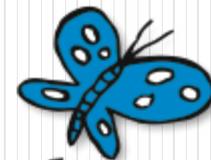


The Psychological Well-Being of Foster Carers

Dr Gordon Walker, Monash University, School of Medicine, and Daniel McAlpine, Lifestyle Solutions, presented at the 2014 National Foster Care Conference, Melbourne, Australia, 2014. www.fostercare.com.au/conferences/2014

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Foster Carers are considered to be the bedrock of the Out of Home Care system (Briggs & Broadhurst, 2005)

HOWEVER

Carers report that they often feel as though they do not receive adequate support, receive adequate training, nor receive enough information or resources to care for the child or young person in their care.



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Research question

- Do carers experience workplace bullying?
- Does the experience of workplace bullying influence a carers mental health outcomes?
- Do social supports help a carer deal with workplace bullying?
- Does workplace bullying influence a carers satisfaction in the role?



This presentation

- The state of foster care.
- Literature review.
 1. Carer Account
 2. Workplace bullying
- This study
- Method
- Results.
- Discussion/conclusion.



The State of Foster Care; Children In Need

- Over the last decade, the number of children in out-of-home care in Australia rose by almost 115%, from around 14,500 children in 1998 to 34069 children in 2009, according to a report released today by the Australian Institute of Health and Welfare (AIHW).
- 95% of these children went to foster care or kinship placements.



The State of Foster Care.

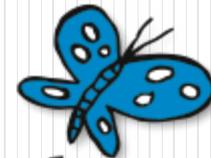
Does Demand Meet Supply?

- A review of carer numbers in 2006 found that there were between 14000 and 15000 foster carers. (AFCA, cited in McHugh, 2007)
- Between 2000 & 2005, Victoria alone suffered a 40% decrease in new carer recruitment. (Briggs and Broadhurst 2005)
- 1 / 3 of carers exit the role after 2 years(B&B 2005)
- In a Study by Wilson et al (2000) it was found that 60% of respondents had considered leaving the role at some point.



The Carer **A**ccount.

Without foster carers, there would be no homes for children in need.



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The Carer Account

- Carers make significant sacrifices, they experience hardship and seem to be placed under excessive scrutiny (Briggs & Broadhurst, 2005; Nutt, 2006)
- Carers have reported feelings of anger, powerlessness, exploitation, excessive scrutiny, being over controlled, injustice, abuse and being dominated
- They often need to change their own lifestyle and give up attending activities the client would not/does not cope with.



The Carer Account

- Carers report feeling it is an expectation, to consider the care of their own child/ren to be secondary to that of the child placed with them (Nutt, 2006).
- That personal financial resources and savings are to be used upon the child in care (someone else's child)
- Some carers state feeling as though they receive inadequate training, inadequate financial support and inadequate information about the young person that comes into their care (Nutt, 2006. Whenan et al, 2009).



The Carer Account.

- Briggs and Broadhurst (2005) found that carers had experienced forms of threat whilst attempting to protect foster children. Most of the respondents had experienced threats of violence (72.9%) or physical attack (47.9%), and indicated they had experienced intimidating behaviour (83.3%).
- In general, the expectations placed upon the carers have been described to be akin to an invasion of their home and life (Nutt, 2006).



Carer-Agency interaction

- Carers report feeling as though they have little control over their ability to actualise their intentions, to participate in the lives of children in an effective manner.
- Briggs and Broadhurst (2005) noted a quarter of carers (25%) in their study felt they did not receive support from caseworkers and caseworkers sided with the child in care when issues appeared.
- In a separate study not one of the 101 respondents said they felt they had received support when they requested it. The respondents noted they were often ignored, or referred on to other agencies (Briggs & Broadhurst, 2005)



Carer Agency Interaction.

- 24% of participants experienced psychological abuse from agency or Govt Department representatives.
- 61% had experienced ongoing harassment from the children's caseworkers, other senior Government Department or agency officials.
- 33.7% also received threats of deregistration and assertions that they were incompetent from the caseworkers and senior officials.



Child – Carer interaction

- Children in-care, often share symptomology of children referred to mental health clinics (Tarren-Sweeney, 2006)
- social, thought, attention problems.
- Anxiety/depression, aggressive behaviour, oppositional problems,
- Relationship insecurity,
- Conduct problems,
- Trauma related anxiety,
- Sexual behaviour, self-injury
- Food maintenance problems.



Child – Carer Interaction

- In most cases, family functioning undergoes a distinct and pronounced change upon insertion of the foster child. Carers report that the change is rarely for the better (Briggs & Broadhurst, 2005; Kerker, 2006; Nutt, 2006).
- Many of the children who are placed with carers do not have the skills nor the capacity, to share or develop a relationship with a carer in a way a carer would expect, or that is in line with the attachments and relationships which already exist within the family unit (Milward et al., 2006).
- Given these relational and attachment difficulties, traditional interventions are likely to be ineffective (Tarren-Sweeny & Hazel, 2006).



The impact upon the carer.

- Carers have reported feelings of anger powerlessness, exploitation, excessive scrutiny, being over controlled, injustice, abuse and being dominated.
- Some carers report feeling as though they are not part of the care team, feeling obsolete, unimportant and irrelevant (Briggs & Broadhurst, 2005; Nutt, 2006).
- carers are reporting the emotions they experience as foster carers, are creating personal responses to difficult situations that are outside of their normal responses to stressful situations (McHugh, 2007; Thorpe, 2004)



The impact upon the carer

- (5%) experienced depressive symptoms outside of the normal range
- (48%) had anxiety symptoms,
- (50%) somatic symptoms
- (98%) social functioning problems (Farmer et al 2005)
- Cole and Eamon (2007) also found low levels of reported depression
- Briggs and Broadhurst (2005) noted many of the carers they interviewed felt
 - ❖ emotionally exhausted to a great extent (33.3%).
 - ❖ felt burnt out to a very high degree (25%)
 - ❖ felt burnt out to a high degree (25%)
 - ❖ found fostering frustrating (40%)
 - ❖ felt worn out at the end of the day (40%)



The impact upon the carer

- A carer who is stressed by the carer role and personal strains prior to starting a placement is less likely to form a positive view of the child in care, and is more likely to feel strain during the placement.
- Carers that experienced these strains are more likely to leave the role altogether (James, 1995).



Answers from elsewhere.

- A literature review of workplace bullying articles identified that there were some remarkable similarities between a carers experiences in the role, to the experience of a victim of workplace bullying.
- There is no one accepted definition of workplace bullying. The subjective nature of bullying makes it very difficult to define



Is there a similarity?

- According to the literature
 - ❖ role and responsibility ambiguity
 - ❖ poor policies and procedures
 - ❖ insufficient training
 - ❖ poor information flow
 - ❖ authoritarian management styles
 - ❖ lack of mutual conversations about tasks and goals of the work unit,
 - ❖ insufficient ways to influence matters concerning oneself, are antecedents of workplace bullying (Cowie et al., 2003; Einarsen, 2000; Varia, 2001).

Are antecedents to workplace bullying.



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Is there a similarity?

- Verbal aggression,
- Physical abuse
- Excessive expectations
- Having opinion ignored or discounted
- Intimidating behaviours
- A sense of powerlessness
- Lack of choice.

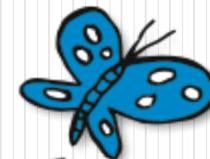


The Outcomes for the Bullied Worker

- studies show that victims experience stress, anxiety, depression and aggression (Einarsen, 1999; Einarsen & Rakes, 1991; Quine, 1999; 2001).
- Victims of bullying have also shown symptoms such as insomnia, nervous symptoms, melancholy, apathy, socio-phobia and lack of concentration (Bjorkqvist, 1994).
- Other studies identified cognitive problems such as concentration problems, insecurity, lack of initiative and irritability, as well as certain somatic symptoms (stomach upset, nausea and muscle aches). (Leyman, 1992. Niedl, 1996)



The Project



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Aims and Hypothesis

- The current investigation was designed to examine the relationship between negative carer experiences (for example, bullying) and the psychological well-being of foster carers.
 1. It was expected that carers would report workplace bullying type experiences.
 2. It was expected there would be a relationship between workplace bullying and mental health outcomes for foster carers.
 3. That the experience of being bullied would reduce a foster carers satisfaction (willingness to continue) with the role.
 4. That the addition of social supports will improve the mental health outcomes for the bullied carer.



Method

PARTICIPANTS.

- 101 participants.
- Participant's ages ranged between 26 and 71 years with a mean of 47.46 years.
- 85.1% were female
- The minimum period of carer registration was 1 year, while the maximum was 40 years, while the average period being a carer was close to 8 years.



Method

- The number of children in a placement ranged between 1 and 6 children.
- The minimum overall number of children a carer had through their home was 1 while the maximum was 500.
- 86% were primary carers.



Method

- The majority of the participants were registered as Long Term carers (51.5%).
- Kinship carers made up 5.9% of participants, as did respite carers (5.9%).
- Medium term carers made up 3% of participants, again as did short term carers (3%),
- 1% of participants were registered as emergency carers.
- A small number of participants were inactive (2%)
- while 27.7% of participants listed that they were registered under all of the above



Materials & Procedure

- Newsletter Advertisement.
- Attendance of carer training sessions.
- The tools used included.
 - ❖ Demographic questionnaire
 - ❖ Negative Acts questionnaire
 - ❖ Mental health Measure (DASS 42)
 - ❖ MSPS
 - ❖ FCSS



Results

Prevalence of Workplace Bullying. & The Reported Perpetrators of the Bullying Act

“We define bullying as a situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him or herself against these actions. We will not refer to a one-off incident as bullying.”

- “please state whether you have been bullied as a carer over the last six months?” 58.4% reported no, while 41.6% reported yes.
- “Have you been bullied as a carer over the last five years?": 51.5% reported yes, while 48.5% reported no
- Participants were asked who were the perpetrators of the bullying acts. They responded,
 - 29.7% of these acts had been committed by Department workers
 - 24.8% by foster children
 - 16.8% by agency workers (external services, non gov agency etc.)
 - 5.9% (by community members 3% by medical health representatives



Results

The relationship between Bullying and Psychological Well-being

- It was found there was a significant positive correlation between the variables *bullied as a carer over the last six months* and the DASStotal ($r = .368$; $p < .001$).
- It was also found that there were significant correlations between the same yes answer and individual scores on
 - ❖ depression ($r = .34$ $p < .001$)
 - ❖ anxiety ($r = .371$ $p < .001$)
 - ❖ Stress ($r = .33$ $p < .001$).



Results.

Bullying and its influence upon carer satisfaction

- Standard multiple regression was performed between the variables, carer satisfaction and the subjective and objective measures of bullying.
- It was found that neither the subjective or objective measures of bullying influenced a carer's satisfaction in the role. $F(2,98) = 9.672$, $p < .001$ with R^2 at .158 (95% confidence limits)



Results.

Relationships between mental health and social supports of the bullied carer.

- A sequential regression was performed to determine if the addition of social supports improved the prediction of mental health outcomes.
- It was found that 32% of variability was predicted by bullying alone, while adding social supports to the equation did not add to the model (5%), meaning that accessing social supports did little to help a bullied carer.



Discussion

- The aims of the study were to investigate the relationships between carer mental health outcomes, bullying, carer satisfaction and social supports.
- It was found that foster carers are being bullied at a very high rate
- experience of being bullied has a relation to the mental health outcomes (depression, anxiety and stress) of carers.
- It was also found it is possible to predict a carer's mental health outcomes from the experience of being bullied. That carers that had been bullied were more likely to exhibit symptoms of stress and anxiety than depression.
- It was found that a carer's satisfaction with the carer role is not influenced by the experience of being bullied
- social supports do not help the bullied carer deal with the negative emotions associated with the bullying act.



Discussion

- The large number of carers (46.5%) who reported being bullied by agency or government department workers is noteworthy.
- It has been reported that if the perpetrator of the bullying act is in a position of power, the negative outcomes (specifically mental health outcomes) can be more pronounced (Einarsen, 1999; Niedl, 1996)..
- There are similarities between the environmental conditions that increase the risk of bullying in the workplace and conditions within the carer role (Briggs & Broadhurst, 2005; Einarsen, 2000; Einarsen & Skogstard, 1996; McHugh, 2007; Nutt, 2006; Vartia, 2001).
- The carers' perception of minimal training and support, conflicting goals, an inability to control one's own environment, unclear objectives and an overall lack of respect (Briggs & Broadhurst, 2005; Learmouth, 2005; Nutt, 2006; Whenan et al, 2009) are likely to provide the foundations for the reports of carers being bullied.



Discussion

- Carers invest a great deal of time and effort into their role, largely they wish to provide a child with a positive home (Denby, 1999; McHugh, 2007).
- an inability to effect such change is known to contribute to depression stress and anxiety (Whenan et al, 2009).
- Carers report they feel that agency 'red tape', and caseworkers ineffectiveness (among many other issues) undermine their capacity to provide an effective placement for the children (Nutt, 2006)



Discussion Satisfaction

- Overall, we found that a carers satisfaction was not related to being bullied.
- Denby (1999) found that carers that were attached to a private foster care agency had higher levels of satisfaction in the role.
- All participants in this research were either attached to a non gov foster care agency, or were members of carer support networks such as AFCA.
- Carers likely draw their satisfaction from the many rewards and gains that are associated with providing care to children in need.



Discussion (Social Supports)

- Social supports did not have a significant impact upon the interaction between bullying and mental health outcomes.
- Other research identified that social support received from the home did little for carers, while systematic networks (ie support groups, professional help) did assist carers (Cole, Eamon, 2005)



Future research.

- This project is one of the first to label the carer experience
- It seems as though carers are being bullied, however we suggest that future research is required to refine the labelling of the carer experience
- It is wise to investigate the development of tools that are better suited to the carer experience.
- Kinship care is very different to Foster care



Conclusion

- The findings in this study indicate that foster carers are experiencing workplace bullying,
- that in line with other research, there is an indication that carers' mental health outcomes were clearly influenced more, by specific bullying behaviours, than influenced by the experience of bullying defined by a definitional term.
- Carers reported, although they were experiencing high rates of bullying, the experience of bullying did not influence their satisfaction with the role nor did it decrease their desire to sustain the role, which was contrary to what was expected.
- Accessing social supports did not serve to help the bullied carer address the negative emotions associated with the negative experience, which was again opposite to what was expected.
- This research is one of a handful of research projects that endeavours to investigate the carer experience..

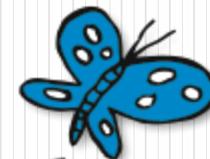


Conclusion

- It is certainly surprising, given the current state of affairs in the carer recruitment and retention rates, that there is such a gap in the knowledge which relates to the experience of the foster carer.
- This research is designed to be exploratory in nature.
- It is hoped that other researchers will recognise the importance of identifying risk factors for carers, so that further research can be conducted to investigate the influence that the carer role has upon foster carers



Long term fostering is more likely to succeed if the placement has security for all parties (foster parents, biological parents and the child)” (Single, 2005. pg8)



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