

Supporting Kinship Care: towards a new practice framework



There are more than 30,000 Australian children in out-of-home care, including more than 16,000 in New South Wales alone. Kinship care is becoming the most common form of care for these children.

The Supporting Kinship Care research study examined how to best support kinship carers to provide safe, stable and loving homes for children who cannot live with their birth parents. The study explored the experiences of kinship carers and investigated models of practice being used by workers and agencies in Australia and overseas to support kinship carers and the children they look after. Recommendations for an effective kinship care practice model were identified.

The research was conducted by The Benevolent Society in partnership with the Social Policy and Research Centre, Aboriginal Child, Family and Community Care State Secretariat (NSW) (AbSec) and Paula Hayden (consultant). Detailed reports are available at www.bensoc.org.au

KEY POINTS

- Children in kinship care have the same needs as those in foster care. However, in practice, they do not receive the same level of support.
- Kinship carers demonstrate resilience, strength, and a profound commitment to the children in their care.
- Kinship carers have complex needs and face a number of competing challenges. To date, they have not been adequately or consistently supported in NSW. The picture is similar elsewhere in Australia and overseas.
- Kinship care practice models used by out-of-home care (OOHC) agencies need to be different from foster care practice models. In foster care, the carer has made an informed decision to take on the child after an intensive training and assessment process. In kinship care, placements are frequently unexpected, the carer often has a pre-existing relationship with the child and birth parent, and the assessment and authorisation of the carer may happen while the child is already living with them.
- There are promising practice models emerging in which workers engage holistically with the family to find and agree on stable placements for the child, build on the family's strengths and provide extra support and resources where required.
- An effective kinship care practice model is not a 'quick fix'. It can be resource and time intensive but can strengthen families and enable children to have continuity, stability and maintain connections to their heritage.
- Successful kinship care practice can reduce demands on a decreasing pool of foster carers.

BACKGROUND

Kinship care means care for a child by an extended family member or someone who shares a cultural, tribal and/or community connection with them. It can be a statutory arrangement, where orders are made through the court, or an informal arrangement within a family.

In many cultures it is commonplace for extended family members to have a role in caring for a child. However in Australia, kinship care is integral to Aboriginal culture in particular. Aboriginal kinship carers have been looking after children for centuries and the rate of Aboriginal children in kinship care is high compared with non-Aboriginal children.

“You know they say all the time there is not enough Aboriginal foster carers, but we’ve all got our grandkids... this is why we are not foster carers”.

Kinship care offers a way of maintaining a child’s cultural connections. It supports the Aboriginal Child Placement Principle enshrined in NSW legislation which is mirrored in other states and territories.

As a new provider of a statutory kinship care service, The Benevolent Society became aware of the gap in research and documented quality

practice on supporting kinship care families. Currently in NSW there is no discrete practice framework for statutory kinship care; it is part of the general foster care system and little is known about the outcomes for children in kinship care placements and how these placements can be best supported.

The Benevolent Society identified a need for a different way of working with kinship care families to ensure the best outcomes for their children. The question of how to approach and manage this difference led us to commission this study.

THE AIMS

The aims of the research were to:

- develop an understanding of the international policy and practice context of kinship care and identify promising practices
- investigate the experiences of kinship carers in NSW and find out how other agencies support kinship care families
- develop recommendations for practice for the The Benevolent Society’s OOHC program, Fostering Young Lives.

The research did not aim to examine practice implications for different cultural groups in detail, but particular consideration was given to Aboriginal families given the high proportion of Aboriginal children in kinship care placements.

Acknowledgments

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The Benevolent Society

The Benevolent Society is Australia’s oldest charity. Established in 1813 we have been caring for Australians and their communities for nearly 200 years. We are a secular, non-profit, independent organisation working to bring about positive social change in response to community needs. Our purpose is to create caring and inclusive communities and a just society.

METHODOLOGY

The first step was the production of a discussion paper which articulated some of the issues and the implications for The Benevolent Society as a new provider of statutory kinship care. This was followed by:

- a review of kinship care policy and practice models in Australia and overseas, involving a literature review and consultations with workers and policy-makers in the kinship care field
- four focus groups with kinship carers in NSW held in regional centres and in Sydney; two of these groups were with Aboriginal kinship carers and two with non-Aboriginal kinship carers
- semi-structured interviews with 11 kinship carers
- a research paper discussing the assessment and authorisation of kinship carers.

THE FINDINGS

Outcomes for children

There is little research on the outcomes for children in kinship care. However, some studies have found substantial benefits for children placed with their kin, including:

- stability and fewer placement moves
- preservation of identity and a sense of belonging
- better behavioural development
- maintenance of connections with family and community.

Other studies have found that, despite these benefits for the children, the outcomes for the kinship carers were not always positive.

The voices of kinship carers

Listening to the stories of kinship carers and capturing their insights and experiences was at the heart of this research project.

The kinship carer role

Kinship carers found it confusing as their role changed from grandparent or auntie, to parent or carer. Some kinship carers felt they had multiple roles.

“You don’t know if you’re a grandparent or a parent.”

Although they seek equal recognition, many kinship carers saw themselves as having a different role to that of foster carers. The arrangement was not generally seen as a ‘placement’ but an extension of their existing connection to the child.

“I’m raising him, I’m not caring for him... he’s part of my family.”

Kinship carers had to manage complex relationships with the birth parent(s) and other family members, as well as competing demands and responsibilities.



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Kinship carers showed immense love for and commitment to the child in their care, often placing the needs of the child before their own.

“The children are my life, they always come first and while I’m burning out, all their needs are being met.”

The kinship carer experience

Kinship carers have diverse and complex stories. Although they share some experiences with foster carers, there are many differences.

Unlike foster carers, who have made an informed choice with time for preparation, the kinship carers often saw themselves as having had no choice but to take on the children. The placement was often unexpected and happened at a time of family crisis.

The kinship carers talked about the great sacrifices that they had made to take on the child, for example, giving up work, moving house, the huge financial strain and losing friends.

“We lost friends, we lost a whole lot of things ... we couldn’t go out and nobody would ask us.”

Most of the kinship carers were experiencing grief, loss and trauma at the time when the child came to live with them.

Services and support

The kinship carers talked about the lack of adequate support and appropriate, accessible services for them and their children, for example, counselling, a paediatrician or educational support.

“You shouldn’t have to fight for support.”

Many of the kinship carers recognised that their children had the same needs as those in foster

care but felt that the children were not getting the same level of support.

Most of the carers (both statutory and non-statutory) received a carer payment from the NSW Department of Community Services (DoCS).

The carers considered this payment vital to help cover the costs of caring for a child. Many spoke about the need for additional financial support to cover things like after school activities and holidays.

The majority of kinship carers involved in the study had no ongoing case worker and no case plan. Some carers spoke about case workers who appeared briefly but then disappeared from their lives.

Most said they would have liked a case worker even if it was just to have someone available on the end of the phone when needed. They recognised the role that a case worker has in coordinating services for a child, but wanted case worker involvement when they chose it rather than frequent or unexpected visits.

“I want to be a grandmother and I’d like support.”

The few who did have a case worker were positive about this support, in particular having someone to clarify processes and arrangements, answer questions and help get services for the children.

Some also spoke about the positive impact of case workers on their children and the need for children to have adult role models.

“My case worker he was good for [grandson]. He used to take him off for an hour or so. He used to do something for [grandson] that he liked and it was good because [grandson] didn’t really have a lot of role models in his life.”

Some kinship carers were able to access services funded by DoCS but this was generally difficult to negotiate.

Many of the kinship carers had not accessed any form of training, but the few who had found it useful and informative. They found it helpful in understanding the child protection system, their child's behaviour and the potential impact of contact visits with the child's parents.

The kinship carers were confused about their entitlements and how the system worked. They referred to the lack of understanding about their unique situation from agencies such as DoCS, Centrelink and health providers.

They expressed a desperate need for accurate and timely written information, particularly when first taking on their new role.

“When we got the children it was out of the blue; we didn't know where we were going, what we were doing, what money we could claim from Centrelink. We were in a state of shock.”

Cultural support for Aboriginal families

As the study involved only a small number of Aboriginal kinship carers, it is not possible to generalise about their support needs and experiences. However it did appear that many of the issues for Aboriginal and non-Aboriginal kinship carers are the same.

The study included a small number of kinship carers who were not Aboriginal themselves, but were looking after Aboriginal children. These carers acknowledged the need for help to maintain their child's cultural connections.

None of the kinship carers who were looking after Aboriginal children had cultural support plans in place, despite this being recommended best practice.

Contact with birth parents

Given the pre-existing relationships between the kinship carers and the birth parents, contact was a particularly complex issue. Few carers were receiving support to manage this.

Where relationships in the family were strained or sibling groups were split between kinship carers, contact was often acrimonious. Sometimes it didn't happen at all. Where relationships were good, contact was seen as a positive experience for the carer, parent and child.

“In our position if you do not supervise the kids' access, you do not have a visit to your daughter either... in that way you actually get to have a family visit.”

Some carers travelled long distances to facilitate contact and had received help from DoCS for travel or accommodation. Some carers were fearful of contact visits, concerned that the parent would try to take back the child.

Support groups

Many of the kinship carers talked about how invaluable support groups were for them. They used these groups for respite, self-help, information gathering, emotional support, making friends and advocacy, often relying on them in the absence of other services.

Promising practices in Australia and overseas

Although the study has found inconsistencies and a lack of appropriate interventions to support kinship care families, some 'promising' kinship care practices have been uncovered. These include:

Financial assistance at the same level as foster carer payments

All Australian states and territories now provide the same level of carer payment to all statutory kinship and foster carers. Some agencies offer contingency funds for additional resources to assist kinship carers. However, this is inconsistent.

Family support model

Some OOHC agencies working with kinship carers have adopted a 'family support model'. It is hard to separate the kinship carer and child relationship from issues in the family as a whole, whereas a traditional foster care model places

the focus on the carer and child. Family support models involve support for the entire 'kinship triad' – the carer, child, birth parent and other family members.

Assessment & authorisation of kinship carers

In contrast to foster care, many kinship carers are already looking after the child when a referral to an OOHC agency is made.

A different model for assessment is emerging in which workers engage holistically with the family and focus on enabling and supporting the carer to care for the child, whilst at the same time ensuring that the well-being of the child remains central.

In some cases, the initial or emergency kinship care placement is not the best option for the child or carer. An effective assessment process can facilitate an ongoing exchange of information between the carer and worker. It can look wider than the carer and child relationship to ensure all relevant kin and family members are involved in making informed choices for the child's care.

Some agencies have adopted a 'two tiered' assessment process. This involves an initial check to make sure the child is safe and their immediate needs are being met, followed by a more in-depth assessment where the agency and family work together to determine the best long term options for the child and build a 'program of support' together.

Kinship care panels, similar to those used to approve foster care placements, are used by some agencies to ensure placements are in the best interest of the child.

Family Group Conferencing

In NSW DoCS recommends Family Group Conferencing (FGC) and other family decision-making models as best practice for kinship care. However, such models appear not to be used consistently. Very few of the kinship carers involved in this study had been offered FGC.



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Internationally, FGC is being adopted as a way to involve the child, birth parent and wider family in decisions about a child's care and to complement the assessment process. In Victoria, family decision making models are used in decisions about the care of all Aboriginal children.

The FGC approach can include the production of a 'genogram' to map out family members and establish family dynamics and history. This process can be resource-intensive but positive outcomes have been reported, including increased placement stability.

Training and support groups

Most agencies are using kinship carer networks and support groups as way of connecting carers to each other and providing information and advice on key issues such as managing behaviour, modern parenting and dealing with stress. Social support for kinship carers was seen as vital by both workers and carers, and support groups provided this.

Views were divided about whether mixed training for kinship carers with foster carers was useful or not. Informal approaches to training are reported to be the best way to encourage attendance by kinship carers (eg. holding coffee mornings or information sessions).

Respite

Weekend respite camps, family activities and other opportunities for children in kinship care to socialise are organised by agencies in Australia and internationally, although access to these opportunities is inconsistent. Carers who had taken part in such activities spoke positively about the benefits both to them and to their child.

Specialist workers

Some agencies employ specialist kinship carer workers. These workers adopt a different approach and language to that used with foster carers. Building a trusting relationship was seen as the foundation for any effective intervention.

Kinship carer training resources have been developed by some agencies overseas. However in Australia there appears to be limited training for staff on working with kinship care families.

Practice with Aboriginal families

Aboriginal-specific family decision-making models are emerging which build on traditional decision-making processes and community structures. These models support the family to develop options for the child's care.

Some agencies provide training to workers on culturally appropriate ways of working and give them specific tools and resources for supporting Aboriginal families.

Due to the negative history of welfare intervention in Aboriginal communities in Australia, Aboriginal kinship carers may be fearful or resentful of agency involvement. Workers commented on the need to use informal and flexible approaches to build relationships with Aboriginal carers.



IMPLICATIONS FOR POLICY AND PRACTICE

This research highlights the differences between foster and kinship care and demonstrates the need for a specific, well resourced practice framework to support kinship carers and their families. The framework should address the following:

Decision-making

- Decisions about a placement must be driven by an assessment of the child's needs, underpinned by permanency principles and the same thresholds of care regardless of whether a child is in kinship or foster care.
- A specific assessment model for kinship carers is required. Effective assessment of kinship carers needs to include all relevant family members, including the children. It must consider the carer's motivation and long term capacity to care for the child and the impact on the carer and others in the family.

Kinship care practice

- Working with kinship carers requires a 'whole of family' approach respecting the culture of the family and building on the family's strengths and resources.
- Family Group Conferencing is a useful tool to facilitate this process.
- Kinship care practice needs to be flexible and tailored to meet the diverse needs of kinship care families. Families should have access to information and respite, opportunities for carers and their children to connect with each other, and support with contact with birth parent(s).
- Different 'tiers' of support should be considered; ongoing case management for those kinship carers that require it and a less intensive service providing a 'safety net' for those carers who need support at specific times.

- As in foster care, kinship care practice should be underpinned by a thorough understanding of each child's and carer's needs and resources and how these change over time.

Workers

- Workers need to develop transparent, trusting relationships with kinship carers, their children and their families, using appropriate and respectful language, building on the families' expertise and valuing their commitment.
- Training for workers to understand this different way of working is required. Training programs should build on the work already being done by agencies with kinship care experience and practice wisdom.

Government policy

This research highlights kinship carers' needs for support and resources. The NSW Government *Keep Them Safe Report* (2009), a five year plan for a new way of working together to support and protect vulnerable children, recommends that OOH services, including kinship care, are transferred to the non-government sector to deliver. In light of this there is a need for a clear and consistent framework to guide kinship care practice across the sector.

Further research

This study identifies a gap in research into kinship care and, in particular, the absence of the voices of the children involved. Future studies are needed that examine kinship care from the perspective of the child, carer and other family members; explore the interrelationships in kinship care families; the impact of the placement on the kin network; and measure outcomes for children.