Foster Care and Adoption: Carer/Parent Hours Over and Above 'Ordinary Parenting'

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Caring for children in home-based care is seen as requiring considerably more time and energy from caregivers than is the case for most other children who are not in care. This article reports on a study that quantified the amount of time, over and above 'ordinary parenting', spent by 26 foster carers and prospective adoptive parents of children during a 9-month period in a program offering long-term care. The findings provide information that is potentially useful, not only in the debate about the decline in carer numbers, but also for agencies when they are recruiting, training and assessing prospective carers. Carers in the study spent an average of 55 minutes per day (or approximately 6 hours 22 minutes per 7-day week) on activities over and above the ordinary care of children. Carer time was highest for cases in the first year of placement when the average time was close to 2 hours per day. The tasks that took the greatest carer time, on average, were access visits, meeting with caseworkers, school- and tutoring-related matters, counselling and medical appointments, and organising respite care. Not surprisingly, more time was spent on children with challenging health and behavioural issues. Despite these differences in the average level of time required for each individual situation, the study also demonstrates that most carers experience days that are substantially taken up with their care responsibilities.

∎ **Keywords:** long-term placements, adoption, permanency, stability, cost of support.

Caring for children in foster care, adoption from foster care and other kinds of home-based care, such as kinship care, is complex. This article reports on recent research that analysed the amount of daily time, over a period of 9 months, spent by foster carers and prospective adoptive parents providing support above and beyond 'ordinary parenting'.

The Cost of Support in Foster Care and Other Long-Term Placements was a research project during which fieldwork was undertaken over a 9-month period in 2008–09 by Barnardos Australia, the University of Melbourne and Monash University. The project evolved from a networking process under the auspice of the Australian Research Alliance for Children and Youth (ARACY). The project itself was funded by the Ian Potter Foundation.

The Research Context

The context for this research is the Australian child welfare system that is operating under considerable stress, demonstrated by the following:

- Increasing numbers of abused and neglected children are entering the 'out-of-home care' system — approximately 34,000 children were in out-of-home care across Australia in 2008–2009 (Australian Institute of Health and Welfare, 2010).

- Foster carers are leaving the system in greater numbers than those entering (Australian Institute of Health and Welfare [AIHW], 2010; Department of Human Services [DHS], 2003).

- When placements fail and children are returned to the system for re-placement, this is an expensive and arduous process, emotionally and financially (O'Neill, 1993, 1997).

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- Past research suggests that long-term outcomes for children in care are frequently poor (Cashmore & Paxman, 2006; Raman & Forbes, 2008). For example, in Victoria over a 5-year period, children and young people experienced low stability in care with an average of 3.4 foster placement changes and with 23% of children having five or more placements (DHS, 2003, p. 59). Some placements do not receive sufficient planning and, in some cases, a child's contact with their social worker can be very limited. Similar results have been reported in a series of studies undertaken in South Australia (Delfabbro, King, & Barber, 2010; Gilbertson & Barber, 2004). The situation appears little different in other Australian states. For example, in an earlier New South Wales (NSW) study, Cashmore and Paxman (1996) reported that young people in long-term care had an average of 3.9 social workers, 6.5% having experienced as many as 10 social workers over the time they were in care, and a substantial number did not know the name of their social worker.

- It appears that Aboriginal children are frequently in placements that do not allow them to maintain their cultural identity (AIHW 2006–7, 2008; Child and Family Welfare Association of Australia [CAFWAA], 2007 p. 32; Queensland Aboriginal and Torres Strait Islander Child Protection Partnership, 2007).

- The long-term financial cost of *not* supporting children and carers adequately has been estimated as very high ($738,741 per person) in terms of inadequate education, access to mental health services and involvement with the justice system (Raman, Inder, & Forbes, 2005).

Review of Literature

There has been a large amount of literature over several decades that has looked at the potential difficulties and stresses of caring for children in foster care, adoption and, more recently, kinship care (Beecham & Sinclair, 2007; McHugh & valentine, 2010). Some research has also covered the complexity of relationships between carers and social workers (O'Neill, 2001), as well as the need for support that is relevant to, and valued by, carers and parents (KPMG, 2010; McHugh & valentine, 2010; O'Neill, 2003).

From these studies, it is clear that being a carer or parent in home-based care requires commitment, good health, energy and significant expertise. Demonstrating clear organisational expectations, manuals for both carers and professionals provide detailed advice on how to be consistent with troubled children, how to communicate with them, how to set boundaries and how to create a healing environment (see for example, Connections, 2005; Downey, 2009). In addition, therapists such as Delaney and Kunstal (1993) provide paradoxical strategies (requiring training and some expertise) for managing challenging behaviours.

There has also been increasing Australian and international interest in documenting the financial cost to both agencies and carers of providing home-based care placements (Barth, Lee, Wildfire, & Guo, 2006; McHugh, 2002a, 2002b; Selwyn, Quinton, Sturgess, & Baxter, 2006; Ward, Holmes, & Soper, 2008). Allied to this work is the further issue of payments to carers — for example, not only providing foster carers with full reimbursement of their costs, but also payment for their services and as a replacement for lost income and superannuation — 'lost opportunity costs' (McHugh, 2003, 2006; McHugh & valentine, 2010).

Recent Australian qualitative research with 30 foster mothers in a general foster care program has estimated that, on average, their foster children require three more hours per day of 'extra' care than non-foster children. This was largely made up of time spent on building and maintaining relationships with the children, the agency and the birth family (McHugh, 2006, 2008). Other areas that tend to require considerable carer/parent time are the children's health (often due to earlier neglect) and education, related to missed opportunities, behaviour and health (McHugh & valentine, 2010; Wise, Pollock, Mitchell, Argus, & Farquhar, 2010).

The Cost of Support Study

In contrast to the existing literature, one of the main aims of the Cost of Support study was to provide detailed quantitative data regarding the day-to-day activities of foster carers, to explore both the level and kind of activity undertaken in maintaining a foster care placement for children in a long-term foster care setting. In addition, the costs associated with agency support for these same children were also studied (Tregeagle, O'Neill, Forbes, Cox, & Humphreys, 2011).

The Research Site

The Barnardos Australia Find-a-Family (FAF) program provides specialist foster care for children who have either experienced multiple disruptions in foster care and are categorised as 'hard to place', or are babies and toddlers with complex family backgrounds who have no possibility of returning to their birth parents' care. FAF also focuses on placing large sibling groups and children who require culturally specific placements.

All children and young people in the program have completed court proceedings determining that they will live away from their birth family until they have reached independence, resulting in care plans that are either for permanent foster care to the age of 18 years or for adoption. Adoption is the care plan for up to half the children in the program and the average age at legal finalisation of the adoption is 10 years. In keeping with Aboriginal cultural views on adoption (Secretariat of National Aboriginal and Islander Child Care [SNAICC], 2008), FAF would not normally accept an Aboriginal child into care.

A few Aboriginal children do enter the program, for example where the family has specifically requested this, or where non-Aboriginal siblings are already in FAF, or where cultural heritage is not determined until after entry.

The behaviour of the children in the FAF program is most frequently classified as extremely/extraordinarily difficult or very difficult, as shown in Figure 1. Note, however, that the New South Wales Department of Community Services' contract with Barnardos, just introduced at the time of the study, has moved to a ratio of 35% of children at a standard allowance, with 42% classified as having extra needs and 23% receiving the highest category of payment. Although the new ratios are not dissimilar to the previous ones, the children in the program at the time of the study had entered care before this new formula was introduced. Therefore, the pre-2008 ratios shown in Figure 1 provide a better representation of the distribution of behaviour characteristics for children in the program during the study period.

The Research Design

The part of the study discussed in this article involved the maintenance of daily time diaries by carers over a 9-month period from November 2008 to August 2009. The purpose of these was to estimate the amount of time spent by caregiving families (foster and planned adoptive) on time spent 'over and above ordinary parenting' — that is, time spent on tasks specifically related to either the children's special needs or the placement itself.

Carers of an initial 25 children in the FAF program maintained these records over the 9-month period. (One other carer, recruited later in the study, maintained a diary for 6 months.) One carer in each family kept the daily diary (attached in Appendix A), recording all tasks *beyond* ordinary parenting activities. These diaries recorded the amount of time (in approximate 15-minute time slots) the carers spent on:

- maintaining contact with the birth family
- significant meetings associated with the placement, such as with medical and education professionals
- particular activities (e.g., sporting and/or social) required by the child because of special needs
- facilitating respite
- liaison with schools (e.g., relating to a child's suspension from school).

This data was then recorded on a database by an administrative worker within Barnardos and posted, de-identified, to Monash University for quantitative analysis by an econometrician.

As with all research, there are both limitations and strengths in the methodology. First, the sample was small and there may be children in each category who were somehow atypical. Second, there was some variability in
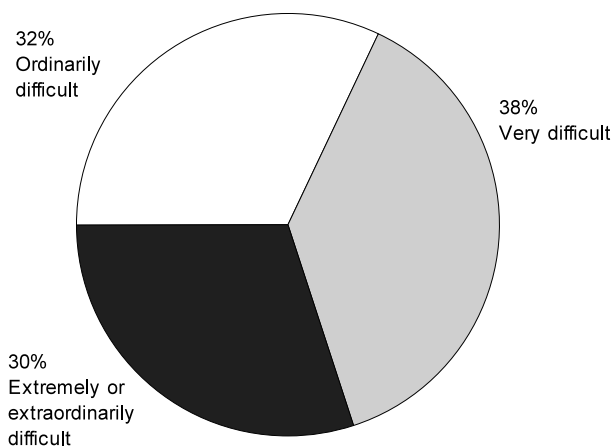

FIGURE 1

Classification of 151 children in foster placements in 2008 by severity of 'care type'.

the compliance with diary entry by carers, with about 5% of diary days missing. Third, although the participants were initially randomly chosen from the designated placement categories, final participation depended on carer consent and it is therefore possible that the most conscientious carers were included in the study. Finally, we acknowledge that there may have been a 'research effect', as there were no disruptions in the 9-month period for this group of children and young people.[1] However, despite these limitations, we believe that the study data retains a high degree of accuracy and leads us to have confidence in the resulting findings.

Characteristics and Sample of Children and Young People in This Project

The children for the study were chosen from five predetermined study groups:

- adolescent group: five adolescents in permanent placements
- first-year group: five first-year placements
- unstable group: five placements where staff members were concerned about the stability of the placement at the commencement of the project
- stable group: five placements considered to be in a 'stable/ average' category (i.e., potentially a control group)
- adoptive group: five pre-adoptive placements (i.e., where the placement was intended to proceed to adoption).

An additional imminent risk group of two children joined the sample, 1 month and 3 months respectively into the study, as their placements were thought to be at risk of disrupting and we wanted to assess the amount of support provided by carers and workers in these situations. However, only one of these carers maintained a

daily diary (for 6 months), leading to a total sample of 26 carers.

Stratified sampling methods were used to ensure that the five groups of children were represented in the study. The five individual placements selected within each group were then chosen at random, subject to the constraint that no staff member would be required to participate on more than one placement and that caregiving families agreed to participate.

The children and young people in the study represented 15% of the FAF program in November 2008. The characteristics of these children were roughly the same as the wider FAF population. Although not specifically stratified by age or gender, there was nevertheless a relatively even spread of gender and age broadly representative of the program overall. Twelve were male and 15 were female. Six of the children were under 5 years of age, five were aged 5–9 years, eight were aged 10–14 years and eight were aged 15 plus.

Children studied were identified as having special needs according to the four categories used by the NSW funding body:

- 10 were classified as 'Care': where behaviour is defined as 'ordinarily difficult' for foster care
- 8 were classified as Care+1: behaviour is 'very difficult'
- 6 were classified as Care+2, behaviour is 'extremely difficult'
- 3 were classified as Care+2+: behaviour is 'extraordinarily difficult'.

Children and young people entered care with 0–6 identified health issues,[2] (average 1.7). The most common problems were attention-deficit hyperactivity disorder [ADHD] and mental health problems. Twelve of the sample required extra assistance with their education; nine were reported to be performing at or above average and six were in childcare or preschool, with no reported developmental delays.

The children and young people had been in care (with Barnardos or another agency) for an average of 6.2 years, including the current placement, with a range of 1 to 14 years (note that five of the sample were specifically chosen because they were in their first year of placement). Excluding the current placement, children had been in 105 placements (including prior to entry to Barnardos) with an average number of 3.8 previous placements each (range 1–8 previous placements). Twenty-one were currently using respite care (placement with another carer at least once per month). Nine had a care plan of long-term care with adoption, one was moving to independence and the remaining care plans were for long-term foster care (this proportion is also broadly representative of the program as a whole).

Only two children/young people did not have contact with a parent or other important person from their past.

The most usual contact arrangements were four contact visits with mothers each year. In addition, there were contact visits with fathers, extended family and previous carers and 14 of the children in the sample also had active contact with siblings.

Twenty-four children/young people had siblings in one or more other situations (either other placements or with birth family members), so that only three children did not have other siblings living elsewhere. Eight children were placed with their siblings, but five of these also had other siblings living elsewhere. Of the children and young people who had siblings living elsewhere, there were often multiple foster placements or kinship situations: six had siblings in kinship care, 22 had siblings in other foster care, one had deceased siblings and four had independent siblings or siblings where there was no record of their whereabouts. This complexity indicates that contact with siblings tends to be a large part of the workload for both the agency workers for these children and their carers.

The Findings

Data analysis of the 26 carer diaries provided the average daily level of carer times. This summary of individual carer activity was then compared across study groups and according to the characteristics of each placement. In addition, the relative times attributable to ten categories of carer activity were determined over all cases, and by study group. Large differences in carer times were found, with *average* carer time per individual case ranging from 8 minutes per day to 4 hours and 23 minutes per day. In addition, we found that the majority of carer time was spent on activities associated with access/contact, case management and school issues.

Carers in the study spent an average of 55 minutes per day (or approximately 6 hours 22 minutes per seven-day week) on activities over and above ordinary care of children. The average number of hours per day varied substantially according to the individual child, with the maximum recorded being 4 hours 23 minutes per day above ordinary parenting tasks. Averaging across individuals within study groups, carer time was highest for cases in the first year of placement, where the average carer time was close to 2 hours per day. The weekly group average ranged between 2 hours 30 minutes per week (stable group) and 13 hours per week (first-year group).

The tasks that took the greatest time were access visits, meeting with caseworkers, school and tutoring related matters, counselling and medical appointments, and organising respite care. Long-term care (compared with adoption) took the greatest amount of time on average.

Findings Related to Characteristics of Children, Placements and Carers

Carer time and activities were explored in detail. Our findings focus on:

1. The relationship between the average level of carer time and the five (original) study groups (first-year, unstable, adolescent, adoptive, stable).

2. The relationship between the levels of carer time and the type of carer activity, both by group and overall.

3. The relationship between carer time and each of the following characteristics:
   • the gender of the child
   • the age of the child
   • the number of health issues associated with the child at the start of the placement
   • the care category of the placement
   • the intended care plan
   • the total length of time that the child has been in care
   • the length of time that the child has been in the FAF program
   • whether the foster family has support for respite
   • worker experience.

Carer Time Overall and by Group

Nearly 6,000 hours of intensive caring activities were recorded by the 26 carers over the 9-month period of the study. Carer time for each study group and overall is summarised in the table below. The average carer time across all 26 cases was 0.91 hours (55 minutes) per day, including weekends.

The average time varied considerably by group, highlighted in Figure 2. In addition to reporting the average carer hours per day for each group and overall over the course of the study, Table 1 also details the number of available carer days for the group (i.e., total number of days where carers in group returned completed diaries), the total hours recorded for each group, the maximum number of hours recorded (up to a maximum of sixteen hours) for any individual within each group, the sum of any additional hours beyond the maximum of 16 hours per day, the sum of any additional hours deemed to be within 'normal' parenting bounds, and the number of carers included in each group. The inclusion of the detailed summary in Table 1 provides more detailed information regarding the demands placed on carers and adoptive parents.

Considering Table 1 and Figure 2 we note that the average hours per carer day can vary considerably within each carer group and, in addition, the actual hours per carer day can vary considerably even for an individual carer. That is, individual cases require a variable amount of support over time, with many days when carer time is much greater than the daily average would suggest, and correspondingly also days when time spent is negligible. This variability is found across all cases and is not restricted to placements requiring higher levels of support.

In terms of average levels of time spent by carers, the individual carer who recorded hours when the placement was threatening to disrupt had the highest overall average time per day, at 2 hours and 44 minutes. Of the original study participants, the first-year group recorded by far the highest average number of hours per day. In addition, the adoptive and adolescent groups are associated with the next highest average levels of carer time, with both having an average of 0.74 hours (45 minutes) per day. This rate is nearly twice that of the carers from the stable group who recorded an average of 0.38 hours (23 minutes) per day. Carers from the first-year and adoptive groups reported several days with over 16 hours of carer activity, frequently relating to access arrangements (e.g., looking after siblings of the foster child), respite arrangements or to medical situations requiring intensive hospital treatments. A similar situation occurred with the extra placement that was added to the study, which also reported a large average number of hours per day (over 16 per day). These same carers from the first-year, adoptive and imminent risk group also tended to record a large amount of activity deemed outside the scope of the study. The excluded activities were, for example, sport activities, play dates, birthday parties, religious activities, movies, shopping and laundry. Some carers reported a large number of hours for these types of activities, whereas others did not include any activities of this type. Had they been included, the average hours per carer per day would have been much higher.

Carer Time, by Activity

Carer time (over and above ordinary parenting activities) was recorded in the following categories: access, respite,

TABLE 1

Summary of Carer Hours for Each Study Group, and Overall

| Group	Imminent risk	First-year	Adoptive	Adolescent	Unstable	Stable	All
Average hours per carer day	**2.73**	**1.85**	**0.74**	**0.74**	**0.58**	**0.38**	**0.90**
Available carer days	148	1352	1337	1248	1086	1262	6433
Total hours across all carer days	404.25	2504	973.75	953.65	577	457.5	5870.15
Maximum hours on single carer day	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Additional hours recorded over 16 hours per day	91.0	558.75	121.0	37.75	18.0	32.0	858.5
Additional hours recorded in 'other' category on carer days	4.0	669.95	444.0	51.0	44.0	20.5	1233.45
Number of cases	1	5	5	5	5	5	26
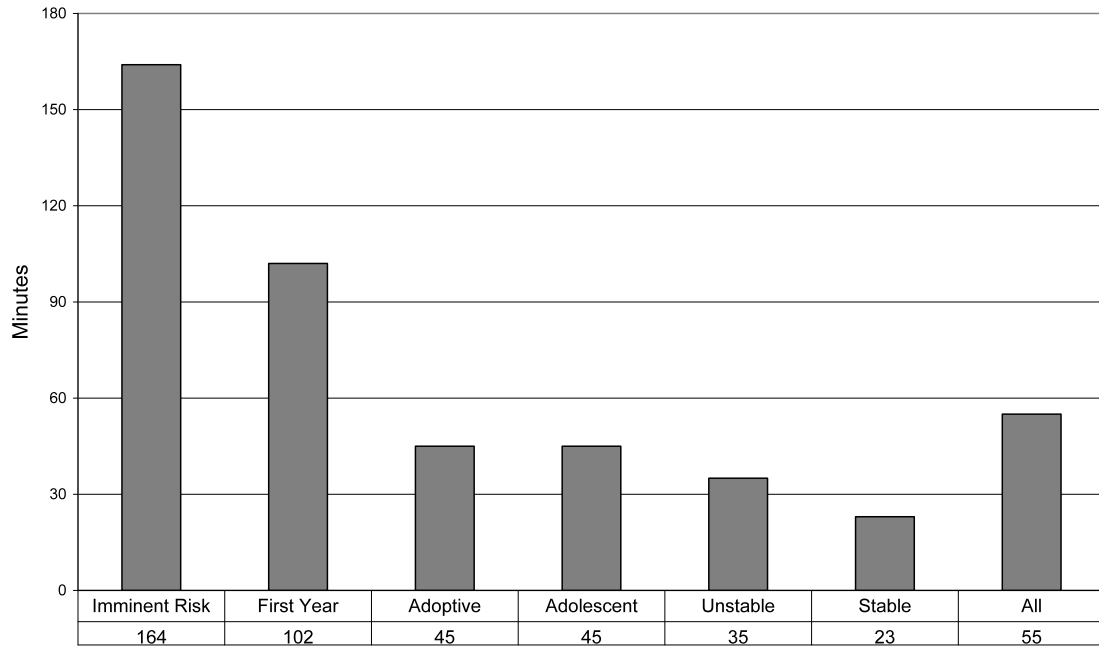
FIGURE 2

Average carer time per day. Each vertical bar corresponds to the average of the number of minutes recorded by carers in the same study group, over the study period.

counselling, medical appointments, allied health[3] appointments, school meetings or exclusions, case management, support group meetings, training and 'Other'. Figure 3 details the relative percentage of the average carer time spent on each activity over all carers in the study.

It was reported that time spent on securing access arrangements, case management and school meetings accounted for over 60% of carer time. Specifically, time on access arrangements was important for all groups, accounting for a minimum of 15% of time for every group. However, access was most important for the adoptive and unstable groups. The relative time spent with meeting with the case manager or with case reviews was lowest for the adoptive group, but relatively time-consuming for all other groups. School meetings featured most prominently for the adoptive group, but were also very important for the first-year and adolescent groups.

Adding respite and counselling to the first three activities accounted for over 80% of the carer activities. Of particular note is that the highest percentage of group carer time (13.2%) was related to counselling for the Unstable group, with the adoptive group having the second highest group percentage of time spent on counselling (8.6%).

With an average of 13.7% of its time, the first-year group had by far the highest percentage of its time on medical appointments, more than doubling the average percentage of the group with the next highest percentage on medical appointments being the Unstable group at 6.2%.

Carer Time and Placement Characteristics

Of course, the amount of carer time required in any given period will depend upon the unique set of conditions and issues confronting the child and carer involved. However, with the data collected during the study, we have the opportunity to look for broad patterns between average carer times and the individual placement characteristics that are available. Note that no claims are made regarding cause and effect, and that we consider factors only one at a time.[4]

It was found that carers of boys tend to spend more time per day, with an average of 38 minutes per carer per day, compared to carers of female children who spent an average of 26 minutes per day on carer activities. This finding confirms the commonly held view that boys are more demanding of carers than are girls.

Carer time was the least for cases involving children in care under the age of 2 years, and the most for cases involving children in the 3–5 year age group. After this 3–5 year age group the average carer time per day declines. We note that the needs of the 3–5 year age group are high particularly in terms of preschool/school investigation and enrolment.

There is slight evidence that children with a higher number of health issues identified at the start of the placement receive more carer time, on average. However, with the wide range of variability in average times recorded over the study, this finding does not hold when using a refined measure of the number of health issues identified. This may be due to the imprecision in identifying the
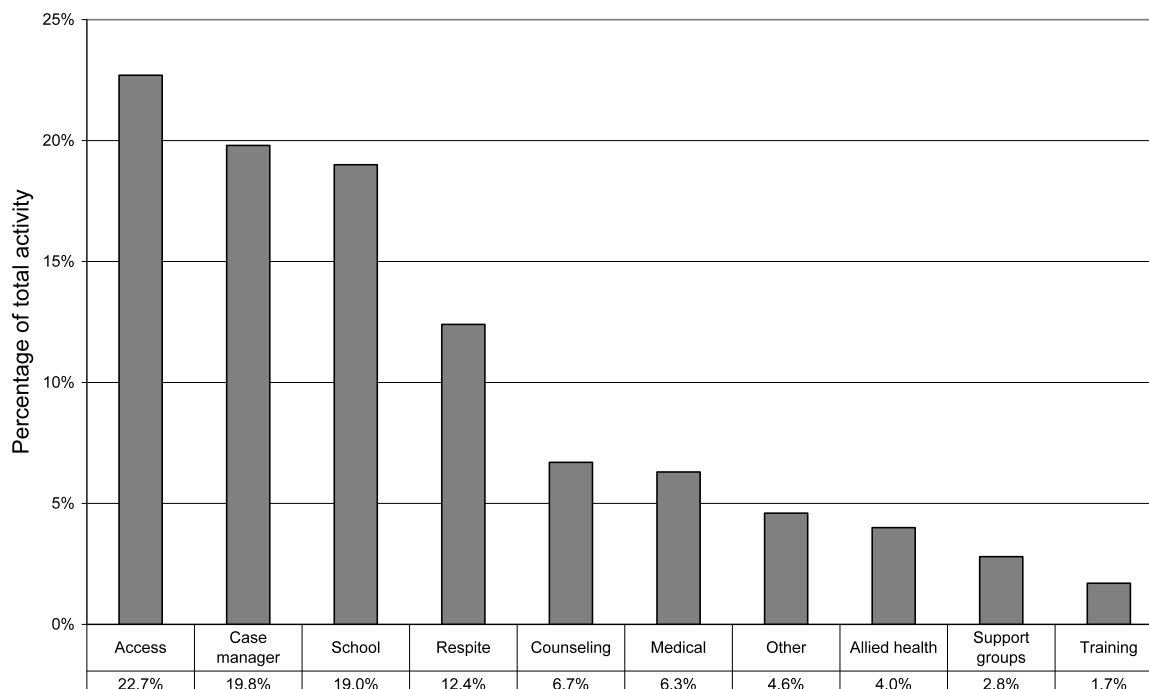
Access	Case manager	School	Respite	Counseling	Medical	Other	Allied health	Support groups	Training
22.7%	19.8%	19.0%	12.4%	6.7%	6.3%	4.6%	4.0%	2.8%	1.7%

FIGURE 3

Percentage of all carer time, by area of activity. Each vertical bar corresponds to the percentage of carer time recorded by all carers on all days of the study associated with activities deemed 'above and beyond ordinary parenting'.

number of health issues at the start of the placement, which was done in retrospect.

Carer time was higher, on average, for cases associated with more difficult care categories, with Care and Care +1 most similar at 40 minutes per day and 35 minutes per day, on average respectively, and with an average of 1 hour and 10 minutes for the Care +2 carers and 2 hours and 4 minutes per day for the Care +2+ category carers. This finding is of course consistent with expectations, as well-established classification procedures are in place, according to documented health and behavioural issues associated with the placement.

Somewhat surprisingly, the average carer time per day was lower for placements with a long-term foster care to adoption plan, than for placements with a long-term foster care plan without adoption. Those with a long-term foster care place with adoption required just over 30 minutes a day, whereas long-term foster care placements without adoption reported an average of 1 hour and 7 minutes per day. We suggest that this may be because those children who are not proceeding to adoption may possibly be more challenging, in general. In addition, however, carers whose placement is moving towards adoption are possibly more likely to see their activities as part of 'ordinary' parenting.

Overwhelmingly, the largest average number of hours per day per carer occurs in the first year of a child or young person's entry to the FAF program. This may reflect the complexity of adding a new person to a family.

Correspondingly, the average care time per day decreases dramatically and consistently in the remaining years. In a related finding, average carer time appears to decline the longer the child has been in any care program (i.e., not only the FAF program).

Average carer time is lower for placements without respite support than for placements with respite support. This finding is not surprising, given that respite is aimed at providing a break to carers when needed.

The association between average carer time per day and the experience level of workers revealed that carer time is lowest for cases having the most experienced workers, but highest for those whose caseworkers are considered experienced, but not senior. While both 'experienced' workers and 'senior' workers have considerable expertise, we suggest that senior workers have less time to spend with carers. Experienced workers, on the other hand, are likely to have more time with carers and their expertise may motivate the carer to undertake more activities for the child. In addition, carers will often ring a former ('experienced') worker for advice, even though they may have been assigned a new, and likely less experienced, worker.

The information arising from this research is potentially useful in the broad debate on retention of carer numbers (AIHW, 2010; DHS, 2003). For workers and organisations, the findings provide a better understanding of what is involved in caregiving. This has implications not only for training, but also for a more realistic assess-

ment of carers' ability to undertake the role. In addition, the findings lend some weight to the impetus for carers to be paid a wage and therefore to be regarded more as intrinsic members of the care team.

For potential carers, the findings provide information on, and therefore better preparation for, future time and activity commitments and this might arguably have a positive impact on the decline in carer numbers. It could also, of course, prompt carers to negotiate extra payments for mileage and so forth.

Home-based carers and parents already receive in-depth training on managing the challenges inherent in caring for children who have been abused and neglected (Connections, 2005; Delaney & Kunstal, 1993; Downey, 2009). This study provides additional data on how much extra time carers might need to spend on and with their children.

Conclusion

Caring for children in home-based care is seen as requiring considerably more time and energy from caregivers than is the case for most other children who are not in care. Just how much time this requires, and on what activities that time is spent, has previously not been studied in a quantitative way. This article reports on the findings of a study aimed at quantifying the amount of time, over and above 'ordinary parenting', spent by 26 foster carers and prospective adoptive parents of children during a 9-month period in a NSW program offering long-term care. The findings provide information that is potentially useful, not only in the debate about the decline in carer numbers, but also for agencies when they are recruiting, training and assessing prospective carers.

We found that carers in the study spent an average of 55 minutes per day (or approximately 6 hours 22 minutes per seven-day week) on activities over and above the ordinary care of children. Carer time was highest for cases in the first year of placement where the average time was close to 2 hours per day. The tasks that took the greatest carer time on average were access visits, meeting with caseworkers, school- and tutoring-related matters, counselling and medical appointments, and organising respite care. Not surprisingly, more time was spent on children with challenging health and behavioural issues. Despite these differences in the average level of time required for each individual situation, the study also demonstrates that most carers experience days that are substantially taken up with their care responsibilities.

It is hoped that this information will result in greater understanding by policymakers of the time required in foster care and other long-term placements in which children have increasingly complex needs and disturbed behaviours.

Endnotes

1 However, we note that there were some 'threatened' disruptions, as well as two disruptions (from the study group) within a few months following the end of the study period.

2 These were collected as part of Essential Information Records–Part 1(EIR1) of the Looking After Children Electronic System (LACES — see http://www.pdc.org.au/lac/) and included: ADHD, anaemia, asthma, autism spectrum disorders, cerebral palsy, developmental disability, diabetes, drug/alcohol/depression, eczema, emotional disturbance, epilepsy, hay fever, hearing loss, HIV, learning, physical/motor, ear, sensory, visual, other.

3 Allied health includes occupational therapy, physiotherapy, dentist, dietician, and any other health related area outside of hospitalisation, visits to the general practitioner or specialist, or psychology appointments.

4 It is possible, and indeed likely, that different factors may have a greater influence on carer time if they could be considered simultaneously. However, such an analysis is not feasible in this instance, mainly due to the size of the study.

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Appendix A

Foster Carer and Adoptive Parent Diary

This 'diary' is to record your time (including travel time) spent on:
- Contact with birth family members (or previous caregivers)
- Meetings and appointments (to be determined with caseworker)

Please complete this record every day to the nearest 15 minutes (record 0 if there has been no activity) and give to your Barnardos worker at each visit.

Family/child	Week: Monday > Sunday (record dates)						
Time (incl. travel time) spent on:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1. Access with birth family, incl. siblings (specify who)							
2. Respite							
3. Meetings/appointments relating to the child							
• Counselling							
• Medical							
• Dentist							
• Speech pathology							
• Occupational therapy							
• School/tutoring							
• Case reviews/planning meetings							
• Support group meetings							
• Meetings with caseworkers							
• Training							
• Other (specify)							
4. Amount of time when child suspended/expelled from school							
5. Other (please specify)							