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

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Acknowledgement of Country

We acknowledge the traditional custodians of the land on which we

are gathered,

whose culture and customs have nurtured and continue to

nurture this land, since the Dreamtime

We pay our respects to Elders past and

present

Image source: Shutterstock

Caregiver characteristics that can impact on caregiving

- Carers often faced with challenging behaviours from children in their care

- **Kinship/relative carers**:

  - Often older: grandparents

  - Services not tailored for kinship carers, esp. ongoing support

  - Often financially disadvantaged, poor physical & mental health, & receive less informal support than foster carers

- **Social support networks** – crucial for successful placements

  - Carer health can influence cognitive development of children

  - Social support lessons impact of health problems & stressful life events on carers

- **Formal training & support** – increases carer confidence & ability to manage

Pathways of Care Longitudinal Study (POCLS) & aim

- Largest prospective longitudinal study of children in out-of-home care in Australia

- 1,143 carers from 895 households

- **Aims**: To explore the:

  - impact of child & placement characteristics, carer resources, perceptions & life stressors on caregiving & well-being; &

  - identify group-based trajectories of caregiving & well-being of carers across 4 survey waves

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

ABCX model to investigate carer & household characteristics that impact on caregiving
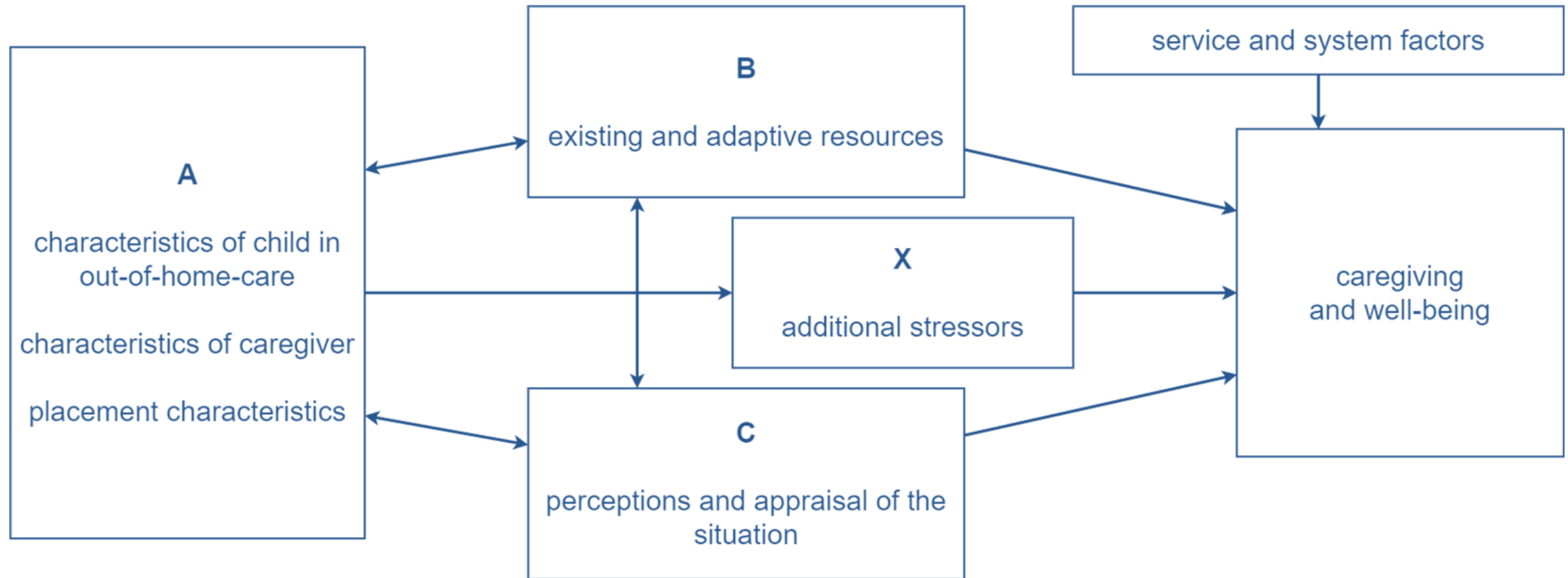
Adapted from: Lavee et al 1985. The Double ABCX Model of Family Stress and Adaption. Journal of Marriage and the Family, 47 (4) 811-825.
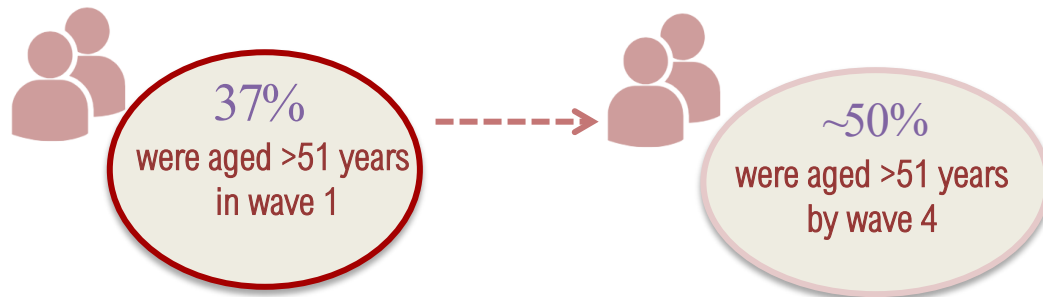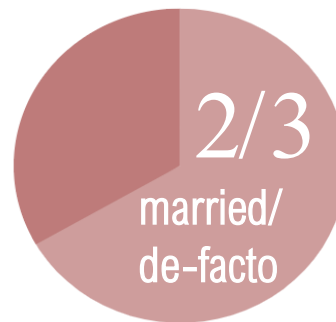
Method

- Carer questionnaires, including text responses

- DCJ administrative data

- Caseworker survey

Caregiving & well-being binary outcome created using:

- **Carer role dissatisfaction**, Likert scale (i.e. very dissatisfied/ dissatisfied); OR

- **Psychological distress**: Kessler 10, ≥25 (moderate/severe psychological distress); OR

- **Distant parenting**: parenting hostility ≥8 (75th percentile, relatively high hostility in parenting style) and warmth ≤16 (25th percentile, indicating low-moderate warmth in parenting style)

Results: carer characteristics

90% Carers were female

2/3 married/ de-facto

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

37% were aged >51 years in wave 1

~50% were aged >51 years by wave 4

In wave 1:

13% CALD background

15% Aboriginal and Torres Strait Islander

- ~ 50% kinship placements in waves 1 & 2
- ~33% kinship placements in waves 3 & 4

Results: carer stressors, resources & perceptions

~50%

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

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

65-75%

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

30-40%

Had accessed ≥2 professional support services (e.g. respite care, carer support groups, counselling)
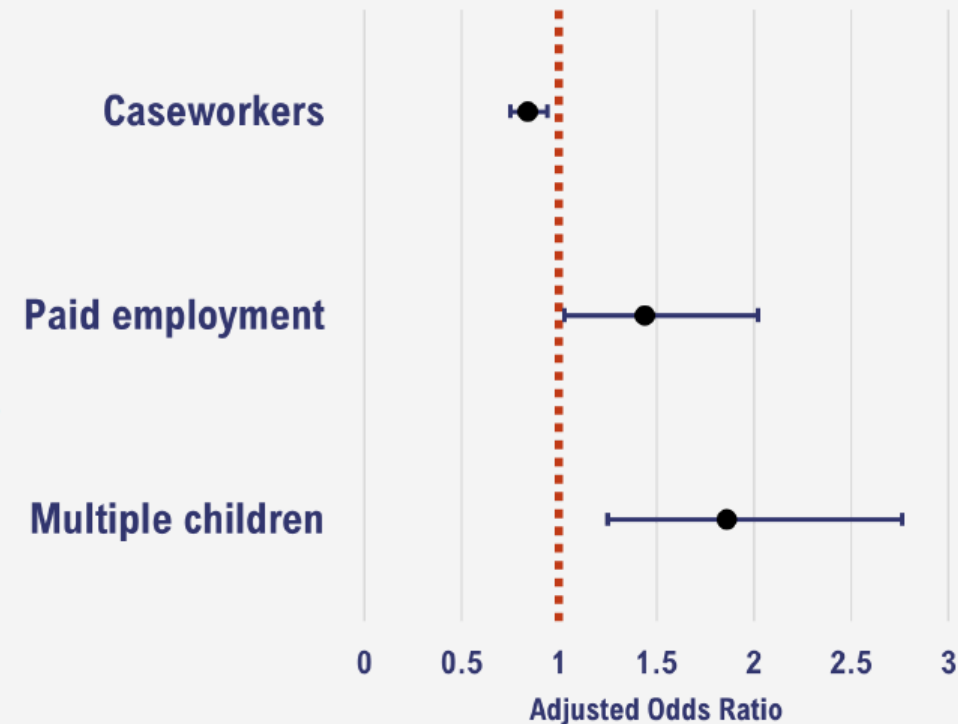
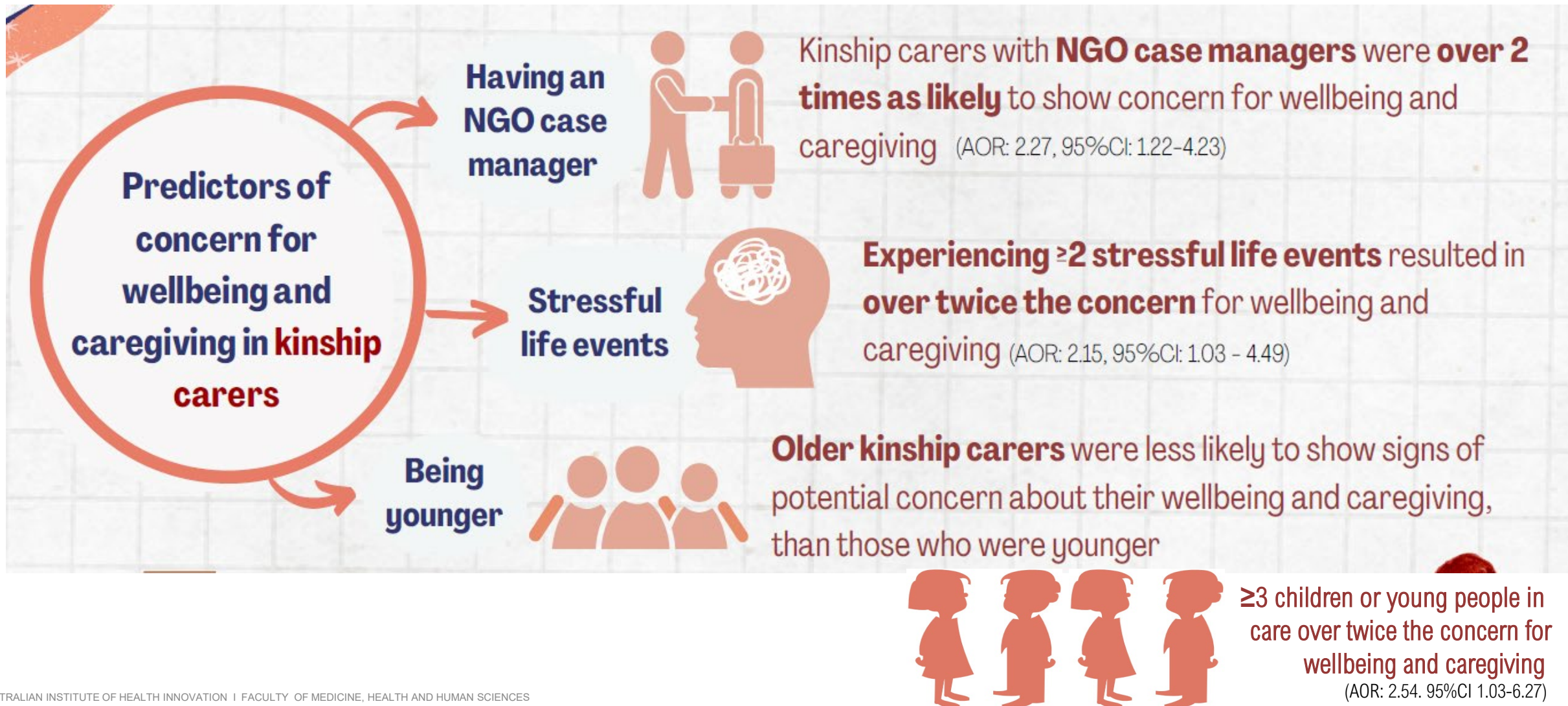# Results: Potential concern & foster carers (n=483)

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

- Carers satisfied with **caseworker assistance** experienced **26%** lower likelihood of concern for caregiving and wellbeing

- Being in **paid employment** increased likelihood of concern for carer wellbeing and caregiving by **44%**

- Carers looking after **multiple children** had **86%** higher likelihood of concern for wellbeing and caregiving

- Carers with **older children** experienced **more placement challenges** than younger children, and also challenges at critical time points (e.g. when child commenced pre/school)
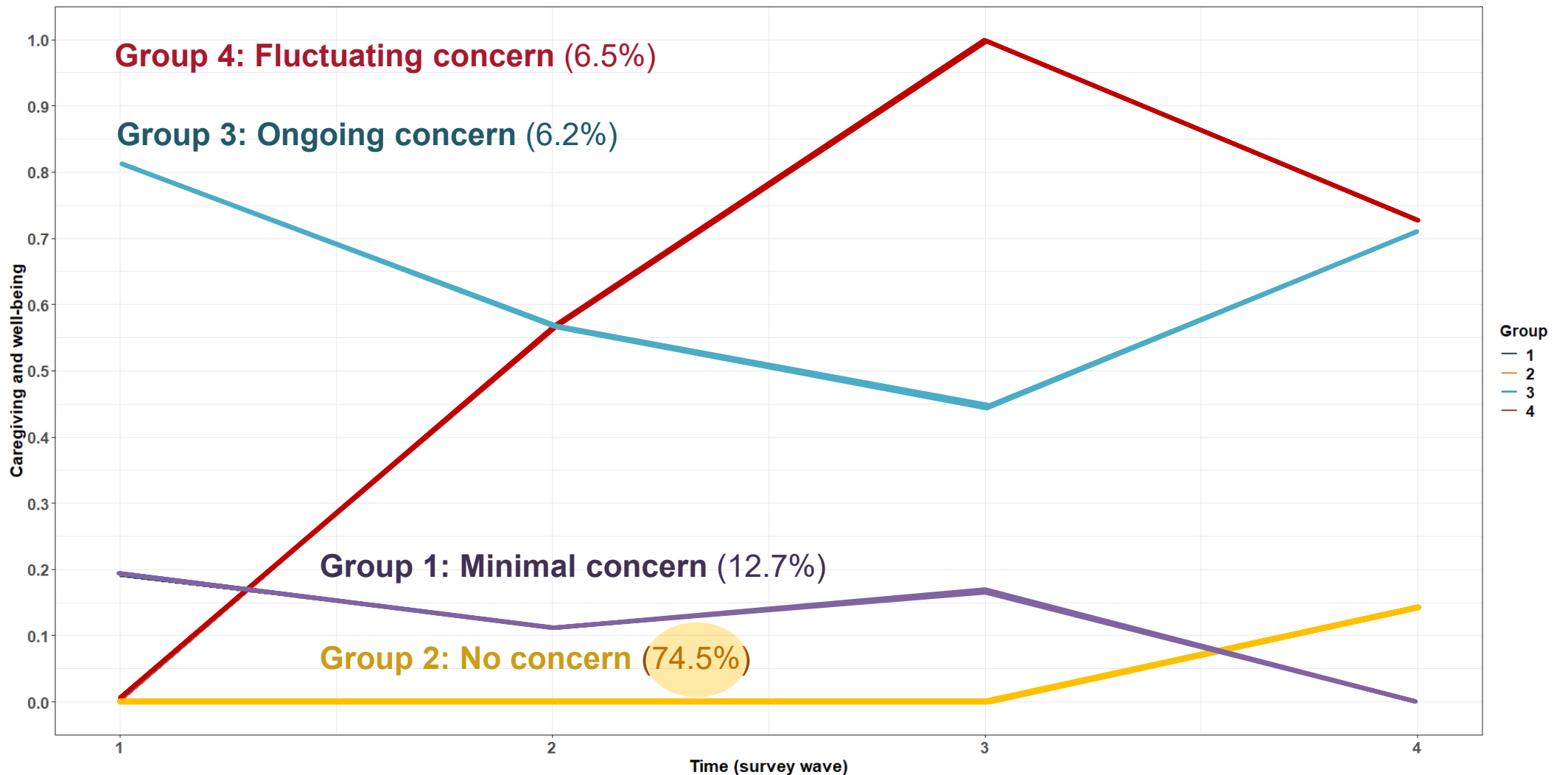
Results: Potential concern & kinship carers (n=356)

Predictors of concern for wellbeing and caregiving in kinship carers

Having an NGO case manager

Kinship carers with **NGO case managers** were **over 2 times as likely** to show concern for wellbeing and caregiving (AOR: 2.27, 95%CI: 1.22-4.23)

Stressful life events

Experiencing ≥2 stressful life events resulted in **over twice the concern** for wellbeing and caregiving (AOR: 2.15, 95%CI: 1.03 - 4.49)

Being younger

Older kinship carers were less likely to show signs of potential concern about their wellbeing and caregiving, than those who were younger

≥3 children or young people in care over twice the concern for wellbeing and caregiving (AOR: 2.54. 95%CI 1.03-6.27)

Results: Caregiving & well-being trajectory groups of carers (n=322)

Group 4: Fluctuating concern (6.5%)

Group 3: Ongoing concern (6.2%)

Group 1: Minimal concern (12.7%)

Group 2: No concern (74.5%)

Y-axis scale: 0=no concern & 1=potential concern

Free text responses

- **Employment** – cited as a barrier to attend training, appointments, time demand, stress in accessing childcare.

- **Caring for multiple children** – time & cost demands, need for extra space e.g. furniture, clothing. More contact visits & appointments to organise and attend.

- **Social support** – practical help & valuable emotional support.

- Need for **short-term respite** care.

- **Caseworker assistance** - responsive, communicative vs. difficult to reach.

- Need **information** about child e.g. medical history & what assistance carers are eligible for.

- Challenges with frequently changing caseworker – **lack of continuity** is frustrating.

Limitations

- POCLS designed to follow the children & young people, but our focus was on carers. Retro-fitted research questions e.g. create a composite variable for caregiving & well-being.

- Dyadic analysis (i.e. carer-child pair) would have been optimal, but no common outcome recorded e.g. 'well-being'; 'quality of life'

- No information on carer's health service use

- Potential for self-report bias

- Survey questions changing over time – e.g. wave 1 missing some key questions such as stressful life events

- POCLS used some validated questionnaires but sometimes left out a question, so could not use validated sub-scales

Implications for policy & practice

- Time demands of **working** impact carers' ability to access training & other services

- Carers with **multiple children in care** were at risk for decreased well-being & caregiving

- Without a good **working relationship with caseworkers & information**, carers were likely to experience decreased well-being & difficulty providing care

- Kinship carers – NGO caseworkers more likely to leave to own devices

- Experience of **stressful life events** (e.g. serious illness) impact on ability to cope

- Potential for **short-term respite** care to deal with life events e.g. relative death

- Some carers need further **support at critical times**, such as when a child starts school

- Importance of **social networks & support** contributing to well-being

Acknowledgments

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

- POCLS study team

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