



Pathways of Care Longitudinal Study (POCLS)

How do relative/kinship carers and foster carers differ in their characteristics, wellbeing and support needs?

Key Messages

Relative and kinship placements in out-of-home care (OOHC) have greatly increased across all Australian states and territories and are the fastest growing placement type in Australia. Living with relatives and kin can help children and young people (hereafter children) to remain part of their extended family and provide the opportunity to develop a stronger sense of identity and belonging than if they lived away from family.

This Evidence to Action Note presents selected findings from three research publications from the Pathways of Care Longitudinal Study (POCLS) (Delfabbro, 2017 and 2020; Ryder et al. 2022). This Note describes the characteristics, parenting style, financial and psychological wellbeing of relative/kinship carers compared to foster carers. It also presents findings on the developmental outcomes of children in their care. The Note is intended to be a resource for policy makers and practitioners.

Overall, findings from the POCLS showed that relative/kinship carers were a more vulnerable group than foster carers and often experienced greater challenges associated with the caregiving role. However, children in their care showed slightly better developmental outcomes compared to children in foster care.

Summary findings

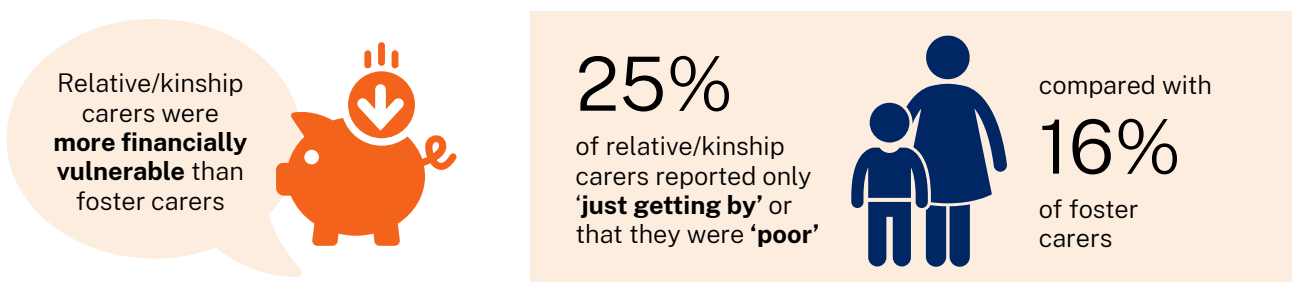
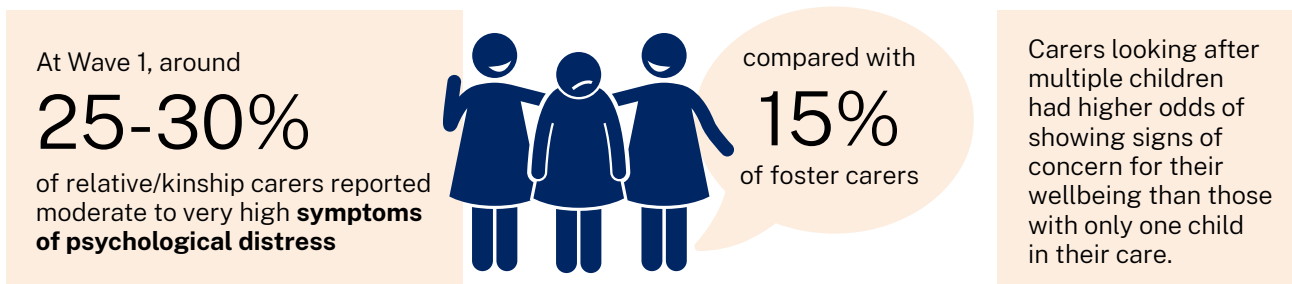
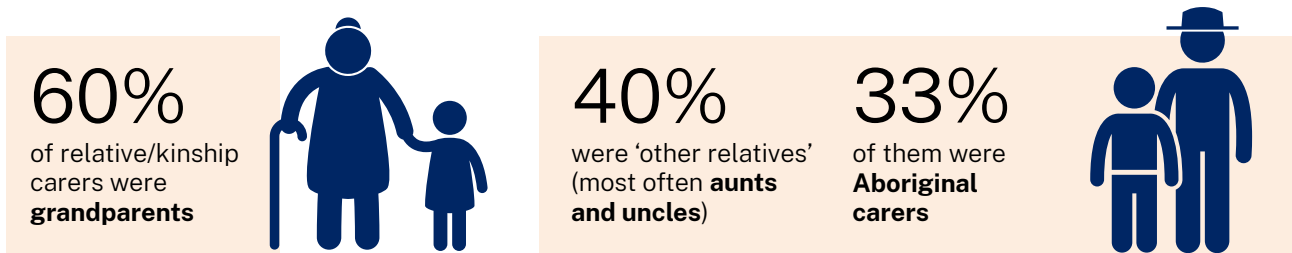
Compared to foster carers, relative/kinship carers:

- were often grandparents, more likely to be older and with more health problems.
- had smaller houses, fewer financial resources and greater psychological distress.
- did not have the same degree of preparation at the time of entering into the caring role and often did so in a time of crisis.
- had care arrangements were poorly resourced and received lower levels of support and had poorer relationships with caseworkers.
- demonstrated slightly better results for developmental outcomes of children in their care, in physical health, cognitive ability and socio-emotional wellbeing.
- are better in maintaining children's family time¹ with birth family members.

In line with the [NSW Child Safe Standards for Permanent Care](#) (Standard 19, 20), the NSW Department of Communities and Justice (DCJ) puts a strong focus on carers of children in OOHC. The Department's casework practice mandates include support and training for carers and monitoring of placements to create safe, nurturing and positive environments for children. The findings presented in this Note underpin the current policy and practice reinforcing the importance of capable, resilient, and responsive carers; and ongoing casework support and training for relative/kinship carers to enable them to address the challenges that come with caring for children.



¹ Family time is the preferred term for 'contact' with the child's birth family members in DCJ policy and publications. Contact includes various forms of contact, not just face-to-face time, though this was the most common form of contact reported in the POCLS.



* Typically Wave 1 interview occurred 17.4 months after the child's first entry to OOHC.

Why is it important to differentiate between foster carers and relative/kinship carers?

In June 2021, 15,895 children were in OOHC in NSW and 43% identified as Aboriginal. More than half of all children (53.6%) were in relative/kinship care and 40% were in foster care (AIHW 2022). Relative/kinship care is generally defined as care provided by a close relative, but it can also include close friends or members of a cultural community (Delfabbro 2017). Relative/kinship care is the fastest growing form of care in Australia, and the most common placement type for Aboriginal children in care (AIHW 2018).

Relative/kinship care arrangements can be beneficial in that they are considered more likely to keep children closer to their birth families. They can maintain the children's sense of identity (they are still with 'family'), and they may help to preserve cultural and religious beliefs (O'Brien 2012). On the other hand, 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. Relative/kinship 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 (Paxman 2006).

It is imperative for all children to remain connected to their family, not only to preserve their cultural beliefs, but to support the intertwined nature of Aboriginal cultural identity which involves connection to family and community, cultural beliefs and story-telling of their family's cultural journey (Delfabbro 2018). The Aboriginal Child and Young Person Placement Principles aim to ensure that, if assessed as safe, Aboriginal children are placed within their birth family, extended family, local Aboriginal community or wider Aboriginal community and culture.

Providing adequate support to all carers is critical to achieve placement stability and to ensure children in care can thrive. While the OOHC system relies heavily on relative/kinship carers, services are not always tailored to address their unique needs. Relative/kinship carers usually enter the role without the same degree of preparation as foster carers and often experience greater psychological and financial stress associated with the caregiving role (Delfabbro, 2017; Delfabbro, 2020). Grandparents, who represent around half of all relative/kinship carers, have poorer psychological health and are more socially isolated than other carers (Harnett et al. 2014). The psychological wellbeing and resilience of carers has implications for the wellbeing and outcomes of children in their care. Even at low levels, strain and psychological distress affect the capacity of carers to provide sensitive, responsive, high-quality parenting (Steenbakkers et al. 2017).

How are carer characteristics, carer wellbeing and child outcomes measured in the POCLS?

The POCLS survey contains validated questions and standardised measures answered by children and their caregiver. Standardised measures allow an individual's development to be compared with their peers in the general population, and also allows researchers to track change overtime. It is important to take cultural considerations into account when using standardised measures with children from minority cultures. The standardised measures used in the POCLS were selected in 2010 from existing high-quality studies so that the POCLS sample could be compared with other Australian general population studies and international longitudinal studies involving OOHC populations. At this time, measures of child development had not been tested for validity and reliability with Aboriginal children in Australia.

Carer characteristics

Carer characteristics presented in this Note were drawn from in-depth face-to-face interviews conducted with carers at Wave 1. Carers were asked a series of demographic, financial and employment related questions, as well as questions about the household structure, living arrangements and perceptions of the quality of their neighbourhood.

Carer parenting style and engagement

Carer parenting style and engagement with the children was assessed using the following scales.

The Emotional Responsiveness scale from the Parenting Style Inventory (adapted version PSI-II) (Darling & Toyokawa, 1997) was used to characterise children's (aged 7-17 years) relationships with their carers. The scale consists of five items. Each item asks children how often does their carer: 'Help you out if you have a problem', 'Listen to you', 'Praise you for doing well', 'Do things with you that are just for fun' and 'Spend time talking to you'. Each item is scored on a five-point scale where the response categories range from 'Always' = '1' to 'Never' = '5'. The items are then reverse coded, with a higher score indicating a better parenting style.

The Parenting Warmth scale assessed the warmth of parenting practices for children aged 9 months to 17 years (Paterson & Sanson, 1999). The scale consists of four items, which ask carers how often they: 'Tell the child how happy [he/she] makes you'; 'Have warm, close times together with the child'; 'Enjoy listening to the child and doing things with him/her'; and 'Feel close to the child both when he/she is happy and when he/she is upset'. The response categories range from 'Never' = '1' to 'Always' = '5'.

The Parenting Hostility scale was used to measure hostile/angry parenting for children aged 9 months to 17 years (Institute de la Statistique du Québec, 2000). The scale is brief and is completed by carers. The scale consists of three items: 'I have been angry with the child';

‘When the child cries, he/she gets on my nerves’; and ‘I have lost my temper with the child’. The response is scored on a 10-point scale from ‘Not at all’ = ‘1’ to ‘All the time’ = ‘10’.

Carer psychological wellbeing

Carer psychological distress was assessed using the Kessler-10 (K-10) (Kessler et al., 2002). The scale includes 10 questions asking carers to rate how often in the last four weeks, a series of statements regarding emotional states applied to them on a 5-point scale ranging from ‘all of the time’ to ‘none of the time’. Scores are then categorised as low, moderate, high or very high where scores of ≥ 25 indicating likely moderate to high psychological distress.

Carer satisfaction in their caring role

Carer satisfaction was measured using a binary variable (Yes/No) created for each question related to carer satisfaction, including: being able to reach caseworkers when needed; assistance provided by caseworkers; working relationship with other agencies related to the child (early childhood education, counsellors, etc.); adequacy of information about the child; and opportunities to meet other foster or kinship families (Satisfaction with Foster Parenting Inventory SFPI; Stockdale et al. 1997).

Children’s health and developmental outcomes

Several developmental and socio-emotional wellbeing measures were administered during the carer and/or child interviews, the caseworker survey and the teacher survey. Some of these measures were based on carer, teacher and caseworker reporting (third-party observations), while others required children three years and older to answer questions or complete tasks (POCLS Technical Report 8).

Physical health

Carers were asked to rate the physical health of the child on a six-point scale from 1 = excellent to 6 = very poor. Carers were also asked whether the child had an illness or medical condition expected to last six months or longer.

Child and Behaviour Checklist (CBCL)

The CBCL was completed by carers and teachers of children aged 3–17 years. Versions validated and normed for use for 1.5–5 years of age and 6–18 years of age were used (CBCL, Achenbach & Rescorla, 2000). The CBCL yields subscale scores for a range of conditions and competencies, but the principal focus for the POCLS was the two composite syndrome profiles: Internalising and Externalising behaviours. Internalising includes the anxious-depressed, withdrawn-depressed and somatic complaints syndrome scales. Externalising captures problems relating to external behaviours including rule breaking and aggressive behaviours. The CBCL Total Problems score is

the sum of the 1 and 2 responses on specific items of the CBCL. The CBCL scores can be presented in a raw score format; as standardised T-scores; and children can be classified as falling into clinical, borderline and non-clinical ranges.

Matrix Reasoning Test from the Wechsler Intelligence Scale for Children (WISC-IV)

Children in the POCLS aged 6–16 years completed 35 matrix reasoning items from the WISC-IV as a measure of logical reasoning or fluid intelligence (Wechsler, 2003).

Peabody Picture Vocabulary Test (PPVT-IV)

The PPVT of verbal knowledge is administered to children aged 3-17 years in the POCLS. There are 228 items with different starting points for children of different ages. The test yields raw scores based on correct answers and errors, as well as standardised scores ($M = 100$, $SD = 15$) for different ages. Scores higher or lower than the reference point of 100 indicate the extent to which the child's vocabulary compares with peers (Dunn & Dunn, 2007).



Summary of key findings

Important considerations when interpreting data findings

1. POCLS Timeline

The findings include data collected from Wave 1 to Wave 4 interviews. Wave 1 interview occurred approximately 17.4 months after the child's first entry to OOHC; Wave 2 took place after 3-4 years; Wave 3 after 5-6 years while Wave 4 after 7-8 years after entering OOHC.

2. Exposure and selection effects

The findings do not suggest a causal relationship 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. Also it may be that there is a selection bias towards the placement of better adjusted children in relative/kinship care across a range of measures (Delfabro 2017).

3. Historical context affecting outcomes of Aboriginal families

The results presented here include data collected from Aboriginal children and families. Interpretation of the data should consider the factors associated with the over-representation of Aboriginal children in child protection and OOHC including the legacy of past policies of forced removal and the intergenerational effects of previous forced separations from family and culture. This erosion of community and familial capacity over time needs to be considered in any reform efforts as it continues to have a profoundly adverse effect on child development. The implications for policy and practice should highlight strengths, develop Aboriginal-led solutions and ensure that better outcomes are achieved for Aboriginal people. Aboriginal kinships, community, connection to culture and family are culturally complex. The findings presented in this Note do not aim to address this complexity.

How do relative/kinship and foster carer profiles compare?

At Wave 1, there were 470 foster care and 402 relative/kinship care households. The group of relative/kinship carers was then broken down further into 247 grandparents and 155 'other relatives'. Among the grandparents, 91 still had their own biological children living at home, whereas 155 did not ('empty nesters'). Most primary carers were women (90%), and they were living with a male partner who also helped with the care of the children (secondary carers). There were some clear differences in the characteristics of the different carer groups:

- Grandparents were significantly older than the other two groups (i.e., foster carers and 'other relatives/kin'). They also reported lower levels of education.

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- Grandparents had greater experience raising their own children; between three and four children on average compared to two children for foster carers and between two and three children for 'other relatives/kin'.
- One in ten grandparent and foster carer households had Aboriginal carers compared to 'other relative' households where 3 in 10 were Aboriginal carers (most often aunts and uncles).

Financial wellbeing of relative carers

- At Wave 1, more than half (61%) of all primary carers were not in paid employment. This was most common in grandparents, of whom nearly two-thirds (67%) were not in paid work. At the same time, most secondary carers (around 70%) were working, although that was slightly lower for grandparents (60%).
- The most common source of income for the household (apart from carer payments) was the income obtained by the secondary carer. Foster carers generally had higher incomes than the other two groups, around 42% of them had annual household incomes of more than \$80,000.
- At the household level, a quarter (25%) of grandparent and other relative/kin reported only 'just getting by' or that they were 'poor' as compared with 16% of foster carers. When asked if they could raise \$2,000 in an emergency, around 20% of relative/kinship carers said that their household could not do this compared with 9% of foster carers. At Wave 3, these numbers had dropped only marginally to 18% for relative/kinship carers and 7% for foster carers.
- Grandparents generally had smaller houses and fewer children in their home. Grandparents were more likely to own their own homes outright, whereas over half of the foster carers had mortgages.
- Grandparents tended to rate the quality of their social environment in the neighbourhood as poor, whereas foster carers were more likely to have positive views about the people in their neighbourhood.

Carer parenting style, engagement and family time

The fact that relative/kinship carers, in particular grandparents, were older and had poorer health and fewer financial resources raises the question whether their circumstances may affect the quality of their care. However, that was found not to be the case:

- At Wave 1, grandparents reported a warmer and less hostile parenting style than the other two groups (i.e., foster carer and other relatives/kin). Grandparents felt that they had better quality relationships with the children and that they knew the children better. They were more likely to tell the child how happy he or she made them and said they were able to get close to the child when the child was upset.
- When asked what the best thing about the child they were caring for was, the attributes that all types of carers mentioned most often were 'loving', 'caring', 'happy', 'funny/sense of humour' and 'helpful'.

“He makes you want to get up in the morning. He is awesome. He is my little man.”
Relative/kinship carer²

“She is just a real little character. She is very loving, sociable, friendly and happy. She has fitted into our family unit from day one. She just makes us very happy.” Foster carer

- At Waves 1 and 2, relative/kinship carers were more confident than foster carers in their ability to deal with challenging child behaviours, but the two groups were almost identical by Wave 3. Both groups of carers improved in confidence over time, but the foster carers to a greater extent than relative/kinship carers.
- At Wave 1, children living with grandparents were more likely to have contact with both their mother and father and with other siblings not living with them. Children placed with their grandparents were reported to have better quality relationships with their parents, had more face-to-face unsupervised contact and overnight stays compared to children placed in other forms of care. There was a gradual decrease in the proportion of children in contact with their birth parents across the three waves, but this was observed for all groups (Cashmore & Taylor 2020).

Developmental outcomes of children

- At Wave 3, children in relative/kinship care were rated as having better physical health than those in foster care. However, over 95% of all children were reported by their carers to have at least ‘very good health’.
- There were limited differences in cognitive ability between children in foster care and those in relative/kinship care. The PPVT-IV and WISC-IV Matrix Reasoning test scores were slightly lower for children in foster care at Wave 1 but were similar for children in foster care and relative/kinship care by Wave 3.
- Behavioural issues as measured by externalising scores and total problems scores on the CBLC were lower for children in relative/kinship care than for those in foster care. Mean scores for both groups were, however, generally in the normal range. Children in foster care were more likely than children in relative/kinship care to fall into the clinical range (indicating a potential need for professional support) for externalising behaviours (23% compared to 20%).

² To protect the confidentiality of the children and carers, data has been reported in line with APA publication guidelines and our ethical obligations. For example, to mask the individual carer’s identity, we did not report cultural background of the carer where it is not important to the ‘narrative’ or understanding.

Overall, these results showed that children in relative/kinship care generally had better scores on the standardised measures at Wave 1 (18-14 months after entry to OOHC) than those in foster care, and these differences were often maintained by Wave 3 (5-6 years after the entry). While these differences were quite small in terms of the magnitude of the effect sizes, this also means that staying in relative/kinship care over long periods of time did not lead to poorer outcomes for children. This may be because of 'selection effects', which means that children in kinship care were better adjusted when they were placed in relative/kinship care, or because of the type of carer.

Outcomes for Aboriginal children

- Over the first 5-6 years in OOHC (Waves 1-3), 95% of Aboriginal children were rated by their carers as having 'very good' to 'excellent' health. Aboriginal children in relative/kinship care were rated as healthier than those in foster care.
- There were no significant differences in language and cognitive development between Aboriginal children in relative/kinship and foster care.
- There were also no significant differences in behavioural and emotional problems for Aboriginal children in relative/kinship and foster care. Mean scores for both groups were generally in the normal range. At Wave 3, there was a trend for Aboriginal children towards a higher prevalence of internalising behaviour problems (e.g., depression and anxiety) in Aboriginal foster care and fewer externalising behaviour problems (e.g., rule breaking and aggressive behaviour) in Aboriginal relative/kinship care. Children in Aboriginal relative/kinship care also less likely to have total problem behaviours in the clinical range. These differences were not, however, statistically significant. Overall, the outcomes for Aboriginal children placed into different types of care were generally found to be quite similar.
- There was some evidence that Aboriginal children who had contact with their birth communities were less likely to need ongoing monitoring and professional support for their socio-emotional wellbeing at Wave 3. Aboriginal children placed in Aboriginal relative/kinship care households were more likely to be socialising with their birth communities than those placed into Aboriginal or non-Aboriginal foster care or non-Aboriginal relative/kinship care.



Carers psychological stress

- At Wave 1, most carers said that they were in good health (over 85%) and few smoked or drank alcohol. However, grandparents were significantly more likely to report ongoing health problems (almost 40%).
- Relative/kinship carers were more vulnerable to psychological distress than foster carers. Around 30% of grandparents and 25% of ‘other relatives/kin’ reported moderate to very high symptoms as compared with around 15% of foster carers.
- Carers who provided Aboriginal relative/kinship care reported the highest levels of psychological distress, whereas non-Aboriginal foster carers reported the lowest level of distress. Aboriginal foster carers felt more distressed over time from Wave 1 to Wave 3. The other groups either remained stable or had scores that were slightly decreasing.

Furthermore, analyses using the POCLS interview data from Wave 1 to 4 showed that:

- Across waves relative/kinship carers experiencing two or more stressful life events in the previous 12 months were more than twice as likely to be concerned about their caregiving and their wellbeing than those experiencing none.
- Carers looking after multiple children had higher odds of showing signs of concern for their wellbeing and caregiving than carers with only one child in their care. The impact was even greater for relative/kinship carers.

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- Being in paid employment can affect a carer's ability to parent in a warm and consistent manner. Employed carers reported finding it difficult to meet the expectations of caseworkers and agencies in terms of being available for meetings, taking the child to appointments and attending training.
- Relative/kinship carers with NGO case managers had a greater likelihood of poorer carer wellbeing than those with DCJ case workers. This could suggest a lack of fit between how NGO agencies operate and the realities of relative/kinship care.

"It is a full time job and very time consuming. I found it very difficult when I was fully employed so I had to give up my profession to give fostering my full time." Foster carer

"It's demanding, it's challenging, it's rewarding, it's tiring, it's heart breaking and that could be just one day." Relative/kinship carer

- Interestingly, relative/kinship carers in older age groups were less concerned about their wellbeing and caregiving. This may be because they had more experience in raising children. It might also be that they felt a strong sense of commitment to providing care for the child in their family and a sense of satisfaction despite the challenges.

Carer satisfaction in their caring role

- At Wave 1, foster carers were more likely to be in contact with caseworkers and to be generally satisfied with the services obtained.
- Relative/kinship carers were generally less satisfied with their relationship with caseworkers. They reported more caseworker changes and less satisfaction with being able to make contact and with the assistance they received.

"Just that I think that because it is a kinship placement that there is a belief that we don't need as much assistance as other foster carers. This couldn't be further than the truth especially when there is special needs. I don't think they realise the impact on the rest of the family." Relative/kinship carer

"[There are] too many different caseworkers to deal with, they don't know the child because they change too often. Generally, I have had good support, I push till I get an answer." Foster carer

"The caseworker is fantastic and she interacts with the children a lot. She contacts me and has a chat and coffee and talk about the children. She attends many of the children's school activities." Foster carer

- Additionally, it was reported that carers who felt more satisfied with the assistance from the children's caseworker were less concerned about their caregiving and wellbeing than those with below average satisfaction. Many carers in the POCLS provided positive comments

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about the support they received from caseworkers. Carers highlighted the responsiveness and accessibility of their caseworker and the feeling that they shared the common goal of doing the best thing for the child in care. However, carers also remarked on the inconsistency they experienced in terms of the quality of assistance from different caseworkers and service providers and the disruptiveness of caseworker turnover. High turnover of caseworkers meant new caseworkers were unfamiliar with the unique circumstances of the children and carers, requiring carers to reiterate information and face delays in getting access to requested services or support.

Implications of the research to improve child outcomes

This Note presents evidence from the POCLS publications focussing on different types carers of children in OOHC. The findings showed that relative/kinship carers are more vulnerable in terms of financial and psychological stress compared to foster carers. However, children in their care showed slightly better developmental outcomes than that of children placed with foster carers. The POCLS findings indicated a need for early, ongoing, and culturally appropriate assessments, support and monitoring for all children in OOHC. Carers also need early, ongoing and tailored support given the different characteristics, wellbeing and needs of relative/kinship carers and foster carers. Building this new evidence into policy and practice to support carers will ensure that all children in OOHC can achieve positive developmental outcomes.

The following section mainly focuses on strategies to support relative/kinship carers and Aboriginal carers. This is consistent with the evidence presented in this Note that relative/kinship carers are more vulnerable than foster carers reinforcing the importance of providing good quality support to this group of carers. The strategies are in line with [NSW Child Safe Standards for Permanent Care](#), informed by the priorities of the [NSW Carers Strategy: Caring in New South Wales 2020–2030](#) and the DCJ [Practice Framework](#). Particularly, the strategies reflect current practice advice and mandates that outline required activities in casework practice. The section also includes existing DCJ programs and support services to assist relative/kinship carers in their caring role.

Strategies to support and develop relative/kinship carers

Carer support

- Provide support to relative/kinship carers from the beginning of the placement. Early support will help the carers adjust better to the new situation, decrease their stress and enhance placement stability.
- Offer flexible support and services to suit the unique needs of carers including those who are employed and those with multiple children in their care.
- Organise and facilitate respite placement arrangements as necessary. Such arrangements are useful in giving carers a break from their caring role and allowing them to spend time with other family members. Respite may be provided by family members or friends who already have a relationship with the child, with DCJ or NGOs helping to facilitate this.
- Provide additional support to relative/kinship carer around birth family contact (family time), because of the complex relationship with the biological parents of the child, in particular in cases where there is a conflict with the birth family. This can be particularly difficult for grandparent carers due to the tension of looking after their own child's children.

Carer training

Carer training is critically important for carers to fulfil their role and respond to the children's needs and emotional and behavioural issues. It also improves carer satisfaction and retention. Where face-to-face training is difficult to access for carers, online training should be offered. The topics for the training may include: carer rights and responsibilities, caring for children who have experienced trauma, cultural training for carers of Aboriginal children, managing challenging behaviours, managing transition points (new placements, transition into school, transition into adolescence etc.) and building and maintaining relationships with birth families.

Currently all carers have a carer development or learning plan which sets out their learning needs, interests and opportunities. Caseworkers or case managers work with carers to create this plan. All carers are reviewed at the end of their first year of authorisation through an Annual Carer Authorisation Review. This includes carers with non-government agencies as well as those with DCJ. During this review, caseworkers update the plan, record any education or training courses carers have completed, and make note of any programs or services they may need or want to access. An additional and more comprehensive review of the authorisation for DCJ carers is done every five years.

My Forever Family NSW offers a number of in person, online and recorded webinar training sessions. Topics include understanding trauma, parenting traumatised children, emotional regulation, challenging conversations and coping when a placement has ended, as well as first aid training.

AbSec also supports Aboriginal carers and carers caring for Aboriginal children by providing access to personalised support via its carer support helpline, two Aboriginal carer support groups (Western Sydney & Hunter/Central Coast) and training and resources including fact sheets and face-to-face cultural training.

Carers of a child who has experienced significant trauma could also be referred to therapy-based services provided by DCJ specialist counsellors or clinical staff, such as Functional Family Therapy through Child Welfare (FFT-CW®0), LINKS Trauma Healing Service and OurSPACE. Referrals for Aboriginal children should be made following cultural consultation as per the Aboriginal Case Management Policy with Aboriginal Community Controlled Organisations (ACCOs), Aboriginal community controlled mechanisms, Aboriginal Practitioners and families to ensure referrals are culturally appropriate and support healing.

Financial support

DCJ is the primary provider of relative or kinship care casework support in NSW. Relative/kinship carers may be entitled to financial supports, including an establishment payment and a DCJ carer allowance to help with the day-to-day costs of raising children. Carers may be able to claim additional expenses required to meet the children's housing, education, medical and therapeutic needs. Relative or kinship carers being supported by an NGO can access supports provided by their agency.

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Relative/kinship carers may also be eligible for support from the Department of Human Services. Information about the full range of Australian Government help available, including payment rates and eligibility criteria, can be found on [the Human Services website's Carers section](#) and [Indigenous Australians section](#).

For some grandparent carers, keeping on top of payments and entitlements can be hard. In NSW, [Grandparent Advisers](#) support grandparents who are caring for their grandchildren. They offer tailored information about payments and support services, arrange appointments with specialist staff such as social workers, and help provide access to government services including Centrelink and Medicare. They can also arrange referrals to other federal, state and community service providers who can help.

Psychological support to carers

Engaging carers early about how they are feeling and what their worries are can help identify emerging themes of stress or risk to placement. Identifying and addressing issues such as feeling unsupported, dissatisfaction with communication or their relationship with OOHC agencies is important in strengthening placement stability and may have a positive impact on a child's development by prompting the provision of culturally appropriate services, support and monitoring.

- My Forever Family offers carer support and advocacy services and their support teams provide advice and guidance over the phone or through training and carer coaching services.
- Case workers can refer carers to DCJ psychological services for help with difficulties arising from the caring role.
- Relative/kinship and foster carers of Aboriginal children could be referred to AbSec's Aboriginal Carer Support Service for information, support and training opportunities.
- Caseworkers can think creatively about addressing stress by exploring aspects like respite options, self-care, and training and resources on topics like challenging behaviour and school refusal.

Caseworker support

Findings from the POCLS demonstrate that the relationships between caseworkers and relative/kinship carers need to be strengthened to foster positive outcomes for children and young people in OOHC. Good relationships with caseworkers are important for carer satisfaction and their sense of feeling supported. Positive relationships with caseworkers may be characterised by mutual trust, feeling heard and having their views respected. When working well, a carer-caseworker relationship can provide invaluable support and capacity building for carers. However, there needs to be an awareness that some carers, particularly Aboriginal kinship carers, may find caseworker contact intrusive. Cultural awareness training for DCJ caseworkers and NGO service providers is imperative.

Peer support, referrals and connections

Peer support can be a highly valued and critical element of carer satisfaction and retention. These can include formal carer events, bringing together carers from a particular region or efforts to link individual carers – either face-to-face or online – to build mutually supportive relationships.

Support can also be about local referrals and connections that help reduce isolation, teach carers new skills and empower them with strategies to navigate challenging behaviours or offer respite and support. These might include local playgroups, grandparent playgroups, homework centres, tutoring programs at the local library, PCYC, Headspace, barista courses, safer drivers course, cultural camps, sporting clubs, bushwalking, carer peer support groups, LINKS and parenting courses.

Aboriginal carers may prefer peer or informal support groups over the more formalised training programs. There are many informal and formal carer support groups that exist across NSW, for example those run by My Forever Family and AbSec. These group activities provide opportunities for carers to talk to one another, swap advice and build support networks with other parents in their area.



Support for Aboriginal carers

The findings show that Aboriginal children in relative/kinship care have more positive outcomes, however carers are experiencing more financial and psychological stress caring for their kin than foster carers. Consideration could be given to provision of higher supports and allowances (including for utilities, rent, telecommunications etc) to ensure cost of living and caring equality

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between relative/kinship carers and foster carers. Providing immediate practical assistance in meeting the requirements for allowances Working with Children Check (WWCC) to be paid as soon as the child is placed with a relative or kin will also assist. This would then create more stable placements for children. However, these support needs might be intensified because of location, socio-economic status and English literacy. Aboriginal carers may need additional supports with regards to intergenerational trauma, and they may benefit from advocacy support, support provided by Aboriginal Community Controlled Organisations (ACCOs), and a culturally competent OOHC workforce (Smart et al. 2022). DCJ is committed to the transfer of the case management for Aboriginal children and their carers to the community-controlled sector. DCJ aims for all Aboriginal children, over time, to be supported by an ACCO and to receive culturally appropriate care and case management.

Policy and practice improvements underway

The NSW Child Safe Standards for Permanent Care 2015 set out the minimum requirements agencies providing statutory OOHC and adoption services must meet to become accredited in NSW. This process is overseen by the Office of the Children's Guardian.

The NSW Practice Framework and Standards provide caseworkers with guidance about creating enduring and permanent connections for children and young people. Practice approaches such as 'Family Finding' and 'Family Group Conferencing' are in place to help children to develop and maintain lifelong connections to the family, cultural and communities.

In November 2022, DCJ updated the guide for Relative and Kinship (or Kinship) Carer Assessments for Full Authorisation to assist DCJ workers undertaking assessments. Assessing carer applicants makes sure that children in OOHC are living with people who are safe, suitable and will provide quality care.

The Permanency Support Program (PSP) Learning Hub has a range of educational resources available to support casework with relative/kinship carers and children in their care. Resources include factsheets, face-to-face and online training, webinars and podcasts.

The DCJ Youth Consult for Change program, also known as UC Change, developed a Carer Resource Pack which they presented at the Practice Conference in November 2023.

The Pack provides tips for carers, children, young people and practitioners to help build and nurture relationships for young people when they are first placed with a carer. It also provides an opportunity to consider the child or young person's experience and what is important to them when moving to a new home – their connections, their experience of safety, their sense of belonging, and their cultural identity.

DCJ Psychological and Specialist Services (P&SS) play a crucial role in supporting casework practice by offering training for practitioners and carers, consultations to support practice and in the development of resources. The unit has developed a series of resources to support carers and assist children and young people transitioning to new placements. The resources are designed to help caseworkers and carers to make a child feel welcomed, included and settled in their placement.

Policy and practice guides and further reading

Raising Them Strong

A resource for Aboriginal foster and kinship carers covering topics such as health, education, grief and loss, family contact and navigating 'the system'.

Leading the way - Preparing young people for leaving care

A guide for foster, relative and kinship carers to help young people for leaving care.

My Forever Family

Provides resources, practical guidance and support for carers caring for children and young people in out-of-home care.

AbSec

Aboriginal Carer Support Service: provides help for carers of Aboriginal children and young people in NSW. The free telephone advice and advocacy service for carers of Aboriginal children also supports our member agencies with foster care recruitment activities, including events and promotion.

Raising Children

Online advice for carers, parents and guardians: free, reliable, up-to-date and independent videos, articles and apps backed by Australian experts. An excellent resource for raising children of all ages, including those with a disability.

Fostering Lifelong Connections Project

Trauma informed family time: Tip sheets to support carers, caseworkers and parents to gain trauma awareness and improve trauma responses for children and young people.

POCLS publications relevant to this topic

The findings presented in this Evidence to Action Note are primarily based on:

Delfabbro, P. (2017). *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. Research Report 7. Sydney. NSW Department of Communities and Justice.

Delfabbro, P. (2020). *Developmental Outcomes of Children and Young People in Relative/Kinship Care and Foster Care*. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 16. Sydney. NSW Department of Communities and Justice.

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Ryder T., Zurynski Y., Mitchell R. (2022). Exploring the impact of child and placement characteristics, carer resources, perceptions and life stressors on caregiving and wellbeing. *Child Abuse Neglect*, 127, 105586.

Other useful publications on this topic:

Nafisa Asif, Courtney Breen, Robert Wells, Influence of placement stability on developmental outcomes of children and young people in out-of-home care: Findings from the Pathways of Care Longitudinal Study, *Child Abuse & Neglect*, 2023,106145, ISSN 0145-2134, <https://doi.org/10.1016/j.chiabu.2023.106145>

Eastman, C. and Katz. I. (2020). *Caseworkers' Communication with Children and Young People in Out-of-Home Care and their Caregivers. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care*. Research Report Number 12. Sydney. NSW Department of Communities and Justice.

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Steenbakkers, A, Van Der Steen, S and Grietens, H. (2017). *The Needs of Foster Children and How to Satisfy Them: A Systematic Review of the Literature*. *Clinical Child and Family Psychology Review*. 21, 1-12.

Stockdale, D.F., et al., *Satisfaction with foster parenting inventory*, in *Manual for Foster Parent Research Measures: Motivations for Foster Parenting Inventory, Attitudes toward Foster Parenting Inventory, and Satisfaction with Foster Parenting Inventory*,. 1998, Iowa State University Research Foundation: Ames, IA.

Wechsler, D. (2003). *WISC-IV technical and interpretive manual*. San Antonio, TX: Psychological Corporation. <https://images.pearsonclinical.com/images/pdf/wisciv/WISCIVTechReport2.pdf>.

Pathways of Care Longitudinal Study

The Pathways of Care Longitudinal Study (POCLS) is the first large-scale prospective longitudinal study of children and young people in out-of-home care (OOHC) in Australia. The study collects detailed information about the life course development of children who enter OOHC and the factors that influence their safety, permanency and wellbeing. The POCLS links data on children's child protection backgrounds, OOHC placements, health, education and offending held by multiple government agencies; and matches it to first-hand accounts from children, caregivers, caseworkers and teachers. The population cohort is a census of all children who entered OOHC for the first time in NSW over an 18-month period between May 2010 and October 2011 (n = 4,126). A subset of those children who went on to receive final Children's Court care and protection orders by 30 April 2013 (2,828) were eligible to participate in the study. Information about the study and publications can be found on the POCLS webpage.

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with the DCJ Aboriginal Outcomes team to ensure that Aboriginal children, young people, families and communities are supported and empowered to improve their life outcomes. The DCJ recognises the importance of Indigenous Data Sovereignty and Governance (IDS & IDG) in the design, collection, analysis, dissemination and management of all data related to Aboriginal Australians. The POCLS will continue to collaborate with Aboriginal Peoples and will apply the DCJ research governance principles once developed.

Pathways of Care Longitudinal Study

The POCLS data asset is used to improve how services and supports are designed and delivered in partnership with the policy and program areas to improve the outcomes for children and young people who experience OOHC, the support provided to caregivers and families, and the professional development of staff.

This Evidence to Action Note was prepared by the POCLS team at DCJ and the report authors with input and endorsement from the Evidence to Action Working Group and the POCLS Aboriginal Governance Panel. This note is intended to be a resource for policy makers and senior practitioners.

Recommended citation

How do relative/kinship carers and foster carers differ in their characteristics, wellbeing and support needs? Evidence-to-Action Note Number 13. Sydney. NSW Department of Communities and Justice.

Study design

NSW Department of Communities and Justice - Family and Community Services Insights, Analysis and Research (FACSIAR); Australian Institute of Family Studies; Sax Institute, Professor Judy Cashmore, University of Sydney; Professor Paul Delfabbro, University of Adelaide; Professor Ilan Katz, University of NSW; Dr Fred Wulczyn, University of Chicago.

Data collection by Ipsos Australia.

Ethics approvals

- University of NSW Human Research Ethics Committee (Approval numbers HC 10335, HC 16542)
- Aboriginal Health & Medical Research Council of NSW Ethics Committee (Approval number 766/10)
- NSW Population & Health Services Research Ethics Committee (Approval number HREC/14/CIPHS/74; Cancer Institute NSW 2014/12/570)
- AIHW Ethics Committee (Approval Number EO2019-1-406)

All the POCLS publications are available on the [POCLS webpage](#)

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