Challenges posed by kinship care

A study focussing on New South Wales

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Kinship care as a formal placement option has been steadily increasing over recent years, particularly in New South Wales. This paper draws on a report of research on kinship care in New South Wales, in which the two authors participated (Mason et al, 2002). In conducting the research, qualitative and quantitative methods were used to explore both 'top down' perspectives (from policy documents and statistics) and 'bottom up' perspectives (from child protection practitioners and those who experience policy as service recipients – kinship carers, young people in kinship care and parents of children in kinship care).

In this paper we briefly outline the research and discuss findings relating to definitions of kinship care, the extent of kinship care in NSW, decision making around the placement of children in kinship care, reasons given by participants for kinship care, and support for carers.

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In 1998, the Association of Children's Welfare Agencies (ACWA) instigated a research project designed to assist in understanding issues surrounding the use of kinship care as a formal placement option in NSW. At that time, studies of statistical data produced by the relevant Australian State and Territory child welfare agencies had shown a substantial increase in the use of kinship care as a formal placement option, particularly in NSW (ACWA, 1998; AIHW, 1998). Questions about the needs of children in kinship care were also being raised around the passage of the NSW Children and Young Persons (Care and Protection) Act 1998. In its initial form, the Act excluded young people in the care of relatives or friends from its definition of out-of-home care, implying that, unlike children in foster care, children placed with relatives or friends would not require support or supervision.

THE RESEARCH PROJECT

Following its success in obtaining funds in 1999 from the Financial Markets Foundation to undertake this research, ACWA senior policy staff formed a team with researchers in the Childhood and Youth Policy Research Unit at the University of Western Sydney. The findings of the research were published in 2002 (Mason et al, 2002) and this paper provides an overview of some of the findings.

The aims of the research were:

1) to quantify the extent of formal kinship care in NSW;
2) to establish some understanding about the reasons for the apparent increase in numbers of children and young people in kinship care;
3) to identify and analyse the legislation and departmental guidelines relevant to kinship care;
4) to explore the views about and experience of kinship care with children and young people, their carers, birth parents and supervising workers.

The research was concerned with children in *formal kinship care*, that is, those children who have been subject to child protection intervention or a children's court protective order who were in the care of a relative or other person already known to the child (such as a neighbour or family friend)

and who are recorded by the relevant child welfare department as being a child in out-of-home care.

We focussed on obtaining in-depth data on NSW policy and practice from the Department of Community Services (DoCS) as the government agency with statutory responsibility in this area. This data from New South Wales was supplemented by an overview of legislation and policy from other states of Australia and of literature on overseas developments in kinship care.

Our approach to research into kinship care appeared unique at the time, in that it was a multi-faceted approach, using quantitative and qualitative methods to explore both 'top down' and 'bottom up' perspectives on kinship care. The top down perspectives were sought from explicit formulations of policy in official documents and collections of statistics. We also sought to include a 'bottom up' perspective on kinship care through interviews with those in New South Wales most involved with policy. This included child protection practitioners and those who experience agency policy as service recipients – kinship carers, young people in kinship care and parents of children in kinship care.

THE RESEARCH FINDINGS

On a number of aspects of kinship care, our research indicated a lack of clear cut answers.

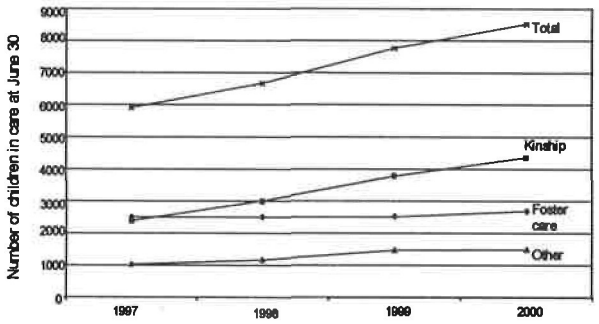
DEFINITION OF KINSHIP CARE

The review of Australian state and territory policy documents (legislation and departmental guidelines) revealed that:

- there is a diversity of terms and definitions of kinship care;
- all states and territories recognise the significance to the child of relatives or extended family members;
- three jurisdictions (ACT, Victoria and South Australia) recognise the significance of a child's relationships with other adults such as friends and neighbours;
- specific recognition of kinship care in the legislation occurs more frequently in relation to the placement of Aboriginal children.

In some respects, the definition workers were using for kinship care appeared to include only direct family members. For example, the carer situations to which workers referred us for interviews were only those where the kinship connection of the carer to the child was of grandmother or aunt. However, in interviews some workers were using broader definitions.

Figure 1 Trends in placement type for all children in care



1. 'Kinship' includes the DoCS categories 'with other family member', 'Aboriginal kinship' and 'nonrelated family/unrelated person'.
2. 'Other' includes the DoCS categories 'Parent', 'independent', 'supported accommodation', 'residential care', 'adoptive', 'Departmental family group home', 'no fixed place' and 'other'.

One worker stated:

> Sometimes it's biological and sometimes it's very much who (the child/ren) grow up with. [23]

Another worker identified that amongst particular cultural groups:

> ... kinship care would incorporate community care. [9]

This broader notion of kinship care was recognised particularly in relation to Aboriginal children.

THE EXTENT OF KINSHIP CARE

Data provided by DoCS on the number of children in care in NSW at June 30 in each year showed the use of kinship care continued to increase between 1997 and 2000.

As can be seen from Figure 1, numbers in foster care remained relatively constant during this period while numbers in kinship care rose dramatically. Kinship care increased from 40% of children in care in 1997 to 51% in 2000. Data from the Australian Institute of Health and Welfare (AIHW) for the year 2001 indicate that kinship care continued to increase in NSW and that the figures for NSW are much higher than both the national figures and the figures for each other state and territory (AIHW, 2002).

The data provided to us by DoCS indicate that kinship care is not limited to a few particular groups of children or situations in NSW. In the year 2000, kinship care was **the most likely placement** option for:

- both boys and girls;
- all age groups[1] except 16-17 year olds;

[1] Kinship care was the most likely placement option for children in the DoCS age group categories of 0-4 years, 5-11 years, 12-15 years.

- all reasons for entering care[2] except *carer unable to care without periodic parenting relief* and *prospective adoptions*;
- all categories of legal status[3] except *ward* and a few categories with very few children (nevertheless, the percentage of wards in kinship care rose from 19% in 1997 to 33% in 2000);
- children in all lengths of current placement[4] (at June 30).

Over the period 1997 to 2000, the percentage of children in care who were in kinship care **increased** for:

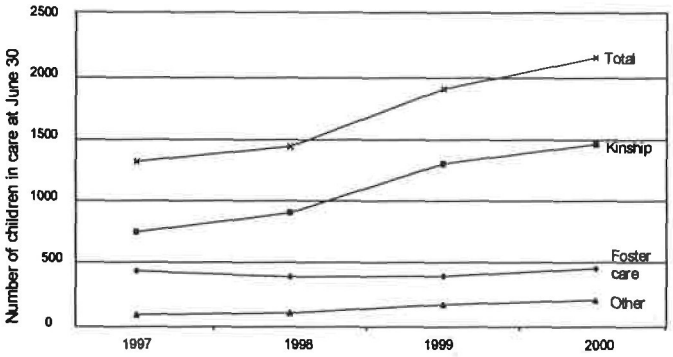
- both boys and girls;
- all age groups;
- all reasons for entering care (except the very small category of *detached* or *noncitizen child)*;
- all categories of legal status (except the very small category of *ex Ward* or *ex protected person*);
- all categories of length of current placement (at June 30).

There has been much discussion and debate about kinship care and indigenous children. Our data indicate that the number of indigenous children in kinship care rose dramatically between 1997 and 2000 (Figure 2). Kinship care increased from 58% of indigenous children in care in 1997 to 68% in 2000. In comparison, only 45% of non-indigenous children in care were in kinship care, an increase from 35% in 1997.

Despite the greater likelihood of the use of kinship care for indigenous children, it is important to note that in terms of numbers there were twice as many non-indigenous children in kinship care in 2000 as indigenous children.

While this data needs to be interpreted with caution because of potential data quality issues and changes in definitions during the time period covered, it nevertheless provides some useful pointers to the way in which kinship care is used in NSW.

Figure 2 Trends in placement type for indigenous children



1. 'Kinship' includes the DoCS categories 'with other family member', 'Aboriginal kinship' and 'nonrelated family/unrelated person'.
2. 'Other' includes the DoCS categories 'Parent, 'independent', 'supported accommodation', 'residential care', 'adoptive', 'Departmental family group home', 'no fixed place' and 'other'.
3. During 1998/99 DoCS introduced a new method recording indigenous status in order to improve the accuracy of this data. Changes from 1998 onwards may reflect improved recording of this data rather than increased numbers of indigenous children.

DECISION MAKING AROUND THE PLACEMENT OF CHILDREN IN KINSHIP CARE

Departmental guidelines in Australia are often ambiguous in terms of the specifics of placing children in kinship care. Our interviews indicated that in a number of instances it was the carers themselves who took decisive actions to care for their relative children and then sought DoCS confirmation of these actions.

One said:

> I went to their house and took them ... it went to court. [4]

> To be honest not much would have happened if I hadn't pushed ... all action has been initiated by me. [12]

Other carers appeared to have accepted care of their relative children through a lack of other alternatives.

> DoCS rang me up and asked me because no-one else could take her. [3]

> They asked me to keep the girls a bit longer. Then ... they asked me if I could keep them permanently. That was a big decision for me, for us. [13]

In at least one case a child seems to have influenced decision making. One child said:

> They said we could live where we wanted to live. [18]

REASONS GIVEN BY PARTICIPANTS IN KINSHIP CARE FOR THIS PLACEMENT CHOICE

Analysis of the interviews indicated three clear reasons as to why kinship care was preferred.

[2] Kinship care was the most likely placement option for children in the DoCS reason for entering care categories of actual harm or injury to the child, child at risk, child neglect, death of carer, carer unable to care/other drug problem, carer unable to care due to illness, significant family breakdown, carer unwilling to care for child, child homeless, detached or noncitizen child.

[3] Kinship care was the most likely placement option for children in the DoCS legal status categories of temporary/voluntary, removed without consent, custody of a relative, custody of an agency, custody of a nonrelative, court adjournment, detached refugee, no order.

[4] Kinship care was the most likely placement option for children in all the DoCS categories for length of current placement at June 30 (ie, not total length of placement), ie, 0-6 weeks, >6weeks to < 6 months, 6 months to 1 year, >1 year to 2 years, >2 years.

Firstly and most emphasised by the carers were the **emotional connections** between carers and children.

One carer said:

> ... they're your own flesh and blood, what can I say? [2]

> She's always been wanted and loved. [1]

Children focussed on connection in terms of being familiar with or knowing relatives. A child stated:

> You know them (relatives) ... they know what we like. [19]

Some children indicated that this sense of connection and familiarity was significant beyond kin. In the case of one young person, the importance of friends when she needed to discuss things that were going wrong was emphasised. One child mentioned the importance of her dog as a companion. For other young people, continued residence in a familiar place was important. In particular, being able to continue attendance at known schools was stated as important.

In the literature reviewed there was recognition of the importance of kinship care as a way of maintaining connections for children and thereby lessening the trauma believed to frequently accompany children's loss of parents. (Hornby et al, 1996; Ingram, 1996; McFadden et al, 1998; Greeff, 1999; Shlonsky & Berrick, 2001).

The second reason for preference for kinship care placement was the belief that **children should be cared for in families.**

One carer stated:

> The child is best with the family. [8]

Another:

> It's my belief as a Koori person that my sister's kids don't go outside our family. [22]

The responsibility of families for supporting and caring for relative children was a common theme for workers. One worker articulated this point strongly.

> It's their child. It's really good to see they can take ownership of the situation and do a great job. [19]

Towards kinship carers there is an attitude that:

> Because you're a family member you should have a responsibility to do this. [23]

The third reason we found for preferring kinship care was related to **criticisms of alternative forms of care.**

The problems with other forms of placement were the reasons given by a child and by workers as a reason for preferring placement with kin.

A child who had negative experiences in foster care commented:

> I just like living with relatives because you know what they'll do and they're not cruel (like previous foster parents) and you know what they're like [18]

A worker commented:

> I think our history of other forms of alternative care is disastrous. [20]

Workers were particularly critical of the losses to indigenous children and their communities for 'the stolen generations' through other forms of care.

It was suggested in some interviews and some literature that **economic** reasons influenced decisions for kinship care placements.

One worker who supported kinship care as a form of care beneficial for children, also highlighted issues of expediency and efficiency:

> It can have better outcomes for children ... But it also is cheaper, I mean it's very much cheaper. [24]

This worker also noted that kinship care worked in a context where foster carers are becoming more difficult to find.

In studies by Worrall (1999) in New Zealand and by Gleeson (1996) in the United States, they comment on possible associations between the emphasis on kinship placements and welfare budget reductions as well as an association between this form of care and the decreasing availability of foster carers.

... in a number of instances it was the carers themselves who took decisive actions to care for their relative children...

SUPPORT FOR CARERS

Although economic expediency was not often explicit in reasons for preference for this form of care, it was given some support as a reason from analysis of the experiences of carers in New South Wales. Carers considered some form of external support – financial, practical and/or emotional – as important in helping to ease the stresses of caring for kin children, but generally reported that they found it difficult to obtain this help from the statutory agency.

Carers expressed need for financial, practical and emotional assistance

Where carers did receive financial assistance they valued it, but were dissatisfied with the amount and nature of such support.

Some carers stated:

> Before the rules changed about the money thing, that particular worker wrote reports and tried to get as much support as we possibly could have gotten. [10]

> $300 per fortnight – is not enough for the medication. The department paid every bill when she was small, but now nothing. [17]

Another with a child with medical problems was

> ... only getting family payment, no disability allowance. [22]

Carers considered some form of external support – financial, practical and/or emotional – as important in helping to ease the stresses of caring for kin children ...

Needs for practical and emotional support

Most carers, in our study all women, considered support from DoCS to be important. In those instances where they had obtained it, they reported it made a significant difference to their responsibilities.

One carer commented on the value of having received agency help:

> DoCS worker wonderful. [9]

Another contrasted support from one worker with the lack of help from a current worker:

> J was good but no-one has bothered since. It's really frustrating for us. I said to X what happens if I need to see you in an emergency. She said 'we have over 100 children'. [13]

Help was described as needed particularly at stressful and crisis times, for example, chemotherapy treatment for the carer, and when a child had asthma and guidance was wanted about treatment.

One carer noted:

> And I think that they (DoCS) should (give us more support) because sometimes parents are desperate. In a moment of desperation they should have someone always there to talk to them, even if it's not the case worker, even if it's someone else. [2]

Generally the lack of support to carers meant that they felt they were of no importance to the agency and described experiences of frustration in attempting to get help:

> No one is interested from DoCS ... I battle on my own with them [the children]. [3]

Another said:

> Well I ring them (DoCS), they don't ring me, I ring them ... I'll get the answering machine or leave a message and that's it or else ask to speak to a manager and get told 'you can't talk to him ... you have to make an appointment'. [2]

For one carer:

> It would be great if they phoned and said 'we'd like to come and see the kids ...(or) come and visit you ... carers need a bit of TLC. [2]

Some carers expressed an awareness of organisational constraints in the provision of support by individual workers:

> DoCS try as much as they can ... their hands are tied. [4]

while another said:

> ... very hard to get in touch with them, I suppose because they're busy. [2]

One carer noted of DoCS workers:

> They're very hard workers. They try as much as they possibly can. It's just that there are times when [other] things are more important [than our needs]. [10]

While a small number of carers considered their relationships with their kin children were straightforward, more generally they struggled with the ambiguity the role presented for them. For example, a carer commented:

> My life's been turned upside down – adjustments have had to be made. [12]

Two carers commented on the stresses in a change of role from grandparent to parent:

> I have to be strict ... I have to do it all over again. [2]

Another said:

> We did find it difficult to have little ones again. It can be a problem, kinship care, if you are older. ... often older people are expecting to retire. [16]

Others commented:

> It's confusing, I'm Mum, I'm Nan and I'm disciplinarian ... that's not Nan's role. [13]

> I don't want to take their mother's place – but I am their mother – do everything. [2]

One carer talked about being pulled between her daughter's needs and her grandchild's needs:

> It's really hard to do especially if the child's parent is around. You are continually pulled between the two of them. I can't offer as much support to (daughter) as I could or should. He's always got to come first as he's the child, she's an adult. [12]

For this carer there was also fear of violence during access visits:

> She assaulted me 2 weeks ago and I went and got an AVO. [12]

Some workers acknowledged the tensions experienced by carers. For example, one commented:

> One of the things that I often see, if you place children with grandparents and they don't have a good relationship or they were trying to be supportive of their own children and you place the grandchildren there, it's often the last straw. [22]

Additionally Worrall (1999) in her study identified stresses for kinship carers associated with very challenging behaviour of the children, lack of tolerance amongst neighbours and friends for this behaviour, and a lack of community integration of these children.

... when children are removed from 'at risk' situations, but relocated elsewhere in the same family, the traditional criteria for defining appropriate or 'good' care for these children are challenged.

In research on caring more generally it has been demonstrated that, while caring can provide great satisfaction to the carer, it also brings considerable material, physical and/or emotional costs (Watson & Mears 1999). Caring 'about' their relative children is an important reason for carers assuming the role of caring for these children. This also is supported in the literature as having considerable psychological benefit for children over placement with strangers (eg, Greeff, 1999). Given the stresses which appear inherent in caring for relative children in child protection situations, agency support to assist kinship carers to care 'for' as well as care 'about' their relative children would appear as a vital element to ensuring the success of kinship placement policy and the well being of children in this form of care.

However there appears to be little recognition of the importance of providing such support by government in this state, as elsewhere where kinship care is an increasing option for children with protective care needs. This is one of the challenges facing policymakers in relation to kinship care.

CHALLENGES

In New South Wales in debates on responsibility for kinship care, questions of support are typically linked with the role of the state in supervising families where children are in kinship care. Traditionally in Australia, as well as in the United States, the provision of financial support to families caring for children has been linked in child welfare with state supervision of these families. However there is a general disinclination, as reflected in statements by the majority of the workers in our interviews, to be involved in a monitoring role in relation to kinship care. This was summed up by one worker:

> We also see as [the children are] in kinship, that they wouldn't really need much of our involvement because they are placed with family. [24]

Hornby et al (1996), in a United States study which attempted to grapple with these dilemmas, suggested it was inappropriate to continue to confound the two questions of financial support and state supervision in situations of kinship care. They argued that in the case of kinship care the association between support and supervision should be considerably lessened, as even where the child's relative needs more money than a standard welfare payment in order to care for a related child, there is not necessarily an implication that the relative should also be supervised in the provision of care.

Supervision and support to carers are often linked in debates to a dilemma as to whether kinship care should belong in or outside the formal child welfare system. Testa, Shook, Cohen and Woods (1996), in writing about kinship care policy in the United States, note that the basis on which society decides how to support children and in what caring situations, has to do not only with need but with:

> ... how federal and state authorities define the divisions between public and family responsibilities and demarcate the boundaries between formal and informal care (1996:456).

The way these boundaries are defined is influenced by assumptions about the biological unit of the traditional nuclear family of birth parents and children and the sanctity of this unit in terms of the independence and privacy of the family. These values were articulated in the comments of workers in our research as justifying non support and/or supervision of kinship care families.

In contrast to the idealised version of the nuclear family, kinship care by its very definition is not care by nuclear family.

However, kinship care is also different from what has traditionally been the form of child welfare placement for children whose biological parents have not been able to care for them – 'stranger' care. Stranger care as a form of placement has been based on professionals' assessments of 'substitute' carers to determine if they meet certain criteria of being 'good' parents. In contemporary practice, when children are removed from 'at risk' situations, but relocated elsewhere in the same family, the traditional criteria for defining appropriate or 'good' care for these children are challenged.

CONCLUSION

It should hardly be surprising that kinship care policy, in responding to advocacy for reform to earlier policies, creates uncertainty on the part of those involved in implementing such policies. However, as our data indicates, broader family constellations do not necessarily imply self-sufficiency. It is important to recognise that the very need for state involvement in placement of 'at risk' children often implies a high level of economic and social disadvantage. Attention to this fact and to the dilemmas confronting development of effective kinship care policy could provide the signposts to policy development in kinship care and child welfare policy more generally. □

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