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Research report

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

Relative/kinship and foster care: A comparison of carer and child characteristics

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

Research Report No. 7

Relative/kinship and foster care: A comparison of carer and child characteristics

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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 Evidence to Action Notes 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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Preface

The Pathways of Care Longitudinal Study (POCLS) is funded and managed 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.

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 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 trajectories and experiences from birth.

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.

Executive Summary

Overview

The Pathways of Care Longitudinal Study (POCLS) is the largest prospective study into out-of-home care (OOHC) care ever conducted in Australia. Funded by the NSW Department of Family and Community Services (FACS), the project has been designed over a number of years through a process of collaboration and consultation between FACS, the Australian Institute of Family Studies (AIFS), Chapin Hall Chicago and academic researchers from both the Universities of Sydney, NSW and Adelaide. The data for the research have been collected by the professional research company, I-view Social Research.

The POCLS assesses the wellbeing and progress of children in care over a period of five successive years. The criteria for inclusion in the study were that children entered OOHC for the first time between May 2010 and October 2011 and were placed on final orders by April 2013. The study cohort involves 1285 children and their carers drawn from a larger sample of 2828 children who received final orders.[1] Interviews involved 895 households (including 26 children in 23 residential care households). Interviews were conducted using face-to-face interviews with carers, but also involved contact with children (e.g., for testing and measurements).

Focus of this report

This report is based on data drawn from the Wave 1 cohort. It provides a comprehensive analysis of the differences between relative/kinship care and foster care. Analyses involve comparisons of different types of relative/kinship care such as the difference between grandparent and other relative carers as well as between grandparents who are, or are not, raising their own children.

The principal areas of comparison include: demographic differences; the wellbeing and health of carers; the nature and quality of relative/kinship care; the developmental status, psychosocial functioning and educational experiences of children placed into kinship care;
relationships in relative/kinship care: how these carers relate to others (e.g., the child, biological families) and the level of contact between the child and others in their family (e.g., parents or siblings).

Key research questions

This report is relevant to several of the key research questions of the POCLS. These include two entry to OOHC research questions: (1) What are the backgrounds and characteristics of the children and young people entering OOHC including their

[1] The sample was based on the willingness of carers to be interviewed and therefore for individual children to be included in the study. Not all carers had the time to take part in the study due to their caring commitments; some could not be contacted; and, a small numbered who refused for personal reasons.

demographics, child protection history, reasons for entering care, and duration of the legal order?; (2) What is the physical health, socio-emotional and cognitive/learning development of children and young people entering OOHC compared with other children in the community? It also specifically addresses two of the outcomes from OOHC key research questions: (1) How does type of placement for children and young people in OOHC (such as foster care or relative/kinship care) influence their outcomes?; (2) How does contact between the children and young people in OOHC and their birth parents, siblings and/or extended family influence their outcomes?

Key Overall Findings

The report reinforces the importance of maintaining good quality supports for relative/kinship carers. Consistent with national and international literature, kinship/relative carers were found to be generally older, less well-resourced finally, and to have less contact and less productive relationships with statutory case-workers. These findings suggest that need to examine the resources available to kinship/relative carers as well as the quality of relationships between case-workers and kinship/relative carers.

Kinship/relative carers may also benefit from greater support with psychological distress and physical health issues. Grandparents, rather than other relatives, appear to assuming much of the role of caring for children which raises concerns about the extent to which the caring role is affecting other aspects of their life, e.g. their capacity to enjoy maintain social networks and remain financially independent in later years.

The analyses provide no evidence that kinship/relative care outcomes are likely to be poorer than those in foster care. In fact, children (either due to selection effects of because of the type of care) were generally better adjusted across a range of measures when placed into kinship/relative care. Relative care also appears best for maintaining more frequent contact with birth parents and appears to engender warmer and supportive relationships between the carer and children.

The OOHC context in NSW: Statistics and trends

The State of NSW had a total of 18192 children placed in care in 2014 and over 50% of these were in relative/kinship care corresponding to almost 10,000 children aged 0-17 years. Since 2013, statutory foster care placement numbers have increased by 12% as compared with 22% for relative/kinship care. On average, a statutory care placement with a relative or kinship carer is 11% less expensive than general foster care. At a policy level, relative and kinship care is considered to be a way of providing secure homes for children but which reduces the overall financial cost to the sector.

Literature review

A detailed literature review of the national and international literature is provided. This examines a number of areas: the types of relative/kinship care; demographic characteristics; the health and wellbeing of carers; system outcomes in care; nature and quality of relative/kinship care; wellbeing of children in relative/kinship care; relationships in different types of care; and, service supports for relative/kinship carers.

The literature review indicated that:

- A lot of studies draw distinctions between formally recognised (and usually paid) relative/kinship placements and informal (often unpaid) arrangements;
- Many studies examine grandparents as a care group in their own right, whereas other studies refer to relative/kinship carers as a more homogenous group;
- Differences have been revealed between grandparents with and without their own biological children in the households. The latter group ('empty nesters') have been found to be older and usually more vulnerable both financially and in terms of their physical and psychological wellbeing (Zinn, 2012);
- US studies are typically of limited value in informing Australian studies of relative / kinship care because of differences in the demographic profiles of carers. For example, most US studies of grandparents have been African-American and therefore very dissimilar to the comparative samples of foster carers used in the same studies (Zinn, 2010, 2012);
- Relative/Kinship carers (and most notably grandparents) have been shown to be more financially vulnerable than foster carers. They also tend to report a higher prevalence of physical and psychological problems, possibly due to differences in their age and capacity to look after children with more complex behaviours (Lin, 2014; Minkler, Fuller-Thompson, 2001; Winokur, Holtan, & Valentine, 2008);
- Placements in relative/kinship care have generally been found to be more stable (i.e., there are fewer placement changes), but reunification rates from this form of care have generally been found to be slower than in foster care (Winokur, Holtan,& Valentine, 2008) ;
- Most studies have shown that children placed into relative/kinship care have fewer behavioural, emotional and developmental problems than those placed into foster care. These findings suggest one of two possible findings (or both). It may be that there is a selection bias towards the placement of better adjusted children in kinship/relative care or that this form of care is beneficial for children's wellbeing (Rubin et al., 2008; Winokur, Holtan, & Valentine, 2008);
- Mixed views have been expressed about the nature of relationships in relative/kinship care. Some researchers have argued that relative/kinship carers experience distress because of conflict with their adult children over the arrangements relating to the children in their care (O'Brien, 2012). Others argue that relative /kinship placements can help to strengthen and maintain family connection (Kiraly & Humphreys, 2013);
- Service supports for relative/kinship carers include support groups; mentoring; peer networks; education and computer literacy; counselling and many other supports. Existing evaluations have not, however, always been subjected to rigorous evaluations (Lin, 2014; Scannapieco & Hegar, 2002).

Derivation of relative/kinship groups

- Analyses were conducted at a household level when examining comparisons between carer characteristics and homes, whereas those relating to children were conducted at a child unit level;
- There were 470 foster care households and 402 relative/kinship households which could be divided into two groups: 247 grandparent carers and 155 other relatives;
- Grandparents could be further divided into two groups: 91 with their own biological children and 155 without any biological children.

Demographic results

- Grandparent carers were found to be significantly older than the other two groups and reported lower levels of education, although this group was found to have had greater experience raising their own children. Further analysis showed that grandparents who were still raising their own children, were generally younger than those whose children had left home ('the empty nesters');
- 'Other relative' households (most often aunts and uncles) were significantly more likely to be Aboriginal than the other two groups. Almost a third of 'Other relatives' were Aboriginal carers which was over double the rate observed in foster care and grandparent groups;
- Socio-economic comparisons showed that foster carers generally had higher incomes than the other two groups (around 30% had household incomes of more th an $80k). Overall, 60% of respondent carers were not in paid employment, and this was most common in grandparent carers of whom over two-thirds were not in paid work. On the other hand, the majority of secondary carers (male partners) (around ¾) were working, although this figure was slightly lower for grandparents (60%). In general, therefore, the most common source of income for the household (apart from carer payments) was the income obtained by a male partner;
- Relative/Kinship carers were the most financially vulnerable groups. Over a quarter of grandparent and other relative carers reported only 'just getting by' or that they were 'poor' as compared with 16% of foster carers. Around 20% of relative/kinship carers could not raise $2000 in an emergency compared with 9% of foster carers.

The care environment

- Grandparents generally had smaller houses and fewer children in the home;
- Over 90% of children in care lived in separated or detached homes;
- Grandparents were more likely to own their own homes outright, whereas over half of the foster carers had mortgages;

- Other relatives tended to have the most precarious housing arrangements with few owner occupiers (10% vs. 29% of the grandparents) and around half renting;
- Foster carers were generally more likely to report that their homes were suitable for providing care, although (despite having more bedrooms) and were no more likely to provide each child with his or her own room (around 60%) compared with other carer groups;
- There was a tendency towards grandparents rating the quality of the social environment in their neighbourhood as being poorer, whereas foster carers were more likely to have positive views about the people in their neighbourhood.

The wellbeing of carers

- Most respondent carers were in good health (over 85%) and few smoked or drank alcohol; grandparents were significantly more likely to report ongoing health problems (almost 40%);
- Relative and kinship carers reported greater psychological distress as indicated by the Kessler-10 with around 30% of grandparents and 25% of other relatives reporting moderate to very high symptoms as compared with around 15% of foster carers.

The nature of parenting

- Grandparents were consistently more likely to report a greater level of emotional expressiveness towards children and greater warmth and less hostility compared with the other two groups;
- Grandparents were more likely to report having a greater ability to deal with complex behaviour, which may reflect a greater willingness to tolerate challenging behaviour.

The socio-emotive functioning of children

- Analysis of CBCL scores indicated that grandparents tended to be less likely to be looking after: 3-5 year olds with clinical level internalising problems and any children with clinical level externalising problems;
- Broader comparisons of the POCLS results with nationally representative figures (e.g., Sawyer et al., 2000, 2007) for 6-17 year olds (the range published) shows that around 13% of children in the community have clinical level internalising and externalising behaviours. In the POCLS study, it was found that the prevalence of internalising problems was somewhat higher: 22% for foster care and 17.5% for relative/kinship care. The prevalence of externalising behaviours was considerably higher: 43.5% in foster care and 27.4% in relative/kinship care;
- Analysis of the POCLS data did not indicate any differences for infants as based on the BITSEA comparisons between the different categories of care. However, consistent differences were observed for the Ages and Stages Questionnaire with

children placed with grandparents found to have better development on all five domains compared with those placed with the other carers;

- Younger children placed with grandparents were generally rated as having as an easier temperament, but similar results were not observed for comparisons involving children aged 8 and older. Older children were generally rated as having similar temperaments irrespective of the type of care.

Relationships in care

- Grandparents reported having a better quality relationship with children and knew the children better than those carers in the other groups;
- Children placed with grandparents were more likely to have contact with their parents if placed with grandparents; and, more overnights stays with siblings who were otherwise living elsewhere;
- Grandparents rated the children placed with them to have a better quality relationship with their parents than those placed in other forms of care;
- Grandparents generally reported being less satisfied with their dealings with caseworkers. They reported more changes in workers, less satisfaction with being able to make contact and in the assistance obtained;
- More broadly, the results clearly showed that foster carers were generally more likely to be in contact with caseworkers and to be generally satisfied with the services obtained.

1 Introduction and Literature Review

1.1 Overview of the Pathways of Care Study

The Pathways of Care Longitudinal Study (POCLS) is the largest prospective study into OOHC care ever conducted in Australia. Funded by the NSW Department of Family and Community Services (FACS), the project has been designed over a number of years through a process of collaboration and consultation between FACS, the Australian Institute of Family Studies (AIFS), Chapin Hall Chicago and academic researchers from both the Universities of Sydney, NSW and Adelaide. The data for the research have been collected by the professional research company I-view Social Research.

The POCLS assesses the wellbeing and progress of children in care over a period of 5 successive years. To be eligible for inclusion in the study, children had to enter OOHC for the first time between May 2010 and October 2011 and also be placed on final orders by April 2013. A total of 4126 children entered care for the first time during the sampling window and 2828 received final orders and were considered eligible for inclusion. Carers of 1789 children were contacted to participate and carers of 1285 children agreed to complete the baseline or Wave 1 interview. Interviews involved 895 households (including 26 children in 23 residential care households) as some carers had more than one study child in their household. Interviews were conducted using face-to-face interviews with carers, but also involved contact with children (e.g., for testing and measurements). Some children 7 years and older also self-completed some questions and measures. Additional online surveys were also conducted with the child's case-worker and, in some cases, their teachers at childcare or school. Further administrative placement and child protection data were collected from FACS data-bases (e.g., Key Information Directory System). The project has also established data-linkages with a range of other sources, including: paediatric and medical records; indicators of educational performance (e.g., NAPLAN and AEDC data); and, information drawn from youth corrections.

The detailed summary of the range of domains assessed in the POCLS has been published in a Wave 1 Baseline Statistical Report (AIFS, Chapin Hall, and FACS, 2015). The Baseline report indicates that the POCLS data-set can be broadly classified into a number of areas. It includes: (1) Demographic data on the characteristics of children and carers (age, gender, carer household SES, carer education, carer geographical location); (2) Measures relating to the wellbeing, needs and knowledge of the carer and how much they know about the child; (3) An extensive range of measures relating to child development, child psychosocial functioning and the child's education; (4) A range of variables relating to the carers' experience of the care system, including their knowledge, use and need for specific services; (5) Indicators of the nature of the relationships and connections between the carer and other parties in the child's life as well as between the child and biological family (family contact); (6) Measures concerning the nature of the care environment, the carers' parenting style and self-efficacy as a parent; (7) Indicators of the reasons why the young person came into care; and (8) A range of variables indicating system outcomes in care, e.g., the nature and duration of placements, the timing of exits from care, and the level of placement stability.

1.2 Purpose of this report

A detailed baseline analysis has already been undertaken using Wave 1 data to examine a number of these areas of potential focus. The Baseline report examines a range of outcomes in relation to the demographic characteristics of children as well as broad differences in their placement characteristics (e.g., foster care vs. relative/kinship care). The aim of the present report is to build upon these earlier analyses. A particular focus of this new work is to conduct more specific analyses of the differences between foster care and relative/kinship care. As will be discussed presently, relative/kinship care is now one of the major forms of care in Australia. Despite often constituting at least 50% of current placements, it has not been subject to the same level of research scrutiny in Australia as has been the case overseas. Accordingly, there is considerable policy and practice interest in knowing more about this form of care and how it differs from foster care (Ainsworth & Maluccio, 1998; Cashmore, 2001; Connolly, 2003; Mason, Falloon, Gibbons, Spence, & Scott, 2002; McHugh, 2009; Spence, 2004; Paxman, 2006; Yardley, Mason, & Watson, 2009). Existing international and national evidence suggests that relative/kinship care may differ in a number of ways. These differences relate, not only to possible differences between children who are placed into the two types of care, but also in the characteristics of the carers; their specific needs; and, their vulnerability to the pressures associated with caring for children.

The report which follows is set out in several sections. The first part of the report following these introductory sections provides a brief overview of the status of relative/kinship care in Australia and NSW. It examines the extent to which relative/kinship care is important in Australia; trends over time; and, what proportion of the POCLS sample involves relative/kinship care. A second section provides a review of the national and international literature; the principal aim of the literature review is to provide a contextual analysis of the range of variables and issues that need to be considered when studying relative/kinship care. Literature is principally drawn from the formal academic literature with reference also made to Australian reviews to provide insights into current policy and practice concerns. A focus has been given to literature that provides insights into the comparative differences between relative/kinship care and foster care. The review summarises a number of different areas and each of these broadly corresponds to those investigated analytically in the report. These areas include:

- The types of relative/kinship care (e.g., grandparents vs. other relative carers);
- The demographic characteristics of relative/kinship carers;
- The wellbeing and health of carers;
- The nature and quality of relative/kinship care;
- The developmental status, psychosocial functioning and educational experiences of children placed into kinship care;
- Relationships in relative/kinship care: how these carers relate to others (e.g., the child, biological families) and the level of contact between the child and others in their family (e.g., parents or siblings);
- The service needs and supports required by relative/kinship carers.

1.3 Relevance to the POCLS key research questions

- As indicated in the Baseline report (AIFS, Chapin Hall & FACS, 2015), the POCLS is designed to address a number of key research questions. This report is relevant to several of these; namely:

Entry to OOHC: Key research questions

- What are the backgrounds and characteristics of the children and young people entering OOHC including their demographics, child protection history, reasons for entering care, and duration of the legal order?
- What is the physical health, socio-emotional and cognitive/learning development of children and young people entering OOHC compared with other children in the community?

Outcomes from OOHC: Key research questions

- How does the type of placement for children and young people in OOHC (such as foster care or relative/kinship care) influence their outcomes?
- How does contact between the children and young people in OOHC and their birth parents, siblings and/or extended family influence their outcomes?

The findings in this report will provide a starting point for further longitudinal analysis of different placement pathways and exposure to the different types of care. Analyses will be principally cross-sectional and will not necessarily allow for any strong inferences of causality, but will provide useful indicative data concerning the extent to which placement type is related to differences in carer characteristics and child outcomes. Such analyses are important to allow direct comparisons between the POCLS and many other international studies which have employed a similar methodological approach.

1.4 Statistics: Relative/Kinship care in Australia and NSW

According to the Australian Institute of Health and Welfare (AIHW, 2015), there were 43,009 children in OOHC as of 30th June 2014. Of these, 21,000 (49%) were in relative/kinship care. Kinship or relative care is generally defined as care provided by a close relative, but can also be extended to include close friends or members of a cultural community. These national figures indicate that kinship carers generally have smaller households. For example, 61% were found to have only one child as compared with 51% of foster homes. Relative/Kinship carer is the fastest growing form of care in Australia and particularly in NSW. In the late 1990s, children in foster care numbered around 2500-3000 children in each year as compared with around 2500 children in relative/kinship care. The AIHW figures show that foster care numbers have increased to around 8000 in 2014 (approximately a three-fold increase), whereas relative/kinship care numbers have quadrupled to around 10,000.

The State of NSW had a total of 18192 children placed in care in 2014 and over 50% were in relative/kinship care; this corresponds to almost 10,000 children aged 0-17 years. Since 2013, statutory foster care placement numbers have increased by 12% compared with 22% for relative/kinship care. On average, a statutory care placement with a relative or kinship carer is 11% less expensive than general foster care (Paxman, 2006). At a policy level, relative and kinship care is considered to be a way of providing secure homes for children but which reduces the overall financial cost to the sector.

1.5 A summary of the international literature

1.5.1 Types of relative/kinship Care

Most Australian reviews (e.g., Boetto, 2010; Bromfield & Osborn, 2006; Kiraly, 2015) accept the definition of kinship care described above. Kinship, rather than 'relative', is usually the assigned appellation because of the desire to capture a broader range of potential carers. Kinship carers can therefore include close biological relatives, in-laws, more distant biological relatives, but also close friends or people who might have a community role or identity which is similar to a relative. In these latter cases, the term 'kith' will sometimes be used. Accordingly, depending on the publication, it may be possible to observe distinctions drawn between kin and kith or between familial or non-familial kinship care. A further distinction will also often be drawn between 'informal' and 'formal' kinship care. Formal care, which is the general focus of this research, is where legal orders or placement authorities are in place. The relative/kinship carer(s) is, in effect, a recognised guardian who has recognised rights and obligations and may also receive payment and services to assist them in their role. Informal care, on the other hand, refers to less evident arrangements, where carers might look after children without necessarily receiving payment or where there is no formal legal recognition of the role. National and international literature generally supports the view that there are many more 'informal' relative/kinship carers in the community than generally recognised in official figures (Kiraly, 2015).

The perhaps more neglected aspect of relative/kinship care research is that the broad labelling often disguises the differences in the types of relative/kinship carers and the extent to which particular relative/kinship groups are involved in providing care. As Kiraly (2015) points out in a major review of British and Australian carer survey data, grandparents comprise a significant percentage of relative/kinship carers. For example, in a national survey conducted in the UK in 2001, Nandy, Selwyn, and Farmer (2011) observed that 47% of British relative/kinship carers were grandparents. Another study by Kelley, Whitely and Campos (2011), drawing upon US census data, reports that an estimated 1.6 million children in the US were being raised by grandparents. Similar national prevalence data is not available in Australia, but indicative convenience surveys suggest that grandparents feature prominently in the OOHC sector. For example, the Family Links survey conducted by the University of Melbourne involving 430 respondents reported that 62% were grandparents (McLeish & Crowle, 2011). Another study conducted in NSW conducted by the University of Western Sydney and with 82 respondents, reported that 78% were grandparents (Yardley, Mason, & Watson, 2009).

Grandparent carers have been a specific focus of numerous studies, although not all of these can necessarily be classified as studies of OOHC. Much of the focus of broader research has been upon comparisons of grandparent carers and children placed with grandparents with other children in the community (Devine & Earle, 2011; Smith & Palmieri, 2007). Although informative, such comparisons are less relevant to research into OOHC. In OOHC research, it is generally assumed that children who have to be placed in households other than their original biological homes differ in some significant ways. Such children are usually more likely to have been exposed to more deprived economic backgrounds, and have been exposed to abuse, neglect or environments where conflict or substance abuse is present. Moreover, it is generally well-established that there is a greater prevalence of developmental and behavioural difficulties among children in care than those in the broader community. Thus, for OOHC researchers, more important questions, therefore, are: (a) whether the nature and degree of these problems varies depending upon the type of OOHC placement; (b) how relative/kinship carers might differ from other carers; and, (c) whether child outcomes vary depending upon the nature of the placement arrangement.

Grandparents are thought to be a particularly vulnerable relative group because they are generally older, less well educated, more likely to be in poorer health and to have fewer financial and other resources than non-relative carers. As Smith and Palmieri (2007) note: becoming a grandparent carer can seem "developmentally off time, unplanned, ambiguous" (p. 1305) and may even be met with some ambivalence. Being asked to look after children can attract social stigma because it can project a public image of family dysfunction, lead to greater social isolation, disrupt leisure and retirement plans, impose a significant financial burden; and, may lead to conflict (often legal conflict) with the grandparent carers' biological children. Such situations can lead to greater stress and anxiety and a reduced capacity to provide effective parenting; and this, in turn, may lead to poorer child outcomes.

In support of the focus on grandparents, Zinn (2010, 2012) argues that relative/kinship care research needs to recognise that the "kinship foster family population is characterised by identifiable and substantive heterogeneity" (p. 612). In his research, Zinn identifies four principal groups of kinship carers: (a) Grandparents (empty-nesters): those who have grown-up children who have moved away; (b) Parenting grandparents: those who are also looking after their own biological children; (c) Other kinship carers (e.g. not grandparents) with children; and (d) Other kinship carers (e.g., not grandparents) without children. His analysis clearly shows that these are very different groups who find varying degrees of difficulty fulfilling the carer role. On the whole, it is the second group who experience the greatest difficulties because this population is usually younger and better resourced than the older empty-nester grandparents and the 'other kinship carers'. Thus, not only may it be important to differentiate between different types of relative/kinship care, it may also be important to examine differences within the categories of relative/kinship carer. It may be that many generalised conclusions about relative/kinship care may be confounded with the fact that a sizeable proportion fall into the older grandparent group. Being a younger grandparent may not necessarily be associated with the same outcomes.

1.5.2 Demographic characteristics of relative/kinship carers

In light of the caveats outlined by Zinn (2010, 2012), broad discussions of relative/kinship are likely to disguise considerable within group differences. Nevertheless, in the interests of representing the literature on relative/kinship care, it is important to examine how relative/kinship carers generally differ from foster carers. Both national and international surveys over the last 25 years have generally yielded very similar results. Relative/Kinship carers have been found to be significantly more likely to be older (Boetto, 2010; Victorian Department of Human Services, 2000), female, to have lower incomes and education levels and to report poorer financial wellbeing. A significant proportion are reliant on welfare. Evidence for these conclusions is, for example, borne out in the National Survey of American Families in 1997 (Ehrle & Geen, 1997) which obtained data from 44,000 American households. Thirty-nine per cent of 'kinship foster carer' households were below the poverty line compared with 13% of foster homes. In addition, 51% reported food insecurity (vs. 24% in foster care); 42% of carers were over 50 years old (compared with 26%) and 62% of 'kinship carers' did not have a spouse (compared with 21% of foster carers). Another US study by Berrick, Barth and Needell (1994) examined data for all the children placed in care in California. In comparisons of kinship and foster care, they showed that 'kinship carers' were: much less likely to have two adults in the home (48% vs. 76%); more likely to be African-American (43% vs. 22%); more likely to have less than a high school education (26% vs. 10%); and less likely to own their home (53% vs. 85%). 'Kinship carers' had only around two-thirds the household income of foster carers.

A review of British and Australian kinship carer surveys yields similar findings (Kiraly, 2015). In the Kinship NSW project (Yardley et al., 2009), it was reported that over half of relative/kinship carers (56%) were receiving a benefit or pension and over a third had a partner on a pension. One-fifth indicated that they had a low income and another 22% reported low to medium incomes. The comparative figures for foster carers were 10% and 13%. A study in Britain (the Spotlight study) (Nandy et al., 2011) showed that 21% of relative/kinship carers in Britain were on a pension or unemployed, with the highest rates observed amongst grandparent carers (24%). Two-thirds of the relative/kinship carers lived in areas considered to fall in the poorest 40% in the country. A similar appraisal of employment status across the different surveys indicated rates of unemployment ranging from around 50% up to as high as 67%, with some carers reported having given up employment because of their role as carers. Survey data also yielded considerable housing distress and that some carers had spent the equivalent of $10,000 on legal fees.

1.5.3 The health and wellbeing of kinship carers

As Zinn (2012) points out, differences observed between relative/kinship carers and other carers very likely reflect broader differences that exist outside OOHC. Parenting roles will differ depending upon the availability of resources and the household structure. For example, broader sociological research shows that couples generally have a number of advantages over single parent households. Two parent households have a greater capacity for earning income and role specialisation, sharing of workloads and child supervision. If parents are also older, in poorer health, and live in poorer areas with fewer community resources, amenities and support, this will further make the role of parenting more difficult. From this, it will follow that if one

is a relative/kinship carer with a greater probability of being afflicted by these various forms of disadvantage, the role of caring will potentially impose a greater burden. Such views are consistent with broader frameworks (e.g., McCubbin, Thompson, & McCubbin, 1996) that view family coping and adaption as being a function of the resources which are available to the family.

A consistent finding is that relative/kinship carers generally have poorer physical and psychological health than foster carers and others in the community (Dolan, Casanueva, Smith, & Bradley, 2009; Fuller-Thompson & Minkler, 2000; Kelley, Whiteley, Sipe, & Crofts Yorker, 2000; Yardley et al., 2009). Even when this can be partially explained by differences in age or the preponderance of less advantaged groups (e.g., African-Americans in US studies), the fact remains that relative/kinship carers are a population requiring additional support. Evidence in support of these conclusions has been reported in a number of reports and studies. In Kiraly's (2015) review of Australian, New Zealand and British surveys, for example, a significant proportion of carers reported health issues or disabilities (e.g., 44% in a large Victorian kinship care survey) (McLeish & Crowle, 2011); 27% in the UK (Nandy et al., 2011) and up to 70% in a New Zealand survey (Worrall, 2009). In studies where the proportion of grandparents was higher, over 60% of respondents indicated that their health had deteriorated since they had become carers and 30-50% in a British survey reported having spouses who also had serious health problems or disabilities. In Zinn's (2012) US comparison of different types of 'kinship' carer, grandparents generally reported more health problems (5-7%) than other relatives (1.2% or 1.6%). His findings mirror those obtained a decade earlier by Ehrle and Geen (1994) who found that 6.2% of relative care givers in the National Survey of America's Families had poor mental health compared with 3.2% of foster carers. Similar results are reported by Kelley et al. (2000) in a study of grandparents and the factors that predicted greater psychological distress. Physical health as well as the availability of resources (as measured by the Family Resource Scale) were the best predictors of psychological distress (Brief Symptom Inventory). In a similar vein, Monaghan, Smith, and Greene (2013) showed that the strongest predictors of the perceived burden of being a carer was a total physical health problems score; responses to the question: 'caring interferes with my health'; and, the perceived degree to which health problems interfered with care-giving responsibilities. These results are supported by various other studies (e.g., Hayslip & Kaminski, 2005; Minkler & Fuller-Thompson, 2001; Scarcella & Ehrle, & Geen, 2003) which have either compared grandparent carers to the general population or with other carers.

- A number of qualitative studies also provide detailed narrative insights into the particular sources of strain faced by relative/kinship carers. Bundy-Fazioli, Fruhauf, and Miller (2013), for example, conducted a qualitative study involving 15 grandparent carers in the US. Their article sets out a range of risk and protective factors that are likely to influence the burden experienced by carers. Particular problems highlighted in this article include: (a) the problems associated with setting boundaries for children, particularly those who have complex behaviours; (b) dealing with conflict and different views about child-rearing as compared with biological children; and (c) how to deal with the trauma associated with children having to be raised by someone else in the immediate family. These observations reflect similar findings in Australian research (e.g., Mason et al.,

2002) that has drawn attention to the conflicted loyalties that arise when the grandparent has to deal with the competing views of the parents and child protection authorities. Bundy-Fazioli et al. as well as Mason et al. also emphasise the problems of social isolation for grandparents who are no longer able to engage in the same range of social and leisure activities as before.

1.5.4 System outcomes in relative/kinship care

A number of studies have examined the extent to which being placed into relative/kinship care is associated with different system outcomes. These indices typically include: how long children take to be reunified with their parent/s; the durability and length of the first placement; and, the level of placement stability (i.e., number of placements experienced over a specified period of time). Evidence in support of each of these has been compiled by Winokur, Holtan and Valentine (2008) as part of a Cochrane review which includes articles that allow direct comparisons between relative/kinship and foster care.

The likelihood of reunification from relative/kinship care vs. foster care has been examined in a number of studies (e.g., Akin, 2011; Berrick, 1999; Connell et al., 2006; Delfabbro, Fernandez, McCormick, & Kettler, 2012, 2015; Testa, 2001; Wells & Guo, 1999; Zimmerman, 1998). In Winokur et al.'s (2008) Cochrane review, reunification was examined using a simple dichotomous approach. Children were classified as reunified if they went home at any time and not reunified if they remained in care. Using this measure and a small set of studies, they found no convincing evidence of any difference between the two types of care. This inconsistency is reflected in studies conducted since their review. For example, Akin (2011) found that children initially placed into 'kinship care' were more likely to go home faster, whereas Connell et al. (2006) found that reunification was 1.16 times more likely if children had been placed into foster care. In a very large study of reunification in Australia, Delfabbro, Fernandez, McCormick, and Kettler (2015) found that the evidence was generally in favour of children going home more slowly from relative/kinship care. These inconsistencies may relate to the fact that the Cochrane review used only a very broad indicator for its comparisons and that it was unable to detect more subtle differences in the rate of reunification within specified time intervals.

Evidence in support of the stability and durability of relative/kinship placements was also found to be mixed in the Cochrane review. Comparisons of the length of the initial placement in care show no clear evidence 'kinship care' placements have a longer duration. However, somewhat contradictorily, the same review did find more consistent evidence that children placed into 'kinship care' were more likely to still be in care at the time the data were compiled in the individual studies. There was consistent evidence that children in 'kinship care' experience greater placement stability. Children in foster care were 2.6 times more likely than children placed into 'kinship care' to experience three or more placements during the tracking period for the studies. These findings were also borne out in Delfabbro et al.'s (2015) national reunification study that reported lower numbers of changes in placement for relative/kinship placements across multiple Australian States. Another US study by

Koh (2010) that examines system outcomes across five States similarly showed that relative/kinship care was associated with greater placement stability.

Zinn (2012) provides more refined analyses of the effects that different types of 'kinship care' may have on the likelihood of different outcomes. Children placed with parenting grandparents had the lowest rate of placement disruption and were 81% less likely to be reunified with their birth parents as compared with empty-nest grandparents; they were also less likely to exit to other arrangements. The two categories of other relative carer were generally similar, but were also more likely to result in reunifications and to have lower levels of placement disruption than the empty-nest grandparents. In other words, the results showed that the most stable and enduring outcomes were generally experienced by children who were placed with younger grandparents with children. Less stable outcomes were associated with being placed with older grandparents.

1.5.5 Nature and quality of kinship care

As discussed previously, a principal concern raised about relative/kinship and, most notably some forms of grandparent care, is that it is unclear whether many relative/kinship carers have the same capacity to care for children as foster carers. Many are older, have poorer physical and mental health, fewer financial resources and are more likely to be single. They are more likely to adopt the role of carer out of necessity rather than as a planned decision as might be the case for people who volunteer to become foster carers. A potential consequence of these circumstances is that the quality of care may be affected. With fewer resources, relative/kinship carers may be imposed with a greater burden and therefore psychological strain (Kelley et al., 2000, 2011). This may lead to differences in the style of parenting which is adopted and may also reduce the carers' ability to deal with children's difficult behaviours. More broadly, their more disadvantaged situation may also mean that there is less space or fewer household amenities and they may live in areas which have fewer community resources such as safe play spaces.

Although these hypotheses seem plausible, evidence in support of differences in the quality of care in relative/kinship care is generally sparse. Gebel (1996) conducted a comparative study of 'kinship' and foster carers (n = 140 in both groups) in the US city of Baltimore. Carers completed a series of questions relating to their attitudes towards the child; their acceptance of their behaviours; and, a measure called the Adult-Adolescent Parenting Inventory which examined empathy and attitudes towards physical punishment. The results showed that 'kinship carers' generally had more positive attitudes towards the children. Children were more likely to be considered good natured and that their behaviour was not too difficult to handle. 'Kinship carers' were, however, more likely to report less empathy towards the children and that they favoured greater use of physical discipline. As with other 'kinship' studies in the US, a problem with this study is that 'kinship carers' were much more likely to be African-American and so demographic differences may explain the variation in results. Indeed, when multivariate analyses were conducted, lower empathy was best predicted by race, education and income rather than placement type. Physical discipline was more likely to be favoured by single parents, although placement type also explained an additional 6% of variance.

In another US study conducted by Berrick (1997), 123 'kinship' and 97 non-kin homes were compared on a range of measures that examined specific physical attributes of the home which included: the availability of safety equipment (e.g., first aid kits), the quality of structures and furnishings and the quality of the neighbourhood. 'Kinship' homes were, on the whole, rated less favourably. 'Kinship' carers were less likely to own their own home and 79% of kinship children shared bedrooms compared with 46% of children in foster care. Foster homes were generally in better physical condition and were more likely to have important safety equipment. They were also more likely to be free of drug and alcohol problems and to be in nicer neighbourhoods as compared with 'kinship' care homes. In this study, the age of the two groups of carers were generally similar, although 'kinship' carers were more likely to be African-American and over half (53%) were grandparents.

Another US study by Harden, Clyman, Kriebel and Lyons (2004) compared 51 foster carers and 50 'kinship' carers on measures that captured differences in parenting attitudes and the socio-emotional environment in the home. These were captured by asking respondents to complete the Parental Attitudes Towards Childrearing Questionnaire. This captured several dimensions, including: warmth and respect; parent-child conflict and anger; and, strictness and over-protectiveness. 'Kinship' carers were found to score lower on all three measures. Multivariate analysis showed that older maternal age and single parent status were associated with less desirable scores on the measures. Consistent with other relative/kinship care research, the authors concluded that grandparent carers who have no support from partners generally have fewer resources to provide effective care. As a result, they experience greater strain and this may negatively affect their ability to provide a nurturing environment for children. The authors do, however, caution that their study involved a large number of African-American families. Any differences observed for 'kinship' carers may, therefore, be related to other broader demographic variations present in the community in general.

1.5.6 Wellbeing of children in kinship care

A number of studies have compared the wellbeing and functioning of children in relative/kinship care (e.g., Dubowitz, Feigelman, & Zuravin, 1993; Dubowitz, Feigelman, Harrington, & Starr, 1994). Comparisons involving these measures typically fulfil two purposes. The first is to ascertain whether there may be selection effects in the form of difference in the types of children placed into two types of care. The second is to test for differences in exposure; namely, whether children exposed to different types of care have different outcomes. Most of the research which has examined outcomes very likely falls into both categories in that outcomes are likely to be influenced both by the type of care as well as the characteristics of the children in relative/kinship vs. foster care. On the other hand, studies which specifically compare the characteristics of children in their first placements would very likely be testing for selection effects alone.

A variety of child outcomes and wellbeing indicators could potentially be investigated, but not all have been subject to the same level of attention in comparisons of relative/kinship and foster care. Some of the most important include: physical and psychological health; developmental outcomes; behavioural and emotional

functioning; school attendance and performance; the presence or absence of psychiatric disorders; the presence of absence of disabilities; perceptions of safety and security; attachment related behaviours; and, broader measures of satisfaction relating to their life in general or experiences in care. The following is a summary of a number of studies and what indicators they used:

- **Berrick, Barth, & Needell (1994):** [Children's health and behaviour]: This US study examined 600 cases drawn from administrative data-sets in California. The results showed no differences between foster care and 'kinship' children on ratings of general physical health. Children in 'kinship' care were generally rated as having fewer behavioural problems than those in foster care.

- **Beeman, Kim, & Bullerdick (2000)**: [Child risk factors]: This US study examined administrative data for 2121 cases in Minnesota in 1994. As compared with foster children, 'kinship' children were less likely to have special needs (17% vs. 29%), were less likely to have disabilities (15% vs. 34%). Foster children were slightly more likely to be in care because of substance abuse (34% vs. 28%) and abuse (38% vs. 33%).

- **Holtan et al. (2005):** [Mental health problems]: This Norwegian study compared the CBCL scores of children in foster (n = 89) and 'kinship care' (n = 124). Total competency scores were found to be significantly higher in 'kinship care'. Total problems scores were higher in foster care, although specific comparisons of internalising and externalising subtotals were not significant.

- **Rubin et al. (2008)**: [CBCL scores]: This US study examined data drawn from 1404 children in the NSCAW longitudinal study. Children were classified in terms of their initial placement experience ('kinship' vs. foster) and subsequent arrangement, so as to allow some analysis of outcomes in relation to early vs. late experiences of 'kinship' care. Outcomes were assessed at 18 months and 36 months using the Total Behavioural Problems Score from the CBCL. The results showed that children placed into foster care had significantly higher scores than those in 'kinship care', particularly at 18 months. These results held irrespective of whether children had been exposed to stable or unstable placements and even after controlling for baseline differences in behaviour. In other words, there was evidence of an exposure effect with early 'kinship care' appearing to have a protective effect.

- **Winokur et al. (2009):** [Behavioural development and mental health]: This Cochrane review provides a summary of the findings obtained in multiple studies. Conclusions regarding behavioural development are derived from 10 studies and those for mental health from four studies. For behavioural development, there was a small effect size (.24) in favour of 'kinship care' which indicates that children in 'kinship care' generally had fewer behavioural problems. These differences included both internalising and externalising behaviours. Other analyses that examined binary results showed that children in 'kinship care' had higher competence scores than those in foster care (effect size was moderate, .45). Analysis of studies with measure-based mental health data showed that children in foster care were 2.2 times more likely to experience mental health

problems than those in 'kinship care'. Similar results were obtained from three studies that used binary outcome data.

- **Kelley, Whitely, & Campos (2011)**: [CBCL scores and psychological distress]: This paper involved 230 grandmother carers. The paper examines the relationship between various demographic factors and child behaviour. Children tended to have poorer psychological functioning if they lived in households where grandparents had fewer resources.

- **Fusco, & Cahalane (2015):** [Child risk factors]: This US study was based on data collected from screening of 4000 children in Pennsylvania. Kinship and foster care children were compared using the Ages and Stages Questionnaires (ASQ) and indicators of background risk factors. The prevalence of background risk factors were generally similar, although neglect was slightly more common in foster care (18% vs. 15%) along with domestic violence (7% vs. 4%), whereas substance abuse was more common as a background risk factor in 'kinship care' (18% vs. 16%). No significant differences in socio-emotional functioning were observed.

- **Wu, White, & Coleman (2015):** [CBCL scores]L This US study used NSCAW data to compare the prevalence of behavioural problems in 'kinship' vs. non-kinship care using propensity score matched to control for background demographic and risk factors. The results showed that children in 'kinship care' scored, on average, five units lower on the CBCL Total Behaviours Score. Differences were observed for externalising, but not for internalising subscale scores.

- **Font (2015):** [Child safety]: This US study examined administrative data for 36967 children in Wisconsin for the period 2005-2012. The aim was examine whether reports of maltreatment and investigations were more or less common in 'kinship' than in foster care. The results showed no differences in the percentages of child protection investigations in foster care (7.9%) and 'kinship care' (7.0%) or in the rates of substantiated investigations (1.7% vs. 1.6% for 'kinship care').

In summary, this review of a representative sample of papers and major reviews shows that the findings are generally consistent. Children placed in foster care and relative/kinship generally come into care for similar reasons, but differ on most standard measures of psycho-social functioning. Children in kinship/relative care will typically score higher on various measures of competency, and lower on behavioural problem measures, with the strongest effects typically obtained for externalising scales. Although most of these studies are cross-sectional, there are also some longitudinal analyses which allow one to gain some insights into the effects of exposure to kinship/relative care. The results across both types of study show that children placed into kinship/relative care tend to be less complex and that kinship/relative care may afford some protective effects.

1.5.7 Relationships in relative/kinship care

A number of studies have examined the potential effects of relative/kinship care on the nature of relationships. The principal focus of these analyses has been upon the

extent to which the type of care arrangement influences the degree to which children are able to maintain a relationship with their birth parents (Kiraly & Humphreys, 2013). 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. Zinn (2012) further draws attention to evolutionary arguments that propose that carers will typically be more accommodating and supportive of children who are biologically related to them. Although not necessarily making references to such concepts as 'inclusive fitness', such perspectives generally prose that relatives such as grandparents may be more willing to invest time raising their own grandchildren than those belonging to unrelated adults. Other potential benefits arising from relative/kinship care include the fact that the arrangement may help to maintain young people's sense of identify (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. Kin or relatives may also adopt the role of carer reluctantly and out of obligation and not have the same foresight, resourcing and training as those who specifically elect to be foster carers.

The studies that have examined family contact rates typically show that children in relative/kinship care maintain good levels of contact with their parents. For example, Berrick et al.'s (1994) study in the US showed 81% of 'kinship' parents had some contact with birth parents as compared with 58% of foster carers. More than half (56%) of children in 'kinship care' saw their birth parents at least once per month compared with 32% of foster children. 'Kinship carers' generally took charge of the visiting arrangements (79%), whereas over half (54%) of visits for foster children were arranged by an agency.

Relationships between kinship carers and birth parents were likely to be described as 'close' (61%) compared with 40% for foster carers. These results differ from those obtained in a study by Vanschoonllandt et al. (2012) involving over 200 carers in Belgium, in which it was found that non-kinship carers typically had more positive attitudes towards the placement and better relationships with birth parents. Regular family contact (2+ times per week) was, however, once again more likely in 'kinship care' (53% vs. 43%). Data concerning relative contact rates are difficult to obtain in Australia. For example, although Kiraly (2015) reports a summary of contact rates for a number of UK, Australian and New Zealand kinship surveys, comparative figures are not available to determine how these compare with foster placements. As a result, the topic of the relative contact rates in Australian relative/kinship care remains under-developed and in need of further research.

Even less information is generally available concerning the nature of the relationship between carers and statutory case workers. Gebel (1996) provides some comparative data of this nature in a study conducted in the US involving a sample of

over 100 foster carers and 81 'kinship carers'. A survey found that foster carers were much more likely to be visited at home by case workers (53%) than 'kinship carers' (41%). Foster carers were also more likely to be in monthly phone contact with caseworkers (83%) than 'kinship carers' (37%). Both groups were generally similar in relation to the number of case-worker office visits.

1.5.8 Supports and services for kinship carers

Although this is not a principal focus of this specific report (other POCLS reports will examine this issue in more detail), it is useful to provide an overview of what is known about services for relative/kinship carers. This will provide some contextual information that might be used to inform the discussion of the policy and practice implications of the findings.

The challenges associated with relative/kinship care are documented in earlier sections of this report. In essence, this reveals that relative/kinship carers often face more hardship than foster carers because of the more vulnerable demographic profile of the carers as well as more limited family resources. These problems will then be compounded if carers have to deal with children who have more challenging problems. As Farmer (2010) has shown in research conducted in the UK: although it is true that 'kinship carers' will often be more tolerant of complex behaviours because of their biological relationship with children, this does not mitigate the burden imposed. Farmer shows that kinship placements will be more likely to be disrupted when 'kinship carers' are faced with older children with behavioural problems; where there is a history of school non-attendance; and, a history of parental drug use prior to placement. Greater carer strain and an inability to cope with the child predicts a poorer quality of placement.

The literature includes some examples of systematic attempts to document the potential risk and protective factors that are likely to predict the success of relative/kinship placements (Shlonsky & Berrick, 2001). Such schematic summaries are useful in that they could be used to inform assessments of the suitability of relative/kinship carers; help predict outcomes; and, also inform needs assessments and services. An example is provided by Mateos Incharrondo et al. (2015) in a Spanish study which involved detailed semi-structured interviews with 89 'kinship carers'. Thematic coding was used to identify risk and protection factors for children, 'kinship carers' and biological parents separately. Their view was that the success of 'kinship' placements resulted from the dynamic interplay between these parties which they depicted schematically as an interactive pyramid. The main risk and protective factors for the different parties were as follows:

- **Children [risk and protective factors]**: Children were more likely to be at risk if they had behavioural problems; health problems or disabilities; difficult personalities; engaged in anti-social or risk-taking behaviours; and were unable to accept rules and boundaries. Protective factors for children included: greater autonomy; developmental maturity; intelligence; good social skills; good social and peer networks; good academic performance and school engagement.

- **'Kinship carers' [risk and protective factors]:** The main risk factors for 'kinship carers' were: health problems and disabilities; poorer financial position; negative

attitudes towards being a carer; domestic disorganisation; inflexible or poorly developed house rules and limits; marital conflict. Protective factors included: good relationship with the child's biological family; positive attitude and motivation to be a carer; willingness to accept information, advice and support from others.

- **Biological families [risk and protective factors]**: 'Kinship care' was generally more problematic when children had poor or non-existent relationships with their biological families; where there was a lack of collaboration with the 'kinship carer'; and ongoing anti-social and harmful behaviour (e.g., substance abuse, domestic violence) in the family.

A number of reports and papers have been published which document the details and success of a number of programmes designed to assist relative/kinship carers. However, some caution has to be applied when generalising these findings to other jurisdictions because most programmes are located in the US. Apart from the fact that the population of relative/kinship carers in the US is likely to differ from those in other countries (e.g., the majority of relative/kinship carers in US studies have been African-American), it is also not always clear what type of carer is involved. Many relative/kinship families described in papers would appear to fall into the category of 'informal', whereas most recognised relative/kinship placements in Australia (and those in the POCLS) are likely to be formally established and involve existing payments. It follows that some of the supports recommended (e.g., financial) to improve relative/kinship care may already be provided to formally recognised carers in other countries.

In a review by Scannapieco and Hegar (2002), it argued that four factors should be taken into account when assisting 'kinship carers': financial support; social support (case management, mental health, medical and dental services, legal support); and, education and training. A similar division of activities is described by Lin (2014) as part of a systematic review. Lin (2014) commences his analysis with a review of the so-called 'Kinship Navigator Program' (KNP) which was a federally funded initiative implemented in a number of parts of the US. The KNP encouraged the development of 'demonstration projects' which principally focused on helping 'kinship carers' forge links with existing community services by providing information and referrals. Inspection of several studies showed that some used randomisation to evaluate whether the presence or absence of additional services made a difference. The evaluations (which generally do not appear in peer-reviewed journals) typically show a greater engagement with services by 'kinship carers'. Other positive outcomes include: a decrease in unmet service needs; increased confidence in the ability to provide care; greater permanency in placements; and, improvements in the mental health of children. Most of these studies are, however, based on self-selected samples and self-report methodologies. As with Wraparound services, such strategies may only work effectively in community areas where good services are already available.

A second section in Lin's (2014) review focuses on the value of financial assistance. Although this topic is perhaps most relevant for informal 'kinship carers', most studies suggest that relative/kinship carers in general experience greater economic hardship. A study by Baumann et al. (2008) in Texas examined the effects of providing

additional financial support to 'kinship carers'. The results showed that this appeared to enhance the capacity of families to provide care, but that it also led to children staying in care for longer periods.

A third area which has been considered relates to support services. Lin (2014) located six studies which appeared to have reasonable data relating to this topic. The most common forms of support included: support groups; home visiting; peer to peer models; mentoring; counselling; mental health services; respite care; and, legal services. One good example of a program of this nature was the Kinship Liaison Initiative in Nevada which generated a number of positive outcomes. These included: improvements in carers' mental health; increases in child self-esteem and school performance. Lin cautioned, however, that many of these studies have small sample sizes, do not use randomised control designs; use self-selected samples; and, also rely heavily on self-reported improvements.

A final type of intervention involves training and education. Lin's (2014) review documents a computer training programme to enhance the IT skills of kinship carers (Strozier et al., 2004, see below), but other interventions to assist with social support are not described. A problem with this area of the literature is that most papers document interventions suitable for family-based care in general: foster and relative/kinship care. It is rare to find papers that focus specifically on the needs of relative/kinship carers, although interventions which specifically target grandparent carers may be more useful. Further specific details of representative individual evaluations are provided below.

- **Kelley et al. (2001)**: [Home support for grandparents]: In this US study, 24 grandparent carers received intensive home support in the form of visits from registered nurses, social workers and legal assistants and monthly support meetings. Social workers applied a 'strengths-based' case-management approach which focused on identifying strengths and challenges and the sources needed to bring about desired outcomes. Nurses provided ongoing appraisals of physical health and advice. The study produced some reductions in measures of psychological distress, no changes in health, but improvements in social support and family resources.

- **Strozier et al. (2004):** [IT training]: This study involved 46 'kinship carers' in the US and involved eight weeks of free IT training. The results showed improvements in computer knowledge; self-efficacy; and confidence in the ability to communicate with others using email and other methods. A difficulty with this study is that it is now somewhat dated and used predominantly African-American participants who did not have a lot of previous access to computers. A much greater proportion of the population in 2016 would be familiar with mobile devices and computer technology when compared with 2004. In principle, this study is potentially useful if it could be replicated using modern interfaces and tools. For example, there may be potential value in the use of Skype and social media for assisting communication between carers and others in the care system.

- **Strozier et al. (2005):** [Support groups]: This US study involved 34 'kinship carers' and 63 children who were given access to greater case management and support groups. Children were selected at schools and letters were sent home.

Carers attended an eight week support group at the school that has sessions on: anger management; coping skills; self-care; and how to deal with various aspects of raising children. More individualised counselling, advocacy and case management was also provided each week. Services were provided by program co-ordinators and school social workers. Meanwhile, children were given sessions relating to how to build their self-esteem. The largest differences post-intervention related to the carers' feeling of being able to take action/seek advocacy as well as their ability to stay more emotionally in control. The study also contributed to improvements in children's self-esteem.

- **Pacifici et al. (2006)**: [Web-based training]: This US study gave foster carers and 'kinship carers' access to a website that included video training and information sessions on a variety of topics relating to how to deal with different aspects of children's behaviour and parenting. There was an initial orientation session and then they could take the details of the website home. The study showed increases in knowledge and self-efficacy in relation to a number of areas, e.g., how to deal with lying and sexualised behaviours. No specific comparisons of relative/kinship and foster care are provided, but the study is noted here because of its use of a novel strategy to enhance knowledge.

- **Denby (2011):** [Peer to peer approach]: This US study describes the results of a project involving 74 'kinship carers' (mostly under the age of 50) who were provided with additional advice, support and assistance by 'kinship liaison' workers. These workers were often former kinship carers and worked intensively with new 'kinship carers' in specific geographical regions. They made phone calls, conducted visits, helped with case planning, supervised meetings between children and their families. The programme was successful in making 'kinship carers' more confident about their roles, how to access services and enhanced their satisfaction with their role.

- **Strozier (2012):** [Support groups]: This US study evaluated the usefulness of a support group for 60 'kinship carers'. The programme was designed to help 'kinship carers' access "a network of resources that are timely, culturally appropriate, and designed for their individual needs" (p. 878). A range of other services similar to those in the 2005 paper by the same author were also included. The results for the 40 in the intervention group were compared against a sample of 21 carers who did not take part in the support group. Support group meetings usually involved presentations. Significant changes in perceived social support (as assessed by the Dunst Family Support Scale) were observed in the support group sample, but very few pre-post changes were observed in the comparison group.

- **Littlewood (2015):** [Service engagement]: This large US study examined the outcomes from the Kinship Service Network Program that was run in a number of States over five years. Outcome data were collected from 1732 young people and 1224 adult carers. The program employed support co-ordinators who would make visits to carers' homes to assess their needs and get them involved in the program. The program had a strong focus on the importance of diversity in the characteristics and the needs of 'kinship carers'; had an extensive consultation group of people drawn from many different disciplines and service areas and

forged strong links with respected service providers wherever possible. A wide range of services was offered: case management; family support services; advocacy and information; counselling; co-ordinated child care; physical and psychological health assessments; mentoring; follow-ups; respite care; support groups and training opportunities. The results of the evaluation showed improvements in people's perception of family support (appraised using the Family Resource Scale) and in the rate of utilisation of professional supports and agencies. Some of the specific areas that improved were: access to dental care; self-time and time for socialisation; and greater financial resources. It should be noted, however, that some of these findings are perhaps more relevant to informal kinship carers.

1.6 Conceptual and methodological considerations

Although research into relative/kinship care is extensive and has been conducted for several decades, a number of methodological and conceptual factors need to be considered in order to advance research in this area.

(a) Need for comparative samples

Research into the nature of relative/kinship care is less informative if the study involves only kinship carers and does not allow any comparisons with foster care. A similar caveat applies to studies which combine the two groups.

(b) Lack of demographic controls

It is clear that many US studies of relative/kinship care have to be treated with some caution because the demographic composition of the studies are heavily weighted towards older African-American relative/kinship carers. In other words, comparisons between relative/kinship and foster care are confounded by differences in the age of participants as well as their cultural background. In effect, many studies are really just comparisons of grandparents with younger parents or comparisons between African-Americans and other American families. It is therefore important that similar confounding does not occur in Australian research in situations where it might be found that there are disproportionately larger numbers of Aboriginal carers in certain carer populations.

(c) Mixing of case types

Some studies of relative/kinship care may also be combining informal and formal relative/kinship care into the same samples. It would be clear that the legal and financial needs of the formally recognised carers may be quite different from those of the informal carers. These groups may also differ in terms of their demographic characteristics.

(d) Confounding of child and placement characteristics

As discussed by Font (2015), it is important to ascertain the extent to which differences in system outcomes observed between foster care and relative/kinship care are due to the type of care as opposed to differences between children placed into the two types of care. If children who are placed into kinship care generally have fewer socio-emotional or behavioural problems, this could account for the lower rates

of disruption/ placement stability. It may also account for differences in parental distress.

(e) Variations in kinship care
The work of Zinn (2010, 2012) clearly shows that the category 'kinship care' is not homogenous. Placement outcomes appear to differ between younger grandparents and older ones and between grandparents and other relatives. For this reason, it important to include some analyses that captures this diversity.

1.7 Analysis of the POCLS data

The POCLS dataset provides an opportunity to re-examine a number of international findings in an Australian context. A principal strength of the POCLS is that the sample size is of a sufficient magnitude to allow comparisons between relative/kinship and non-kinship care. The study provides detailed demographic information about carers; includes detailed assessments of carer wellbeing; has a very comprehensive analysis of child development and socio-emotional functioning; and, there is some capacity to examine different forms of relative/kinship care. The study also provides detailed insights into the service needs of relative/kinship vs. foster carers.

The first part of the analysis will provide an overview of the total sample and distribution of placement types. Attempts will be made to examine to what extent grandparents and other relatives are providing care and whether there are possible differences within these categories. These initial sections will be followed by a series of analyses to compare the characteristics of these groups. In each section, there will be a brief overview of the hypotheses and justification for the analysis; a summary of the variables available for analysis; the results; and then a brief summary of the findings and how they compare with the existing literature. Included in the report are comparisons based on the demographics of the households; the health and wellbeing of the carers; the developmental status and socio-emotional functioning of children in different care arrangements; and, an analysis of family contact and relationships within care. The findings are then summarised so they can be read in conjunction with other POCLS reports that may focus more specifically on services.

2 The POCLS sample and comparative analyses of caregiver groups

2.1 Overview

This chapter summarises the composition of the POCLS sample in terms of the number of households and children in each type of care. The first section provides a breakdown of the different types of kinship care and comparisons of relative/kinship care and foster care across a range of demographic factors. A second section compares the types of care at a household level using the respondent carer as the reference point. A third section then compares the characteristics of children placed into the different types of care at the time of the interview and uses the child as the unit of measurement. These analyses extend the POCLS Baseline report by differentiating between grandparent care and other types of relative/kinship care.

2.2 The POCLS sample

The POCLS study involves 1285 children on final orders sampled from a larger population of 4126 children who entered care for the first time between May 2010 and October 2011. The sample comprised 637 (50%) boys and 648 girls from age 0-17 years: 713 (55.5%) were aged 0-2 years; 239 (18.6%) were 3-5 years of age; 259 (20.2%) were 6-11 years; and, 74 (5.8%) were 12-17 years of age at the time of the interview. Analysis of ethnic background showed that 720 (56%) were of European Australian background; 114 (8.9%) were from CALD backgrounds and 451 (35.1%) were Aboriginal. Comparison of the study sample with the population of children (n = 2826) who entered care for the first time showed that the two samples were generally matched in terms of gender, age, Aboriginality and type of care.

Where more than one child in a household met the criteria for the study, they were included so there were fewer households than children (n = 895). As indicated in Table 2.1, children were placed into one of three types of placement: foster care; relative/kinship care or residential care at the time of the Wave 1 interview. The figures show that around half of the children were in foster care and slightly less than half were in kinship care. On the whole, the proportional breakdown of households was similar to that observed for the children. This suggests that a similar number of children were sampled per kinship household as from foster care homes.

Table 2.1 Household composition and distribution of children by placement type

	Households n (%)	Children n (%)
Foster care	470 (52.5)	661 (51.4)
Relative/kinship care	402 (44.9)	598 (46.5)
Residential care	23 (2.6)	26 (2.0)
TOTAL	895	1285

2.3 Types of relative/kinship care

A more refined classification was undertaken to determine what proportion of the relative/kinship carers were grandparents as opposed to other relatives. It was found that 247 of the 402 households (61.4%) were grandparent carers and 155 were other relatives (aunts, cousins, siblings, kith). The category grandparent included a very small number of great grandparents (n = 8). Consistent with Zinn (2010, 2012), it was further possible to divide grandparents into two categories: those who were caring for biological children (*n* = 91) and those who were not (n = 155). Grandparents with biological children, as might be expected, were younger (*M* = 53.1, *SD* = 9.56) than grandparents without children (*M* = 56.6, *SD* = 8.45), *t* (368) = 3.56, *p* < .001, but this difference was much less marked that observed in Zinn's work (where 70% of empty nesters were over 50 vs. 25% of those with biological children in the home).

In the analyses which follow, the principal comparison groups are foster care, grandparent care and other relative care. This study represents one of the very few and perhaps only one in Australia which compares grandparent carers with other relative/kinship carers and with foster carers included as a comparison group.

2.4 Demographic comparisons of carers and carer households

A first set of analyses compared the demographic characteristics of the respondent carer (Carer 1) as well as the second named carer on demographic characteristics (Tables 2.2a and b). Analysis of the characteristics of the first carer showed that carers interviewed at Wave 1 in all three categories were consistently women (around 90%) and that just under 20% were from Culturally and Linguistically Diverse (CALD) backgrounds. The gender and CALD status of the respondent carer did not vary across the groups, but there were clear differences in age between the three groups, *F* (2, 830) = 91.36, *p* < .001. Post-hoc comparisons (Fisher tests) showed that grandparent carers were a decade older on average than foster carers. Other relative carers were almost 15 years younger than the grandparents and significantly younger than the foster carers. A further inspection of the age distributions shows that almost 70% of the grandparents were aged over 50 years compared with around a quarter of the foster carers and other relatives.

Another important difference was that the carer interviewed was significantly more likely to be Aboriginal in the other relative group (over 30% vs. just over 1 in 10 in the other groups). There were generally no differences in marital status (most carers interviewed were married or in de facto relationships), but there were significant differences in education, χ^2 (*df* = 4, n = 742) = 28.37, *p* < .01. Grandparents were significantly more likely to have only completed Year 11 or less at school and were much less likely to have completed a university degree (7%) than the other groups (17% for foster carers) and 12% for other relatives. There were also differences in experience with biological children, *F* (2, 869) = 69.93, *p* < .001. Post hoc tests showed that grandparents reported having raised significantly more children of their own than the other two groups and other relative carers had raised more children than foster carers.

Table 2.2a Carer 1: Demographic characteristics by carer type

	Foster care n (%) (n = 470)	Grandparents n (%) (n = 247)	Other relatives n (%) (n = 155)	Total n (%) (n = 872)
Gender (F)	432 (91.9)	227 (91.9)	139 (89.7)	798 (91.5)
CALD	58 (12.3)	40 (16.2)	20 (12.9)	118 (13.5)
Age group				
18-40 years	141 (32.3)	5 (2.1)	73 (47.7)	219 (26.5)
41-50	185 (42.2)	67 (28.6)	44 (28.8)	296 (35.9)
51-60	87 (19.9)	101 (43.2)	32 (20.9)	220 (26.7)
61+	25 (5.7)	61 (26.1)	4 (2.6)	90 (10.9)
Aboriginal carer	70 (14.9)	33 (13.3)	52 (33.5)	155 (17.3)
Marital status				
Single/Never married	5 (1.9)	np	0 (0.0)	8 (1.9)
Married/De facto	253 (96.6)	95 (96.9)	64 (100.0)	412 (97.2)
Widowed	np	0 (0.0)	0 (0.0)	np
Separated/Divorced	np	0 (0.0)	0 (0.0)	np
Highest education				
Year 11 or less	139 (29.5)	115 (46.6)	53 (34.1)	307 (35.2)
Diploma	183 (38.9)	79 (32.0)	56 (36.1)	318 (36.4)
University degree	81 (17.3)	17 (6.8)	19 (12.3)	117 (13.5)
	M (SD)	M (SD)	M (SD)	M (SD)
Mean (*SD*) age	45.9 (11.6)	55.5 (9.7)	41.5 (10.8)	47.8 (12.1)
Number of own children raised	2.10 (1.76)	3.59 (1.65)	2.41 (1.62)	2.57 (1.82)

Note: np – not publishable due to small cell sizes

Similar analyses were conducted to compare the characteristics of the second carer in the household. This analysis was confined to a slightly smaller set of variables because some information had already been captured by the analyses for Carer 1. Table 2.2b shows that the second carer was usually male (around 85%) and was slightly less likely than Carer 1 to be from a CALD background. Second carers were significantly older in the grandparent group than in the other two groups and foster carers were significantly older than those in the other relative group, F (2, 514) = 38.42, $p < .001$. Other comparisons showed that foster carers had higher levels of education than the other two groups and that second carers in the other relatives were significantly more likely to report being of an Aboriginal background than second carers in the other groups.

Table 2.2b Carer 2: Demographic characteristics by carer type

	Foster care n (%) (n = 470)	Grandparents n (%) (n = 247)	Other relatives n (%) (n = 155)	Total n (%) (n = 872)
Gender (F)	64 (12.7)	32 (16.2)	17 (13.8)	113 (13.0)
CALD	61 (9.2)	33 (8.6)	15 (7.0)	109 (12.5)
Age group				
18-40 years	85 (18.9)	5 (2.1)	33 (21.7)	123 (14.7)
41-50	135 (30.1)	22 (9.4)	26 (17.1)	183 (21.9)
51-60	76 (16.9)	46 (19.6)	13 (8.6)	135 (16.1)
61+	27 (6.0)	37 (15.7)	6 (3.9)	70 (8.4)
Aboriginal carer	40 (8.4)	5 (2.7)	18 (16.4)	63 (7.2)
Highest education				
Year 11 or less	120 (24.0)	90 (47.4)	41 (33.9)	251 (28.8)
Diploma	251 (50.0)	77 (40.5)	60 (49.6)	388 (44.5)
University degree	84 (16.7)	16 (8.4)	7 (5.8)	107 (12.3)
	M (SD)	M (SD)	M (SD)	M (SD)
Mean (*SD*) age	47.6 (11.9)	57.0 (11.8)	43.0 (10.4)	49.0 (12.5)

Analyses were also conducted to examine the extent to which households could be classified based on the presence of at least one Aboriginal carer. This analysis revealed figures of 70 (or 15%) for foster carers; 33 (13.5%) for grandparents and 52 (33.2%) for other relatives. Other relatives were significantly more likely to be in Aboriginal households than the other two groups, χ^2 (*d f*= 2, n = 872) = 32.35, $p < .001$.

2.5 Financial and employment status of carers

A second series of analyses compared the groups on variables relating to financial wellbeing and their employment status. Both the first and second carers were asked if they were in employment and what type. Questions also asked about the overall household incomes and, the extent to which they would be able to raise $2000 within a week in an emergency. A further question asked them to rate the household's financial position on a rating scale. A summary of the results is presented in Table 2.3.

Table 2.3 shows that around 60% of the interviewed carers (Carer 1) were not in any form of employment, whereas most second carers were employed. Although grandparents were most likely (2/3) to report that they were not working, there was no overall significant difference in Carer 1 employment status across the groups, χ^2

($d\ f$= 4, n = 870) = 7.25, p > .05. There were similarly no significant differences for Carer 2. Only six interviewed carers and seven second carers indicated that they were actively looking for work.

Foster carer households had significantly higher household incomes than the other two groups: over 40% had incomes of $80,000 or higher per annum compared with around 30% of the carers in the relative/kinship groups. This was confirmed using a proportion-difference test which showed that foster carer households were more likely to report incomes of over $80000 compared with the relative/kinship groups, z (872) = 3.09, p < .001. Consistently with these figures, both relative/kinship groups were found to be more likely to report either having to take drastic measures or being unable to afford to raise $2,000 in an emergency, χ^2 (df = 6, n = 742) = 31.31, p < .01. One in five other relative carers indicated that they could not raise this money compared with 9% of foster carers. The two kinship carer groups generally rated themselves as less financially well off than the foster carers, χ^2 (df = 2, N = 742) = 13.01, p < .01.

Table 2.3 Socio-economic characteristics of carers and carer households by carer type

	Foster care n (%) (n = 470)	Grandparents n (%) (n = 247)	Other relatives n (%) (n = 155)	Total n (%) (n = 872)
Carer employment				
Carer 1: Employment				
Paid work	179 (38.1)	75 (30.3)	64 (41.3)	318 (36.5)
Unpaid work[a]	13 (2.8)	5 (2.0)	4 (2.5)	22 (2.5)
No job	277 (58.9)	166 (67.2)	87 (56.1)	530 (60.8)
Carer 2: Employment				
Paid work	399 (79.6)	114 (60.0)	89 (73.6)	602 (69.0)
Unpaid work	4 (0.8)	4 (2.1)	0 (0.0)	8 (0.9)
No job	97 (19.4)	72 (37.9)	34 (28.3)	203 (23.3)
Household Level variables				
Household income				
< $20k	13 (2.8)	28 (11.3)	8 (5.2)	49 (5.6)
$20k-40k	81 (17.2)	57 (23.1)	39 (25.2)	177 (20.3)
$40k-60k	74 (15.7)	61 (24.7)	23 (14.8)	158 (18.1)
$60k-80k	71 (15.1)	27 (10.9)	31 (20.0)	129 (14.8)
More than $80k	207 (42.0)	53 (31.5)	44 (28.4)	304 (34.9)
Ability to raise $2000				
Easily	284 (60.4)	125 (50.6)	64 (41.3)	473 (54.2)
With sacrifices	106 (22.6)	52 (21.1)	51 (32.9)	209 (24.0)
Drastic measures	30 (6.4)	20 (8.1)	7 (4.5)	57 (6.1)
Could not do it	42 (8.9)	44 (17.8)	31 (20.0)	117 (13.4)
Financial position				
Comfortable or Very comfortable	391 (83.2)	182 (73.7)	113 (72.9)	686 (78.7)
Just getting by	76 (16.2)	61 (24.7)	39 (25.2)	176 (20.2)
Poor/Very poor	1 (0.2)	3 (1.2)	3 (1.9)	7 (0.8)

a. Unpaid work did not include being a carer. The denominator for % calculations varies to a small degree across different variables due to missing data.

2.6 Analysis of household structure

A further set of analyses compared the groups in terms of their household structure. The results showed a number of differences in the housing arrangements across the different types of carer. Grandparents typically had fewer people in the house, F (2, 869) = 15.1, $p < .001$ and both types of relative/kinship carer were more likely to consider their home to be not well suited to looking after extra children, χ^2 (df = 4, n = 742) = 20.95, p < .01. Grandparents were significantly more likely to report that there were no other children in the home apart from the study child (32% vs 16% and 13% for the other two groups), χ^2 (df = 2, n = 872) = 33.25, $p < .001$. Grandparents also tended to have smaller houses. For example, only 11% of grandparents reported having 5+ bedrooms compared with 27% of foster carers and 17% of other relative carers, χ^2(df = 6, n = 872) = 42.46, $p < .01$. Overall, around 60% of children had their own room in all three groups All three groups were most likely to live in separate houses (92% across all groups), but there were differences in the financial and legal status of the homes (excluding rent-free from the analysis), χ^2 (df = 6, n = 852) = 86.7, $p < .001$. Grandparents were much more likely to be owner occupiers and just under 50% of both types of relative/kinship carer reported renting vs. only 29% of foster carers. Foster carers were most likely to be paying off mortgages (56%), but only 13% reported owning their homes outright (as compared with 29% of grandparents who were older and had very likely been in the housing market for longer). On balance, other relative carers appeared to have the most precarious housing arrangement in that they had the highest proportion renting (48%), the lowest percentage of owner occupier (10%) and 39% with mortgages.

Table 2.4 Household structure by carer type

	Foster care (n = 470)	Grandparents (n = 247)	Other relatives (n = 155)	Total (n = 872)
Other children in home				
Yes	397 (84.5)	168 (68.0)	135 (87.1)	700 (80.3)
No	73 (15.5)	79 (32.0)	20 (12.9)	172 (19.7)
Home status				
Rental	135 (28.7)	112 (45.3)	75 (48.4)	322 (36.9)
Mortgage	264 (56.2)	60 (24.3)	60 (38.7)	384 (44.0)
Owner occupier	59 (12.6)	71 (28.7)	16 (10.3)	146 (16.7)
Rent free	8 (1.7)	2 (0.8)	2 (1.3)	12 (1.4)
Type of home				
Separate house	436 (92.8)	222 (89.9)	145 (93.5)	803 (92.1)
Semi-detached	24 (5.1)	16 (6.5)	2 (1.3)	42 (4.8)
Apartment	9 (1.9)	9 (3.6)	7 (4.5)	25 (2.9)
Improvised trailer	0 (0.0)	0 (0.0)	1 (0.6)	1 (0.1)
Number of bedrooms				
2 bedrooms	19 (4.0)	11 (4.5)	9 (5.8)	39 (4.5)
3 bedrooms	132 (28.1)	119 (48.2)	56 (36.1)	307 (35.2)
4 bedrooms	191 (40.6)	90 (36.4)	64 (41.3)	345 (39.6)
5+ bedrooms	128 (27.2)	27 (10.9)	26 (16.8)	181 (20.8)
Child has own room				
Yes	287 (61.1)	154 (62.3)	87 (56.1)	528 (60.6)
No	153 (32.6)	73 (29.6)	57 (36.8)	283 (32.5)
How suited is home				
Very well	330 (70.2)	155 (62.8)	88 (56.8)	573 (65.7)
Fairly well	117 (24.9)	60 (24.5)	46 (29.7)	223 (25.6)
Not very well	20 (4.3)	26 (10.5)	18 (11.6)	64 (7.3)
	M (SD)	M (SD)	M (SD)	M (SD)
Average number of people in home (SD)	5.3 (1.91)	4.5 (1.74)	5.3 (1.92)	5.1 (1.89)

2.7 Health status of carer

Carers were also asked to rate various aspects of their health and that of the other carer in the household. This included a general rating in the last month; questions about whether they had any health or medical conditions; and, whether there was any smoking or drinking alcohol in the household. Carers also completed a self-report standardised measure of psychological distress, the Kessler-10 (K10), which provides an overall score as well as separate classifications. This scale has 10 items, each of which asks respondents to rate (on a five-point scale) the extent to which they have experienced various symptoms in the previous month (Kessler et al., 2004).

Table 2.5 shows that the carers generally reported that they were in good health: with between 85% and 92% rating themselves as having good to excellent health. There were no significant differences in the likelihood of having health conditions that interfered with caring, but grandparents were more likely to report having ongoing medical conditions, χ^2 (*df* = 2, n =872) = 12.86, $p < .01$. This held for both Carer 1 and Carer 2. Very few carers reported smoking or drinking in the home and this did not vary by carer type. However, there were significant differences in Kessler-10 scores. Both groups of relative/kinship carer had significantly higher scores than the foster carers, F (2, 853) = 9.89, $p < .001$, and were much more likely to be classified as having more severe health conditions, χ^2 (*df* = 6, n = 856) = 38.80, $p < .001$.

Table 2.5 Health status of carers by carer type

	Foster care n (%) (n = 470)	Grandparents n (%) (n = 247)	Other relatives n (%) (n = 155)	Total n (%) (n = 872)
Health (last month)				
Good to excellent	431 (91.8)	210 (85.0)	134 (86.4)	775 (88.9)
Fair	31 (6.6)	31 (12.6)	14 (9.0)	76 (8.7)
Poor/Very poor	8 (1.7)	6 (2.4)	7 (4.5)	21 (2.4)
Carer 1 Health condition[1]				
Yes	31 (6.6)	25 (10.1)	14 (9.0)	70 (8.0)
No	439 (93.4)	222 (89.9)	141 (91.0)	802 (92.0)
Carer 1 Medical condition[2]				
Yes	120 (25.5)	93 (37.7)	39 (25.2)	242 (28.9)
No	350 (74.5)	154 (62.3)	116 (74.8)	620 (71.1)
Carer 2 Medical Condition				
Yes	114 (22.8)	75 (39.5)	32 (26.4)	221 (25.3)
No	356 (77.2)	172 (69.6)	123 (73.6)	651 (74.7)
Smoking in house				
Yes	6 (1.3)	25 (10.1)	5 (3.2)	36 (4.1)
No	457 (97.0)	220 (89.1)	148 (95.5)	825 (94.6)
Drinking				
No	202 (43.0)	114 (46.2)	73 (47.1)	389 (44.6)
Occasional	238 (50.6)	111 (44.9)	72 (46.5)	421 (48.3)
Moderate	29 (6.2)	20 (8.1)	9 (5.8)	58 (5.7)
Kessler classification				
Low	392 (84.5)	169 (69.3)	110 (74.3)	671 (78.4)
Moderate	57 (12.3)	53 (21.7)	26 (17.6)	136 (15.9)
High	13 (2.8)	18 (7.4)	6 (4.1)	37 (4.3)
Very high	2 (0.4)	4 (1.6)	6 (4.1)	12 (1.4)
	M (SD)	M (SD)	M (SD)	M (SD)
Mean Kessler score	13.0 (3.43)	14.4 (5.27)	14.2 (5.59)	13.6 (4.48)

1. Condition that affects caring;
2. 2 = Medical condition in last six months.

2.8 Neighbourhood ratings

The study also included measures that captured carer perceptions of the quality of the neighbourhood in which they lived. These were combined to form a Social Cohesion and Trust Scale. Each rating was on a five-point Likert scale where higher scores indicated greater disagreement with the statement. There were no significant differences relating to the perceived closeness of the neighbourhood or whether people helped one another, but differences on items relating to how well people got along, F (2, 855) = 3.39, $p < .05$; the level of trust, F (2, 848) = 5.0, $p < .05$ and whether it was a good place to raise children, F (2, 818) = 8.92, $p < .001$. Post hoc comparisons showed that grandparents were less likely to disagree with the view that people did not get along with one another (i.e., more pessimistic view); relative/kinship carers were less likely to agree with the view that people could be trusted and that it was a good place to raise children.

Table 2.6 Ratings of neighbourhood quality by carer type

	Foster care M (SD) (n = 470)	Grandparents M (SD) (n = 247)	Other relatives M (SD) (n = 155)	Total M (SD) (n = 872)
Close knit neighbourhood	2.33 (1.00)	2.42 (1.01)	2.43 (.95)	2.37 (1.02)
People help one another	2.15 (.86)	2.28 (.87)	2.28 (.93)	2.28 (.93)
Don't get along	3.92 (.76)	3.77 (.79)	3.88 (.76)	3.87 (.77)
People can be trusted	2.13 (.80)	2.29 (.78)	2.33 (.85)	2.21 (.81)
Good place to raise children	1.39 (.64)	1.62 (.88)	1.58 (.85)	1.43 (.76)
Social Cohesion and Trust	8.63 (2.83)	9.12 (2.70)	8.97 (2.70)	8.97 (2.70)

Note: Higher scores = greater disagreement.

2.9 Children in different placement types: Demographics

A comparison of the demographic characteristics of the sample revealed that the children placed with the different carer groups differed on important demographic variables (Table 2.7), most notably, Aboriginal status, χ^2 (df = 6, n = 1259) = 20.68, p < .01, and age, F (2, 1256) = 4.30, p < .05. Children placed with other relatives were significantly more likely to be of an Aboriginal background and those in foster care were generally significantly younger than in the two relative/kinship groups. No differences were observed for gender.

Table 2.7 Child demographics by carer type

	Foster care n (%) (n = 661)	Grandparents n (%) (n = 383)	Other relatives n (%) (n = 215)	Total n (%) (n = 1259)
Gender				
Boys	333 (50.4)	186 (48.6)	103 (47.9)	622 (49.4)
Girls	328 (49.6)	197 (51.4)	112 (52.1)	637 (50.6)
Ethnicity				
European Australian	328 (49.6)	200 (52.2)	95 (44.2)	623 (49.5)
Aboriginal	257 (38.9)	116 (30.3)	91 (42.3)	464 (36.9)
CALD	56 (8.5)	38 (9.9)	16 (7.4)	110 (8.7)
	M (SD)	M (SD)	M (SD)	M (SD)
Age (months)	56.3 (46.9)	62.9 (46.0)	65.9 (53.9)	60.0 (48.0)

2.10 Parenting style and behaviour

The POCLS study included a number of measures that allow the three groups of carers to be compared on a range of measures on how carers relate to individual children. These measures include:

(a) Emotional responsiveness as based on items drawn from the Parenting Styles Inventory II (Darling & Toyokama, 1997). Each of these seven questions asked carers to rate how often each statement typically applied to their interactions with the child;

(b) Parenting Monitoring: These five items drawn from Goldberg et al. (2001) measure how well the carer knows about the daily life and routines of the child;

(c) Measures of Parental Warmth (Paterson & Sanson, 1999) and Parental Hostility (Institut de la Statistique du Quebec, 2000), which measure the extent to which parents display physical (e.g., hugs) or emotional warmth towards children or anger or hostility (e.g., raised voice, strong words);

(d) Difficult Behaviour Self-Efficacy Scale (Hastings & Brown, 2002), which measures how well parents believe that they can deal with challenging behaviour;

(e) Some general questions that asked carers to rate the child's general level of adjustment to living in the placement (e.g., how settled, quality of relationship with the carer);

(f) A School Bonding Scale (O'Donnell, Hawkins, & Abbott, 1995) and a School Problems Scale (Prior et al., 2000) which measures how well children are applying themselves to their school work and their relationships with peers and teachers at school.

2.11 Emotional responsiveness

A series of items asked carers to indicate the extent to which they experienced various emotional reactions when interacting with the child (Table 2.8). Each of these items was scored so that higher scores indicate a greater endorsement of the item. There were significant differences for three of the items: 'telling the child how happy he or she makes you', F (2, 1256) = 5.16, $p < .01$; 'close times with the child', F (2, 1256) = 7.33, $p < .001$; and 'feeling close when the child is upset', F (2, 1256) = 9.35, $p < .001$. Grandparents were more likely to tell the child how happy he or she made them and to feel close when the child is upset. Other relatives were less likely to report being able to get close to the child compared with the other groups.

Table 2.8 Emotional responsiveness to the child by carer type

	Foster care M (SD) (n = 661)	Grandparents M (SD) (n = 383)	Other relatives M (SD) (n = 215)	Total M (SD) (n = 1259)
Gets on my nerves	1.84 (1.40)	1.76 (1.35)	1.90 (1.38)	1.83 (1.38)
Lose my temper with child	1.72 (1.36)	1.76 (1.35)	1.88 (1.40)	1.76 (1.37)
Tell child how happy he or she makes you	4.37 (0.78)	4.51 (0.71)	4.32 (0.90)	4.40 (0.79)
Close times with the child	4.44 (0.74)	4.54 (0.71)	4.29 (0.89)	4.45 (0.76)
Enjoys doing things with the child	4.58 (0.64)	4.51 (0.71)	4.46 (0.75)	4.54 (0.68)
Able to get close when the child is upset	4.53 (0.70)	4.66 (0.63)	4.40 (0.84)	4.55 (0.71)
Angry with the child	2.57 (1.76)	2.42 (1.68)	2.60 (1.32)	2.53 (1.73)

The results for the parental warmth and hostility scales are summarised in Table 2.9a. These revealed that grandparents reported a warmer style of parenting than the other two groups, F (2, 1256) = 6.01, $p < .01$, but there were no significant differences in hostile parenting.

Table 2.9a Parental warmth and hostility by carer type

	Foster care M (SD) (n = 661)	Grandparents M (SD) (n = 383)	Other relatives M (SD) (n = 215)	Total M (SD) (n = 1259)
Warm parenting	17.9 (2.43)	18.2 (2.38)	17.5 (2.95)	17.9 (2.52)
Hostile parenting	6.1 (3.88)	6.0 (3.78)	6.4 (3.89)	6.1 (3.85)

2.12 Dealing with complex behaviour

Carers completed three items drawn from the Difficult Behaviour Self-Efficacy Scale (Hastings & Brown, 2002) which are scored on a seven point scale. Higher scores indicate that the carer has greater confidence in his or her ability to deal with complex behaviour (Table 2.9b). The results showed that grandparents generally expressed significantly greater ability to deal with complex behaviour than the other two groups, F (2, 1256) = 6.02, p < .01.

Table 2.9b Dealing with complex behaviour by carer type

	Foster care M (SD) (n = 661)	Grandparents M (SD) (n = 383)	Other relatives M (SD) (n = 215)	Total M (SD) (n = 1259)
Efficacy score	8.5 (12.90)	11.3 (12.16)	8.9 (12.68)	9.4 (12.70)

2.13 Child socio-emotional functioning: CBCL comparisons

Separate analyses comparing Child Behaviour Checklist (CBCL) scores (Achenbach & Rescorla, 2000, 2001) were undertaken for each of the three age ranges (3-5 years, 6-11 years and 12-17 years). The results for the 3-5 year olds revealed associations between carer type and internalising, χ^2 (df = 2, n = 265) = 6.76, p < .01; externalising, χ^2 (df = 2, n = 265) = 13.40, p < .01; and total problems, χ^2(df = 2, n = 265) = 9.60, p < .01. Grandparents were significantly less likely to be caring for children with clinical level internalising, externalising or total problems. By contrast, other relatives were significantly more likely (2-3 times more likely than grandparents) to be caring for children with externalising problems in the clinical range.

Table 2.10 CBCL: Externalising, Internalising and Total Problems (3-5 year olds)

	Foster care n (%) (n = 139)	Grandparents n (%) (n = 84)	Other relatives n (%) (n = 42)	Total n (%) (n = 265)
Internalising				
Normal	100 (71.9)	69 (86.1)	27 (64.3)	196 (74.0)
Borderline	9 (6.5)	6 (7.1)	5 (11.9)	20 (7.5)
Clinical	30 (21.6)	9 (10.7)	10 (23.8)	49 (18.5)
Externalising				
Normal	92 (66.2)	71 (84.5)	25 (59.5)	188 (70.9)
Borderline	15 (10.8)	4 (4.8)	3 (7.1)	22 (8.3)
Clinical	32 (23.0)	9 (10.7)	14 (33.3)	55 (20.8)
Total Problems				
Normal	100 (71.9)	69 (82.1)	24 (57.1)	193 (72.8)
Borderline	9 (6.5)	4 (4.8)	3 (7.1)	16 (6.0)
Clinical	30 (21.6)	11 (13.1)	15 (35.7)	56 (21.1)

A similar set of analyses completed for 6-11 year olds (Table 2.11) revealed significant associations between carer type and externalising, χ^2 (df = 2, n = 325) = 18.76, p < .001 and total problem classifications, χ^2(df = 2, n = 265) = 17.90, p < .001. Children placed with grandparents had a much lower prevalence of clinical level problems (half the prevalence of children with foster carers), with relative carers falling in between. For total problems, children with grandparent carers had about half the prevalence of clinical level problems than the other two groups.

Table 2.11 CBCL: Externalising, Internalising and Total Problems (6-11 year olds)

	Foster care n (%) (n = 154)	Grandparents n (%) (n = 118)	Other relatives n (%) (n = 53)	Total n (%) (n = 325)
Internalising				
Normal	114 (74.0)	98 (83.1)	38 (71.7)	250 (76.9)
Borderline	8 (5.2)	6 (5.1)	2 (3.8)	16 (4.9)
Clinical	32 (20.8)	14 (11.9)	13 (24.5)	59 (18.2)
Externalising				
Normal	76 (49.4)	77 (65.3)	28 (52.8)	181 (55.7)
Borderline	10 (6.5)	14 (11.9)	10 (18.9)	34 (10.5)
Clinical	68 (44.2)	27 (22.9)	15 (28.3)	110 (33.8)
Total Problems				
Normal	74 (48.1)	85 (72.0)	31 (50.5)	190 (58.5)
Borderline	22 (14.3)	10 (8.5)	3 (5.7)	35 (10.8)
Clinical	58 (37.7)	23 (19.5)	15 (35.3)	100 (30.8)

A third series of analyses compared 12-17 year olds (Table 2.12). No significant differences were observed for any of the comparisons.

Table 2.12 CBCL: Externalising, internalising and Total Problems (12-17 year olds)

	Foster care n (%) (n = 46)	Grandparents n (%) (n = 25)	Other relatives n (%) (n = 27)	Total n (%) (n = 98)
Internalising				
Normal	29 (63.0)	16 (64.0)	19 (70.4)	64 (65.3)
Borderline	5 (10.9)	3 (12.0)	2 (7.4)	10 (10.2)
Clinical	12 (26.1)	6 (24.0)	6 (22.2)	24 (24.5)
Externalising				
Normal	21 (45.7)	15 (60.0)	14 (51.9)	50 (51.0)
Borderline	6 (13.0)	2 (8.0)	2 (7.4)	10 (10.2)
Clinical	19 (41.3)	8 (32.0)	11 (40.7)	38 (38.8)
Total Problems				
Normal	21 (45.7)	15 (60.0)	13 (48.1)	49 (50.0)
Borderline	5 (10.9)	3 (12.0)	2 (7.4)	10 (10.2)
Clinical	20 (43.5)	7 (28.0)	12 (44.4)	39 (39.2)

2.14 Socio-emotional functioning: BITSEA comparisons

Younger children were also assessed using the Brief Infant Toddler Social and Emotional Assessment (BITSEA) (Briggs-Gowan et al., 2004). Analysis of BITSEA classifications and mean scores are summarised in Table 2.13. No significant differences were observed for the scale scores for competence and socio-emotional functioning. However, consistent with the CBCL results, there was a trend towards grandparents looking after younger children with fewer problems.

Table 2.13 BITSEA: Externalising, internalising and Total Problems (0-3 year olds)

	Foster care n (%) (n = 267)	Grandparents n (%) (n = 138)	Other relatives n (%) (n = 71)	Total n (%) (n = 476)
Socio-emotional level				
Highest 4%	18 (6.7)	3 (2.2)	5 (7.0)	26 (5.5)
5-9%	11 (4.1)	7 (5.1)	2 (2.8)	20 (4.2)
10-14%	8 (3.0)	1 (0.7)	2 (2.8)	11 (2.3)
15-24%	8 (3.0)	2 (1.4)	2 (2.8)	12 (2.5)
25%	9 (3.4)	3 (2.2)	1 (1.4)	13 (2.7)
26%+	213 (79.8)	122 (88.4)	59 (83.1)	394 (82.7)
Competence level				
Lowest 4%	20 (7.9)	7 (5.2)	6 (9.1)	33 (7.3)
5-9%	13 (5.1)	6 (4.4)	3 (4.5)	22 (4.8)
10-14%	16 (6.3)	1 (0.7)	5 (7.6)	22 (4.8)
15-24%	21 (8.3)	15 (11.1)	7 (10.6)	43 (9.5)
25%	19 (7.5)	15 (11.1)	6 (9.1)	40 (8.8)
26%+	164 (64.8)	91 (60.4)	39 (59.1)	294 (64.8)
	M (SD)	M (SD)	M (SD)	M (SD)
Socio-emotive problems	8.6 (6.82)	7.3 (5.37)	8.3 (7.93)	8.2 (6.63)
Competence	15.7 (3.63)	16.2 (3.06)	15.6 (3.57)	15.8 (3.46)

2.15 Cognitive functioning

Children completed the Peabody Picture Vocabulary Test (PPVT) and also the Wechlser Intelligence Scales for Children (WISC). The standardised scores for both tests were compared across children placed into the three carer groups (Table 2.14). As indicated in Table 2.14, children placed with grandparents had significantly better scores on both tests: PPVT, F (2, 620) = 6.01, p < .01; WISC, F (2, 377) = 4.72, p <. 01.

Table 2.14 Vocabulaty and intelligence test scores by placement type

	Foster care M (SD) (n = 304)	Grandparents M (SD) (n = 211)	Other relatives M (SD) (n = 108)	Total M (SD) (n = 623)
PPVT	90.00 (13.81)	93.90 (13.25)	89.90 (12.23)	91.30 (13.47)
WISC	7.66 (3.07)	8.65 (2.74)	8.40 (2.70)	8.14 (2.92)

2.16 Child socio-emotional functioning: Child temperament

A number of measures of temperament were administered for children of different ages. Infants (0-12 months), toddlers (12-41 months) and young children (42-95 months) were assessed using the Abbreviated Temperament Scales for Infants, Toddlers and Children. These measures were derived from Pedlow, Sandon, Prior and Oberklaid (1993). The abbreviated scales were based on the average scores obtained for a small number of questions that measured the different temperament characteristics on 6 point rating scales, where 1 = Almost never and 6 = Almost always. Higher scores therefore indicated a stronger presence of the given characteristic.

The mean item subscale scores are summarised in Table 2.15a. Comparisons of these scores across the three groups revealed three significant differences: for infant approachability, F (2, 71) = 3.46, p < .05, toddler persistence, F (2, 528) = 5.23, p < .01, and child persistence, F (2, 337) = 6.29, p < .01. Post hoc comparisons showed that children placed with grandparents had better scores for these three indicators. Infants were rated by their carer as more approachable and toddlers and children were more persistent with their activities.

Table 2.15a Abbreviated Temperament Scales for Infants, Toddlers and Children socres (12-95 month olds)

	Foster care M (SD)	Grandparents M (SD)	Other relatives M (SD)	Total M (SD)
	(n = 43)	(n = 15)	(n = 16)	(n = 74)
Infants (0-12 months)				
Approachability	4.46 (1.25)	5.20 (0.67)	4.22 (0.99)	4.56 (1.14)
Irritability	2.23 (0.98)	1.85 (0.65)	2.37 (0.91)	2.18 (0.92)
Cooperativeness	4.24 (1.10)	4.40 (0.92)	4.32 (1.01)	4.29 (1.04)
	(n = 302)	(n = 149)	(n = 81)	(n = 532)
Toddlers (12-41 months)				
Approachability	3.93 (1.28)	4.06 (1.23)	3.89 (1.24)	3.96 (1.26)
Persistence	3.48 (1.26)	3.89 (1.29)	3.57 (1.30)	3.60 (1.28)
Reactivity	3.41 (1.25)	3.27 (1.21)	3.46 (1.20)	3.37 (1.23)
	(n = 173)	(n = 114)	(n = 54)	(n = 341)
Children (42-95 months)				
Sociability	4.38 (1.34)	4.16 (1.43)	4.21 (1.32)	4.28 (1.37)
Persistence	2.92 (1.48)	3.49 (1.46)	2.81 (1.52)	3.90 (1.50)
Reactivity	2.91 (1.33)	2.94 (1.30)	3.22 (1.34)	2.97 (1.32)

The temperament of children aged between 8-17 years old was assessed using an abbreviated version of the school aged temperament inventory (McClowry, 2002). There are three sets of four items each of which are scored on five point scales: negative reactivity; task persistence; and, approach-withdrawal. The results for approach-withdrawal are separated for 8-14 years and those 14-17 years old. The mean-item values for each group are summarised in Table 2.15b. A comparison of scores revealed no significant differences between the groups except for approach-withdrawal for the 14+ group. Grandparents reported the children under their care to be more shy or avoidant than the other carer groups, F (2, 45) = 3.89, $p < .05$.

Table 2.15b School Aged Temperament Inventory scores and percentiles for children aged 8-17 years

	Foster care M (SD) (n = 111)	Grandparents M (SD) (n = 39)	Other relatives M (SD) (n = 41)	Total M (SD) (n = 231)
Negative reactivity	3.00 (1.15)	2.88 (1.06)	2.64 (1.17)	2.89 (1.13)
Persistence	2.90 (1.13)	3.13 (1.09)	3.01 (1.07)	3.00 (1.11)
Approach-withdrawal (<14)	3.42 (0.94)	3.48 (0.95)	3.45 (0.84)	3.44 (0.92)
Approach-withdrawal (14+)	2.83 (1.18)	3.67 (0.73)	2.58 (0.99)	2.97 (1.10)

2.17 General ratings of child adjustment

Carers were asked to respond to a number of general ratings about how well the child was faring as well as the quality of the relationship which they had with the child (Table 2.16). These five point rating scales were scored so that lower values indicated better ratings. Significant differences were observed for items relating to how well the carers knew the child, F (2, 1256) = 8.04, $p < .01$, and also the quality of the relationship with the child,F (2, 1256) = 12.0, $p < .001$. In both cases, post hoc tests showed that grandparents felt that they knew the study children better and had a better quality relationship.

Table 2.16 General levels of child adjustment

	Foster care M (SD) (n = 661)	Grandparents M (SD) (n = 383)	Other relatives M (SD) (n = 215)	Total M (SD) (n = 1259)
How settled is the child	1.17 (0.46)	1.16 (0.43)	1.25 (0.57)	1.18 (0.47)
How well do they know the child	1.18 (0.41)	1.09 (0.33)	1.20 (0.45)	1.16 (0.40)
How well is child going	1.31 (0.53)	1.28 (0.51)	1.36 (0.61)	1.31 (0.54)
Quality of relationship with child	1.25 (0.47)	1.13 (0.36)	1.30 (0.52)	1.30 (0.52)

2.18 School bonding and performance

Students aged 12-17 years self-completed four items from the School Bonding Scale (O'Donnell et al., 1995) which related to how often they tried hard, got on well with teachers, and engaged with academic work. Each item was scored on a five point scale ranging from never to always and summarised as a mean item score. High mean item scores indicate greater school bonding. Another four items captured the

extent to which young people had problems with school, e.g., had someone with whom they could have lunch; whether they were able to deal with the schoolwork, homework and rules. Items were scored the same as for the school bonding scale. As indicated in Table 2.17, most students were coping well with school and had few problems. There were no significant differences across the carer groups.

Table 2.17 School bonding and problems

	Foster care M (SD) (n = 142)	Grandparents M (SD) (n = 98)	Other relatives M (SD) (n = 61)	Total M (SD) (n = 301)
School bonding	4.20 (1.73)	4.11 (0.80)	4.39 (0.60)	4.21 (0.75)
School problems	4.14 (0.69)	4.29 (0.63)	4.23 (0.67)	4.21 (0.67)

2.19 Physical health and development

This section reports representative findings that examines whether there are differences in the physical health and developmental status of children placed into the different types of care. One way in which this assessed was using the Ages and Stages Questionnaire (ASQ) version 3 (Squires & Bricker, 2009) which assesses development for children aged 0-66 months of age (although 9 month onwards in POCLS due to the timing of the interviews). The ASQ assesses development in 5 principal domains: communication; fine motor skills; gross motor skills; problem solving and social skills. Each subscale has several items and scoring involves assigning values of 0% if the skill is not present, 50% if 'sometimes' present and 100% if clearly present. Table 2.18 summarises the results across the three carer groups. The results were consistent across all 5 domains: those children placed with grandparents had higher scores indicating more advanced development.

Table 2.18 Physical health and development (0-66 month olds)

	Foster care M (SD) (n = 431)	Grandparents M (SD) (n = 224)	Other relatives M (SD) (n = 125)	Total M (SD) (n = 780)	*F* (2, 776)
Communication	42.0 (16.53)	46.2 (14.97)	40.9 (17.46)	43.0 (16.36)	6.16**
Gross motor skills	46.6 (17.55)	50.7 (15.02)	46.1 (16.04)	47.6 (16.71)	5.38**
Fine motor skills	41.3 (16.72)	44.7 (14.34)	40.4 (16.97)	42.2 (16.30)	4.10*
Problem solving	42.2 (15.04)	45.3 (14.34)	39.7 (16.96)	42.7 (15.27)	6.03**
Personal-Social	44.5 (14.24)	48.1 (13.33)	45.3 (13.53)	45.7 (13.95)	4.85*

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

Carers were also asked whether the child had any physical health or disability issue that was likely to last 6 months or longer. Overall, 14% of children fell into this category, but this did not differ significant between the different carer groups: 15% for foster care children; 10% for children placed with grandparents and 16% for those placed with other relatives. Another analysis examined the total count of health and disability issues present in children. Twenty such issues were listed ranging from sensory to respiratory and dental. A comparison of the total count of problems reported revealed that children in foster care had significantly more health problems (M = .96, SD = 1.01) than those placed with grandparents (M = .64, SD = 1.01) and those with other relatives (M = .74, SD = 1.15), F (2, 1256) = 8.88, p < .001.

2.20 Relationships in care

A number of analyses were also undertaken to examine the nature of relationships in OOHC. These included: the nature and frequency of contact between the study children and their relatives; the relationship between the child and his or her parents; and, the relationship between the carer and the case-worker. In these analyses, care was taken to avoid nonsensical results by not including grandparents and other relatives in the analysis of family contact and by analysing siblings only for those children whose siblings (full or step brothers and sisters) did not reside with them in the same placement.

Table 2.19 presents a summary of the nature of contact with both parents and siblings . Children living with their grandparents were significantly more likely to have regular contact with their mothers, χ^2 (df = 4, n = 1258) = 62.29, p < .001, and fathers, χ^2 (d f= 4, n = 1258) = 263.28, p < .001 than children in foster care. Sibling contact was also significantly more frequent, χ^2 (df = 4, n = 742) = 17.32, p < .001.

Table 2.19 Nature of family contact

	Foster care n(%) (n = 661)	Grandparents n (%) (n = 383)	Other relatives n (%) (n = 215)	Total n (%) (n = 1259)
Mum				
Weekly+	49 (7.5)	95 (24.8)	29 (13.5)	173 (13.7)
< Weekly	612 (92.5)	288 (75.1)	186 (86.5)	1086 (86.3)
Dad				
Weekly+	27 (4.1)	75 (19.6)	11 (5.2)	113 (9.0)
< Weekly	7 (95.9)	308 (80.4)	204 (94.8)	1146 (91.0)
Siblings				
Weekly+	27 (9.6)	16 (31.2)	11 (12.1)	54 (13.7)
< Weekly	255 (90.4)	37 (69.8)	80 (87.9)	341 (86.3)

Analysis of the specific contacts showed relatively few differences (Table 2.20). The proportion of children who had face-to-face unsupervised contact with their mothers was generally slightly lower in foster care as compared with the other two groups. The level of supervised contract was generally similar, whereas telephone contact was much more common with children who were in relative/kinship care than in foster care, z (1258) = 5.35, $p < .001$.

Table 2.20 Types of contact with mother

	Foster care n (%) (n = 660)	Grandparents n (%) (n = 383)	Other relatives n (%) (n = 215)	Total n (%) (n = 1258)
Face-to-face (unsupervised)	29 (4.4)	43 (11.2)	15 (7.0)	87 (6.9)
Face-to-face (supervised)	512 (77.5)	297 (77.5)	151 (70.2)	960 (76.3)
Overnight stays	3 (0.5)	12 (3.1)	6 (2.8)	21 (1.7)
Telephone	47 (7.1)	92 (24.0)	46 (21.4)	185 (14.7)
Mail	6 (0.9)	6 (1.6)	2 (0.9)	14 (1.1)
Email	1 (0.2)	0 (0.0)	0 (0.0)	1 (0.1)
Social media	3 (0.5)	9 (2.3)	3 (1.4)	15 (1.2)
Video (Skype)	0 (0.0)	0 (0.0)	1 (0.5)	1 (0.1)

Similar trends were observed for contact with fathers (Table 2.21). Children living with their grandparents were more likely to have unsupervised contact with their fathers than children in the other two arrangements, z (1285) = 5.87, $p < .001$, and telephone contact, z (1258) = 2.32, $p < .05$, and the percentage for overnight stays with either parent was six times higher than in other forms of care.

Table 2.21 Types of contact with father

	Foster care n (%) (n = 660)	Grandparents n (%) (n = 383)	Other relatives n (%) (n = 215)	Total n (%) (n = 1258)
Face-to-face (unsupervised)	23 (3.5)	48 (12.5)	9 (4.2)	80 (6.4)
Face-to-face (supervised)	310 (47.0)	185 (48.3)	84 (39.1)	579 (46.0)
Overnight stays	3 (0.5)	15 (3.9)	1 (0.5)	19 (1.5)
Telephone	19 (2.9)	61 (15.9)	16 (7.4)	96 (7.6)
Mail	3 (0.5)	3 (0.8)	1 (0.5)	7 (0.6)
Email	1 (0.2)	1 (0.2)	0 (0.0)	2 (0.2)
Social media	3 (0.5)	5 (1.3)	0 (0.0)	8 (0.6)
Video (Skype)	1 (0.2)	0 (0.0)	0 (0.0)	1 (0.1)

There were few differences in relation to contact with siblings living elsewhere (Table 2.22). However, children living with grandparents appeared more likely to have overnight stays with their siblings at their parents' home than children in the other two groups.

Table 2.22 Types of contact with siblings

	Foster care n (%) (n = 282)	Grandparents n (%) (n = 112)	Other relatives n (%) (n = 91)	Total n (%) (n = 485)
Face-to-face (unsupervised)	48 (17.0)	17 (15.2)	12 (13.2)	77 (15.9)
Face-to-face (supervised)	124 (44.0)	37 (33.0)	34 (37.4)	195 (40.2)
Overnight stays	8 (2.8)	9 (8.0)	1 (1.1)	18 (3.7)
Telephone	11 (3.9)	7 (6.3)	7 (7.7)	25 (5.2)
Mail	0 (0.0)	2 (1.8)	0 (0.0)	2 (0.4)
Social media	2 (0.7)	0 (0.0)	1 (1.1)	5 (1.0)
Video (Skype)	3 (1.1)	0 0.0)	0 (0.0)	3 (0.6)

Another set of analyses examined care ratings of the relationship between the study children and their family members (Table 2.23). The figures include the percentages of children who were rated as having 'a good relationship'. Children living with their grandparents were much more likely to be viewed as having a good relationship with both parents: for mother, z (1258) = 6.13, $p < .001$, and father, z (1258) = 8.24, $p < .001$. Children placed with grandparents were also more likely to see siblings placed elsewhere, z (1258) = 2.90, $p < .01$.

Table 2.23 Child relationship with family members

	Foster care n (%) (n = 661)	Grandparents n (%) (n = 383)	Other relatives n (%) (n = 215)	Total n (%) (n = 1259)
Mother	183 (27.7)	183 (47.8)	78 (36.3)	444 (35.3)
Father	110 (16.6)	144 (37.6)	40 (18.6)	294 (23.4)
Siblings	299 (45.2)	211 (55.1)	103 (47.9)	613 (48.7)

A set of analyses examined the nature and effectiveness of the interactions between carers and the children's caseworkers. Carers were asked to indicate the number of caseworkers assigned since the child had been in placement; the satisfaction with being able to contact the case-worker when needed; and, their satisfaction with the assistance received from caseworkers (where lower ratings indicate greater satisfaction). As indicated in Table 2.24, grandparents reported having more changes

in case-worker than the other two groups, F (2, 864) = 4.05, $p < .05$. Foster carers generally reported being much more satisfied with being able to make contact with caseworkers than relative/kinship carers, F (2, 856) = 9.11, $p < .001$, and also reported greater satisfaction with the assistance received, F (2, 856) = 5.80, $p < .01$.

Table 2.24 Carer ratings of case–worker experiences

	Foster care M (SD) (n = 282)	Grandparents M (SD) (n = 112)	Other relatives M (SD) (n = 91)	Total M (SD) (n = 485)
Number of caseworkers	2.07 (1.29)	2.37 (1.42)	2.16 (1.42)	2.17 (1.35)
Satisfaction with being able to contact case-worker when needed	2.14 (1.35)	2.47 (1.39)	2.62 (1.47)	2.32 (1.39)
Satisfaction with the assistance from caseworkers	2.22 (1.32)	2.52 (1.31)	2.53 (1.32)	2.35 (1.34)

A more detailed summary of the types of contact with caseworkers is provided in Table 2.25. A significant association between carer type was found for both face-to-face contact, χ^2 (df = 8, n = 872) = 40.29, $p < .001$ as well as email and phone contact, χ^2 (df = 8, n = 872) = 94.59, $p < .001$. Relative/kinship carers typically had less frequent face-to-face contact with caseworkers than foster carers and this difference was even more pronounced for email and telephone contact. Over a quarter of foster carers had at least weekly contact compared with under 10% for both relative/kinship groups.

Table 2.25 Frequency of carer contact with caseworkers

	Foster care n (%) (n = 282)	Grandparents n (%) (n = 112)	Other relatives n (%) (n = 91)	Total n (%) (n = 485)
Face-to-face				
Weekly	41 (8.7)	7 (2.8)	5 (3.2)	53 (6.1)
Fortnightly	59 (12.6)	16 (6.5)	8 (5.2)	83 (9.5)
Once per month	99 (21.1)	34 (13.8)	23 (14.8)	156 (17.9)
< 1 month	225 (47.9)	154 (62.3)	95 (61.3)	474 (54.4)
Never	46 (9.8)	36 (14.6)	24 (15.5)	106 (12.2)
Email or telephone				
Weekly	128 (27.2)	21 (8.5)	13 (8.4)	162 (18.6)
Fortnightly	87 (18.5)	25 (10.1)	22 (14.2)	134 (15.4)
Once per month	73 (15.5)	43 (37.4)	28 (18.1)	144 (16.5)
< 1 month	113 (24.0)	100 (40.5)	67 (43.2)	280 (32.6)
Never	12 (2.6)	28 (11.3)	6 (3.9)	46 (5.3)

A further set of analyses examined the relationship between children and caseworkers. A series of questions asked children how often the case-worker was available when needed; talked to them, listened to them, explained decisions, provided help and did what they said they would do. A summary of the results is provided in Table 2.26. The results consistently showed that children placed with foster carers were significantly more likely to report that the case-worker was available and willing to talk with them, provide assistance and take action. Children placed with grandparents were generally least likely to report having these productive interactions with caseworkers, and children placed with other relatives fell in between these two extremes.

Table 2.26 Children's ratings of the frequency of case-worker responses

	Foster care n (%)	Grandparents n (%)	Other relatives n (%)
Available when needed			
Yes	88 (64.7)	30 (37.0)	19 (41.3)
Talks to you			
Often/Always	45 (32.3)	64 (46.0)	30 (21.6)
Sometimes/Rarely	9 (10.5)	35 (40.7)	42 (48.9)
Never	12 (22.7)	16 (36.4)	18 (40.9)
Total	66 (24.3)	115 (42.4)	90 (33.2)
Listens to you			
Often/Always	97 (69.3)	29 (20.6)	14 (10.0)
Sometimes/Rarely	32 (38.6)	13 (15.7)	38 (45.8)
Never	26 (44.7)	13 (27.7)	13 (27.7)
Total	150 (55.6)	55 (20.4)	65 (24.1)
Explains decisions			
Often/Always	94 (69.1)	27 (19.9)	15 (11.0)
Sometimes/Rarely	26 (31.3)	16 (19.3)	41 (49.4)
Never	23 (51.1)	8 (17.8)	14 (31.1)
Total	143 (54.2)	51 (19.3)	70 (26.5)
Helps you			
Often/Always	96 (70.1)	28 (20.4)	13 (9.5)
Sometimes/Rarely	27 (32.1)	19 (22.6)	38 (45.2)
Never	26 (55.3)	8 (17.0)	13 (27.7)
Total	149 (55.6)	55 (20.5)	64 (23.9)
Does what he/she says			
Often/Always	83 (61.0)	37 (27.2)	16 (11.8)
Sometimes/Rarely	29 (34.9)	16 (19.3)	38 (45.8)
Never	21 (45.7)	10 (21.7)	15 (32.6)
Total	133 (50.2)	63 (23.8)	69 (25.0)

2.21 Birth family background

It was also possible to examine whether there were differences in the nature and prevalence of background risk factors for children placed into the different types of care. To undertake this analysis, data concerning the notified primary and secondary issues identified when the child came into care were obtained from administrative records. For each of these variables, there were separate codes with multiple instances or events (e.g., physical abuse, neglect) recorded for children at different points in time. This information was aggregated so as to obtain binary variables which indicated the presence or absence of each risk factor (0, 1). The total count of risk factors could also be compared across the carer groups. Table 2.27 provides a summary of the individual risk factors. As indicated, the most common risk factors were physical abuse, neglect and substance abuse. Over half of the original parents or adults caring for the child had mental health or psychological difficulties and domestic violence was present in almost two-thirds of households. A comparison of specific risk factors showed that children placed in foster care were less likely to be from backgrounds with domestic violence and substance abuse; these risk factors were generally most prevalent in the families of children placed with grandparents. Children placed with their grandparents were less likely to be recorded as running away from home before they were placed into care, whereas this was more common for children placed with other relatives.

Table 2.27 Prevalence of family risk factors by carer type

	Foster care n (%) (n = 661)	Grandparents n (%) (n = 383)	Other relatives n (%) (n = 215)	Total n (%) (n = 1285)	X^2
Carer mental health	345 (52.3)	224 (58.5)	109 (50.9)	678 (53.9)	4.70
Other issues	367 (55.6)	205 (53.5)	111 (51.9)	683 (54.3)	1.06
Child sexualised behaviours	114 (17.3)	48 (12.5)	31 (14.5)	193 (15.4)	4.34
Domestic violence	388 (58.8)	284 (74.2)	133 (62.1)	805 (64.0)	25.24**
Substance abuse	426 (64.5)	297 (77.5)	143 (66.8)	866 (68.9)	19.63**
Youth substance use	55 (8.3)	40 (10.4)	21 (9.8)	116 (9.2)	1.34
Emotional abuse	399 (60.5)	231 (60.3)	128 (59.8)	758 (60.3)	< 1
Neglect	477 (72.3)	283 (73.9)	162 (75.7)	922 (73.3)	1.05
Physical abuse	547 (82.9)	303 (79.1)	175 (81.8)	1025 (81.5)	2.29
Child running away	50 (7.6)	13 (3.4)	22 (10.3)	85 (6.8)	11.79**
Sexual abuse	272 (41.2)	129 (33.7)	86 (40.2)	487 (38.7)	6.02
Youth at suicide risk	36 (5.5)	26 (6.8)	13 (6.1)	75 (6.0)	< 1

** p <.01

A count of the total number of problems revealed a mean of 5.35 (*SD* = 2.24) for the sample as a whole and this was not found to differ across the three carer groups.

3 Comparisons between grandparent groups

3.1 Overview

In Chapter 1, it was pointed out that there is US evidence (Zinn, 2012) of possible differences between grandparent carers who are raising their own grandchildren and those who are not. In Zinn's paper, these two groups were found to differ substantially in age: empty nesters were mostly aged between 50 and 70, whereas the parenting grandparents were more likely to be 40-60 years of age (a decade younger). A significant age difference was also similarly found in the current sample, but it was much smaller in magnitude (only around 5 years) which may suggest that the two groups may not reflect the same degree of differentiation as observed in Zinn's research. It is unclear as to what methodological factors might explain this difference. In this study, the focus was on children who had been placed into care for the first time rather than children in care in general. Thus, it may be that the current sample was more likely to recruit relative/kinship carers who were providing care for the first time at a younger age.

A series of analyses was conducted to compare the two groups over a selected range of variables to examine whether differences in grandparent status appears to be important in the NSW context. These included: financial wellbeing; the family background and socio-emotional profile of the children; the satisfaction and wellbeing of carers; and, variations in parenting style.

(a) Financial wellbeing

There was no evidence of significant difference between the two groups in relation to the extent to which both groups could raise money in an emergency. Comparisons showed that 20% of grandparents with children said that they could not raise $2000 as compared with 16% of grandparents without children.

(b) Child characteristics

There was no significant difference in the proportion of boys or girls placed with the two types of grandparent, but children living with the grandparents without children were significantly older (M = 67.7 months, SD = 46.29) than those with children (M = 53.8, SD = 44.06), t (381) = 2.83, $p < .01$.

(c) Health and satisfaction

No group was significantly more likely to report having health problems that had lasted more than 6 months: 39% for grandparents raising children and 34% for grandparents not raising children. There was also no difference in how satisfied the two groups were about their role as carers (M = 1.46, SD = 0.80 for General Practitioners (GPs) with children vs. M = 1,42, SD = 0.79 for GPs without children), t (383) < 1. However, grandparents who were not raising children had significantly poorer K10 scores (M = 15.2, SD = 5.86) than the other group (M = 13.8, SD = 4.12), t (377) = 2.41, $p < .05$.

(d) Parenting variables

No significant differences were observed for parenting warmth or hostility measures, but the difference on the Difficult Behaviour Efficacy Scale approached significance:

the score for the grandparents not raising their own children was higher (M = 20.4, SD = 16.5) than for the other group (M = 16.7, SD = 18.8), t (381) = 1.92, p = .057.

(e) Child characteristics

A comparison of the family backgrounds of children placed with the two types of grandparents revealed a number of differences (Table 3.1). Children placed with grandparents who were not still raising their own children were more likely to come from backgrounds where their primary caregiver had mental health problems, χ^2 (df = 1, n = 381) = 17.55, p < .001, and where there had been neglect, χ^2(df = 1, n = 381) = 5.45, p < .05, and emotional abuse, χ^2 (df = 1, n = 381) = 11.77, p < .01.

Table 3.1 Family background risk factors for children placed with different grandparent groups

	Grandparents raising children n (%)	Grandparents not raising children n (%)	Total n (%)
Carer mental health	58 (43.9)	165 (66.1)	224 (58.5)
Child sexualised behaviours	15 (11.4)	33 (13.1)	48 (12.5)
Domestic violence	92 (69.7)	192 (76.5)	284 (74.2)
Substance abuse	95 (72.0)	202 (80.5)	297 (77.5)
Young person using substances	7 (5.3)	33 (13.1)	40 (10.4)
Emotional abuse	64 (48.5)	167 (66.5)	231 (60.3)
Neglect	88 (66.7)	195 (77.7)	283 (73.9)
Physical abuse	98 (74.2)	205 (81.7)	303 (79.1)
Sexual abuse	40 (30.3)	89 (35.5)	129 (33.7)

A further comparison of the total count of risk factors showed that grandparents raising their own children tended to be looking after children who were from backgrounds with more problems (M = 5.78, SD = 2.18) than the other group (M = 4.85, SD = 2.13), t (381) = 3.91, p < .001. These figures fell on either side of the mean of 5.35 obtained for the sample as a whole.

A final set of comparisons examined the prevalence of children with clinical level disorders in both groups as based on the CBCL. Percentages for both 3-5 year old CBCL assessments and the 6+ age group assessments were similar in the two groups. For example, taking the 6+ age group as an example (where the differences were larger), no significant differences were observed for externalising behaviours (27% for grandparents raising children vs. 24% for the other group); (16% vs. 13% for internalising); or Total Problems (27% vs. 19%).

4 Discussion and future directions

4.1 Overview

The principal aim of the analyses described in this report was to provide detailed cross-sectional analysis of the differences between foster care and relative/kinship care in relation to two main areas. The first area related to the characteristics of the carers and care environment to which children appear to be exposed in these different categories of home-based care. The second was to examine whether there are any systematic differences in the characteristics of children in each form of care. The analyses were designed to provide the foundation for investigating several key questions in the POCLS project (see Section 1.3), but not most notably: How does the type of placement for children and young people in OOHC (such as foster care or relative/kinship care) influence their outcomes? Since the analyses are based on Wave 1 data only and are cross-sectional, it is not, of course, possible to infer causal relationships between placement type and child outcomes. For example, it may be that certain types of children are 'selected' for certain types of care, so that it is not necessarily possible to determine whether differences in child functioning observed across different types of care are related to the pre-existing differences in the child or variations in the care experiences. Such questions can only be ascertained using longitudinal analyses using data drawn from multiple measurement points. Despite this, these preliminary analyses have yielded a number of insights into differences between foster and relative/kinship care which are of interest in their own right and which provide a source of hypotheses and research questions which can be further investigated as the POCLS progresses.

4.2 Demographic characteristics of foster care and relative/kinship carers

The POCLS data provided insights into the characteristics of both the respondent carer (Carer 1) as well as secondary carers (Carer 2), so that it was possible to capture the characteristics of both the respondent carer (Carer 1) as well the general demographics of the household. On the whole, the results of the demographic analyses were generally similar to previous national and international studies (Kiraly, 2015; Winokur et al., 2009). Most respondent carers were women (90%) and they were living with a male partner who also provided assistance with the care of the children. Consistent with Zinn (2012), grandparent carers were found to be significantly older than the other two groups and reported lower levels of education, although this group was found to have had greater experience raising their own children. As might be expected, those grandparents who were still raising their own children were generally younger than those whose children had left home ('the empty nesters'). Another important demographic difference was that 'other relative' households (most often aunts and uncles) were significantly more likely to be Aboriginal than the other two groups. Almost a third of 'other relatives' were Aboriginal, which was over double the rate observed in foster care and grandparent groups. This suggests that relative/kinship care is not demographically a homogenous group and that Aboriginal status needs to be taken into account when

understanding any potential differences that might be observed between other relative care and other groups.

Comparisons of socio-economic variables showed that foster carers generally had higher incomes than the other two groups (around 30% had household incomes of more than $80k). Overall, 60% of respondent carers were not in paid employment, and this was most common in grandparent carers of whom over two-thirds were not in paid work. On the other hand, the majority of secondary carers (male partners) (around ¾) were working, although this figure was slightly lower for grandparents (60%). In general, therefore, the most common source of income for the household (apart from carer payments) was the income obtained by a male partner. Consistent with the evidence from multiple studies (Kiraly, 2015; Zinn, 2012), it was found that relative/kinship carers were the most financially vulnerable groups. Over a quarter of grandparent and other relative carers reported only 'just getting by' or that they were 'poor' compared with 16% of foster carers. When asked if they could raise $2000 in an emergency (a commonly used Australian Bureau of Statistics Measure, ABS measure for financial distress advocated by Peter Saunders at the University of New South Wales), around one in five relative/kinship carers said that they could not do this compared with 9% of foster carers. Around 30% of grandparent and foster carers indicated that they could do so with difficulty, with 36% of other relatives providing this rating. The proportion of families who indicated that they could not raise the money (around 20%) in the POCLS is not dissimilar to the figure obtained in the 2009 Household Expenditure Survey which reported a figure of 15% for Aboriginal and 46% for non-Aboriginal households. Some of this difference may potentially be influenced by differences in the financial wellbeing of Aboriginal vs. non-Aboriginal households, a topic which will be the focus of more formal attention in subsequent POCLS reports. It should also be noted that the POCLS study involves a more select sample of respondents whose characteristics may not be the same as those obtained in the nationally representative samples obtained by the ABS.

4.3 The care environment

Analyses were also conducted to examine differences in the physical and social structure of households. These analyses showed that grandparents generally had smaller houses and fewer children in the home. Over 90% of children in care lived in separated or detached homes. Grandparents were more likely to own their own homes outright, whereas over half of the foster carers had mortgages. Taken as a whole, the analysis of housing showed that other relatives tended to have the most precarious housing arrangements with few owner occupiers (10% vs. 29% of the grandparents) and around half renting. Foster carers were generally more likely to report that their homes were suitable for providing care, although (despite having more bedrooms), foster carers were no more likely to provide each child with his or her own room (around 60%). It is likely that a greater proportion of children in kinship care were, therefore, sharing bedrooms with other children.

Additional analyses of reported neighbourhood environment generally revealed only modest differences. There was a tendency towards grandparents rating the quality of the social environment in their neighbourhood as being poorer, whereas foster carers were more likely to have positive views about the people in their neighbourhood.

However, on the whole, there was no strong evidence that being placed into relative/kinship care as opposed to foster care was associated with marked differences in the quality of the neighbourhood environment to which children were exposed.

4.4 The wellbeing of carers

Although most respondent carers reported that they were in good health (over 85%) and few smoked or drank alcohol, grandparents were significantly more likely to report ongoing health problems (almost 40%). Relative and kinship carers reported greater psychological distress as indicated by the Kessler-10 with around 30% of grandparents and 25% of other relatives reporting moderate to very high symptoms as compared with around 15% of foster carers. These findings are generally similar to differences reported in other studies (e.g., Dolan, Casanueva, Smith, & Bradley, 2009; Fuller-Thompson & Minkler, 2000; Kelley, Whiteley, Sipe, & Crofts Yorker, 2000; Kiraly, 2015; Yardley et al., 2009). Interpretation of these findings is difficult because there are likely to be several explanations. As Zinn (2012) and others have argued, grandparents and other relatives may be particularly prone to psychological distress associated with caring because this is often not a planned role and very often reflects underlying problems in the broader family. Grandparents are older and therefore prone to more physical illness and often have fewer 'physical resources' to raise children, especially if they are active. Caring may reduce opportunities for other social and leisure activities; it may impose financial burdens which cause distress; and, there may be ongoing conflicts and negotiations with biological children relating to the custody and care of the children. In support of the family complex argument, there was evidence that children placed with grandparents were more likely to come from family backgrounds where there was domestic violence and substance abuse and this was particularly the case for grandparents who were older and had no biological children in their household.

4.5 Nature of parenting

The results consistently showed some differences in the nature and style of parenting reported by the carers. Grandparents were consistently more likely to report a greater level of emotional expressiveness towards children and greater warmth and less hostility compared with the other two groups. They were also more likely to report having a greater ability to deal with complex behaviour which may reflect a greater willingness to tolerate challenging behaviour in their own relatives, but this may also reflect differences in the nature of the children who tend to be placed with grandparents (as discussed in the sections below).

To some degree, these results diverge from some of the US studies (e.g., Berrick, 1997; Gebel, 1996; Harden et al., 2004) which generally report some concerns about grandparent and 'kinship' carers in general. In their view, the greater distress and reduced financial resources of these homes makes it more difficult from them to provide a nurturing and empathic style of care. However, most of this international research appears to be based on population where often 80% or more of the 'kinship' carers are African-American, so it may be that differences in parenting style may

reflect other broader sociological and socio-economic differences particular to that population. The findings from the POCLS appear to accord more closely with the views of Australian researchers (e.g., Kiraly & Humphreys, 2013) who argue that placement in relative/kinship can afford some advantages, in that it can be associated with stronger emotional connections between family members. Grandparents will be more likely to provide a nurturing environment to children who they consider to be their own.

4.6 The socio-emotive functioning of children in different types of care

The POCLS includes a very comprehensive set of measures relating to the socio-emotional functioning and wellbeing of children in care. On the whole, the analysis of these variables showed that children placed with grandparents tended to have fewer problems and more strengths than those placed in the other categories of care. For example, analysis of CBCL scores indicated that grandparents tended to be less likely to be looking after: 3-5 year olds with clinical level internalising problems and any children with clinical level externalising problems. These findings were inconsistent with some international studies which have compared 'kinship' families and other families on the CBCL (e.g., Kelley et al., 2011), but this is again likely to reflect the African-American status of most 'kinship' samples used in US studies, which cannot be easily generalised to the Australian context. The findings do, however, support the general conclusions drawn by Winokur et al. (2009) in their Cochrane review which found consistently lower (better) scores on measures of psychological dysfunction across a range of studies which had used standardised measures. The POCLS results accord further refinements to these conclusions by showing that the effect appears to be particularly influenced by the lower scores observed for grandparents compared with relative/carers in general.

Broader comparisons of the POCLS results with nationally representative figures (e.g., Sawyer et al., 2000, 2007) for 6-17 year olds (the range published) shows that around 13% of children in the community have clinical level internalising and externalising behaviours. In the POCLS study, the prevalence of internalising problems was somewhat higher: 22% for foster care and 17.5% for relative/kinship care. The prevalence of externalising behaviours was considerably higher: 43.5% in foster care and 27.4% in relative/kinship care. The figures obtained for the POCLS were, however, lower than those reported by Sawyer et al. (2007) in a study of children in care (44.9% for internalising and 60.1% for externalising). This difference very likely reflects the fact that the Sawyer et al. study used a different sample (children already with a long history in care) and this may have biased the results towards children with more complex problems.

Interestingly, the POCLS study did not observe any differences for infants as based on the BITSEA comparisons between the different categories of care. However, consistent differences were observed for the Ages and Stages Questionnaire with children placed with grandparents found to have better development on all five domains compared with those placed with the other carers.

Other analyses compared the temperament of children placed in different types of care. These results showed that younger children placed with grandparents were generally rated as having as an easier temperament, but similar results were not observed for comparisons involving children aged 8 and older. Older children were generally rated as having similar temperaments irrespective of the type of care.

4.7 Relationships and social connections

A number of questions examined the carers' perceptions of how well the child had settled and the nature and quality of relationships in the household. Consistent with the findings obtained for the measures relating to care-giving, grandparents reported having a better quality relationship with children and knew the children better than those carers in the other groups. These advantages also appeared to extend to other family members in that children placed with grandparents were more likely to have contact with their parents if placed with grandparents; and, more overnights stays with siblings who were otherwise living elsewhere. Other findings indicated that grandparents rated the children placed with them to have a better quality relationship with their parents than those placed in other forms of care. These results support previous observations by Kiraly and Humphreys (2013) that placement with relatives appears to afford a number of benefits; most notably a strengthening and maintenance of relationships between family members.

A final series of questions examined the relationship between carers and children and their assigned caseworkers. Grandparents generally reported being less satisfied with their dealings with caseworkers than other carers. They reported more changes in workers, less satisfaction with being able to make contact and in the assistance obtained. More broadly, the results clearly showed that foster carers were generally more likely to be in contact with caseworkers and to be generally satisfied with the services obtained. These findings may reflect the fact that grandparents may have less need for assistance from caseworkers because the children under their care appear to have fewer difficulties than those placed with other types of carer. Alternatively, it may reflect the fact that grandparents tend to take greater ownership and responsibility for the care of the children (because they are family members) and feel less inclined to seek formal assistance. The lack of contact might mean that the caseworkers may seem less familiar and useful than might be perceived by foster carers who appear to make more frequent contact. Assistance with visitation or contact arrangements might be one reason why foster carers might make more contact with caseworkers than relative/kinship care, although this requires further investigation.

4.8 General conclusions and future directions

The analysis of the baseline POCLS data does not allow one to draw definitive conclusions about the extent to which differences in child functioning across the different types of care are related to pre-existing differences in children's wellbeing or the nature of the care or differences in the nature of care. However, the results clearly show that relative/kinship care is not emerging as a less nurturing or problematic form of care. On the contrary, the evidence shows that children placed in

this form of care (and most notably 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. Many of these have been outlined in the literature review that commences this report and will be the subject of other POCLS reports.

The findings do, however, raise a number of important questions which will need to be investigated through further analyses based on the POCLS data.

4.8.1 Exposure and selection effects

It is not possible to draw causal conclusions about the relationship between different types of care and child outcomes. Indeed, it may be that child functioning is as much a cause of differences observed between the carers than it is an outcome. For example, if grandparents typically receive children with fewer emotional, developmental and behavioural problems, this might explain why the relationships observed in their care appear to be better than in foster care. It seems unlikely given the relatively short duration of the placements in the POCLS that many of the differences between children are likely to be strongly influenced by differences in care experiences. However, it may be that greater ability to keep in touch with parents and other family members in relative/kinship care may assist with children's development. Analysis could therefore examine the extent to which family contact levels are related to various child outcomes to examine whether this aspect of relative/kinship care is a potential source of the differences observed. Stronger conclusions about the influence of care experiences will emerge through analyses that examine children's differential exposure to different types of care over a protracted period. Ideally, such analyses should involve at least three waves of data and also examine any variations in exposure that occurred prior to the interview for the study being conducted. Variations in developmental outcomes over time could be examined with type of care exposure studied as a moderating or interactive variable. Alternatively, one might identify children who are developmentally similar at baseline and then examine how their outcomes vary over time depending upon the type of care to which they have been exposed.

4.8.2 Aboriginal differences

The fact that 'other relatives' were more likely to have an Aboriginal background may explain why this group differed from the grandparents on a number of variables. It will, therefore, be important to examine how Aboriginal status is related to many of the variables in this study. For example, are Aboriginal carers living in similar geographical location with a similar access to services compared with non-Aboriginal carers? Are there differences in other demographic factors, socio-economic status, parenting style and a number of other variables? These comparisons are important to contextualise the differences reported in this report. Such differences may also need to be studied in conjunction with other qualitative research that examines the role of

culture more specifically and which interprets the nature of parent-child relationships from an Aboriginal context and which may qualify the validity of the measures used in the present study (usually normed on non-Aboriginal populations).

4.8.3 Predictors of carer wellbeing

Another important set of analyses would be to examine the factors which predict carer wellbeing and satisfaction. To what extent do variations in demographic, socio-economic and child characteristics across the different types of care explain why carers in some groups might experience greater distress or satisfaction with their role as carers? To conduct these analyses, it will be necessary to ascertain what factors predict outcomes for carers in general and which of these factors or predictors have been found to vary across the carer groups.

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