

Opinion Piece

Are we setting children in care and their care givers up to fail?

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The question in the title is addressed by exploring the challenges inherent in providing care for children who are unable to live with their birth families. It is argued that failure to interrogate the assumptions underlying traditional foster care and take account of changes in family structure and socioeconomic circumstances has created a situation in which children in care and their care givers are being set up to fail. Changes needed to address this are outlined.

■ **Keywords:** children in care, care givers, reconceptualising care, networks of support

Since an Independent Review of Child, Youth and Family (the Aotearoa New Zealand statutory care and protection and youth justice service) in 2015 (Ministry of Social Development, 2015a & 2015b), there has been renewed focus on children in out-of-home care in Aotearoa New Zealand, and plans are underway to launch a campaign to recruit more care givers. Research suggests that the most effective form of recruitment is word of mouth, with motivated care givers convincing others that this is a good thing to do. Unfortunately, however, there is a history of systemic failure to support care givers and the children in their care, thereby creating a ripple effect that reduces the pool of people willing to undertake this task (Atwool, 2010).

Foster care largely relies on individuals, couples and families who volunteer to take children into their home. Aotearoa New Zealand has a long tradition of foster placement in preference to residential care, which appears to be based on ideas about the benefits of a “good home” and an assumption that parenting experience is sufficient to equip people for fostering (Atwool, 2010). We have continued to recruit people for this role without examining the validity of these underlying assumptions in an ever-changing world. The question posed in the title of this paper is addressed by exploring the current context and the challenges this presents, before concluding with some comments about changes that are needed.

Who Needs Care?

There is ample evidence in New Zealand and around the world that children in out-of-home care have not been well

served and that outcomes are poor (Atwool, 2016). A key factor is a lack of stability and the likelihood of placement breakdown as the degree of difficulty increases. The vast majority of children needing care have experienced multiple trauma. Even those children removed at birth or shortly thereafter are likely to be significantly impacted by their experiences in-utero through the exposure to mother’s high stress levels, poor nutrition, drugs and alcohol. Their experiences have taught them that adults are unreliable, unavailable and/or intrusive, and in the worst circumstances, abusive (Atwool, 2008). Leaving all that is familiar adds to children’s trauma and they are expected to adapt to a completely unfamiliar environment at a time when they are confused and distressed. These are not children who are going to respond in expected ways. Even very young infants will be in survival mode, drawing on the only defences available to them – resistance, compliance or withdrawal (van der Kolk, 2014). The older the child, the more intense these reactions are likely to be.

Parenting strategies developed in optimal circumstances may be ineffective in the absence of a sense of safety. Well-meaning people motivated by concern for children find themselves overwhelmed when faced with behaviour that does not make sense and which they experience as hostile

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and rejecting. Even with some understanding of children's behaviour, it is difficult to cope with the disruption of household routines or a child who is withdrawn and disconnected, when this behaviour persists despite best efforts to integrate a child into the family. Although training is available to prepare care givers for the role they are taking on, this is often insufficient to sustain them when faced with the reality.

A disproportionate number of children coming to the attention of social services in New Zealand are indigenous (MSD, 2015a & b). Placement outside of culture has been a major factor in the inter-generational transmission of trauma (Ministerial Advisory Committee, 1988). Despite this being identified in 1986 and our 1989 legislation designed to address this, the challenge of delivering culturally responsive services remains. One of the contributors has been the prioritisation of safety and an emphasis on securing this by way of placement, without considering the long-term implications. The limited availability of placements and lack of resources to conduct whānau searches continues to be a barrier to ensuring positive cultural connection despite evidence that this is a significant protective factor (Atwool, 2006).

The importance of cultural connection links closely with my final point about children who need care. They do not come alone. Biological family remains important and, in New Zealand, birth parents retain guardianship rights even when children are permanently placed. Some level of contact occurs in most situations. If the placement is short term, while the possibility of return home is considered, high levels of contact are usually maintained as part of assessing parental competence. This may not fit the expectations of care givers who are motivated by the desire to include a child in their family on a more permanent basis. Shortage of placements sometimes means that agency and care giver expectations are not matched.

Lack of Support

Placements begin to unravel when care givers are unable to access support. Since 1989, there appears to have been a loss of focus on care, until very recently (Atwool, 1999). In many sites, social workers have generic caseloads juggling the competing demands of new work with responsibility for children in care. When I interviewed care givers in 2009, the common themes were lack of information and lack of support (Atwool, 2010). Despite policy stipulating that a Care Plan should be provided within 24 hours of placement, many care givers had never seen one. The Privacy Act was often cited as a reason for not sharing information about children's past, making it difficult for care givers to understand children's behaviour and potentially increasing the risk of retraumatisation. A frequent complaint was social worker failure to respond to messages. Some care givers reported that they were viewed as troublemakers due to their persistence in trying to get support with accessing educational and health services for the children in their care.

Others, burnt out by their experiences, withdrew and were left unsupported as they dealt with the impact. As a Board member of Fostering Kids (an NGO supporting care givers), I know that this situation has not changed.

Changing Family Structures

The intact nuclear family is no longer the dominant family structure. Many families have become complex networks following parental separation with children moving between two or more households. Taking on an additional child is less likely when there are combinations of his, her and their children created by re-partnering. Women are having children later and the number of women engaged in full-time parenting has significantly reduced.

New family structures have emerged and same-sex couples and single people are also offering to foster. It should not be assumed that their needs will be the same as more traditional fostering scenarios based on the nuclear family. Increasingly, grandparents are stepping into the breach and in Aotearoa New Zealand, there are more children in non-statutory kin care than there are in state care. Some kin carers take on this role with no training or support and very little preparation.

Socio-Economic Changes

In the past, many care givers have been older couples who saw fostering as something they could do alongside raising their own children or as their children became independent. This group of people will not be easily replaced given the impact of socio-economic change on families since the 1980s when neoliberal policies became dominant. Many families need two incomes to survive and it is difficult to combine caregiving with employment, especially during the initial months of a new placement.

With a reduced pool of people available to take on the important role of caring for children who are not able to live with their families, we need to take good care of those who do step forward. Recruiting care givers into a system that has repeatedly failed to serve them will simply perpetuate the patterns of the past and set them and the children they take into their homes up to fail.

Reconceptualising Care

There is no doubt that good care is transformative for children and young people. Oranga Tamariki (the New Zealand statutory care and protection service) highlights success stories on their website. Every one of these demonstrates that good outcomes are not achieved in isolation – sometime, somewhere there has to be someone who believes in the child or young person and stands alongside them through difficult times. In Australia, the Create conferences and the impressive young people from this organisation also bear testimony to this. The young people, however, are the first

to admit that their journey was not easy – for them, or for their care givers.

All of the research points to the centrality of relationships in healing from trauma. Although individual therapy may be helpful for some children, it is not enough. Healing and recovery take place in the context of the 24/7 care provided in the child's living environment. Care givers are not merely providing a roof over a child's head and food in their bellies, they are supporting children to come to terms with their past and learn to live in a present that is very different from the one that their early experience equipped their brains to cope with. Parenting experience alone is not sufficient to equip care givers with the ability to care for these children in ways that promote healing and recovery.

If we are not going to set children and their care givers up to fail, there needs to be a clear understanding that fostering requires knowledge and skill over and above parenting in optimal circumstances. It is resource intensive and children in care, their birth families and care givers need networks of support if children are to have positive outcomes. Recruitment needs to pay attention to the different types of care needed – short term (with potentially high involvement of birth parents when return home is the goal), long term with birth parents having an on-going role, and long term with lower levels of parental contact. A large enough pool is needed to allow for the matching of children and care givers, not only in terms of type of placement, but also in terms of the capacity to manage particular types of behaviours and goodness of fit in terms of ages and gender of other children in the family.

Once placements are made, these must be supported, especially during the early months. Comprehensive care plans should provide the foundation for networks of support to ensure a co-ordinated response to the needs of children, their care givers and their birth families. Support has to be readily accessible to prevent situations from escalating. Placements need to be resourced at a level that enables at least one person to be parenting full-time. There are

arguments for and against paying foster parents and it is important to consider the implications for the children they care for. There is a need for creative solutions to the issue of remuneration that have children and their needs at the centre. These children require healing and recovery that is best supported in their daily living. We know the costs of failure are high and a long-term investment approach is needed to underpin our responses to children in care.

Without this, we will continue to set children and their care givers up to fail.

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