

Foster/kinship carers of infants: how are they prepared and supported in their caregiving role?

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Background

- Infants are an inherently vulnerable population
- Infants and young children (<4) represent highest proportion of admissions to out-of-home care (OOHC)
- More likely to be subject of allegations and substantiations of abuse/neglect
- Many infants in OOHC have increased incidence of health issues (eg. prenatal substance exposure and developmental trauma)



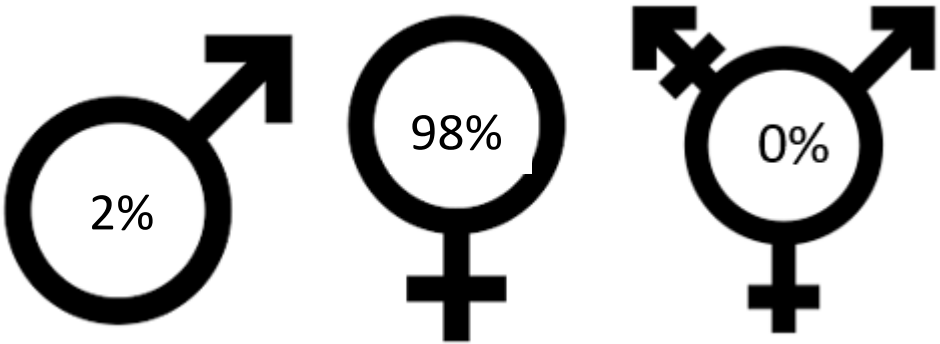
Methods

- Mixed methods design (online survey and individual interviews)
- Recruitment via social media, emailed newsletters, word of mouth
- Survey captured
 - Demographic information (age, sex, education, length of time as a carer, etc)
 - Care experience related to first infant in care and most recent infant in care
 - Carer confidence to provide care to an infant
 - Support and training received related to care of an infant
 - Invitation to participate in an interview
- Interviews in-depth insights into carers experiences
- Ethics approval via Western Sydney University (WSU)
- Funded by a partnership grant between Adopt Change and WSU

Total respondents n=232

State	#	%
NSW	142	61.2
ACT	16	6.9
QLD	15	6.5
VIC	18	7.8
SA	26	11.2
WA	4	1.7
NT	11	4.7

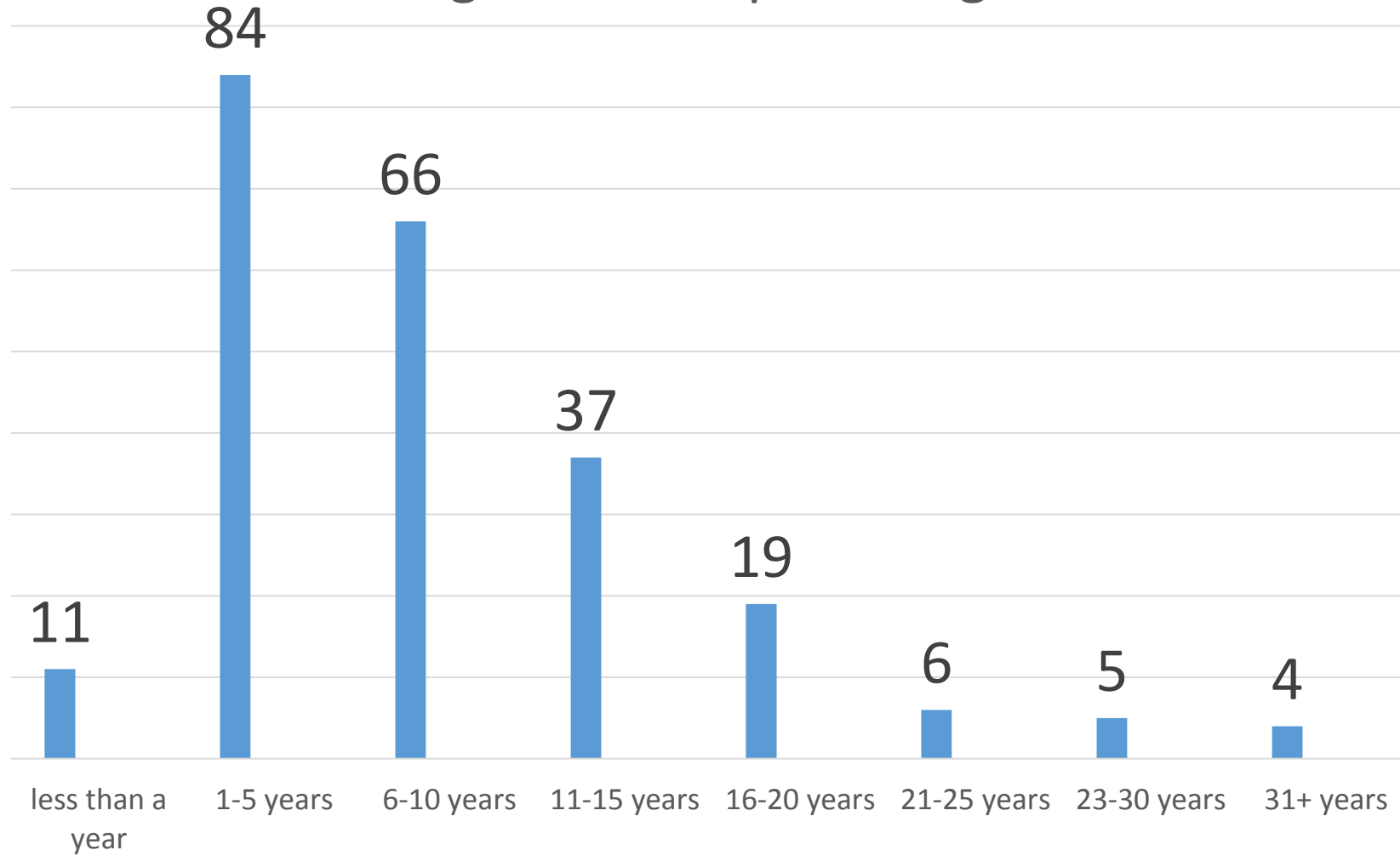
88% Foster Carers
12% Kinship Carers



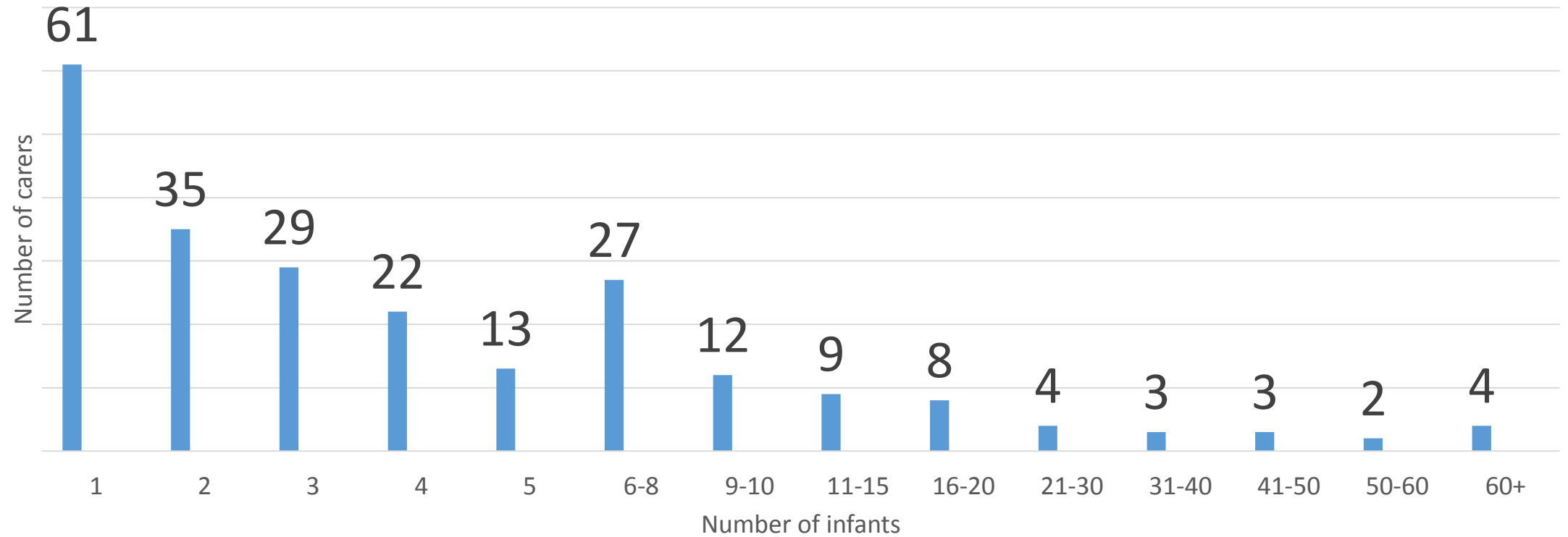
Marital status	#	%
Single	44	19.0
Divorced / separated	18	7.8
Defacto	15	6.5
Married	149	64.2
Widowed	6	2.6

33% had no biological children

Length of time providing care



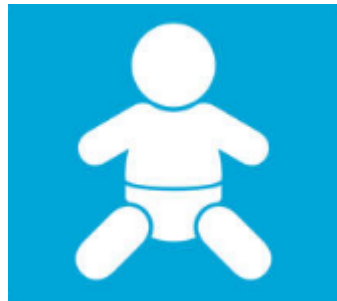
Number of infants cared for



Arrival of infant

Method of arrival	#	%
Caseworker delivered infant	83	35.8
Transport worker delivered infant	17	7.3
Another carer delivered infant	14	6
Collected from office	14	6
Collected from carer	22	9.5
Collected from hospital	75	32.3
Other	7	3

Age at arrival	#	%
< 1 week	72	31
1-4 weeks	52	22.4
1 month	13	5.6
2 months	14	6
3 months	10	4.3
4 months	12	5.2
5 months	13	5.6
6-8 months	22	9.5
9-10 months	13	5.6
11-12 months	11	4.7



~1/3 of infants (34%)
were visited by a community
nurse or midwife



~3/4 of infants (75%)
were taken to the local
community health nurse



~1/3 of carers (30%) report receiving information or training related to infant feeding (eg. bottle use)



~1/4 of carers (24%) report receiving information or training related to infant nutrition

1/5 of carers report receiving information related to infant
immunization (21%)

Less than 1/5 of carers report receiving information or training
related to infant bathing (14%), sleeping and settling (18%), and
typical developmental milestones (19%)





~1/3 of carers report receiving information or training related to infant attachment (30%) and developmental trauma (33%)

41% of carers report receiving no information or training related to the care of an infant



Question	% yes
Should carers be provided training specific to the care of an infant?	78%
Would you have benefitted from training prior to receiving the first infant?	70%
Should infants in care receive in-home visits from a nurse/midwife?	90%
Should infants be seen by local community health nurses?	96%

Discussion

- Carers are not well supported to provide care to infants
- Training related to attachment and developmental trauma is insufficient
- Training related to basic infant care-giving skills is minimal, although carers without biological children are more likely to receive support in this area
- There appears to be an assumption that carers with biological children do not need support with basic infant care-giving
- Infants (and carers) in OOHC do not routinely receive nurse home-visiting services

Conclusion/Recommendations

- Carers desire and are likely to benefit from basic infant care-giving training
- Training related to attachment and developmental trauma should be provided to all carers of infants
- Nurse home-visiting services should be available to infants and carers in the OOHC system
- Further research should investigate specialised nurse home visiting services which include support and information related to attachment, developmental trauma and prenatal substance exposure

Conclusion/Recommendations

- References available on request
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