

## Practice perspectives ...

# Home based carer and professional support needs survey

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The Post Placement Support Service (PPSS) provides training and support to all home based carers – permanent care, kinship care, adoption and foster care. The Foster Care Association of Victoria (FCAV) provides support to foster carers and permanent carers who have transitioned from foster care.

In order to plan for the most relevant and practical support for home based carers, the two organisations circulated a survey in the months of April to June 2010 to establish information relating both to current levels of support and satisfaction, and key future needs. The survey was created in Survey Monkey and circulated by both email and hard copy to individuals and community service organisations. All electronic responses were encrypted to ensure privacy.

The aims of the survey were to:

- Explore satisfaction levels of foster/kinship carers and adoptive/permanent care parents<sup>1</sup> with their experience of adoption and home based care in Victoria.
- Identify the key support and training needs of foster/kinship carers and adoptive/permanent care parents in Victoria.
- Identify professional views of the supports currently available to foster/kinship carers and adoptive/permanent care parents.
- Identify the professional development needs of workers in this sector.
- Disseminate the key findings of the questionnaire across the Victorian adoption and home based care sector.

### DEMOGRAPHIC DATA: CARERS AND PARENTS

- Overall, there were 296 responses to the survey,<sup>2</sup> although not all respondents answered each question.

<sup>1</sup> Note that 'carer' refers to kinship carer or foster carer and 'parent' refers to adoptive and/or permanent care parents.

<sup>2</sup> The number of respondents is indicated in each area.

- Respondents were mostly from metropolitan Melbourne (180), with a further 58 respondents from outside Melbourne (N=238).
- Eighty per cent of respondents lived in households where there were two carers. (N=236).
- Adoptive and permanent care respondents were most likely to have been parents for 6-9 years (15% of adoptive parent respondents had been parents for over 20 years); foster care respondents for 3-5 years; and kinship care respondents for less than 12 months (N=232).
- Sixty-four per cent of respondents said that they were carers/parents 'for life' and a further 10% 'for ten years or more' (N=208). Comments such as these were frequent:

they are my grandchildren.

she deserves a family and we are hers – a choice and commitment was made.

the commitment we have made as permanent care parents is for life.

### THE IMPACT OF CAREGIVING

Respondents were asked to describe the main issues contributing to the psychological impact of being a carer/parent. A range of strong themes, both positive and negative, was evident in the 208 qualitative responses.

**Table 1: Categories of respondents (N=282)**

Respondent category	Number of respondents	Percentage of total
Intercountry adoptive parents	101	35.8%
Foster carers (active and inactive)	66	23.4%
Permanent care parents	31	10.9%
Kinship carers	13	4.6%
Respite carers (active and inactive)	11	3.9%
Local adoptive parents	11	3.9%
Professionals working in home based care	47	16.7%
Other	2	0.7%
<b>Total</b>	<b>282</b>	<b>100.0%</b>

## Positive themes

- The joys of being a parent:
 

The energy and brightness of the children always provide an amazing amount of hope and faith that they will be alright. Seeing them grow despite the difficulties is both fascinating and joyful

... my sense of self worth as a parent

I love being a mother.
- Support of family and friends:
 

a supportive partner, great friends

an affirming family and neighbourhood

working as a team.
- Good professional support:
 

finding an approach that works with having a child with a trauma background has had the greatest psychological impact for us.

## Negative themes

- Attachment difficulties:
 

parenting intercountry adopted children with attachment disorders is much harder on a daily basis than I ever could have imagined. There have been very few resources to assist our family and even fewer that know what the real issues are. We have become depleted as a couple as we have very little time away from our very needy children.
- Complex behaviour:
 

violence, threats, shouting, swearing, absconding, alcohol and drug abuse, school absence

protecting myself from violence and anger and not taking it on and becoming the same.
- System issues:
 

sick of banging my head against brick walls – high worker turnover both at DHS and agency levels

feeling unheard ... not being involved in access decision

no access to specialised services because of non-statutory status.
- Lack of professional and family recognition of the complex difficulties brought into the family with the child:
 

nobody understands how difficult all this is ... there is always the feeling you are being judged and why you are not coping

I need support, respite and help for my daughter before she hurts someone else

I've found lack of understanding by family and friends disappointing and tiring.

## SUPPORT

Respondents were asked how satisfied they were with their current support. On a 10 point scale (0 = not satisfied at all; 10 = 100% satisfied), responses were mostly scattered between 2 and 8, with 44% located between 4 and 7 (N=215).

Most respondents indicated that they were coping well with their chosen role – 43.7% said that they were coping better now than in the past, 19.2% were coping less well and 37.1% reported no change in coping ability (N=213). A range of themes (in 120 qualitative responses) shows the kinds of things which influenced carer/parent coping:

- For those respondents who were coping well, they said that they had grown more confident over time; that a Permanent Care Order had given the family greater stability; that they understood the needs of their children better; that they were more open to seeking external help; that they valued training and peer support; that they had found good agency workers and therapists for their children and themselves.
- Those who were not coping so well overwhelmingly identified increasingly challenging behaviours as the children moved towards, and through, adolescence; lack of agency and professional support; inadequate finances to seek support in the private system; tiredness, stress and resignation that things would never improve.

## Support for carers and parents

Respondents were asked what kinds of support they had used in the past to support themselves as carers and how useful these had been. Table 2 details the top 7 supports identified.

**Table 2: Top 7 past supports identified by parents and carers for themselves (N=224)**

Identified support	'Very helpful'	'Somewhat helpful'
Friends and extended family	61.9% (135)	31.2% (68)
Agency newsletter/information	11.1% (20)	53.9% (97)
Carer/parents support groups	46.0% (91)	24.7% (49)
Member organisation newsletters (PPSS, FCAV, Mirabel)	27.9% (51)	42.1% (77)
Agency worker	33.5% (65)	41.2% (80)
Workshops, forums and seminars	42.1% (82)	39.5% (77)
Agency training	23.9% (42)	38.6% (68)

**Table 3: Top 7 past supports identified for children (N=215)**

Identified support	'Very helpful'	'Somewhat helpful'
Support groups	32.6% (56)	23.3% (40)
Agency worker	26.7% (48)	37.8% (68)
Workshops (art, music, play)	15.7% (26)	21.1% (35)
Child psychotherapy	14.3% (24)	17.9% (30)
Agency after hours support	13.0% (22)	21.9% (37)
School counselling	8.9% (15)	17.2% (29)
Therapeutic support services	5.1% (8)	12.7% (20)

### Support for children

The majority of respondents (almost 50%) indicated that they had either not sought or had not received specific support for children in their care. Table 3 details the top 7 most important kinds of support for children.

The kinds of support which respondents said they would 'definitely' seek to use in the future (if available) are:

- Training: for carers – 61.3%; for carers and young people together – 45.4%; for young people – 44.0%
- Camps for children and young people – 47.3%
- Agency workers and support – 46.2%
- Access to a resource library – 45.2%
- Counselling services – 44.9%
- School liaison – 39.3%

### Satisfaction with support

Ninety-eight qualitative responses were received to a question about satisfaction with support received. In situations where a high level of support was reported, the following were seen as important:

- Individual workers
- Professionals with excellent knowledge of attachment and early childhood trauma
- Information from other families
- Being treated as part of the care team, with respect
- Supportive member organisations, including peer support, information through newsletters, etc. (PPSS, FCAV and the Mirabel Foundation)
- Permanent Care Orders offer security.

In situations where inadequate levels of support were reported, the following issues were raised:

- Moving from foster care to permanent care has led to reduced entitlement to support

- Inadequate caregiver payments and other support funding
- Long public waiting lists for allied health therapists, psychologists and mental health support; private system too expensive
- Huge unmet need for parenting support for adolescents
- Lack of support from workers – calls not returned, carers expected to organise complex access visits on their own
- Communication within and between community service organisations, Department of Human Services (DHS), Courts and hospitals seen as 'grey and confusing'.
- High turnover of workers, especially in DHS
- High workload for most workers
- Carers and parents not telling workers of problems due to fear of negative responses.

### Services which were not available

Respondents were asked to identify services that they would have used in the past, but which were not available. Themes arising from an analysis of the 154 qualitative responses are as follows:

- Counselling and therapy for attachment and trauma issues
- A range of supports for children and young people – counselling, respite, techniques for managing violence and other challenging behaviour
- Training needed for carers, parents and professionals (including teachers) on attachment, trauma, managing challenging behaviour, etc.
- Information about available supports
- Support which is independent of the placement agency
- Very little relevant support in rural areas
- Funding support – basic child needs, counselling, educational support, equipment, home help
- Legal support
- Emotional support:

we needed people to actively understand how emotionally damaged our son was (and is). We needed people to empathise with us, rather than judge us. We desperately needed strategies to manage our son's behaviour so that the whole family wasn't torn apart by him.

### Training support

Respondents were asked to identify areas in which they would welcome training (N=204). The following were areas which received a 'definitely' response:

- Attachment issues – 63.4%
- Managing difficult behaviour – 63.2%
- Learning difficulties – 50.5%
- Child development – 49.7%
- Mental health – 44.8%
- Cultural identity – 43.4%
- Managing birth family contact – 43.2%
- Therapeutic play and activities – 41.8%
- Art therapy – 36.4%
- Play therapy – 35.7%
- School refusal/disengagement – 35.0%

## PROFESSIONALS

Professionals were asked a range of questions concerning their area of work, length of time in this context, the services they provide and their own training needs. A summary of their responses follows:

- Respondents were mostly from metropolitan Melbourne (30), with a further 13 respondents from outside Melbourne (N=43).
- 34% of respondents were social workers, 13% psychologists, 2% psychiatrists. 55% identified as working in the area of carer/parent training.
- Professionals had been involved in the sector for an average of ten years.
- 81% had attended professional development in the area of home based care over the previous 12 months (N=38).
- 21% had attended sessions run by PPSS and the majority had found these very helpful (N=38).
- In terms of future professional development, respondents identified the following areas of interest: round table discussions, child development, attachment issues, managing difficult behaviour, mental health, learning difficulties, life story work, therapeutic play and cultural identity (N=8).

## CONCLUSION

This paper has presented a brief summary of the survey findings which are fully reported on the PPSS and FCAV websites: <www.ppss.org.au> and <www.fcav.org.au>. An on-line survey of this kind is limited in the information it provides. However, the large number of qualitative responses has provided us with considerable information about the support and training needs of carers and parents in the home based care sector. In general, it seems that carers and parents are coping reasonably well with the children in

their care, and there were, of course, some responses which indicated that respondents felt well supported by caring professionals, family and friends.

Nevertheless, the overwhelming impression given by responses to this survey is of tired, stressed and resigned people who are not well supported – by the statutory system, by some organisations and professionals, and even by their family and friends. Over and over again, these respondents wrote about their (and their children's) need for therapeutic support targeting attachment issues and challenging behaviour, particularly during adolescence.

As part of the final comprehensive reporting of these survey results, recommendations will be documented for the ongoing training and support needs for carers and parents across Victoria. It is hoped that through targeted training and support, carers and parents of children in the home based care sector will feel further supported, and therefore better able to continue caring for Victoria's most vulnerable children and young people.

Children in long term care suffer the greatest disadvantage and with the system being so stingy on funding for therapy, their childhood developmental trauma is left to fester and explode ... carers provide the greatest therapy for stability over time, but love is not enough for these kids who will often reward intimacy with pain mirroring their own internal state of shame and hurt (carer).

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