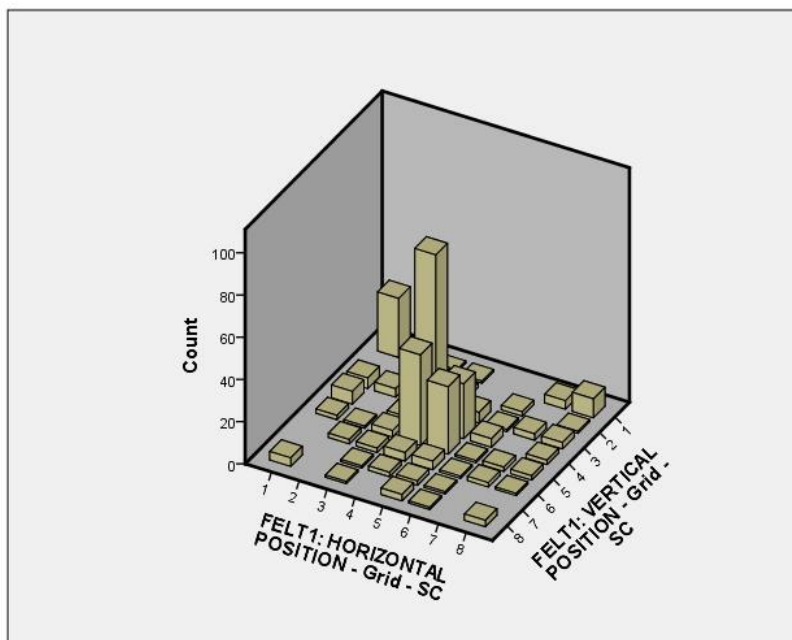
³ Children were, however, encouraged to prioritise the number of people to 10 to accommodate them on the board.

⁴ $F(1,634) = 14.4, p < .001$.

⁵ $F(1,633) = 11.12, p = .001$.

⁶ The correlation between the distance of the initial placement from the centre of the matrix and the average of the distances between children's initial placements and those for the people they included was .229 ($p < .0005$) for foster families and .257 ($p < .0005$) for placement families.

Figure 5.4 Children’s initial position for figure representing themselves (the higher the bar, the more frequently children placed themselves in that position).



The distance between children’s own position on the board and that of the various members of their caregiving household and the members of their family of origin was used as a measure of the child’s perceived ‘closeness’ to those people or how special those people are to them, as outlined in the explanation to the child about the task. Bivariate analyses investigated the relationship between the ‘distance’ or ‘closeness’ measure and children’s gender, age, whether they were from an Aboriginal background, type of placement, length of time in the placement, and the number of children in the household. The distances for children in the two older age groups (9–11 years and 12–17 years) were smaller than for the youngest children who were involved in this task (7–8 years).^{7 8}

The next analysis was to test whether there was any difference in the mean distance overall between children’s caregiver family and their family of origin. The difference was small and marginally significant, with a somewhat smaller mean distance for children’s family of origin (M = 1.84, SD = 1.21) than for their caregivers’ family (M = 1.94, SD = 1.46).

Further analyses, using separate mixed model regression analyses with distance as the main measure, were carried out to test how close children indicated they were to various members of their caregiver family and their family of origin. The main question was in each case: to what extent do the distances (‘closeness’) vary according to the length of

⁷ $F(2, 298) = 8.0, p < .001$.

⁸ The other significant relationship was for the number of people placed on the board; for the caregiving family, the larger the number of placements, the greater the average distance. This association was less strong and non-significant for children’s family of origin and other people they saw as significant in their lives ($b = .012, t(2,469) = .74, p = .46$). $t(2,832) = 2.10, p < .036$

time they had been living with their caregiving family, by their relationship to the members of each family, their age and gender and Aboriginality?⁹

Figure 4.5 shows the mean distances for each of the people put on the board for the caregiver's household and the child's family of origin/and other significant people in their lives. As might be expected, the numbers for each type of relationship vary considerably for each type of family/household board. There were no significant differences for either the caregiver or birth family associated with the time children had been with their caregiver family, on average about 13 months; nor was there any difference between Aboriginal and non-Aboriginal children. Older children and adolescents did, however, place themselves significantly closer to the members of their caregiving household and to the members of their birth family than younger children.¹⁰

As expected, there was also significant variation for the different relationships within the care-giver and birth families (see Figures 4.5 and 4.6).¹¹ Within the caregiver's family (Figure 4.5), children placed themselves significantly closer to their female carer (foster mother in foster care and grandmother or aunt in kinship care) than to other members of those families, including their male equivalents (foster father, grandfather or uncle). Birth siblings were closer than their foster siblings, particularly foster brothers. Cousins were also significantly more distant than birth siblings or adult family members in kinship care. Children in kinship and foster care tended to place themselves fairly close to their kinship/relative carers but there were no significant differences between children in kinship and foster care.¹²

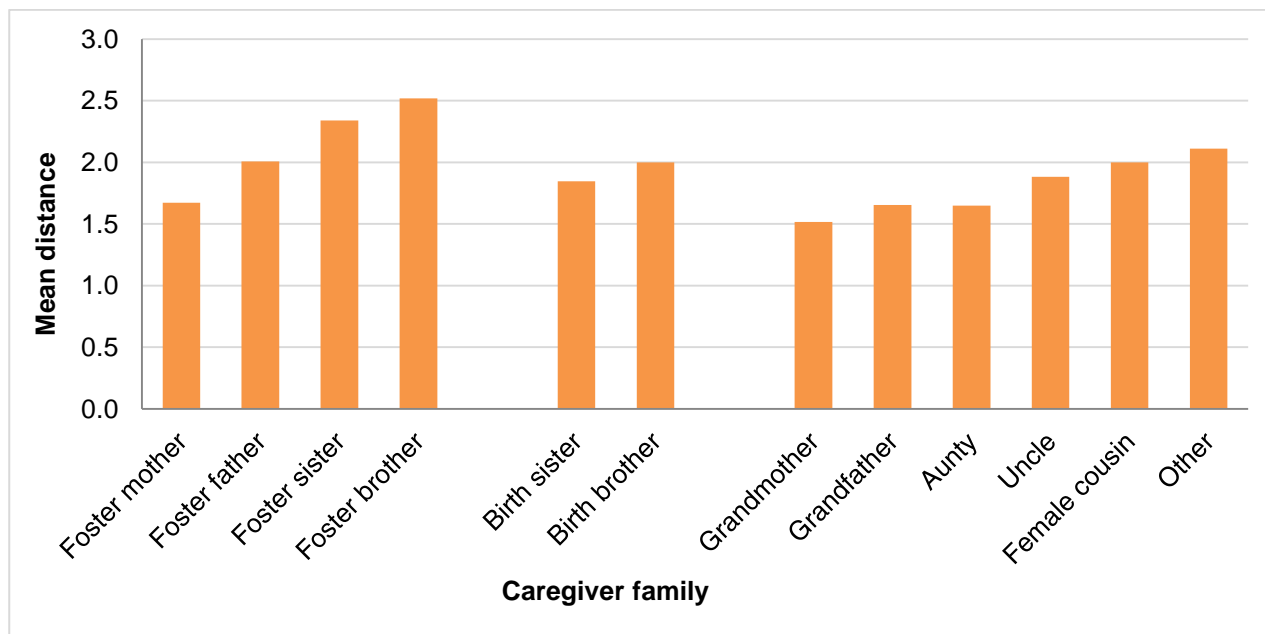
⁹ The variables showing the distance of the figure representing themselves from the edge of the board and how many figures they placed on the board were also included. The interactions of each variable with the relationship variable were also individually tested.

¹⁰ For caregiver families, $F(2, 307 \text{ df}) = 5.28, p = .008$, and for birth families, $F(2, 251 \text{ df}) = 5.66, p = .004$. Younger children (6–8 year-olds) placed themselves significantly further away from both the members of their caregiver and birth family than older children (9–11 year-olds) and adolescents (12–17 year-olds) did, who did not differ from each other.

¹¹ For caregiver families, $F(11, 1,117 \text{ df}) = 5.81, p < .001$, and for birth families, $F(11, 1,142 \text{ df}) = 3.91, p < .001$.

¹² For caregiver families, the type of care placement (foster and kinship care) was not a significant factor: $F(1, 532 \text{ df}) = 2.75, p = .098$.

Figure 5.5 Child's closeness to members of their caregiving family household (smaller is closer)

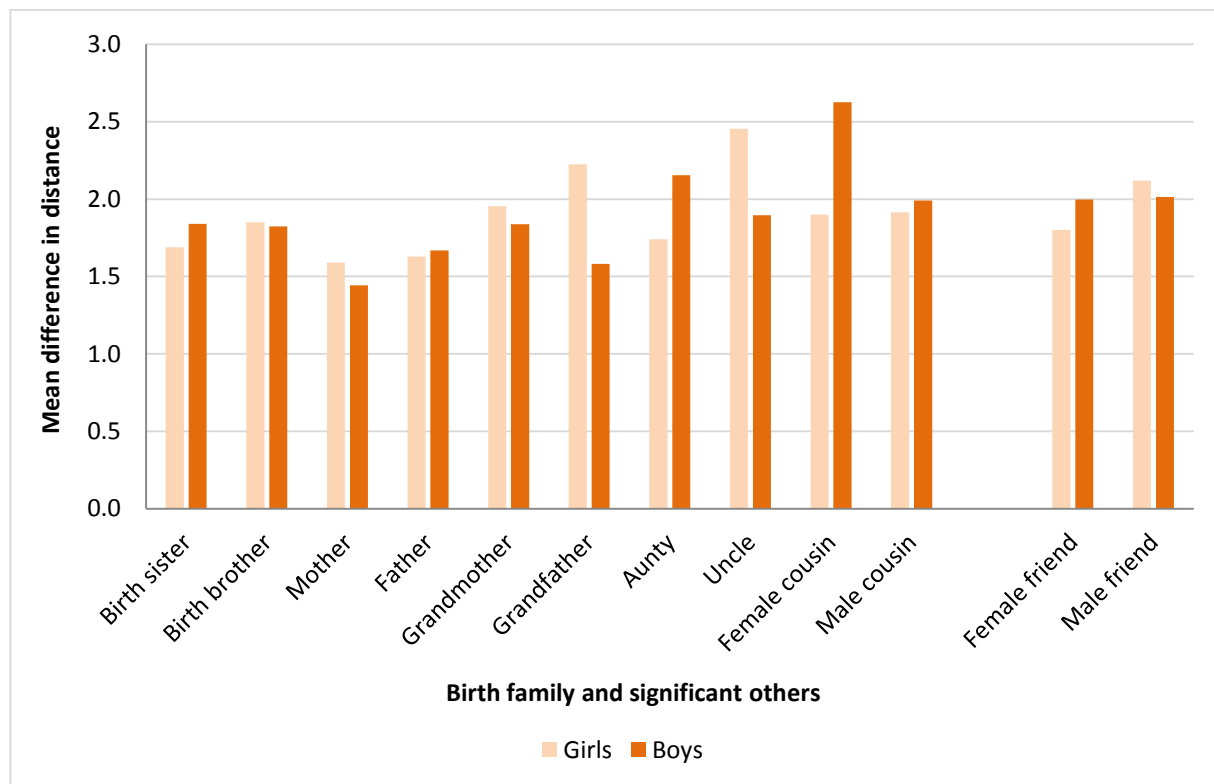


When asked about the people who were significant to them but not living with them, children placed their mother, father and siblings closest, followed by their grandparents. As Figure 4.6 shows, there was a gender x relationship interaction.¹³ While boys and girls placed themselves about the same distance from their grandmother, boys placed themselves significantly closer to their grandfather and to their uncle than girls did. On the other hand, this pattern was reversed for female cousins. Boys placed themselves closer to their female cousins than to their male cousins but for girls, there was no difference. Friends were also closer than female cousins. Again children in kinship and foster care did not differ significantly in their closeness measures.¹⁴

¹³ Significant gender x relationship interaction: $F(11, 1148 df) = 2.19, p = .013$.

¹⁴ For birth families and significant others, the child's current care placement (foster and kinship care) was not a significant factor: $F(1, 249 df) = 0.016 p = .899$.

Figure 5.6 Children’s closeness to members of birth families and significant others by gender

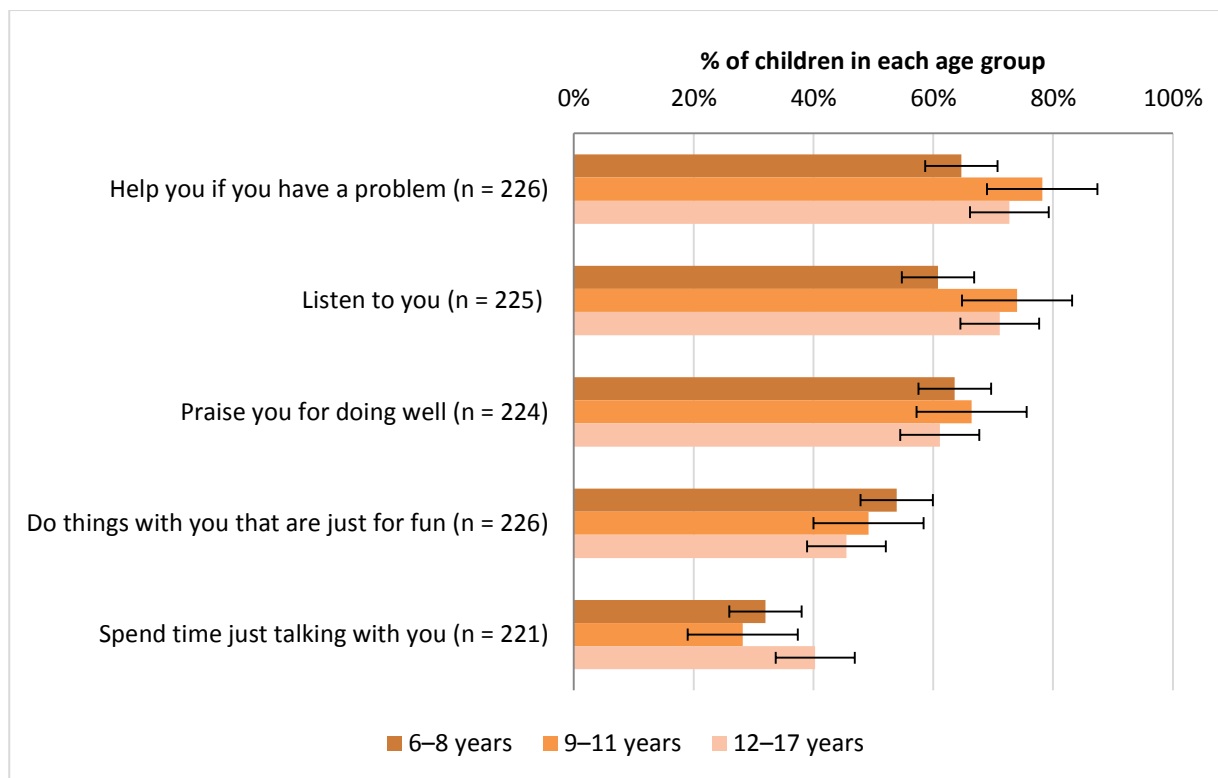


In summary, children placed themselves closer to members of their birth family, and in particular their mother, father and siblings than to other family members and to members of their carer’s household, with the exception of their grandmother and aunt in kinship care.

5.2 Children’s reports about their caregivers’ parenting

Overall, children were generally positive about the way their caregivers interact with them and treat them. As Figure 4.7 shows, most children indicated that their carer ‘always’ helped them if they had a problem (64.7% to 78.2%); ‘always’ listened to them (60.8% to 74.0%); and ‘always’ praised them for doing well (61.1% to 66.4%). Fewer children said the adults looking after them did things with them that were just for fun (45.5% to 53.9%) or that caregivers ‘always’ spent time just talking with them (28.2% to 40.3%). There were few differences by age apart from older children, and more so 9–11 year-olds (74.0%), being more likely than the youngest children (60.8%) to say that their carer ‘always’ ‘listens to them’. There were no significant differences between children in foster care and those in kinship care.

Figure 5.7 Percentage of children aged 6–17 years reporting ‘always’ on aspects of the caregiver’s parenting by child’s age



Children aged 12 years and older were also asked whether their carers knew what they did with their free time and where they went when they went out at night. About 75% said that the ‘adults who look after them’ ‘always’ or ‘often’ knew what they did with their free time, and 82% said they knew where they went when they went out at night. There was a trend for those placed with relatives or kin (30/42, 71%) to say their carers ‘always’ knew what they did with their spare time compared with children in foster care (20/34, 59%) but they were almost equally likely to say their carers knew where they went when they went out at night. Only about 12% said their caregivers ‘rarely’ or ‘never’ knew. Of some concern among the small group of 12–17 year-olds in residential care who responded to these questions, only 7/17 said their carers always knew what they did with their spare time and where they went when they went out at night.

5.2.1 Comparing children’s and carers’ views

Children and carers were asked comparable questions about their carers’ parenting and how that was experienced by the children. An overall score for the carer’s emotional responsiveness as perceived by the child was produced as a composite of the five rating scale scores for the questions shown in Figure 4.7: to what extent/how often the adults looking after them help them if they had a problem, listen to them, praise them for doing

well, do things with them that are just for fun, and spends time just talking with them?¹⁵
The overall mean was 21.05 (SD = 3.6) with a possible maximum of 25.

Carers were asked to rate their interactions with the child on a 10-point scale in response to a series of questions that provide three 'derived' scores – for warmth of parenting (Paterson & Sanson, 1999), hostility (Institut de la Statistique du Québec, 2000), and parental monitoring (Goldberg et al., 2001).¹⁶ The overall mean for parental monitoring was 17.95 (SD = 2.56) with a possible maximum of 20.

For example, *warmth of parenting* is a combined score for the following four rating scale questions:

How often do you tell [study child] how happy [he/she] makes you?
How often do you have warm, close times together with [study child]?
How often do you enjoy listening to [study child] and doing things with him/her?
How often do you feel close to [study child] both when he/she is happy and when he/she is upset?

The overall mean for warmth of parenting was 17.88 (SD = 2.54), near the top of the possible score range.¹⁷

Hostility is a composite of the following 3 questions in relation to the carer's responses to how they have been 'feeling or behaving with [study child] over the last 4 weeks':

I have been angry with [study child].
When [study child] cries, he/she gets on my nerves.
I have lost my temper with [study child].

The overall mean for hostility was 6.09 (SD = 3.63), near the bottom and more positive end of the range.¹⁸

The carers' self-rated scale scores were significantly inter-correlated, with parental warmth negatively correlated with parental hostility ($r = -.326$, $n = 1285$, $p < .001$) and positively correlated with parental monitoring ($r = .385$, $n = 209$, $p < .001$).

Children's views about the parenting style of their carer were also significantly correlated with those of the adults who were looking after them, but more strongly for children aged 9–11 years in kinship care than for older children aged 12–17 years in either foster or kinship care. The more emotionally responsive these 9–11 year-olds perceived their carer to be, the less hostile ($r = -.442$, $n = 64$, $p < .001$) the carer rated themselves and the more likely they were to say they knew what the children were doing with their free

¹⁵ Emotional Responsiveness Scale from the Parenting Style Inventory II, adapted version (PSI-II: Darling & Toyokawa, 1997).

¹⁶ All are used in the Longitudinal Study of Australian Children.

¹⁷ The response options were 1 = 'never/almost never', 2 = 'rarely', 3 = 'sometimes', 4 = 'often', and 5 = 'always/almost always', giving a possible total score range of 4 to 20.

¹⁸ The response options for each question were 1 = 'not at all' through to 10 = 'all the time', giving a possible score range of 3 to 30.

time ($r = .472$, $n = 41$, $p = .002$). Children aged 12–17 years in both foster care and kinship care were also generally in agreement with their carers about how much their carers knew about their spare time activities (Kinship care: $r = -.489$, $n = 42$, $p = .001$ and foster care: $r = -.497$, $n = 34$, $p = .003$). But children in foster care were not in agreement with their carers about how much their carers knew about where they were when they went out at night ($r = -.178$, $n = 32$, $p = .33$) though children in kinship/relative care were ($r = -.522$, $n = 36$, $p = .001$). There was also little correlation between 12–17 year-olds ratings of their carers' emotional responsiveness and to what extent the carers rated themselves as warm or hostile, though the range of hostility scores was quite limited at the lower end of the scale.¹⁹

5.3 Carers' perceptions of the child's relationships with members of the caregiving household

Carers were asked several questions concerning their introduction to the child in their care, how long they took to settle, and what their own expectations were according to the child's likely stay with them. For nearly two-thirds of the children (830, 64.6%), their carer was told that the child would be in (their) care until the age of 18, and for another three children, long-term with the likelihood of adoption. No timeframe was provided for 247 children (19.2%). For other children, the expectation was a short-term placement until the court outcome, restoration or a long-term placement was found; for about one in 10 children, the expectation was less than 12 months. There was no significant difference in these expectations associated with the age or gender of the child or cultural background. There was, however, a significant difference by care type, with 76.7% of relative/kinship carers indicating that they had been told the child would be in their care until they were 18 compared with 55.7% of foster carers.²⁰

There were also no differences associated with children's age and gender in whether or not the children had introductory day visits before their placement with the carer, but overnight stays, and particularly more than one overnight stay, were more likely for children as they got older. Only 23.8% of under 3 year-olds had more than one overnight stay prior to their placement compared with 47.2% of 3–5 year-olds and 61.0% of 9–11 year old children. There were also differences by type of care, with children in relative/kinship care at least twice as likely to have more than one day visit and more than one overnight stay prior to their placement, probably because they already knew the carers. Aboriginal children were less likely to have day visits than other children (62.7% had no pre-visits) and children with CALD backgrounds were more likely than other children to have more than one overnight stay before they were placed with their current carers.

Carers were also asked to indicate how long the child had taken to settle, how well they knew the child in their care at the time of the Wave 1 interview, how close they were to the child, and the quality of the relationship between the child and others in their household. Whether or not children had prior overnight visits was not associated with

¹⁹ Residential care was excluded from these analyses because of the small numbers.

²⁰ $\chi^2 = 89.53$, 10 *df*, $p < .001$.

how settled they said the child was at the time of the first interview approximately 18 months after entering care (varying lengths of time in the current placement), how well they knew the child, how well the child was going, and how close they were to the child. However, carers were more likely to say the child had taken less time to settle into the placement,²¹ and was 'very close' to other children in the household at the time of the first interview²² if they had more than one day pre-visit than if they had no prior visits during the day but again this may reflect their familiarity with the child as kinship carers. Most carers indicated they knew the child in their care 'very well' though the proportion decreased substantially for older children – from 96.1% for children under 3 years to 61.3% for children and adolescents aged 12–17 years (Table 4.1a). The proportion for the youngest children under 3 years was significantly higher than for the three older age groups, who did not differ from each other.²³

The longer children had been in their care, the more likely carers were to say they knew the younger children very well, especially 3–5 year-olds.²⁴ For older children and especially those aged 9–11 years, carers were not more likely to say they knew the children well as the time in the placement increased.²⁵ As outlined in the baseline report (De Maio & Smart, 2016), carers also reported that younger children (under 3 years) settled in more quickly than older children though few children reportedly had not settled well after a year. There was little difference between kinship and foster carers in terms of how well they said the children had settled; nor was there any difference associated with the child's cultural background.

As Table 4.2a shows, there was little difference between kinship (87.8%) and foster carers (82.3%) or in how well they said they knew the children. There was also no significant difference associated with the child's cultural background; 86.2% of carers said they knew the Aboriginal children in their care very well, compared with 86.4% for CALD children, and 83.8% for other Australian children.

5.3.1 Carers' perceptions of their relationship with the child

The vast majority of caregivers reported having either a 'very close' (78.4%) or 'quite close' (20.1%) relationship with the children in their care.²⁶ There were significant differences according to the age of the child, with caregivers of younger children more often reporting feeling 'very close' to the child than caregivers of older children: 95.2% of caregivers of children under 3, for example, compared with 59.6% of 9–11 year-olds. The figure was even lower for children and adolescents aged 12–17 years (48.0%) but about half of this age group were in residential care, with workers on shiftwork who are less

²¹ Kruskal Wallis $\chi^2 = 12.01$, 2 *df*, $p = .002$.

²² 76.8% of carers said the child was close to other children in the household if they had more than one day visit prior to the placement, compared with 69% who had no prior visit: $\chi^2 = 14.62$, 4 *df*, $p < .006$.

²³ $\chi^2 = 144.6$, 12 *df*, $p < .0005$, with $< .05$ Bonferroni paired comparisons adjusted for the number of comparisons.

²⁴ $r = .271$, $n = 262$, $p < .0001$.

²⁵ $r = .021$, $n = 136$, $p = .81$.

²⁶ The question carers were asked was: How would you describe your relationship with the child? Response categories were 'very close', 'quite close', or 'not very close'.

likely to get to know and feel close to these children and young people (Table 4.1b).²⁷ With the exception of carers for children aged 9–11 years, the longer the child had been in their care, the more likely carers were to indicate that they felt very close to the child.²⁸ There was no clear pattern for 9–11 year old children, with the odds of feeling very close decreasing for placements beyond 17 months. Kinship carers and foster carers did not differ significantly in their responses; nor were there any differences associated with cultural background (between Aboriginal, CALD or other Australian children).

Not surprisingly, given the care arrangements in residential care, and the age of the children involved, residential care workers were more likely to say their relationship with the child was 'quite close' (15/26, 57.7%) than 'very close' (10/26, 38.5%) and less likely than other carers to indicate that they knew the child or young person 'very well' (Table 4.2b).²⁹

The carer was also asked to say how close they thought the child's relationship was with the other caregiver in the household, generally their male spouse or partner. The pattern was very similar, with most caregivers reporting that these were also either 'very close' (73.9%) or 'quite close' (23.9%) relationships. The other carers were also reported to be closer to younger children than to older children, and again there was little difference between foster care (72.8%) and kinship care (70.8%) or associated with the child's cultural background.

For children who had two carers, the majority of carers (70.0%) said the children were reportedly 'very close' to both carers, 13.4% were 'very close' to one carer, and 16.6% were *not* 'very close'³⁰ to either. Three-quarters (76.7%) of the children who had one carer were reportedly 'very close' to that carer, and 23.3% were not.

Overall, there were 244 children (19.1%) who were reportedly *not* 'very close' to any carer in the household they were living in. These children were more likely to be older than younger, and to be in foster care rather than relative/kinship care, and to have been in that placement for a short time. Overall, 19.4% of children in foster care with two carers were reportedly *not* 'very close' to either carer compared with 12.2% in kinship care.

²⁷ The logistic regression model that included three factors (child's age, the type of placement (foster and kinship care) and time in the placement) and their interactions was significant: $\chi^2 = 281.2$, 29 *df*, $p < .0001$, Cox and Snell $R^2 = .20$.

²⁸ $\chi^2 = 5.7$, 1 *df*, $p = .017$, and $\chi^2 = 6.09$, 1 *df*, $p = .014$ for placement time under 10 months compared with 11–16 months and 17+ months respectively, with $<.05$ Bonferroni paired comparisons adjusted for the number of comparisons.

²⁹ These comparisons were not tested in the logistic regression model because of the small numbers of young people involved ($n = 26$).

³⁰ This means that they were reported to be 'not very close' or only 'quite close'.

5.3.2 Children's perceived relationship with other children in the household

Most children were perceived by carers to be 'very close' (72.4%) or 'quite close' (22.9%) to other children in the household, with the exception of adolescents.³¹ There was a clear age gradient (Table 4.1c). While most caregivers of children under 3 years (90.0%) reported 'very close' relationships to other children, this dropped to just over half (56.4%) for children aged 6–11 years, and to just over a third (35.4%) for those aged 12–17 years. The effect of the child's age differed by placement type (Table 4.2c) but not by time in the placement.³² Again, there was no significant difference by cultural background. Overall, 66% to 75% of children were reported to be very close to other children in the household. There was no difference in how close children were reported to be with other children in the household associated with whether the other children were siblings or step-siblings or other children with the gender of those children, or the type of placement.

³¹ The questions was: How would you describe [Study Child]'s relationship with other children and young people living here in your household? The response options were 1 'very close' 2 'quite close' 3 'not very close' or 'don't know' or 'refused'.

³² The logistic regression model included three factors (child's age, the type of placement (foster and kinship care) and time in the placement) with some interactions and was significant: $\chi^2 = 200.4$, 19 *df*, *p* <.0001, Cox and Snell *R*² = .17.

Table 5.1 Caregiver reports of study child's relationships in caregiver household, by age of child

(a) How well carers know the child												
	Under 3 years		3–5 years		6–8 years		9–11 years		12–17 years		All children	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Very well	545	96.1	222	83.8	145	75.1	97	71.3	76	61.3	1,085	84.4
Fairly well	22	3.9	41	15.5	44	22.8	37	27.2	44	35.5	188	14.6
Not very well	0	0.0	2	0.8	3	1.6	2	1.5	3	2.4	10	0.8
Not at all well	0	0.0	0	0.0	1	0.5	0	0	1	0.8	2	0.2
Total (% of total)	567	(44.1)	265	(20.6)	193	(15.0)	136	(10.6)	124	(9.6)	1,285	100.0
(b) Carer's relationship with the child												
Very close	540	95.2	196	74.2	128	67.0	81	59.6	59	48.0	1004	78.4
Quite close	26	4.6	67	25.4	59	30.9	51	37.5	54	43.9	257	20.1
Not very close	1	0.2	1	0.4	4	2.1	4	2.9	10	8.1	20	1.6
Total (% of total)	567	(44.3)	264	(20.6)	191	(14.9)	136	(10.6)	123	(9.6)	1,281	100.0
(c) Child's relationship with other children in household												
Very close	431	90.0	171	71.3	98	57.0	64	55.7	34	35.4	798	72.4
Quite close	47	9.8	61	25.4	61	35.5	41	35.7	42	43.8	252	22.9
Not very close	1	0.2	8	3.3	13	7.6	10	8.7	20	20.8	52	4.7
Total (% of total)	479	(43.5)	240	(21.8)	172	(15.6)	115	(10.4)	96	(8.7)	1,102*	100.0

* No other children in the household.

Table 5.2 Caregiver reports of study child-caregiver household relationships, by placement type

(a) How well carers know the child						
	Foster care		Kinship care		Residential care	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Very well	544	82.3	525	87.8	16	61.5
Fairly well	113	17.1	67	11.2	8	30.8
Not very well	3	0.5	5	0.8	2	7.7
Not at all well	1	0.2	1	0.2	0	0
Total	661	100.0	598	100.0	26	100.0
(b) Carer's relationship with child						
Very close	502	76.4	492	82.3	10	38.5
Quite close	145	22.1	97	16.2	15	57.7
Not very close	10	1.5	9	1.5	1	3.9
Total	657	100.0	598	100.0	26	100.0
(c) Child's relationship with other children in household						
Very close	419	71.4	376	76.3	3	13.6
Quite close	139	23.7	103	20.9	10	45.5
Not very close	29	4.9	14	2.8	9	40.9
Total	587	100.0	493	100.0	22	100.0

5.4 Caregivers' reports of children's relationships with birth family members

Primary caregivers were asked a series of questions about children's relationships and contact with members of their birth family. Figure 4.8 shows caregiver perceptions by the age of the children involved; a higher proportion of children are perceived to have a good relationship with their siblings than with any other family member, closely followed by their mother. Fathers are seen to be less likely to have a good relationship with children than mothers are, and maternal grandparents and aunts/uncles as more likely than paternal grandparents and aunts/uncles.³³

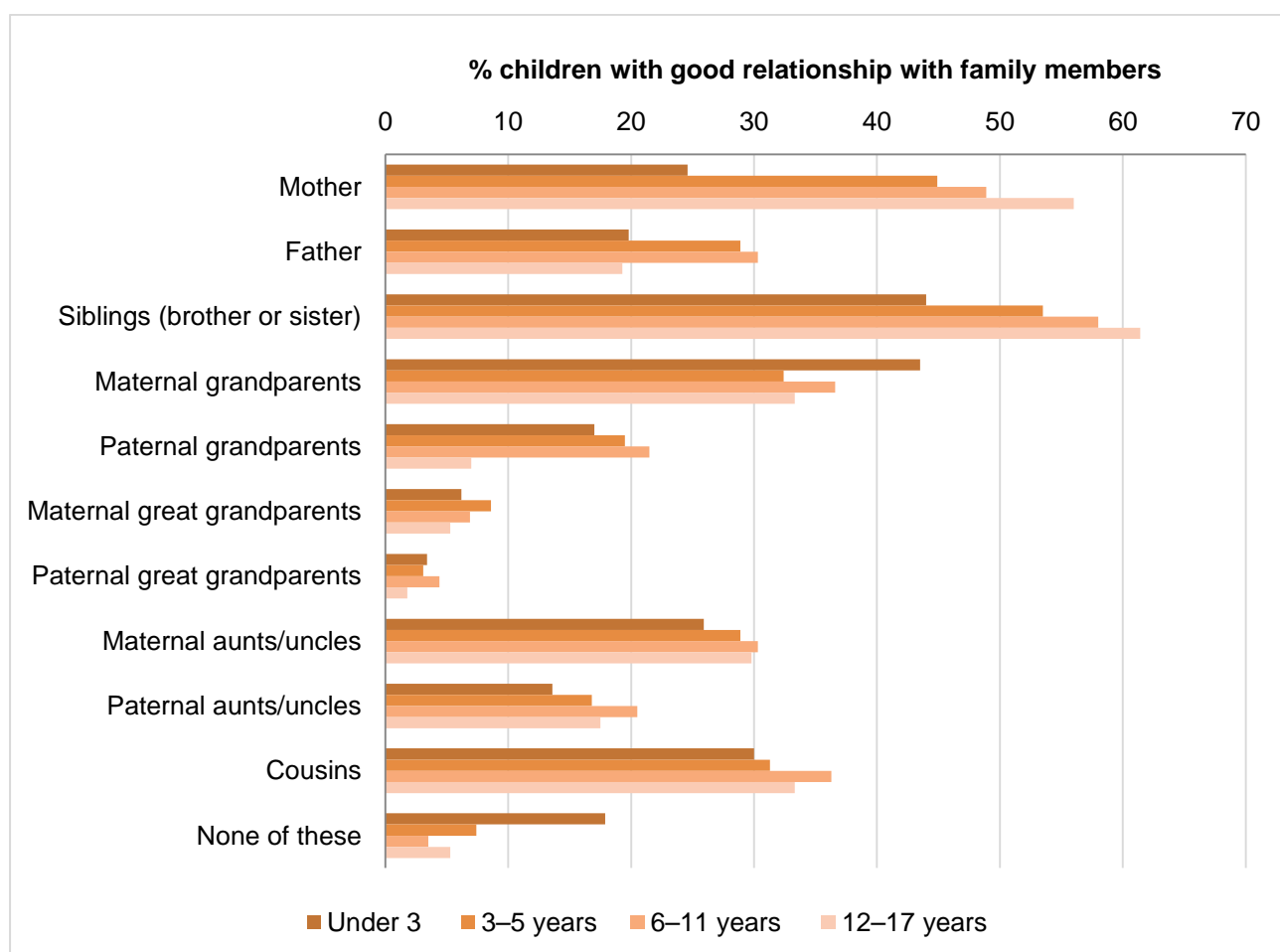
There are also a number of differences by how old the child was (Figure 4.8). Under 3 year-olds were consistently the most likely to have a good relationship, according to their carer's report, with their mother and father, siblings and grandparents. With increasing age, the proportion of children perceived to have a good relationship

³³ The carer was asked: Who does [study child] have a good relationship with in [his/her] birth family? With a list of family members, starting with their mother.

increases for siblings and mothers, and markedly so from the two younger age groups (under 3 and under 5 years) but this drops off in adolescence for fathers and paternal relatives.³⁴

There was a relatively small group of 131 children (10.2%) who had contact but the carer reported they did not have a good relationship with any member of their birth family. 96 of these 131 children were under 3 years of age and in foster care. Their profile indicates that their carers were also likely to say that these children had settled very well and were doing very well, that they knew these children very well, and had a close relationship with them, as did their other carer and other children in the carer's household. For example, 92.2% or 119 of the 129 carers of these children said they had a very close relationship with the child compared with 77% of the carers of the children who had contact and a good relationship with at least one member of their birth family. There was, however, no difference by the length of time these children had been in their current placement, and no gender difference.

Figure 5.8 Caregiver reports of which family members who child has a good relationship with in their birth family, by child age



³⁴ It should be noted (a) that these figures include all children in the age group regardless of whether they are having contact with that family member, and (b) that the number of children and young people in the oldest age group is much smaller than for the younger age groups.

Table 4.2 provides a breakdown by placement type and indicates that children are more likely to be seen to have a good relationship with both their mother and their father in kinship care than in foster care. Similarly, there were substantial differences favouring kinship care for children’s perceived relationships with their grandparents, aunts and uncles and cousins. On the other hand, children were perceived to be equally likely to have a good relationship with their siblings in kinship and in foster care. There was also a marked difference in that a much smaller proportion of children in kinship care (3.6%) were perceived to have a good relationship with *none* of their family members compared with those in foster care (19.2%). A high proportion of the small number of children and adolescents in residential care were reported to have a good relationship with their mother, and a similarly high proportion with their siblings and maternal grandparents.

Table 5.3 Caregiver reports of who the child has a good relationship with in their birth family, by placement type

Good relationship with family member:	Foster care		Kinship care		Residential care	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Mother	183	32.2	261	44.8	15	60.0
Father	110	19.4	184	31.6	3	12.0
Siblings (brother or sister)	299	52.6	314	53.9	14	56.0
Maternal grandparents	93	16.4	277	47.5	10	40.0
Paternal grandparents	53	9.3	164	28.1	0	0.0
Maternal great	15	2.6	67	11.5	1	4.0
Paternal great grandparents	5	0.9	37	6.3	0	0.0
Maternal aunts/uncles	58	10.2	283	48.5	2	8.0
Paternal aunts/uncles	28	4.9	170	29.2	3	12.0
Cousins	52	9.2	337	57.8	5	20.0
None of these	109	19.2	21	3.6	2	8.0
Total	568		583		25	

Note: Column percentages do not add up to 100%, as children may have relationships with multiple family members.

A series of logistic regression analyses were conducted to test the association between the child’s age, their type of placement and their time in the placement and the children’s relationships with each of their family members as perceived by their carer. Table 4.3 summarises the significant results.

Table 5.4 Summary of logistic regression analyses predicting caregiver reports of who the child has a good relationship with in their birth family, by contact frequency, child's age and cultural background, length of time in the placement, and placement type

Good relationship with family member:	Overall model χ^2 , 8 df	Contact frequency Odds ratio (OR)	Age of child OR significant comparisons	Placement type Odds Ratio
Mother	143.3 ***	2.028 ***	All age groups sig diff from under 3s, ORs from 2.36 (3–5 years) to 4.23 (9–11 years)	1.40*
Father	68.3 ***	1.83 ***	OR = 1.81 for 3–5 years OR = 1.94 for 9–11 years	1.83**
Siblings (brother or sister)	20.9 *	1.36 **	OR = 2.01 for 3–5 years OR = 2.13 for 9–11 years	
Maternal grandparents	69.4 ***	2.42***	OR = 2.27 for 3–5 years OR = 1.97 for 6–8 years	
Paternal grandparents	48.3 ***	2.75***		
Maternal aunts/uncles	101.1***	3.51***		2.01***
Paternal aunts/uncles	45.3***	3.05***		2.02***
Cousins	100.31***	1.77**		

* $p < .05$ ** $p < .01$ *** $p < .0001$.

Note: These analyses (a) included length of time in the placement and cultural background but neither were significant, and (b) excluded children in residential care and also those who were having no contact at all with that family member.

The one factor that was consistently significant in 'predicting' the likelihood of a child having a good relationship with various family members, as reported by their carer, was frequency of contact. For all family members, the odds of children having a good relationship with members of their birth family members increased as the frequency of contact increased, and were significantly greater when contact was at least monthly. Young children under 3 years of age who had contact less than monthly were the least likely to have a good relationship with their mother regardless of the type of care: only 13% in foster care and 16% in kinship care. When their contact was at least weekly, that proportion increased to 50% in foster care and 61% in kinship care. Children's relationships with their fathers had a very similar pattern;

21% of children in both foster and kinship care children who had *less than monthly* contact with their fathers were reported by their carers to have a good relationship with their father but this figure increased when they had *at least weekly* contact to 45% for children in foster care and to 76% for those in kinship care. The number of children having contact with their father was, however, smaller (498 children under 3 having contact with their mothers and 302 children of the same age with their fathers). The pattern was also similar for maternal and paternal grandparents but the difference between higher and lower frequency was somewhat more marked. The proportion of children who reportedly had a good relationship with their grandparents more than doubled as the frequency of contact increased from less than monthly to at least weekly: from 34% to 74% for maternal grandparents and from 29% to 80% for paternal grandparents. The trend was less marked for siblings; 65% of children with less than monthly contact reportedly had a good relationship with the siblings they were not living with and this proportion increased to 83% for those seeing their siblings most days.

Whether children were in foster or relative/kinship care made a significant difference to the likelihood that the child reportedly had a good relationship with mothers and fathers only, and was most marked for the youngest children; 42% of children under 3 years of age in kinship care were reported to have a good relationship with their mother compared with 21% in foster care, and 26% and 49% respectively for fathers. It is possible that kinship carers may be more familiar with the child's relationship with their other family members and more favourably disposed to the child maintaining a good relationship with their parents than foster carers though this is not necessarily trouble-free for them, as discussed below.

The child's age was also a significant factor associated with their relationships with their mother and father and siblings, and marginally for paternal aunts and uncles ($p = .014$). The odds of children having a good relationship with these immediate members of their family generally increased with children's age but were greatest for the 9–11 year-olds.

Time in the placement was significant only for children's relationships with their maternal grandparents, as perceived by the carers. In this case, the odds ratio of 0.565 indicates that children were less likely to have a good relationship with them as the time in the placement increased.

Cultural background was significant only for fathers, with 61.7% of children of CALD background reportedly having a good relationship with their father compared with Aboriginal (51.6%) and other Australian children (38.8%).³⁵

The carers' reports on the frequency, type and problems associated with contact with family members are outlined next.

5.5 Children's contact with their birth family

Carers were asked to indicate which family members (that they were not living with) children had contact with, how frequently, and what type of contact.

³⁵ $\chi^2 = 14.86$, 2 *df*, $p = .001$. This association was confirmed by logistic regression including cultural background, taking other factors into account.

Most children were in contact with their parents, and with their mother (83.1%) more than their father (52.1%) (Table 4.5). Just under half (48.5%) had contact with both their mother and their father; 34.6% had contact with their mother only; 3.7% with their father only, and 13.2% had no contact with either parent. Just under half of the children were in contact with birth siblings they were not living with (48.9%). Just over half of the children also had contact with various members of their extended family, most commonly with at least one of their grandparents (56.7%), and at least one aunt/uncle (52.7%). It was more common for children to have contact with their maternal grandparents and aunts/uncles than with their paternal relatives. This follows the pattern of difference between maternal and paternal relatives with whom carers said children had a good relationship. A substantial proportion of children (43.8%) also had contact with their cousins. These figures exclude the relatives that children were living with. Only 1.1% of children had no contact with any members of their birth family.

Table 5.5 Caregiver reports of which birth family members the child has contact with (not including those they live with), by child's age

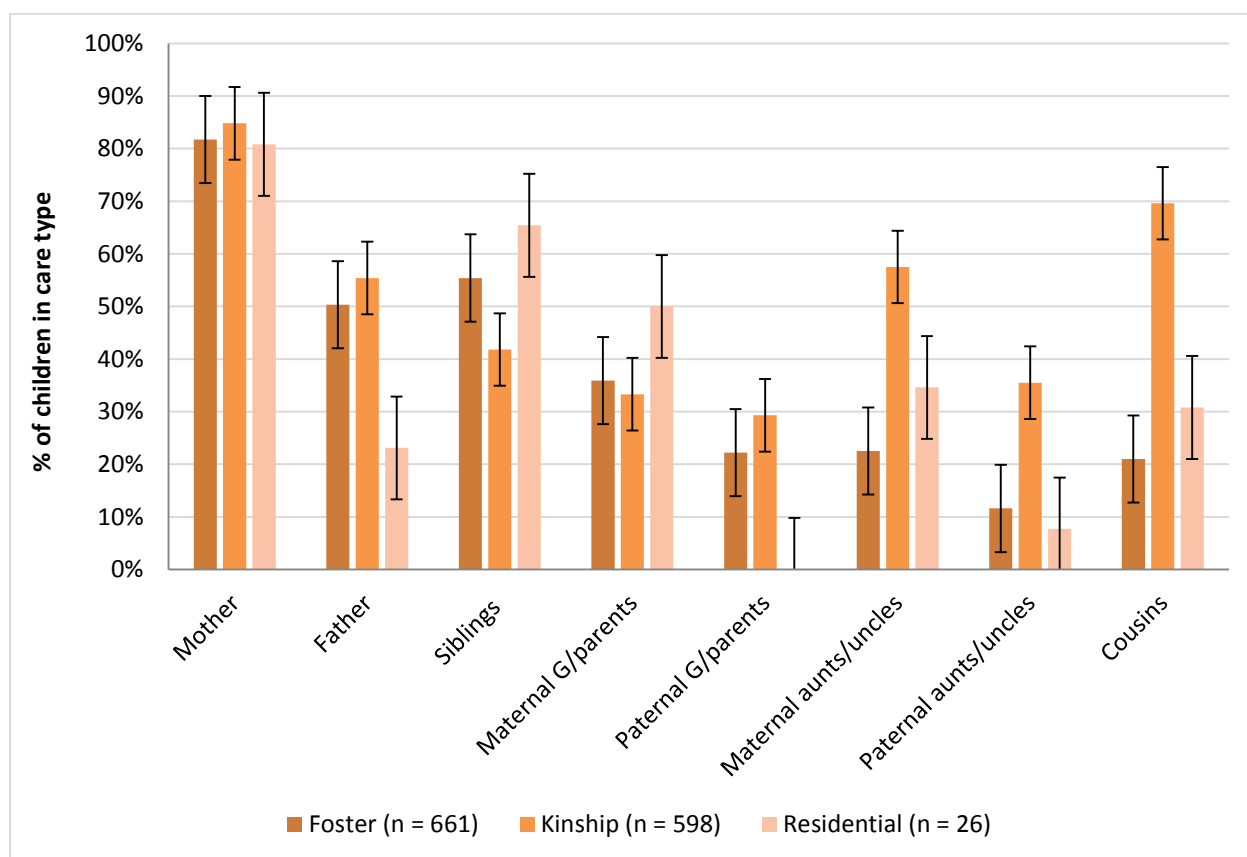
Child's contact with:	Under 3 years		3–5 years		6–11 years		12–17 years		All children	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Mother	460	81.1	231	87.2	280	85.1	97	78.2	1,068	83.1
Father	299	52.7	146	55.1	183	55.6	42	33.9	670	52.1
Siblings (brothers and/or sisters)	253	44.6	115	43.4	178	54.1	82	66.1	628	48.9
Grandparents (at least one)	324	57.1	159	60.0	192	58.4	53	42.7	728	56.7
Maternal grandparents	206	36.3	86	32.5	116	35.3	41	33.1	449	34.9
Paternal grandparents	147	25.9	75	28.3	86	26.1	14	11.3	322	25.1
Maternal great-grandparents	54	9.5	24	9.1	24	7.3	1	0.8	103	8.0
Paternal great-grandparents	30	5.3	11	4.2	10	3.0	3	2.4	54	4.2
Aunts/uncles (at least one)	265	46.7	140	52.8	203	61.7	69	55.6	677	52.7
Maternal aunts/uncles	198	34.9	98	37.0	150	45.6	56	45.2	502	39.1
Paternal aunts/uncles	115	20.3	63	23.8	88	26.8	25	20.2	291	22.7
Cousins	211	37.2	110	41.5	178	54.1	64	51.6	563	43.8
<i>None of these</i>	5	0.9	1	0.4	6	1.8	2	1.6	14	1.1
Total	567		265		329		124		1,285	

Note that these categories are not mutually exclusive, and some children may see several grandparents and some children may only see one.

There was little age difference for children’s contact with their mother (overall average of 83.1%) (Table 4.7). For fathers, however, there was a substantial drop-off from about 55% for children aged 3–11 years to 33.9% for 12–17 year-olds. In particular, 12–17 year olds (about half of whom were in residential care) were less likely than younger children to have contact with their grandparents, but more likely to have contact with their siblings. Overall, just over half had contact with their aunts and uncles and their cousins.

There was little difference between kinship care and foster care in the proportion of children having contact with their mother or their father and their maternal and paternal grandparents they were not living with (Figure 4.6). Children in kinship care were, however, much more likely to have contact with their aunts and uncles (both maternal and paternal) and cousins than children in foster care. The reverse was the case, however, for contact with siblings, with children in kinship care less likely to have contact with the siblings they were not living with than children in foster care (55.4% in foster care and 41.8% in kinship care). However, children in relative/kinship care were more likely than children in foster care to be living with at least one of their siblings (78.9% compared with 57.8%, including half and step-siblings). The young people in residential care were most likely to have contact with their mother (80.8%), siblings (65.4%) and maternal grandparents (50.0%).

Table 5.6 Caregiver reports of children having contact with family members by placement type



There was little difference by cultural background except that Aboriginal children (78.2%) were less likely to have contact with their mother than CALD (85.5%) and other Australian children (86.1%); other Australian children (52.4%) were also more likely to have contact with siblings they were not living with than Aboriginal children (45.5%) and CALD children (37.3%).³⁶

The frequency of children's contact varies, as expected, for different family members, although most commonly contact occurred less than monthly for all family members (Table 4.7). Less than one in five mothers and fathers had contact at least weekly or on most days. A higher proportion of children, however, have at least weekly or more frequent contact, with their maternal aunts and uncles (33.3%) and cousins (39.6%) than with their mothers (16.8%) or fathers (17.0%) or siblings (19.3%). Between 15% and 18% of children had at least weekly or more frequent contact with their paternal and maternal grandparents.³⁷

³⁶ For contact with mothers: $\chi^2 = 12.47$, 2 *df*, *p* = .002, and contact with siblings: $\chi^2 = 11.44$, 2 *df*, *p* = .003.

³⁷ Carers were asked: How often does [he/she] have contact with each of these family members? The response options were 1 'less than monthly', 2 'less than weekly but at least monthly', 3 'at least weekly', 4 'most days' or 'don't know' or 'refused'.

Table 5.7 Caregiver reports of frequency of contact with child's family members (not living with)

Contact frequency	Less than monthly		Less than weekly		At least weekly		Most days	
	<i>n</i>	% ^a	<i>n</i>	% ^a	<i>n</i>	% ^a	<i>n</i>	% ^a
Mother (<i>n</i> = 1,067)	535	50.1	353	33.1	151	14.2	28	2.6
Father (<i>n</i> = 666)	363	54.5	190	28.5	91	13.7	22	3.3
Siblings (<i>n</i> = 628)	255	40.6	252	40.1	86	13.7	33	5.6
Maternal grandparents (<i>n</i> = 446)	248	55.6	115	25.8	59	13.2	24	5.4
Paternal grandparents (<i>n</i> = 317)	181	57.1	90	28.4	39	12.3	7	2.2
Maternal great grandparents (<i>n</i> = 95)	37	38.9	29	30.5	23	24.2	6	6.3
Paternal great grandparents (<i>n</i> = 53)	27	50.9	13	24.5	8	15.1	5	9.4
Maternal aunts/uncles (<i>n</i> = 498)	207	41.6	125	25.1	117	23.5	49	9.8
Paternal aunts/uncles (<i>n</i> = 289)	122	42.2	73	25.3	65	22.5	29	10.0
Cousins (<i>n</i> = 561)	190	33.9	149	26.6	144	25.7	78	13.9
Other relatives (<i>n</i> = 49)	13	26.5	22	44.9	13	26.5	1	2.0

^a Percentages were calculated as a proportion of children having contact with those family members.

Frequency of contact with birth parents and siblings also varied by the type of care placement, as Figure 4.9 shows. Children placed with relatives or kinship care were likely to have more frequent contact (at least weekly) with their mother, father and siblings they were not living with than children in foster care.

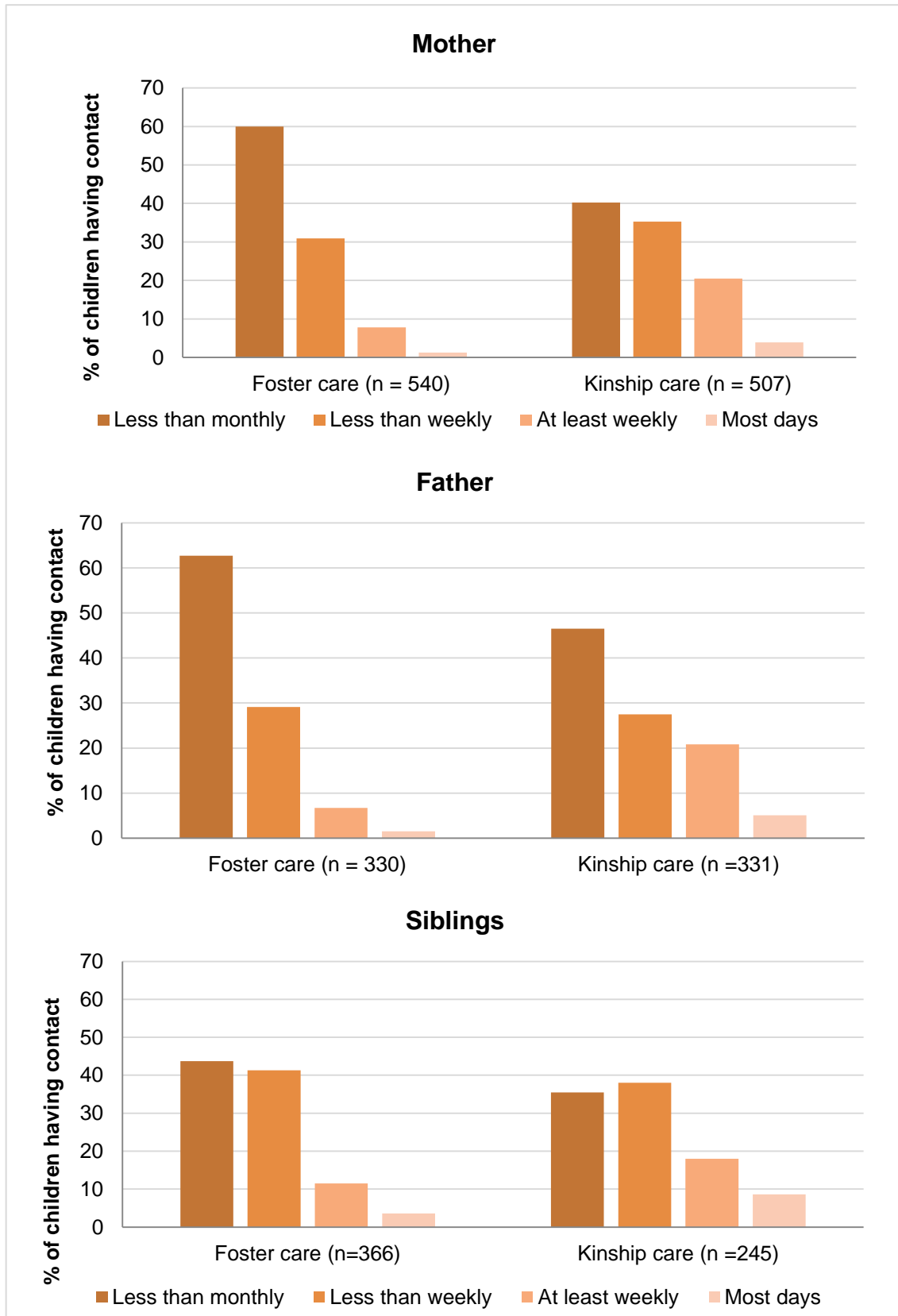
Children from CALD backgrounds had significantly more frequent contact (at least weekly) with their mother and their siblings, but not their father, than Aboriginal children and other Australian children (Table 4.8).

Table 5.8 Caregiver reports of frequency of contact with child's family members (not living with) by cultural background

Contact frequency	Less than monthly		Less than weekly		At least weekly		Most days	
	<i>n</i>	% ^a	<i>n</i>	% ^a	<i>n</i>	% ^a	<i>n</i>	% ^a
Mother (<i>n</i> = 1,047) * (<i>p</i> = .004)								
Aboriginal	204	56.2	117	32.2	35	9.6	7	1.9
CALD	44	46.8	24	25.5	22	23.4	4	4.3
Other Australian children	280	47.5	205	34.7	89	15.1	16	2.7
Father (<i>n</i> = 661)								
Aboriginal	139	59.7	62	26.6	26	11.2	6	2.6
CALD	25	51.0	11	22.4	8	16.3	5	10.2
Other Australian children	197	52.0	114	30.1	57	15.0	11	2.9
Siblings (<i>n</i> = 628) * (<i>p</i> = .01)								
Aboriginal	96	45.5	74	35.1	25	11.8	16	7.6
CALD	11	26.8	15	36.6	12	29.3	3	7.3
Other Australian children	140	39.0	155	43.2	49	13.6	15	4.2

* Indicates significant difference by cultural background.

Figure 5.9 Caregiver's reports of the child's frequency of contact with mother, father and siblings, by placement type .

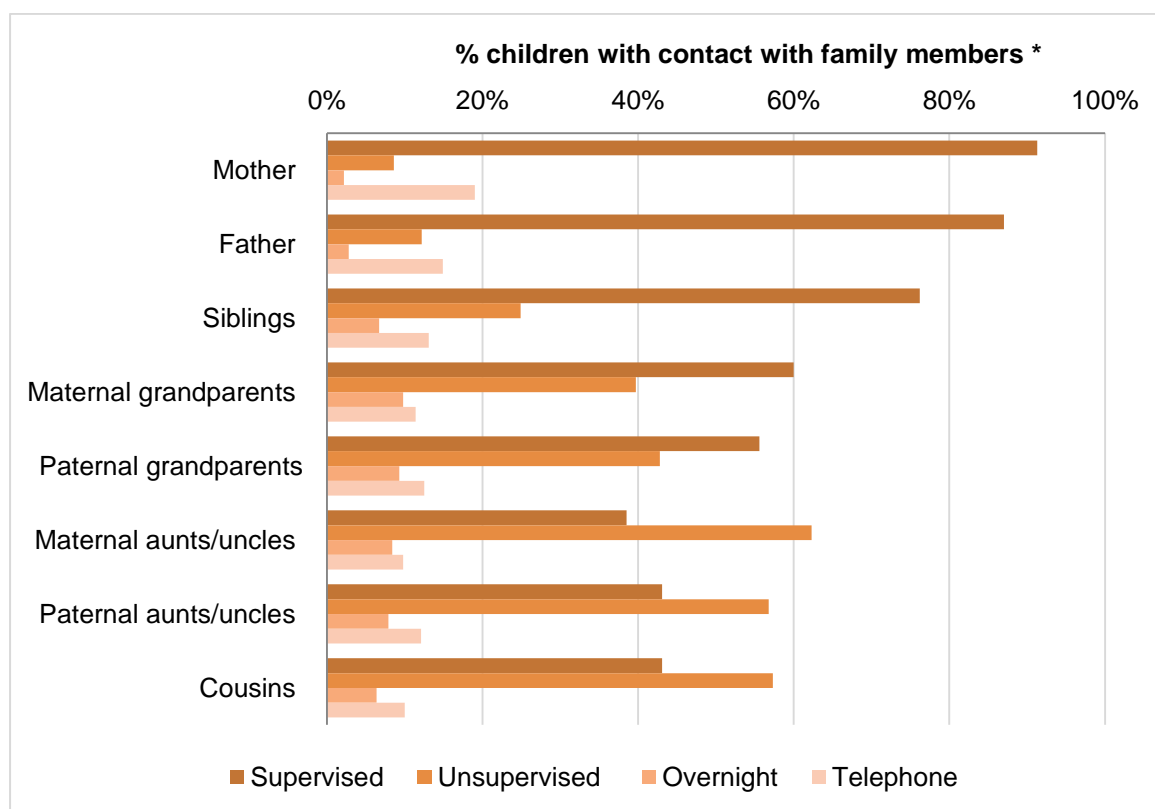


Note: Percentages are calculated as proportion of children who were having contact with that family member.

5.5.1 Type of contact

The predominant form of contact most children had with relatives they were not living with, and especially with their parents, was supervised face-to-face contact (91.3% of mother-child contact and 87.0% of father-child contact) (Figure 4.10). There was a similar but less marked predominance of supervised face-to-face contact over unsupervised contact with siblings (76.2% supervised and 24.9% unsupervised contact) and with children’s maternal grandparents (60.0% supervised and 39.7% unsupervised contact) and paternal grandparents (55.6% supervised and 42.8% unsupervised contact). Unsupervised contact was, however, more common than supervised contact for aunts and uncles, and cousins. Carers made a number of comments about supervised contact, with some seeking more supervision and others less; these are discussed later in section 4.6.

Figure 5.10 Caregiver’s report of type of contact between children and birth family members



* Percentages are calculated as proportion of children who were having contact with that family member.

Overall only 10.1% of children had overnight stays with their family members, and that was most often with their grandparents. Only 2–3% had overnight stays with either of their parents. Children were more likely to have telephone contact with their mothers (19.0%) and fathers (14.9%) than with other family members. There was minimal contact (2–5%) via email, social media or video calls, even for siblings or cousins. Telephone and virtual contact via email and social media was, however, much more common with all family members for older children and adolescents, especially with mothers, ranging from 61.5% with mothers to 37.4% with cousins.

For both mothers and fathers, contact was more likely to be unsupervised for children in relative and kinship care arrangements than in foster care. About one in 10 (11.4%) children placed with relatives had unsupervised contact with their mother compared with about one in 20 (5.4%) in foster care, and the figures for father-child contact were 17.2% and 6.9%. Telephone contact was also significantly more common with mothers, fathers and siblings when children were in the care of their relatives than when they were in foster care; 27.0% of children placed with relatives had telephone contact with their mother, for example, compared with 8.7% in foster care.

5.6 Carers' concerns about contact

Carers were asked to indicate whether there were any problems with the child's contact with their birth family. About one in 3 carers (30.3%) reported no problems. One in four carers reported one problem (26.0%), one in five (19.3%) reported two, and 13.3% reported at least three.

Overall, the most common problems were parents' behaviour (30.2%) and parents cancelling or not showing up (29.5%); 27.5% of caregivers also indicated that the impact of contact on the child, and interruptions to the child's sleeping patterns and routines (23.5%) were problems. The least frequently reported problems concerned a perceived lack of support from the caseworker, an unsafe environment or problems with supervised contact in terms of the behaviour of another family member (not the parent). Very few birth parents were reported to not want contact.

There were some significant differences between kinship and foster carers in what they regarded as the main problems, and also several differences associated with the age of the child. Table 4.9 presents the percentage of foster and relative/kinship carers who reported problems, in order from the most common overall to least common across both types of care. While the five main problems were similar for foster and kinship carers, they differed in their relative order and size. Foster carers were significantly more likely than kinship carers to be concerned about the impact of contact on the child, and on the child's routines and sleep. The interruption to the child's sleep and routine was reported by nearly 30% of foster carers but by only 16.6% of relative/kinship carers. Kinship carers were significantly more troubled than foster carers by the parent's behaviour and by hostility between themselves and the birth parents. Few children were reported by their carers not to want contact but there were more in foster care (10.0%) than in kinship care (6.0%). Time and distance were a problem for about the same number and proportion of foster (17.3%) and relative carers (18.3). Though the number of residential carers was small ($n = 26$), the main problems reported by them were similar: the parent's behaviour ($n = 8$), the perceived impact of contact on the young person ($n = 6$), and time and distance ($n = 6$).

Table 5.9 Caregiver reports of problems with contact

Carers reporting problems with contact	Foster care		Kinship care		Total	Significance test χ^2 (1 df)
	n	%	n	%		
Parent's behaviour	164	26.8	197	33.6	369	6.61 $p = .01$
Parent cancelling or not showing up	186	30.4	173	29.5	359	
(Adverse) impact of contact on the child	193	31.5	137	23.4	330	9.98 $p = .02$
Interrupts child's sleep and routines	183	29.9	97	16.6	280	29.78 $p < .001$
Time/distance	106	17.3	107	18.3	213	
Hostility between birth family and carer	32	5.2	87	14.8	119	30.95 $p < .001$
Child not wanting contact	61	10.0	35	6.0	96	6.48 $p = .01$
Lack of support from the caseworker	41	8.0	47	6.7	88	
Problems with supervisor	8	1.3	4	0.7	12	
Birth parent/family not wanting contact with child	4	0.7	7	1.2	11	
Unsafe environment/supervision, behaviour or inadequate care by family member	6	1.0	3	0.5	9	
Child given junk food or food child cannot have	7	1.1	1	0.2	8	
Interrupt schooling	5	0.8	0	0.0	5	
Don't know what the contact arrangements are	4	0.7	1	0.2	5	

There were also several significant age differences. The 'impact on the child'³⁸ was reported more frequently by carers of children aged 3–5 years (34.8%) and 6–8 years (33.0%) than for younger children (under 3 years, 24.3%) and older children (9–11 years, 25.0% and 12–17 years, 19.1%).³⁹ Not surprisingly, the concern about contact interrupting the child's sleep and routine was highest for young children (under 3 years and 3–5 years: 28.9%), decreasing to 18.9% for 6–8 year-olds, 11.4% for 9–11 year-olds, and only 3.0% for 12–17 year olds.⁴⁰ Figures 4.11 and 4.12 show the percentage of foster carers and relative/kinship carers who reported the main problems by age, which make the different order and variation by age clear within each type of care.

³⁸ The content of these concerns are outlined in the following section.

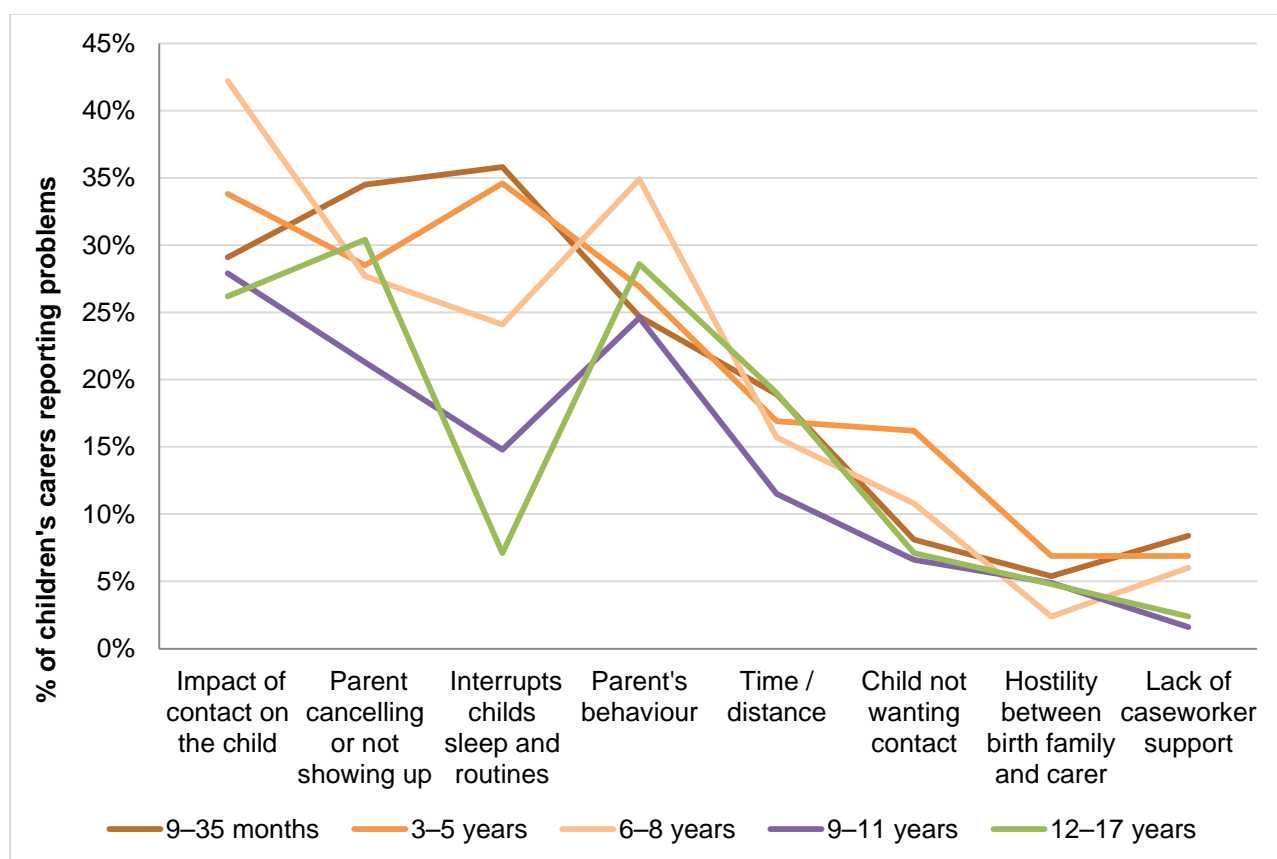
³⁹ $\chi^2 = 15.94$, 4 df, $p = .003$.

⁴⁰ $\chi^2 = 44.94$, 4 df, $p < .001$.

In particular, concern about the interruption to the child's sleep and routine was highest for children in foster care under 6, with little difference between the youngest (under 3 years: 35.8%) and those aged 3–5 years (34.6%). There was less concern for children in kinship care (19.6% for those under 3 years, and 23.0% for 3–5 year-olds). The highest overall concern was for the impact of contact on 6–8 year old children in foster care (42.2% of foster carers of 6–8 year olds).⁴¹

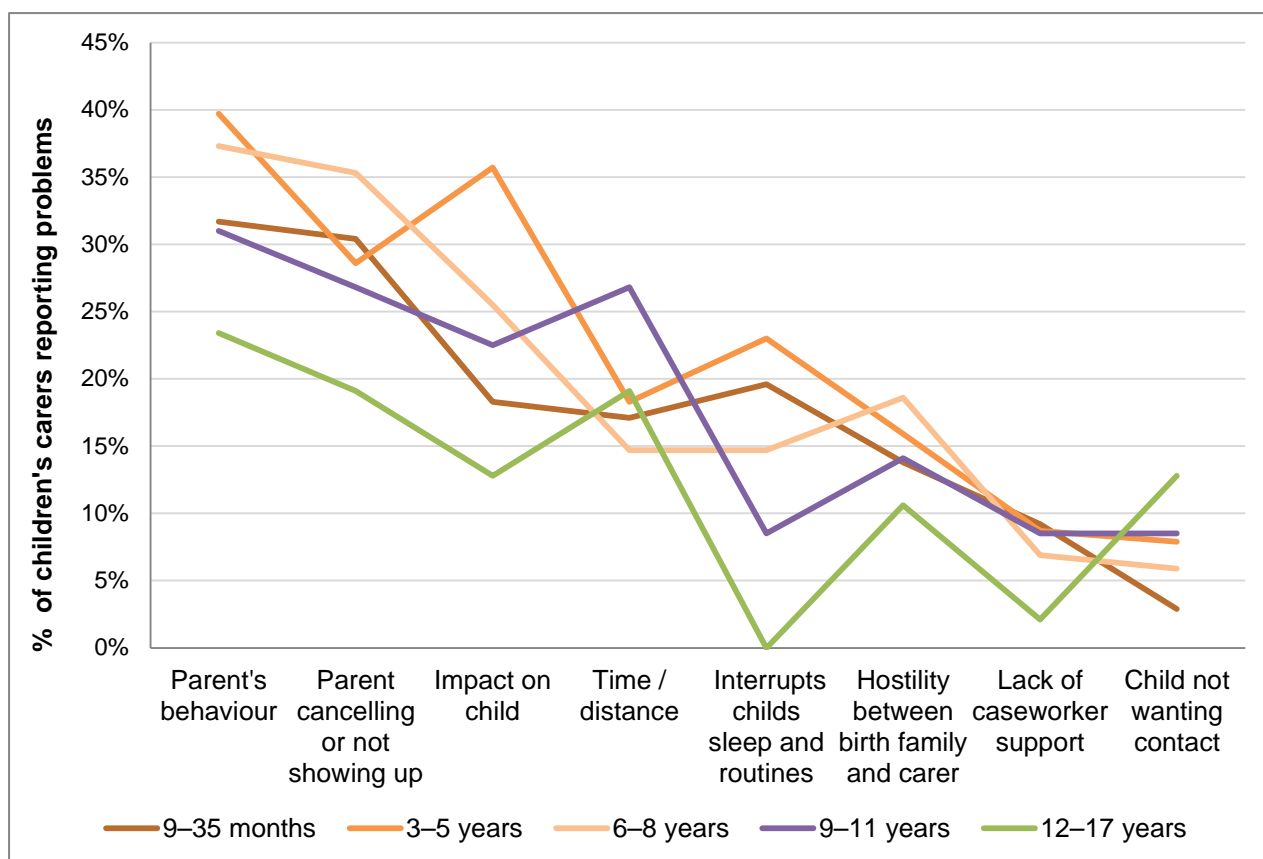
Carers of children with a culturally diverse background were more likely to say they had *no* problems with contact (43.0%) than other carers, including the carers of Aboriginal children (29.0%). In particular they were less likely to say there was a problem with the impact of contact on the child. The carers of Aboriginal children were more likely than other carers to say that time and distance were problems (21.0% of carers of Aboriginal children compared with 11.2% for CALD and 17.3% of other children). Foster carers of Aboriginal children were also more likely than relative/kinship carers to say that the parent's behaviour and the interruption of the child's sleep and routines were a problem.

Figure 5.11 Foster caregivers' concerns about contact



⁴¹ For younger children, the carers' comments suggest that this generally refers to their daytime routine and sleeps but for older children increasing restlessness and sleep disturbance.

Figure 5.12. Relative/kinship caregivers' concerns about contact



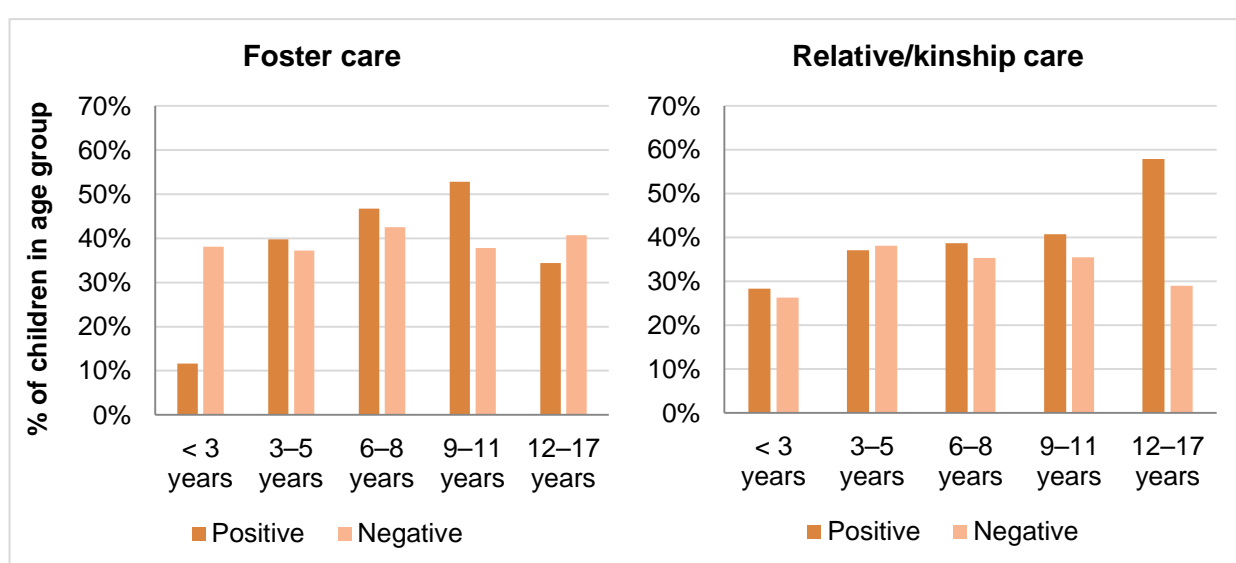
The perceived impact of contact on the child's behaviour and emotional state was one of the most frequent concerns indicated by carers. Another angle on this concern was explored by asking carers how children had reacted to contact with their mother and their father on their last contact visit and how they were beforehand. There was little difference in carers' views about children's emotional state before contact with their mother or their father: about 47% of carers indicated that the children were positive and looked forward to it or were slightly positive whereas about 10% said the child was anxious or negative about it, and about 43% were neutral. There were significant differences associated with the type of placement, the time the children had been in the placement, and the child's age, for contact with both mother and father. Kinship carers were more likely to indicate that the child was positive about seeing their parent and looking forward to it.⁴² Carers were also more positive the longer the child had been in their care.⁴³ Carers of 9–11 year-olds were the most likely to say the child was looking forward to it (65.2% with mothers, and 59.7% with fathers). Carers of children under 3 were the most likely to say the child's emotional state before the last contact visit was neutral (71.5% for mothers and 70.0% for fathers), presumably reflecting the child's lack of capacity to anticipate contact with a person they saw on an irregular basis and had not been living with for over a year (on average about 13 months).

⁴² The type of care was significant before contact: for mothers, $\chi^2 = 15.59$, 4 *df*, $p = .004$, and for fathers, $\chi^2 = 17.16$, 4 *df*, $p = .002$.

⁴³ The time in the placement was significant: for mothers, $\chi^2 = 26.92$, 8 *df*, $p = .001$ and for fathers, $\chi^2 = 23.84$, 8 *df*, $p = .002$.

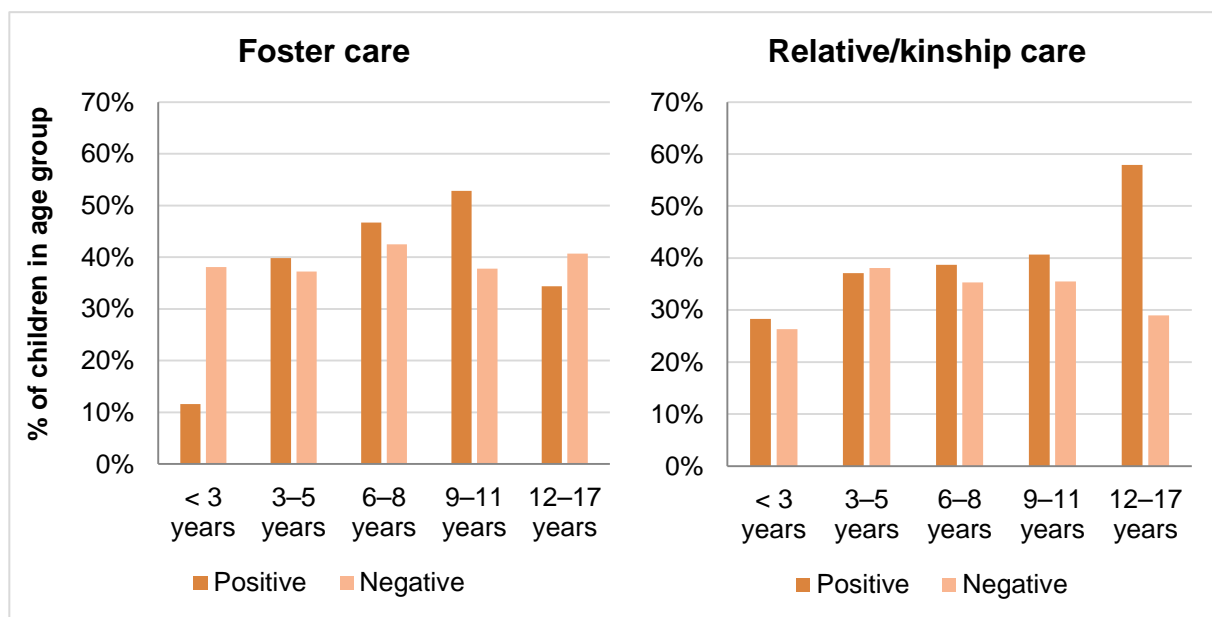
After the last contact visit, carers indicated that nearly a third of the children had shown negative behaviours and stress reactions to contact with both their mother (35.4%) and father (31.6%). Again there were differences by placement type and the age of the child. Figure 4.13 shows the child's reported reactions to their last contact visit with their mother by age and type of care. The carers of 9–11 year-olds in foster care (52.8%) and relative/kinship carers of 12–17 year-olds (57.9%), were the most likely to say the children reacted positively after their last contact visit with their mother. The least positive were reportedly the youngest children in foster care (11.6%); this was much lower than the 28.3% of relative/kinship carers of children of the same age.

Figure 5.13 Children's reported reactions after last contact visit with their mother by age and care type



The pattern was somewhat different for the last contact with the child's father, with nearly 60% of foster carers of children aged 6–8 (58.7%) and 9–11 years (58.6%) and relative/kinship carers of 12–17 year-olds (57.9%), indicating that the child's reaction was positive (Figure 4.14). There was a similar difference between foster and kinship carers concerning children under 3, with only 11.2% of foster carers but 27.6% of relative/kinship carers indicating that the child reacted in a positive or slightly positive way to the last contact visit with the father.

Figure 5.14 Children’s reported reactions after last contact visit with their father by age and care type



Overall, carers’ views about the child’s behaviour and emotional state *after* their last contact were significantly less positive than their assessment of the child’s state *before* this contact with both their mother⁴⁴ and their father, after taking into account the type of placement and frequency of their contact.⁴⁵ Placement type was also significant, with foster carers less positive than kinship carers. For fathers, there was little difference between foster and relative/kinship carers in their before-contact rating but foster carers were significantly more negative than kinship carers in their after-contact assessment of the impact on the child.⁴⁶

5.7 How well is contact meeting the child’s needs in maintaining family relationships?

Overall, nearly 80% of caregivers indicated that contact was meeting the needs of the child in their care ‘very well’ (41.4%) or ‘fairly well’ (38.1%).

Kinship carers were more positive than foster carers, with 45.9% indicating the child’s needs were being met ‘very well’ compared with 37.8% of foster carers, and both were more positive than the small number of residential carers (26.9%) (Figure 4.15).⁴⁷ This pattern was, however, influenced by the age of the child.

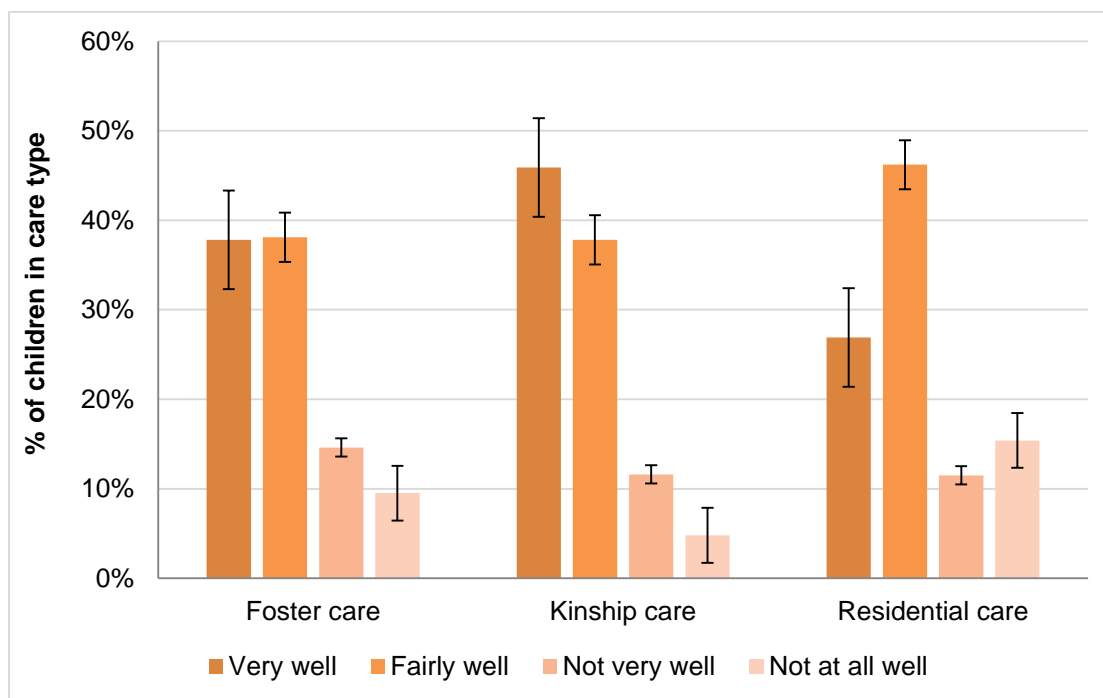
⁴⁴ The before versus after contact difference for the last contact visit with the child’s mother was significant: $F(1, 220) = 234.81, p < .001$.

⁴⁵ There was a good level of agreement or consistency between carers’ responses in relation to the child’s reaction to contact with the child’s mother and with their father (with Cohen’s Kappa scores ranging from .64 to .76, $p < .001$).

⁴⁶ The before versus after contact difference for the last contact visit with the child’s father was significant in interaction with placement type: $F(1, 97) = 10.50, p = .001$.

⁴⁷ The type of care (foster v relative/kinship care) was significant: $\chi^2 = 20.32, 6 df, p = .002$.

Figure 5.15 Percentage of carers indicating how well children's needs being met by contact, by type of care

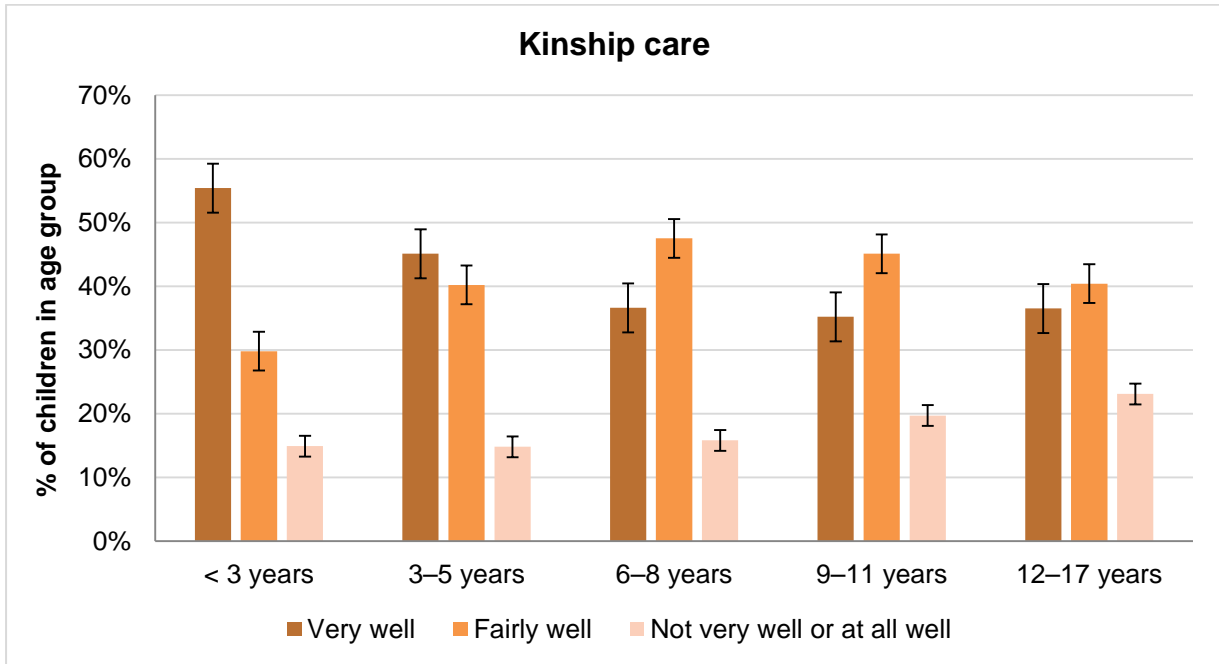


The carers of young children were more positive than those of older children. This difference was significant, however, only for children placed with relatives or kin (Figure 4.16).⁴⁸ Just over 55% of relative/kinship carers of children under 3 indicated the child's need were being met 'very well' compared with 40.7% of foster carers of children in the same age group. As Figure 4.16 shows, the percentage decreased with increasing age for children placed with relatives or kin, and the proportion who said the child's needs were *not* being met very well or not at all well increased with age (23.1% of kin carers for 12–17 year-olds and 14.9% for under 3 year-olds).⁴⁹ Whether the child was male or female made no difference.

⁴⁸ Age effect within relative/kinship care: $\chi^2 = 19.80, 8 df, p = .011$.

⁴⁹ When the child's age and gender, placement type, and the frequency of children's contact with their mother and their father were entered into ordinal regression, the significant effects were reduced to the comparison between the youngest children and all other age groups.

Figure 5.16 Percentage of relative carers indicating how well children’s needs were being met by contact, by child’s age group.

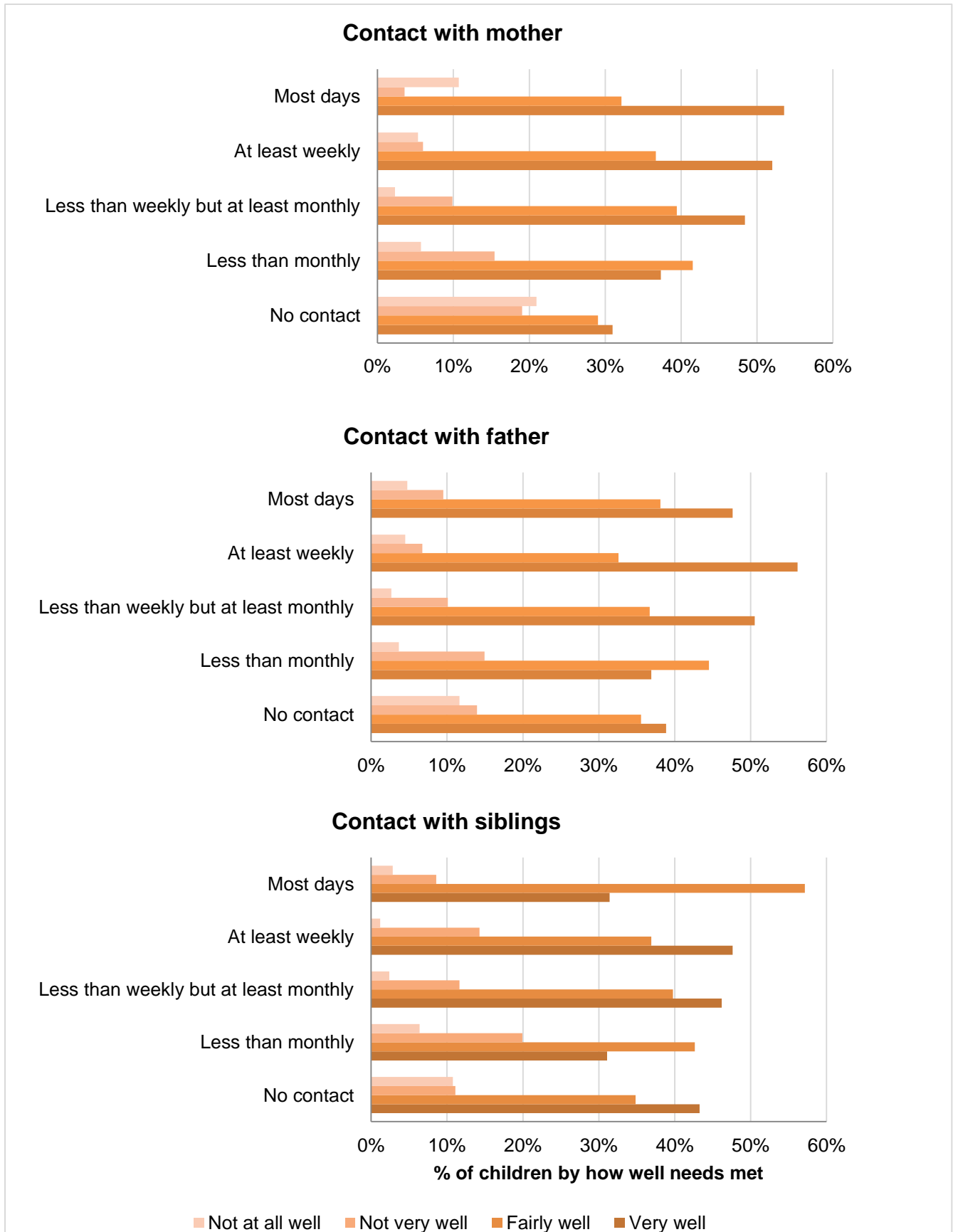


How frequently children had contact with family members, and especially with their mother, father, siblings and maternal grandparents and aunt and uncles was also significant, with children’s needs being seen by their carers as better met when contact was more frequent. For mothers, for example, children’s needs were seen as better met when children had contact with their mother most days and at least weekly (Figure 4.17a).⁵⁰ A similar pattern applied to contact with fathers and siblings though children’s contact needs were seen as being met ‘very well’ when contact was at least weekly (Figures 4.17b and 4.17c).⁵¹ Similarly the association was also significant for at least monthly contact with maternal grandparents and aunts and uncles and cousins, but not for paternal adult relatives.

⁵⁰ $\chi^2 = 109.26, 12 df, p < .001$.

⁵¹ For frequency of contact with fathers, $\chi^2 = 50.62, 12 df, p < .001$, and with siblings, $\chi^2 = 52.62, 12 df, p < .001$.

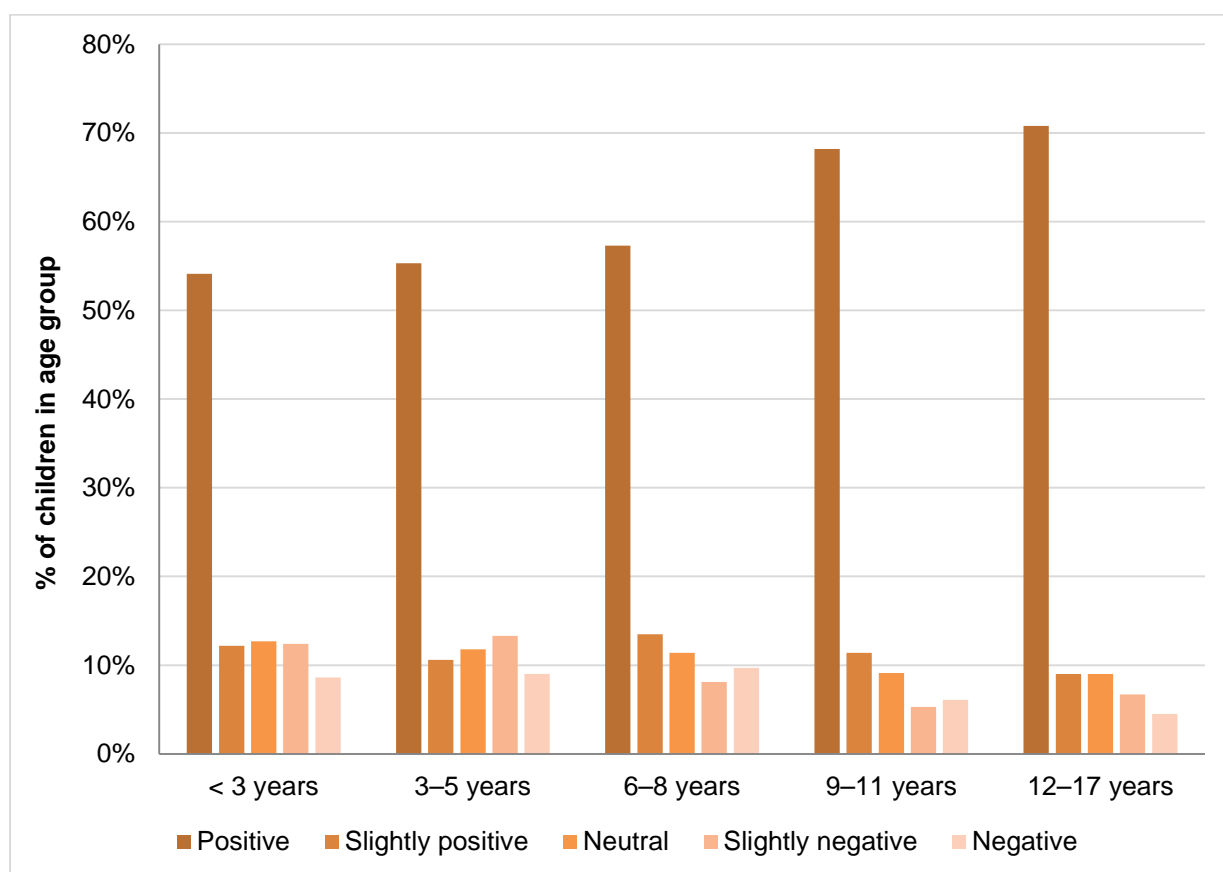
Figure 5.17 Percentage of carers indicating how well children’s needs were being met by contact with their mother (a) mother, (b) father, and (c) siblings.



Carers of Aboriginal children were less positive that contact was meeting the child's needs of maintaining the child's family relationships, with as many responding 'not at all well' or 'not very well' as 'very well' (29.4%). They were less positive than the carers of non-Aboriginal children, 39.4% of whom indicated the child's needs were being met very well compared with 18.3% 'not well' or 'not at all well'.⁵² When the type of care was taken into account, however, the difference was significant only for children in foster care.⁵³

Overall, the majority of carers were positive (57.7%) or slightly positive (11.6%) about children's contact with members of their birth family; 11.7% were neutral and the remaining 18.7% were negative. Carers of older children were more likely to be positive than carers of the youngest children (under 3 year-olds, 54.1% positive) with a substantial increase in positivity for the carers of 9–11 year olds (68.2% positive) and 12–17 year-olds (70.8%) (Figure 4.18).⁵⁴ Relative/kinship carers were also more positive than foster carers.⁵⁵

Figure 5.18 Carers' overall assessment of children's contact with birth family by age of child



⁵² $\chi^2 = 9.05, 3 df, p = .029$.

⁵³ $\chi^2 = 7.07, 2 df, p = .021$.

⁵⁴ There was a significant linear-by-linear association between the child's age and how positive carers were about the child's contact with their family members ($\chi^2 = 13.23, 1 df, p < .001$).

⁵⁵ $\chi^2 = 13.74, 4 df, p = .008$.

Caregivers' comments as to how children's contact with their birth family could better meet their needs provide some very useful insights into their views about the value, costs and difficulties of contact. Just under 40% (38.1%) of caregivers provided some suggestions and comments.⁵⁶ Their comments highlight some of the concerns and problems outlined in section 3.4 but also make clear the perceived value of contact for the child in maintaining their relationships with members of their birth family and their developing identity. Nearly triple the number of comments called for increased contact (179 comments) than reduced contact (63 comments). The call for more contact related to the frequency, consistency and length of visits, including overnight unsupervised visits and was across the board from the carers of Aboriginal and non-Aboriginal children in kinship and in relative care.

For example, some carers referred to contact in generic terms:

She needs more contact with them as she doesn't know them or who they are.
(Referring to a girl, under 3 years of age, in foster care)

He needs more access to them – one hour a month is not enough.
(Referring to Aboriginal boy, age under 3 years, in foster care)

The child needs to see her family – all children should have it. DoCS even cancelled her contact visit with her birth family on her 1st birthday.
(Referring to girl, under 3 years, in foster care)

There should be more contact from the birth mother and father but they do not bother showing up at all. The child has had no contact with the birth mother and father since he has been in my care.
(Relative carer of boy, under 3 years)

Contact with his birth parents is under review at present with a possible reduction in visits to only three times per year which I feel is not enough.
(Relative carer of 6–8 year-old Aboriginal boy)

There was a larger number of comments specifically related to the need for increased contact with particular family members, mainly the child's mother, father, siblings, and grandparents; siblings were a common concern. Contact was seen as helping the child to understand who their mother, father, and siblings are, to learn about their culture, and to reduce their feelings of loss.

More frequent contact. The child is missing his mother and this has had an effect at school.
(Foster carer of 6–8 year-old boy)

⁵⁶ These open-ended responses were analysed using NVivo.

The contact has changed from twice a month to only once a month which has upset [the child]. I feel it should go back to twice a month as she misses her mother.

(Foster carer of 9–11 year-old girl)

I am concerned that the child's visits are dropping from monthly to less than monthly. He is close to his father and the visits should increase, not decrease.

(Kinship carer referring to 9–11 year-old Aboriginal boy)

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)

One foster carer of a 3–5 year-old non-Aboriginal boy suggested that the contact would be better if the parents 'get together on the one day because there is no animosity between the parents and the child would benefit having both together'. Some carers were critical of the Department and agencies for not arranging contact with siblings who were with other carers:

If FACS could arrange more frequent contact with siblings for play dates etc. They have left it up to the carers to contact each other to make this happen but the other carer is very busy and the appointments are never kept. It's very important that the siblings keep in touch on a regular basis to form a bond that will become very important as time goes on.

(Foster carer of 3–5 year-old boy)

We have asked that the siblings come over and spend the day with the child. The aunt won't allow it and this is a constant negative influence.

(Foster carer of 12+ year-old girl)

The sibling contact has to change. It would be beneficial to have all the siblings get together at least once a week to help establish the family bond.

(Foster carer of under 3 year-old girl)

On the other hand, a number of carers, but less than half the number, wanted reduced contact – for several reasons. The main reason was that contact was seen to be confusing, unsettling and distressing for the child, and had resulted in behavioural distress, unsettled routines, night terrors and 'naughty' behaviour. Most of these comments were in reference to the impact on young children, and foster care more than relative/kinship care. For example:

[Should be] less contact as he does not understand what is happening and it distresses him every time he has contact with his birth parents. The father also promises that they will be reunited which confuses him.

(Foster carer of 3–5 year-old Aboriginal boy)

As there is no real relationship with the mother or grandmother I feel less contact would be preferable.

(Foster carer of under 3 year-old girl)

The last 3 or 4 months, the Department have not been supervising visits and expect me to which is difficult as she is getting confused between having two mothers and two loyalties and she doesn't want to hurt anyone's feelings. Torn loyalties.

(Foster carer of 3–5 year-old Aboriginal girl)

As the contact is very distressing to the child, I feel he needs to be a little older so he is able to understand the situation and who he is taken to meet as he does not relate to his birth parents and it is very traumatic for him.

(Foster carer of 3–5 year-old boy)

He's too young. The visits just disrupt everything – maybe after he turns five it should be different but for now he's too young to remember it anyway.

(Kinship carer of under 3 year-old Aboriginal boy)

She absolutely needs to remain in contact with her family but in the interests of her being settled and her wellbeing the frequency could be less and supervision needs to be the same person always.

(Referring to 3–5 year-old Aboriginal girl in foster care)

The other less common reasons for wanting the child to have less contact related to the parent's behaviour, unreliability, poor control and hygiene (21 comments).

There should be no contact with her biological parents unless they are drug-free for at least 5 years otherwise too much psychological damage will be done to her.

(Kinship carer of under 3 year-old Aboriginal boy)

Less contact as the children come back very badly behaved and use very bad language.

(Kinship carer of 6–8 year-old Aboriginal boy)

I feel the contact should be reduced as the parents have a negative effect. The child always gets sick after contact as the parents are always dirty and unkempt and they handle the food the child eats.

(Foster carer of 3–5 year-old boy)

Contact is chaotic – there are several other siblings present and his birth mother doesn't know how to deal with the situation or parent the children. It's very hectic and frantic for everybody and the child worries about his mother when he sees her not coping and getting emotional.

(Foster carer of 3–5 year-old boy)

The parents to learn to stop buying [the child] gifts because that is all the child looks forward to in regard to contact. The birth mother needs to set

some boundaries during the contact– there are no boundaries in regards to what they can have.

(Foster carer of 6–8 year-old girl)

Practical considerations such as the lack of caseworker support, unfamiliar travel escorts, and the impost of the travel and arrangements on the carers were a concern for a number of carers (51 comments).

We could have more contact with her siblings if DoCs would allow it. Basically I do it all on my own now – I don't bother contacting DoCs anymore and arrange casual contact.

(Kinship carer of Aboriginal girl, under 3 years)

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 the XX for the visits.

(Foster carer of 3–5 year-old boy)

Getting help from FACS with setting up meetings with [the birth mother] would be good.

(Kinship carer of Aboriginal boy, 9–11 year-old)

Six foster carers expressed strong concern about the effect on children of being taken to contact visits by people who were strangers to them. In the words of one:

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 girl)

While some carers wanted more supervision of the contact, and for the contact to be organised by the caseworker, others said they would prefer less supervision. For example, several carers were happy to have less supervision because they were willing to work with the parents:

I don't understand why visits with mum and dad are supervised by another person and not with myself and [other relative] present as the supervisor. I was told that it would strain our relationship.

(Relative carer of 3–5 year-old girl)

I wouldn't mind the child having unsupervised overnight visits with his parents or at least day visits that are unsupervised.

(Relative carer of 9–11 year-old boy)

But others wanted more supervision:

Unhappy that the visits are unsupervised as there is no control over the mother's behaviour. The general atmosphere surrounding the mother is unsavoury as some of the family members have been in and out of jail. The mother also has very little control over her emotions which concerns me when she has unsupervised access.

(Kinship carer of Aboriginal boy, under 3 years)

There needs to be supervised contact with the grandparents because they are negative and tell her lies – they should stick with the court order.

(Foster carer of 3–5 year-old boy)

Other carers suggested more suitable times and venues for the contact visit, like a park rather than a room in a FACS office or a library or McDonald's. FACS offices were seen as inappropriate and unwelcoming. Carers were also keen to see more support and mentoring for parents to help them with their parenting, to set up appropriate activities for them, and to provide emotional support with a stressful situation. For example:

They are looking for a support worker to be of assistance to the mother during contact as she sometimes feels upset. This will help the caseworker who is there during these visits to support her mother. This plan is currently being worked on.

(Foster carer of 6–8 year-old girl)

In summary, carers have a diversity of views about the value of contact, with a number stating clearly that the children 'need' and 'have a right to contact' and others wanting to reduce or stop contact because of the adverse impact on the child and practical concerns about the arrangements, and with one referring to it as a 'necessary evil'. The carers' comments about contact and the problems they responded to highlight several issues with practice and policy implications. Carers indicated a preference for more flexibility, to be able to manage the impact on the child, and for consistency and casework support to ensure that young children in particular are not taken to contact visits with parents they barely know by an escort they do not know.

6 Discussion

The focus of this report is on children's relationships with the people they are living with and with the members of their birth family – from the perspective of the children themselves (aged 7 years and older) and from the perspective of the other main informant for this study, their carer. How these perspectives vary with the age of the child and the type of care arrangements for children and the frequency and type of contact they have are also key aspects of these analyses.

6.1 Children's perceptions of their relationships

Children's reports of their relationships with their carers, and of their carers' parenting, are generally very positive, in line with the findings of the AIHW (2016) national pilot survey of 2,083 children aged 8–17 in out-of-home care. In that survey, 91% of children reported feeling both safe and settled in the placement, and 94% reported feeling close to at least one family group – the people they live with or family members they were not living with.

In the Pathways of Care Longitudinal Study (POCLS), there were few differences between children and young people by Aboriginality or cultural background, gender, the type of care or the time they had been in their placement in how close they said they were to members of the caregiving family, and family of origin and in how they perceived their caregivers' parenting. The main differences emerged in relation to their perceived closeness with different members of their caregiver and birth families. Children and young people in both kinship and foster care placed themselves closer to their female caregivers (their grandmothers, aunts and foster mother) than to their male equivalents (their grandfather, uncle or foster father). They also repeated this pattern with the members of their birth family they were not living with, placing themselves closer to their mother, grandmother and aunt than to their father, grandfather or uncle.

Birth siblings were closer than their foster siblings, particularly foster brothers, in contrast to Gardner's (1996) finding that 'children in family foster care ... were more likely to place themselves next to a foster sibling than to a biological one (p. 175). The children in Gardner's study, however, had been in long-term foster care for an average of nearly 7 years (80 months) and in their current placement at that time for an average of 44 months.⁵⁷ The children and young people in the POCLS cohort had been in care for an average of 17.7 months (SD = 8.86), and in their current placement for an average of 12.98 months (SD = 6.07). While there was no difference at this stage associated with length of time in the placement, there may well be changes in children's perceptions when they have been living with their caregivers for longer periods.

⁵⁷ Gardner (1996) also reported that 'the number of biological family members chosen was independent of age, length of time in family foster care, length of time in this placement, number of placements, frequency of parental visits, or whether the children use their own or their foster parents' surname' (p. 176).

Children's perceptions of the constellation of people surrounding them who they are close to and significant in their lives whether or not they are living with them provide important insights into their emotional security and experience in out-of-home care. Most children and adolescents indicated that there were a number of people in their emotional orbit. The relatively few older children in residential care generally surrounded themselves with particular family members, and with friends; not surprisingly, given this type of congregate care, placed others in the residential care placement some distance away.

The lack of difference between the perceptions of children in relative/kinship care and foster care differs from the greater emotional closeness for children in relative/kinship care reported by Chapman et al.'s (2004) based on the US National Survey of Child and Adolescent Well-Being (NSCAW) study. On the other hand, it is consistent with Dunn et al.'s (2010) findings. A consistent finding, however, of differences between children and family-based foster and relative care and residential/congregate care is not so evident in the current study, and was not tested, given the very small number in residential care.

There were, however, some differences associated with children's age, within the 7–17 year age range for those who were interviewed. Older children placed themselves closer to both the caregiver's and their birth families than younger children did. Children aged 9–11 were also more likely than those aged 6–8 years to say that their carer 'always listens' to them, but this was the only significant difference in terms of children's reports about their caregivers' parenting.

6.2 Carers' perceptions of their relationships with the children

Most carers were expecting children to stay with them until they are 18, but for about 15%, the expectation was for a short-term placement and about one in five indicated that they had not been given any timeframe. Fewer than half of the children had at least one introductory day or overnight visit with the current carers prior to their placement, and this was much less likely for very young children and for those in foster care. However, the carers indicated that in their view, this had not affected how settled the child was at the time of the first interview or how well carers said they knew them; those who had more than one day visit prior to the placement did, however, indicate that the children had taken less time to settle in, and were closer to the other children in the household.

The main difference in carers' reports in relation to how well they said they knew the children in their care, and how close they said they feel to them was age-related. The younger the children, the more the carers said they knew them well and the more likely they were to say they felt very close to them. In addition, the longer that younger children had been in their care, the better their carers said they knew them and the closer they said they felt to them; this was not the case for older children. Carers' reports about the child's relationship with the other carer and other children in their household were very similar to their own, with a similar pattern of age effects and little difference between relative and foster carers' reports.

One group of children for whom there should be some concern is the 16.6% whom their carers reported were not 'very close' to either carer. These were more likely to be older children, and particularly 12 to 17-year-olds, more than half of whom were in residential care. They were also more likely to be children over the age of 6 in foster care rather than kinship care.

6.3 Carers' perceptions of children's relationships with members of their birth family

The age of the child was also significant in terms of how likely children were to have a good relationship with members of their birth family, or at least with some of them, according to their carers. The older the children, the more likely it was that their carer reported they had a good relationship with their mother and their siblings. This was not the case for fathers and paternal relatives for whom the likelihood dropped off for adolescent children.

There were also significant differences by the type of care placement. Children in relative/kinship care were reported to be more likely to have a good relationship with their mother and father, and their grandparents and aunts and uncles than children in foster care. There was, however, no difference for siblings. Foster carers were also more likely than relative/kinship carers to report that the child in their care did not have a good relationship with any member of their birth family.

The best predictor of the likelihood of children having a good relationship with members of their family, as reported by their carer, is the frequency of their contact with that family member. Having at least weekly contact with their mother, and their father, especially for the youngest children, was associated with a significant increase in the proportion having a good relationship with their mother, and their father. There was a similar pattern across the age range for their maternal and paternal grandparents. Siblings, however, were reported to have a good relationship with both monthly and weekly contact, suggesting that these relationships were less affected by the frequency of contact. Of course, the fairly consistent association between the frequency of contact and whether or not they are reported to have a good relationship with family members is not necessarily causal. It is likely that those with a good relationship are more likely to have more frequent contact, and also that there is a feedback loop between them.

Again, a group of children (131 children, 10.2%) who reportedly do not have a good relationship with any member of their birth family may be cause for some concern. These children were mostly under 3 years of age and in foster care, but the carers of nearly all these children indicated that they had a very close relationship with them, that they knew them very well and they had settled very well in the placement. This will be one group of children who will be followed closely in the analyses in future waves.

6.4 Children's contact with members of their birth family

The contact children in out-of-home care have with their parents, siblings and other members of their birth family is a complex and contentious policy and practice issue, as outlined earlier.

The vast majority of children had contact with at least one family member; only 14 children (1.1%) had no contact with any family member. Consistent with other studies in Australia and elsewhere, children across all age groups were most likely to have contact with their mother (McWey, Acock, & Porter, 2010; Moyers, Farmer, & Lipscombe, 2006; Sinclair et al., 2005). Grandparents, fathers and siblings were the next most likely to have contact with the child but this varied across age groups for the child. Just over half the children had contact with aunts and uncles they were not living with.

There were several significant differences between children in foster and relative/kinship care. The first was the greater proportion of children in relative/kinship care having contact with their aunts and uncles and cousins. For parents and grandparents and siblings, the difference between relative/kinship carers and foster carers was in the regularity and type of contact rather than whether or not they had contact. Children in relative/kinship care had more frequent contact with their mother, their father and siblings than children in foster care, and were more likely to have telephone contact. Less than monthly contact was, however, the most common frequency for all family members. The other significant difference was the greater use of unsupervised contact in relative/kinship care than in foster care, though supervised face-to-face contact was the predominant form of contact for mothers, fathers, siblings, and grandparents. Unsupervised contact was more common for aunts and uncles, and cousins. These differences in contact arrangements between relative/kinship care and foster care are consistent with the findings of research in England, and Scotland, and the US (Farmer, 2009, 2010; Hunt, 2003; Sen & Broadhurst, 2011).

The differences between relative/kinship carers and foster carers come to the fore, however, in relation to carers' assessment of contact with birth family and how well they saw it as meeting the child's needs for maintaining family relationships and also in their concerns about specific issues. Overall, relative/kinship carers were more positive about contact than foster carers. They were more likely to indicate that contact was meeting the child's needs very well or fairly well than foster carers were, and more positive about the child's reactions to the last contact visit with their mother and their father. Their overall assessment was also more positive. This is again consistent with the suggestion that relative/kinship carers have a strong commitment to maintaining the child's family connections (Sen & Broadhurst, 2011).

The primary concerns of relative/kinship carers and foster carers were also somewhat different. Relative/kinship carers indicated more concern about the parents' behaviour and hostility between them and one of the family members that the child was having contact with than foster carers. Again this is consistent with the findings of other studies concerning the difficulties and stress for relative/kinship carers in managing the relationships with the child's parents, particularly since caseworkers are less likely to provide supervision for relative carers (Farmer, 2010; Hunt, Waterhouse, & Lutman, 2008 2003). Foster carers indicated more concern than relative/kinship carers about the adverse psychological impact on the child and the disruption of the child's sleep and routines. As Triseliotis (2010) pointed out, it is likely that the unsettling effects and distress children show around contact reflect the travel arrangements, the strange environment in which it occurs, the carers' unease and concern about the disturbed routines and effect on the child, in addition to and perhaps more so in some cases

than the child's actual interaction with their parent. As Sinclair (2005) and Fernandez (2007) have reported too, children who were old enough to be asked often wanted more contact than they had though they also found contact unsettling or upsetting. These concerns and the ambivalence of carers about the costs and benefits of contact for the child are very similar to the comments made by foster carers in South Australia interviewed by Osborn and Delfabbro (2009).

While two out of three carers reported at least one problem or issue with contact, and were particularly concerned about the impact of contact on the child, there were more carers who indicated that the child needed more frequent or consistent contact with family members than wanted less frequent contact, especially with their mother and father and particularly siblings. Their call for more contact focused on the need for the Department or agency caseworkers to make more effort in arranging and facilitating the contact as well as parents making the effort to show up, and to focus on the child's needs during the contact visit.

6.5 Infants and children under 3 years

Children under the age of 3 years made up 55% of the overall cohort of children in the interview study, but it is not just their sheer numbers that makes them the focus of some attention (Humphreys & Kiraly, 2015; Triseliotis, 2010). There are some particular differences and concerns about this very young age group.

On the positive side, carers of the under 3 year-olds were most likely to say they knew these young children very well and were very close to them. But they were also the age group who were least likely to have a good relationship with their mother, father and siblings, according to their carers. Children under 3 were also least likely to have a good relationship with their mother, and with their father, if contact was less than monthly regardless of the type of care; the proportion having a good relationship tripled if contact was at least weekly. The vast majority of the 131 children who reportedly did not have a good relationship with any family member were children in this age group and most were in foster care. However, their carers reported being very close to these young children and knowing them very well, suggesting that at least as far as the carers were concerned, these children were closely engaged with the carer and their family but were without a connection with their birth family. This may reflect a high degree of commitment to these children, in line with Dozier and Lindheim's (2006) finding that foster parents tend to show 'higher levels of commitment to children who were placed at younger ages' (p. 338). It may also reflect the fact that many of these children had been placed soon after birth, meaning that they had had very little time to develop a strong relational bond with their parent/s.

Foster carers were also more concerned about the impact of contact on these young children than older children, and they were more concerned than relative/kinship carers. They were more concerned about the disruption to their sleep and other routines, and the child's distress that was evident in their crying, sleep disturbances and clingy behaviour. Foster carers of these young children were also least likely to say that the child in their care had reacted positively to contact, or that contact was meeting the child's needs in maintaining their family relationships. The comments about children being too young to benefit from contact or to remember it in order to

develop a relationship with their birth family were particular to this age group. Carers also made comments about the stress for these young children in being separated from their carer, and being taken by car alone to contact visits with a parent they barely knew by someone who was a stranger to them. These concerns are very similar to the concerns expressed by carers and caseworkers and outlined by Humphreys and Kiraly (2006) in relation to high frequency contact visits for infants in Victoria.

6.6 Children aged 9–11 years

The other group of children for whom there were some distinctive differences were the 9- 11 year-olds. Carers did not indicate that they felt closer to children of this age the longer they had been living with them and they were significantly less likely to say they knew them well than the carers of younger children. One third of the carers of children aged 9-11 years said that the child was not very close to either caregiver, and that proportion was higher for children in foster care (43%), and double that for children in relative/kinship care (23%). This is also the age group that the children were most likely to be looking forward to their last contact visit, according to their carers, and to have reacted positively to contact with their mother. These children's perception of the emotional responsiveness of their carer was also correlated with their carers' own rating of their parenting, in relation to their low hostility level rather than their warmth. This pattern suggests that these children may have identified more strongly with their birth family than with their caregivers, consistent with the fact that they were older at the time they entered care and had therefore lived with their parents for a longer period.

6.7 Cultural background

Aboriginal children comprised just over one-third (36.5%) of the children in the interview cohort, very similar to the proportion of Aboriginal children and young people in out-of-home care in NSW (35%) (Paxman et al., 2014; FACS, 2014). There were both similarities and differences between Aboriginal and other Australian children. Despite the Aboriginal Placement principle, Aboriginal children were not more likely to be in relative/kinship care placements at Wave 1 than other Australian children in the interview cohort (44.1% of Aboriginal children compared with 48.2% of CALD and 47.9% of other Australian children).

There were no significant differences between Aboriginal and non-Aboriginal children in how close they indicated they felt to members of either their caregiver household or their birth family. Nor were there any significant differences in how close the carers of Aboriginal and other children said they were to the children in their care, and how well they said they knew the children.

The main difference between Aboriginal and other children was that their carers were less positive that contact was meeting the child's needs of maintaining their family relationships and also more likely to report problems with time and distance involved in contact visits, and for foster carers of Aboriginal children that the parent's behaviour and the interruption of the child's sleep and routines were a problem. This suggests that carers of Aboriginal children may need more support in managing and maintaining family contact.

Other differences involved broader differences by cultural background and particularly with the relatively small number of children with a CALD background (112 children, 8.7%). While CALD children were less likely to have contact with siblings they were not living with than Aboriginal children and other Australian children (52.4%), when they did have contact it was more frequent than for other children. They also had more frequent contact (at least weekly) with their mother but not with their father, than Aboriginal children and other Australian children. Carers of children with a CALD background were more likely to say they had *no* problems with contact than other carers, including the carers of Aboriginal children, and they were less likely to say there was a problem with the impact of contact on the child.

In summary, while there are some early indications of differences by cultural background, it is possible these may emerge more strongly over subsequent waves.

6.8 Changes over time in future POCLS reports

The next and subsequent POCLS reports will examine changes over time in the child's relationships with their carer and members of that family and household, in the quality and quantity of contact over time with different family members, and children's closeness to members of their birth family. How do the type and the stability of the child's placement affect the amount and type of family contact? Do children placed with relatives or kin, and in particular with grandparents, have more family contact than those in formal non-related foster care, and do they feel closer to their parents and other members of their birth family?

The next reports will also examine the association between children's perceived closeness with various people, the amount and type of family contact, and children's socio-emotional outcomes. We already have some indications, however, from Delfabbro's 2017 report on kinship care that children in relative/kinship care, and particularly with grandparents:

tend to be faring better developmentally and in terms of their socio-emotional functioning. Relative/kinship carers are, however, a vulnerable group in that they tend to experience greater psychological distress, are affected by a higher prevalence of medical conditions, and tend to have a lower level of education and financial wellbeing. The results clearly support the need for the maintenance of financial support for this group and other services that would assist in reducing the stresses associated with their carer roles.

7 Policy and practice implications

Children's relationships with those they are living with and with their family members and others who are important to them are critical to their socio-emotional and overall development. For these children in out-of-home care for the first time, the relevant findings of this first wave of interviews have some important policy and practice implications in relation to the quality and sustainability of those relationships.

In general terms, most carers reported that they were close to the children in their care and knew them well. There was, however, a substantial group of children (19%), mostly older, whose carers said they were not very close to either or any carer in their caregiving household. Attention is needed to identify these children and to address their relationship needs and any concerns about these children, with effective relationship based casework (Cocker & Allain, 2013). In particular, the complex relationship needs of adolescents entering care for the first time, and particularly those in residential care, are likely to require special understanding and support.

Carers' reports of the quality of children's relationships with their birth families and the extent to which contact was meeting the child's needs were both strongly and consistently associated with the frequency of contact. More frequent contact, but not to the point of contact on most days, was associated with more positive reports from carers about the child's birth family relationships and the value of contact. The direction of effect is not clear, however, given that these different reports come from the carers on the same occasion. It may be that more contact is arranged and maintained for children who had established good relationships before they entered care or that carers were more likely to say the relationships were positive when they had frequent contact, and perhaps because more frequent contact assisted in maintaining those relationships. Carers who see the value of contact for the child and whose own relationships with birth family members are more positive may also be willing to be involved in maintaining contact for the children. Relative/kinship carers, for example, were more likely than foster carers to say the children had good relationships with their mother and father, especially for young children. Contact with mothers, fathers, and siblings was also more frequent for children in relative/kinship care than in foster care. Relative/kinship carers, again especially of young children, were also more likely than foster carers to say that contact was meeting the child's needs. This was despite the fact that there were more kinship carers than foster carers who reported problems with the parents' behaviour and hostility between themselves and the birth parents.

While about two-thirds of carers reported at least one problem with contact, more carers indicated that the child needed more frequent or consistent contact with family members than wanted less frequent contact, especially with their mother and father and particularly siblings. This indicates that carers, and especially relative/kinship carers, may need support in managing parents' behaviour when they do go to contact meetings and when they fail to do so. It also means that parents need support managing their pain, guilt, and resentment about the removal of their children from their care. Casework relating to contact needs to be more about maintaining the relationship for children, when that is safe and constructive, than assessing and writing reports about the parent's behaviour on contact. The carers of Aboriginal children also

indicated more problems with the time and the distance involved in contact arrangements and may need some support to manage this.

Contact remains a contentious and complex issue and there is a need for caution about drawing any blanket conclusions here. Further analysis over subsequent waves is needed to examine the direction of effect, and also how this relates to concerns about contact. Where there are negative views about contact, this needs to be examined over time, and the concerns addressed by casework in relation to the different purposes of contact, how it works, and how it is (or isn't) supported by casework. Further analysis is also needed to examine the presence of sub-groups with different needs related to their family circumstances, the length and type of order they are on, and their physical safety and emotional security. Some children without good relationships with their family members and with no family contact were reportedly having their needs for family relationships well met. These were mostly very young children, under 3 years of age. How this plays out over time in terms of their socio-emotional development and their own reports will become important as the children grow older. This is the one of the key benefits of a longitudinal study.

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9 Appendix

Wave 1 Carer Interview Questions

RELATIONSHIP WITH THE CHILD				<i>Response options</i>
RELC1	Relationship with child – express affection	All ages	How often do you express affection by hugging, kissing and holding [Study Child]?	Never/Almost never; Rarely; Sometimes; Often; Always/Almost always; NO RESPONSE
RELC2	Relationship with child – hug or hold	All ages	How often do you hug or hold [Study Child] for no particular reason?	As above
RELC3	Relationship with child – how happy he/she makes you	All ages	How often do you tell [Study Child] how happy [he/she] makes you?	As above
RELC4	Relationship with child – warm, close times	All ages	How often do you have warm, close times together with [Study Child]?	As above
RELC5	Relationship with child – enjoy doing things	All ages	How often do you enjoy listening to [Study Child] and doing things with him/her?	As above
RELC6	Relationship with child – feel close to child	All ages	How often do you feel close to [Study Child] both when he/she is happy and when he/she is upset?	As above

RELC8	Relationship – angry with child	All ages	Now thinking about the last 4 weeks, how much do these statements describe how you have been feeling or behaving with [study child]? I have been angry with [Study child]	1 Not at all; thr to 2,3,4,5,6,7,8,9... 10 All the time; NO RESPONSE
RELC9	Relationship – raised voice or shouted	All ages	I have raised my voice or shouted at [Study child]	As above
RELC10	Relationship – gets on nerves when cries	All ages	When [Study Child] cries, he/she gets on my nerves	1 Not at all; thr to 2,3,4,5,6,7,8,9... 10 All the time; NO RESPONSE
RELC11	Relationship – lost temper	All ages	I have lost my temper with [Study Child]	As above
RELC12	Relationship – left child alone when irritable/upset	All ages	I have left [Study Child] alone in his/her bedroom when he/she was particularly irritable or upset?	As above
MONITOR1	Monitoring – knows where child is	10-17 years	How often do you know where [study child] is in the course of a day?	Always; Mostly; Sometimes; Rarely; Never; NO RESPONSE
MONITOR2	Monitoring – know who child is with	10-17 years	How often do you know who [study child] is with when [he/she] is away from home (i.e. their placement)?	As above
MONITOR3	Monitoring – talks to child about what's going on	10-17 years	How often do you talk to [study child] about what's going on in [his/her] life?	As above
MONITOR4	Monitoring – child goes out without saying where	10-17 years	How often does the [study child] go out without telling you where [he/she] will be?	As above
MONITOR5	Know friends			As above

FAMILY CONTACT

FAM0 These questions focus on how much contact the [Study Child] has with [his/her] birth family.
For children of all ages

FAM1	Who child has access visits with	Which family members does [Study Child] have contact with that [he/she] is not living with?	<p>SHOWCARD</p> <p>Mother; Father; Siblings (brother or sister); Maternal Grandparents; Paternal Grandparents; Maternal great Grandparents; Paternal great Grandparents; Maternal aunt/uncles; Paternal aunt/uncles; Cousins; Any other relations (please specify) [Text Box]; None of these; Don't Know; Refused</p>	All ages; Grid for all yes at FAM1
FAM2	Frequency of contact with family members	How often does [he/she] have contact with each of these family members?	<p>Less than monthly; Less than weekly but at least monthly; At least weekly; Most days; Don't Know; Refused</p>	All ages; Grid for all yes at FAM1

FAM3	Type of contact with family members	What type of contact does [he/she] have with each of these family members?	Face-to-face unsupervised; Face-to-face supervised; Overnight; Telephone; Mail; E-mail; Social networking (eg facebook); Video calling; Any other way (please specify) [Text Box]; Don't Know; Refused	All ages; Grid, as FAM2
FAM4	React pre access - mother	At the last contact visit with [his/her] mother, which of these statements best describes how [Study Child] behaved <i>before</i> access?	Positive and looked forward to access, or excited, or showed no distress; Slightly positive; Neutral; Slightly negative; Negative and did not look forward to access, or anxious, or showed signs of distress; Don't Know; Refused	All ages; If type of contact for mother at FAM3=F2F or overnight Skip if 'mother' not selected in FAM1
FAM5	React post access - mother	At the last contact visit with [his/her] mother, which of these statements best describes how [Study Child] behaved <i>after</i> access?	Positive and showed no distress; Slightly positive; Neutral; Slightly negative; Negative and was anxious or typically showed signs of distress; Don't Know; Refused	All ages; As FAM2; Skip if 'mother' not selected in FAM1

FAM6	React pre access - father	At the last contact visit with [his/her] father, which of these statements best describes how [Study Child] behaved <i>before</i> access?	Positive and looked forward to access, or excited, or showed no distress; Slightly positive; Neutral; Slightly negative; Negative and did not look forward to access, or anxious, or showed signs of distress; Don't Know; Refused	All ages; If type of contact for father at FAM3=F2F or overnight; Skip if 'Father' not selected in FAM1
FAM7	React post access - father	At the last contact visit with [his/her] father, which of these statements best describes how [Study Child] behaved <i>after</i> access?	Positive and showed no distress; Slightly positive; Neutral; Slightly negative; Negative and was anxious or typically showed signs of distress; Don't Know; Refused	All ages; As FAM4 Skip if 'Father' not selected in FAM1
FAM8	Positive connection [Good relationship]	Who does [Study Child] have a good relationship with in [his/her] birth family?	Mother; Father; Siblings (brother or sister); Maternal Grandparents; Paternal Grandparents; Maternal great Grandparents; Paternal great Grandparents; Maternal aunt/uncles; Paternal aunt/uncles; Cousins; Any other relations (specify) [Text Box]; None of these; Don't Know; Refused	All ages; FAM1=1,2,3,4,5,6,7,8,9

FAM9	Carer's opinion re access	Overall, how do you feel about [Study Child] having access with [his/her] birth family?	Positive; Slightly positive; Neutral; Slightly negative; Negative; Don't Know; Refused	All ages; If any at FAM1
FAM10	Problems re access	Which, if any, of these are problems regarding contact with [Study Child]'s birth family?	Interrupts child's sleep and routines; Time / distance; Parent's behaviour; Hostility between birth family and carer; Impact of contact on the child; Child not wanting contact; Parent cancelling or not showing up; Lack of support from the caseworker; Something else (please specify) [Text Box]; None of these; Don't Know; Refused	All ages; If any at FAM1
FAM11	Main problems re access	Which of these would you say is the main problem?	Interrupts child's sleep and routines; Time / distance; Parent's behaviour; Hostility between birth family and carer; Impact of contact on the child; Child not wanting contact; Parent cancelling or not showing up; Lack of support from the caseworker; Something else (please specify) [Text Box]; None of these; Don't Know; Refused	

FAM12	Child's needs re family met	How well do you think [Study Child]'s needs are being met in terms of maintaining family relationships?	Very well; Fairly Well; Not very well; Not at all well; Don't Know; Refused	All ages
FAM13	Child's contact arrangements	Are there any changes you think would better meet the child's needs in relation to [his/her] contact with [his/her] family?	Describe: [Text Box]; None; Don't Know; Refused	All ages
START OF THE PLACEMENT				
Contact with carer before child placed (All ages)			Response options	
STPL2_01	Did you have any of these types of contact with [study child] before [he/she] was placed here? More than one overnight stay		0 'no' 1 'yes' -2 'dk' -3 'refused'	
STPL2_02	Did you have any of these types of contact with [study child] before [he/she] was placed here? Only one overnight stay		0 'no' 1 'yes' -2 'dk' -3 'refused'	
STPL2_03	Did you have any of these types of contact with [study child] before [he/she] was placed here? More than one day visit		0 'no' 1 'yes' -2 'dk' -3 'refused'	
STPL2_04	Did you have any of these types of contact with [study child] before [he/she] was placed here? Only one day visit		0 'no' 1 'yes' -2 'dk' -3 'refused'	
STPL3_05	How long were you told that [Study Child] was going to live here? Date		Date	

STPL3_RECODE

How long were you told that [Study Child] was going to live here with you? RECODED

Recoded –SEE CODES: →

1 'days' 2 'weeks' 3 'months' 4 'years'

5 'date (type in date in dd/mm/yyyy format eg; 12/01/2011, 31/12/2011)'

6 'till turns 18 years old'

7 'no timeframe given/provided'

8 'other (specify)'

11 'short term/emergency'

12 'long term including adoption'

13 'until restoration'

14 'until permanent carer/placement or suitable family could take child'

15 'until it went to court/final court outcome'

-3 'refused' --2 'dk'

CHILD'S IDENTITY**PER0 Assessments and services for [Study Child]_personal identity intro**

The next questions focus on [Study Child]'s cultural background

PER1	Life-story book	Since coming to live here, has the [Study Child]'s life story book been created or updated?	Yes; No; Don't Know; Refused	All ages
PER2	Family photos	Does [Study Child] have any photos of [his/her] birth parents or family?	Yes; No; Don't Know; Refused	All ages