

Opinion

The Changing Face of Out-of-home Care in Australia – Developing Policy and Practice for the 21st Century

Meredith Kiraly and Cathy Humphreys

Department of Social Work, University of Melbourne, Melbourne, Australia

This Opinion Piece traces the rise of statutory kinship care in Australia from the progressive reduction of residential care and the struggle to recruit sufficient foster carers to meet demand for protective care. It outlines identified benefits of kinship care for children and flags concern about the early stage of development of kinship care policy, programs and data systems. It is argued that there are significant risks for children's safety and well-being in failing to assess carers thoroughly and to provide equitable case management and support (both financial and non-financial) to children in kinship care as in foster care.

■ **Keywords:** Kinship care, out of home care, child protection, child welfare

The Royal Commission into Institutional Responses to Child Sexual Abuse has spent several years painstakingly and empathically listening to stories of appalling abuse in Australia's historical out-of-home care, the institutions and homes that existed between the colonial era and the late 20th century. These institutions have now gone, and most of the small residential units that replaced them were closed in the 1990s. It was expected that home based care would pick up the ensuing demand; however, it was scarcely surprising that foster care was unable to supply the required quantum of care. An urgent need emerged to place children 'somewhere', and a new entity appeared to fill the gap, kinship care now provides nearly half (49%) of all Australian out of home care (AIHW, 2017). This development has been like Topsy – kinship care just 'grow'd'. As far as we can discern, only two other Western countries, New Zealand and Spain, have such high usage as Australia (Connolly, de Haan, & Crawford, 2013; del Valle, López, Montserrat, & Bravo, 2009), possibly because some other countries have retained a larger component of residential care.

While it is difficult to trace the social policy origin of kinship care to the advocacy of specific reformers or writers (Hegar, 1999), an increasing focus on family contact may have been a factor. The importance of fostering the family and community connections of Indigenous children has certainly been another driver, both in Australia (SNAICC, 2005; State of Victoria, 2005) and in the US (Hegar, 1999).

We also know that kinship care has many benefits for children. It has been identified as more stable than foster care and at least as safe; and it affords children a sense of normality that is important to them (Nixon, 2008). It also provides a greater chance of enduring relationships with a range of family members beyond children's nuclear families (Messing, 2006). Most Australian States now have legislation that promotes children's connections to family and community through prioritising kinship care (Boetto, 2010). However, as in some other countries, policy change in favour of kinship care appears largely to have followed developments rather than leading (del Valle, López, Montserrat, & Bravo, 2009; McFadden, 1998; Smyth & Eardley, 2007)

'The juxtaposition of the philosophical shift to the family continuity paradigm of maintaining significant family and kinship ties, and a desperate need for more placement resources created the phenomenon of a sudden pendulum swing towards kinship care. The placement of last resort had become the placement of choice' (McFadden, 1998, p.8).

It would also be naive to overlook the appeal of kinship care as an economical response for governments in a time

ADDRESS FOR CORRESPONDENCE: Dr Meredith Kiraly, Department of Social Work, University of Melbourne, Victoria 3010, Australia. E-mail: mkiraly@unimelb.edu.au.

of austerity – in Australia, as in many other countries, support to kinship carers is provided at a lower cost than any other form of care (McHugh et al., 2004; Smyth & Eardley, 2007). In the US, Hegar (1999) drew attention to the risks of such an approach, including disproportionate disadvantage for African–American children by placing them with extended family unable to provide the material advantages of foster care. Similarly, inequitable support for kinship care in Australia runs the risk of disadvantaging Indigenous children who are over-represented in kinship care (Australian Institute of Health and Welfare, 2017).

Statutory care within the extended family would have been hard to imagine for many of us working in out-of-home care in the 1980s and 1990s. The prevailing view in Australia at that time, as in the US (Geen & Berrick, 2002; McFadden, 1998), tended to be scepticism about the safety and suitability of such care arrangements. The urgent need to find a new form of protective care appears to have led to a dramatic shift in child welfare thinking. The myth: ‘the apple does not fall far from the tree’ – meaning that parents who are abusive were probably themselves abused in their families (Geen, 2003, p.15) – has given way to an opposing myth expressed in a quote reported by Spence (2004, p.271): ‘...basically it’s because of that thinking that they’re with family, [and therefore] they’re safe’. While both views are arguably partial truths, the latter view flies in the face of the very *raison d’être* for child protection which recognises that much child abuse and neglect is perpetrated by family members. Nevertheless, to date policy attention and funding has remained largely directed towards reducing residential care and repeated attempts to boost the supply of foster care. Development of kinship care policy and practice has been neglected through the normalisation of kinship care as ‘like any other family’. There has been little systematic attention to the assessment of statutory kinship care arrangements, or to placement support and monitoring.

‘If they’re with family, they’re safe’ may be a trope welcomed by the many children and carers where children’s safety and wellbeing has been secured and families wish to get on with their lives autonomously. However, from carers’ and case workers’ reports we know that for many other families, life is anything but secure and normal. Many kinship families are dealing with complex, troubled intrafamilial relationships, including intense conflict with children’s mothers and fathers. These issues are often played out in contact visits that are traumatic for both children and carers (Kiraly & Humphreys, 2016). In too many cases, as recent Australian research has demonstrated (Breman & MacRae, 2017), these conflicted relationships include incidents of violence directed towards carers and/or the children themselves. Kinship carers also have a range of practical challenges. Many live in poverty and overcrowded housing, and many grandparent carers have health issues. In relation to all these issues we see evidence of striking inequality in support for children in kinship care as compared with foster care.

With such large numbers of children in statutory kinship care, there is an urgent need for national organisation and detailed information-sharing about data, policy and practice. Some Australian States do not yet collect data about the relationship between children and their kinship carers; however, early data from Queensland, South Australia, Tasmania and the ACT suggests that less than half of children in kinship care are with their grandparents (Australian Institute of Health and Welfare (AIHW), 2017). This data flies in the face of the persistent myth that kinship carers are almost all grandparents. The stability of kinship care appears to be associated with grandparent care in particular, rather than care by aunts and uncles (Connolly, 2003; Farmer, 2010). In Victoria, emerging evidence suggests that many people regarded as kinship carers are not actually children’s relatives, and that only some of these people had a significant pre-existing relationship to the children (Kiraly & Humphreys, 2013, 2017 forthcoming). There is evidence that non-familial kinship care placements are less stable (Perry, Daly, & Kotler, 2012; Sallnas, Vinnerljung, & Westermarck, 2004). Are there grounds for concern? All jurisdictions need to prioritise attention to their data collection processes such that AIHW can report who is actually caring for children in statutory kinship care nationally. What percentage of children are being cared for by relatives, and which relatives are they? How many are with non-family carers?

Without effective national organisation, little comparison between States about how programs operate is possible, yet there is a general understanding that children in kinship care receive less financial and non-financial support than those in foster care. Few in the child welfare field would assert that foster care programs are adequately resourced. Nevertheless, foster care standards have been established over many decades, including caregiver assessment and training packages that now provide a measure of consistency in practice across the country (Hayden, Mulroney, & Barnes, 2010; NSW Department of Community Services, 2003). All children in foster care have an active case manager for the duration of their statutory order, and foster carers have a support worker for each placement. The level of caregiver payments is generally based on children’s particular needs.

The situation in kinship care appears to be very different. Of the Australian States, we understand that Victoria was early in developing a kinship care support program in the community sector, yet this program only provides a service to around one-fifth of all children in statutory kinship care. Child protection workers are ill-placed to provide effective casework and carer support for the other four-fifths while simultaneously managing heavy workloads of apprehensions, court reporting and documentation. Many children in kinship care actually lack allocated workers. Widespread concern has been expressed about the difficulty child protection faces in completing thorough kinship care assessments within prescribed timeframes. There are also glaring disparities in Victorian caregiver allowances: unlike in foster

care, kinship carers are rarely granted a care allowance above the base rate, whether or not children have special needs. These many issues have been of concern for some years, and were raised in a recent program review. It is pleasing to see that they are finally receiving much-needed attention. Work to improve the Victorian statutory kinship care program is underway, and the community sector has been asked to contribute. We understand that New South Wales is also moving to provide greater support to kinship carers that will be based in the community sector. It is to be hoped that similar developments are occurring elsewhere in Australia, or soon will.

Thorough assessment of caregiving families, equal access to needs-based financial support, and an active case manager for every child in care, patently constitute minimum standards for children's safety and wellbeing in out-of-home care. Only once these basic elements of good practice are available to all children in statutory kinship care will there be a real chance to minimise further trauma, violence and poverty in out-of-home care, and to obviate the need for further Inquiries.

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