UNDERSTANDING KINSHIP CARE

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Report on a research project undertaken by
The University of Western Sydney and the
Association of Childrens Welfare Agencies
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Summary

Significance of the research

The placement of children in kinship care is not a new phenomenon. Throughout history some children have lived with relatives or others they know in the community, who are not their birth parents, with varying frequency depending on the culture in which they live. What is new is the official recognition as in the recording of kinship care as a child welfare placement option. During the 1990s a policy change in the direction of kinship care in Australia was evident in figures from the Australian Institute of Health and Welfare and the Department of Community Services, both of which had shown rapidly growing numbers of children in kinship care in the out-of-home care population.

Formal placement of children in kinship care represents a significant policy change, as a move away from what has traditionally been the dominant form of child welfare care in Western societies, placement with ‘strangers’, vetted by the state in terms of their being ‘best’ or ‘good enough’ parents for children. Awareness of this policy change in New South Wales, as evidenced by increasing numbers in kinship care, has been associated with ongoing debates at the legislative, policy and practice levels, about the nature and extent of government responsibility for children and young people in kinship care and their carers. Yet at the time we commenced our research, there had been no Australian research specifically on this issue.

The research project

Our research was an attempt to increase understanding of formal kinship care by examining the extent of this policy change, the reasons it has been occurring and the policy processes around its implementation. In the research we attempted a broad examination of the area in order to arrive at a more holistic understanding, by including data from policymaking at all levels. We examined official policy making in terms of legislation and guidelines. We interviewed workers in order to explore policy as implemented. We also interviewed carers and children to understand some of the experiences of those who are recipients of kinship policy. Our attempts to include interviews with birth parents were unsuccessful. An examination of the literature complemented our Australian study with findings from international research in the area.

Findings from the research

Continuing increase in kinship care placements

Our analysis of statistical data shows that kinship care is continuing to rise and in NSW is now more often used than placement with strangers. It is the most likely placement option for children across all age groups, genders, reasons for entering care and almost all legal status categories. Although Indigenous children are more likely than non-Indigenous children to be in kinship placements, it is important to note that in terms of numbers there were twice as many non-Indigenous children in kinship care as Indigenous children.
Reasons for kinship care placements

The reasons for the marked change in the numbers of children in kinship care as a way of meeting the needs of children determined to be ‘at risk’ are not clear. Economic and demographic reasons, such as the fact that this form of care is seen to be cheaper than other forms of care and that foster carers are becoming difficult to find, were hinted at in our research but did not emerge with any clarity. However three reasons for preferring kinship care did emerge from the data.

Connections between children and adult relatives

Key amongst the reasons such policies are favoured by children, carers and also workers is a preference for care by and of those who are familiar - the very antithesis of ‘strangeness’ inherent in placement in foster care. The fact that relatives ‘know’ each other and value the biological and/or emotional connections they share was emphasised. The importance of these connections for the psychological health of children is supported in the literature.

The obligations of family

Kinship care as emphasised by workers and some carers accords with values in our society which place obligations on the family to care for its own.

Criticisms of other forms of care

The two social reasons (connections and family obligation) for preferring kinship care are complemented by an awareness of contemporary criticisms of ‘stranger’ forms of placement by legislators and workers. Care with ‘strangers’ has been criticised as not meeting children’s needs and in the case of Indigenous children of disrupting and traumatising both children and their communities.

Decision making

Legislation and official documents

A legislative emphasis in Australia and New South Wales on the placement of Aboriginal children with their relatives and communities can be interpreted as a response to the criticisms by these communities in relation to past practices of removing Aboriginal children from their communities. There is more legislative and policy ambiguity around the legal placement preference for non Aboriginal children. However our evidence suggests that the emphasis in New South Wales legislation on ‘least intrusive’ practice may be interpreted as meaning placement with kin.

There is frequently a void at official policy making levels around the specifics of when and how kinship care policy should be implemented. This contrasts with guidelines for other areas of practice such as foster care.

Carer decision making

Our data indicates that carers are responding to this void in some instances by direct action in removing children to their care when they consider they are ‘at risk’ with their
birth parents and in other instances by accepting the care of these children when no other alternative care seems available.

**The stresses of kinship caring**

Significant stress is experienced by kinship carers in a range of areas. These include frustrations with and inadequacy of, financial assistance and lack of assistance in dealing with the challenging and complex needs of their relative children. A lack of acknowledgment of the needs of carers for emotional support in dealing with these factors and with the ambiguities around grandparents and aunts assuming parenting roles, exacerbate their difficulties in caring ‘for’ as well as ‘about’ their relative children.

**Statutory dilemmas**

Dilemmas are evident in the state’s role in relation to children in kinship care, in particular in regards to the extent to which these placements should be supervised and/or supported. Workers, constrained by lack of resources and assumptions that it is inappropriate to intrude in families, do not generally see a role for themselves in monitoring these families and their care of children. Beliefs about the inappropriateness of supervision for kinship care appear to be confounded with assumptions that it is inappropriate to provide support to the carers. Assumptions that those who care ‘about’ others can also adequately care ‘for’ them are built into policies around caring more generally in our society. The inappropriateness of these assumptions as they relate to the well being of children in kinship care, are borne out by the evidence in our research of the difficulties which those who care ‘about’ relative children experience in caring ‘for’ these children.

**Recommendations**

In reporting on our research we considered it inappropriate to itemise specific recommendations around the way in which the New South Wales Department of Community Services, as the statutory agency responsible for kinship care, might improve its policy and practice. Such recommendations would merely echo those made in other documents and other public forums calling for specific changes to our child protection and child welfare system. We believe that our findings can be most useful to children ‘at risk’ in this state, if they are understood as implying that the solutions to ‘problems’ in our child welfare system do not lie in minor ad hoc changes to either policy or practice. Rather, what is called for is a re-examination of the aims, assumptions and traditional structures which determine current policies, including kinship care and their relevance to children and families in the twenty first century.
1 Introduction

Rationale for the project

ACWA is the peak child welfare organisation in New South Wales with a role to identify and investigate key trends and issues in children’s care and protection. ACWA staff had noted that in the official data produced by the NSW Department of Community Services (DoCS) there was evidence of a substantial rise in children and young people counted as being in out of home care in NSW (DoCS 1997). An analysis of the official NSW data indicated that the reported increase could be largely accounted for by a substantial increase in the number of children and young people in placement with relatives (ACWA, 1998). Data for other Australian States and Territories showed similar, although less marked increases in the number and proportion of kinship care placements (AIHW, 1997; Bath, 1997). In 1998 ACWA released a report on the analysis of the data and recommended that:

*The growing use of 'kinship care' requires urgent investigation to determine the extent of this form of care, the experience of the children, young people and carers involved, the support and supervision needs and the development of appropriate practices and standards* (ACWA 1998, p.12)

Concern about the substantial rise in children in care with relatives prompted a preliminary literature review by ACWA in 1998. The review indicated that some overseas countries, notably the United States, and to a lesser extent the United Kingdom and New Zealand, were experiencing an apparent increase in the number of children placed by child welfare authorities with relatives. The literature review also pointed to a significant examination of policy and practice being undertaken in those countries. It was of particular concern that the review could not identify any Australian research specifically relating to children and young people placed with relatives.

Further questions about the needs of children placed with relatives arose with the passage in late 1998 of the NSW child welfare legislation the Children and Young Persons (Care and Protection) Act 1998. This Act in its initial form specifically excluded children and young people in the care of relatives from the definition of out-of-home care. This was widely interpreted as meaning that children and young people placed as a result of child protection intervention with relatives would not be required to receive services or monitoring - unlike children placed with foster carers. The appropriateness of this arrangement was widely questioned and debated in the NSW government and non-government sectors. The debate highlighted the lack of clarity and agreement about the role and responsibility of statutory services with respect to children and young people placed with relatives.

In 1999, ACWA successfully applied to the Financial Markets for Children Foundation for a grant to undertake a major research project to examine and analyse the factors behind the increasing practice by welfare agencies in NSW of placing children at risk in the care of relatives. The project also aimed to look at the characteristics of that care, the support provided and the outcomes for the children and families (ACWA Funding Submission to the Financial Markets Foundation, 1999).
ACWA sought the assistance of researchers in the Childhood and Youth Policy Research Unit at the University of Western Sydney to assist in the research and with the ACWA senior policy staff they constituted the research team. A project Reference Group consisting of key stakeholders was also established and met a number of times during the period of the research.

**Research aims and definitions**

The aims of the research were to:

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

The research arose from a need to understand the apparent growth in the numbers of children recorded in the out-of-home care system who were in kinship care placement. As such 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 are 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. The research did not collect data on children in informal kinship care, that is, those children whose care with relatives or other person known to the child is arranged by the family without the involvement or supervision of a child welfare department. However the findings in relation to formal kinship care in this research are examined and discussed with reference to informal kinship care arrangements which are understood to be a common occurrence in family life.

Overseas research indicates that “informal” kinship care is a longstanding phenomenon within families and is generally far more prevalent in the community than formal kinship care (Harden et al., 1997; McClean and Thomas, 1996; Greef, 1999). The distinction between “formal” and “informal” kinship care is frequently made in the literature and in equivalent overseas jurisdictions (CWLA, 2000; Broad, 2001) and was adopted in the research as a useful concept relevant to the Australian context.

**Research structure and directions**

The research group addressed the research in several stages conducted concurrently:

1) A review of Australian States’ legislation and policy guidelines
2) A review of literature
3) A review of existing NSW statistical data on kinship care placements
4) Focus interviews with children, carers, birth parents and workers involved in kinship care placements in NSW.
To address the research aims we sought detailed statistical data from the NSW Department of Community Services (DoCS). The data covered children in care on June 30 for the four years 1997 – 2000. Information on both the children and their form of placement was sought.

In NSW, there is a dual system of out-of-home care with provision occurring at both government and non-government agency level. However as the government agency is the organisation with statutory responsibility in this area and given the project’s resource constraints, the decision was taken to focus on obtaining in-depth data on NSW policy and practice from the statutory organisation (DoCS).

It was hoped that a context for the New South Wales data would be provided by an overview of legislation and policy from other states and territories in Australia and of literature on overseas developments in kinship care. We therefore requested details of policies and procedures for kinship care from senior policy officers in other states. Available literature on kinship care was examined.

The study sought to extend knowledge obtainable from documents and statistics by qualitative interviews with participants in the kinship care process. Focus interviews were conducted with kinship carers and some of the children in their care, as well as some workers who had placed children in kinship care. The participants were identified in liaison with DoCS staff. A total of eleven carers comprising seven grandmothers and four aunts, nine children aged 5 - 12 years and nine DoCS workers were interviewed. Two carers, one child and two workers identified as Aboriginal. Participants came from urban, regional and rural areas of NSW. Limited data was obtained from the interviews with children and the study was unsuccessful in attempts to interview any biological parents of children in kinship care. The research methodology and the constraints encountered in the study are detailed in Appendix 1.

Our examination of the literature highlighted that there had been little research identifying the perspectives of different participants in kinship care. Of both the survey and more phenomenological research which has been conducted specifically on the participants in kinship care most has focussed on the views of workers (Gleeson et al; 1997, Beeman & Boisen, 1999) and on the support needs of carers (Testa et al, 1996; Smith et al., 1999). No studies have been identified concerning the experiences of parents. One in depth study of children’s experiences by Altshuler (1999) explored six children’s experiences in kinship care. Two other studies which focussed specifically on children included children in traditional foster care in their studies with kinship care children (Wilson & Conroy, 1999; Smith et al., 1999). Some research has focussed on children in kinship care as part of broader studies of children in care (eg, Cashmore and Paxman 1996). We found a lack of research studies in which the perspectives of all stakeholders were sought.

At the time we commenced our research our approach to investigation of this area appeared unique. We aimed to explore kinship care from several perspectives through a multi-faceted approach to data collection employing both quantitative and qualitative techniques. In seeking multiple perspectives on kinship care policy, we recognised that Social policy is not just what politicians and public servants devise, even together with its manner of implementation but also includes how policy is experienced at the grassroots (Watson and Mears 1999, p.4).
We sought to include a ‘top down’ perspective from those involved in decision making in Australian states. This was elicited 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. It has been shown that agency practitioners make policy in two related ways. Firstly in their everyday exercise of discretion in decisions about the clients with whom they interact and secondly in that their individual actions when taken in concert … add up to agency behavior (Lipsky 1980, p.13) We sought to extend the ‘bottom up’ perspective to other key stakeholders in the process - those who experience agency policy as service recipients, kinship carers, young people in kinship care and parents of children in kinship care. We attempted to involve a small number of each of these groups of major stakeholders as participants in this research, through interviews, acknowledging the importance of giving those most affected by policy but with the least official power to define it, an opportunity to contribute their understanding of this area.

We hoped that the inclusion of data from a diversity of stakeholders in conjunction with an examination of literature in the area, would result overall in a greater understanding of the meaning and potential of kinship care as a child welfare option.

**Time frame for the study**

The study commenced in mid 1999 with the expectation that it would be completed by the following February. The time frame of the research was drawn out by the time involved in gaining research approvals and access to client data from DoCS and subsequent negotiations over practical arrangements in contacting relevant workers and families in target areas.

**Structure of the report**

Key findings from the research are presented and discussed in this report according to the major themes which emerged. In each chapter data is brought together from the different stages of the study, that is, from the focus interviews with children, carers, and workers as well as from the literature, statistical data and the review of legislation and policy. The key themes to emerge were:
- Definitions of kinship care
- The extent of kinship care in Australia with particular examination of the NSW data
- Decision-making in kinship care
- Reasons for kinship care placement
- Support needs of kinship carers
- Challenges for statutory child welfare

The Appendices provide more detailed information on our methodology, literature review, statistical data and review of legislation and policy.
2 Defining Kinship Care

The defining and measuring of kinship care were found to be closely interrelated and our research indicated that there is much ambiguity and confusion in this area. This ambiguity is marked in the different Australian legislative and policy guidelines studied during this research.

Kinship care as defined by policymakers

In the legislative documents and departmental guidelines there is very little written about kinship care and its definition. Where kinship care is mentioned in legislation it is more frequently in relation to the placement of Aboriginal children. In legislation in all Australian jurisdictions except Western Australia, kin or relative care is codified for Aboriginal children. Only two states South Australia and Australian Capital Territory codify kinship care as placement practice for all children – non-Aboriginal as well as Aboriginal.

At the level of departmental policy and procedure a range of terms are used. The ACT guidelines and the Tasmanian guidelines refer to ‘extended family placements’. The Victorian Department of Human Services Child Protection and Juvenile Justice Branch in their document, Kinship Care Guidelines (1996) use the term ‘kinship care’ and note that this covers arrangements which have been variously described in the past as ‘Kith and Kin’, ‘Relative and Community Placements’, ‘Foster Care with Relatives’, ‘Discretionary Placements’, and ‘Home Release’. The NSW Department of Community Services Keeping Kids Safe: DoCS Child and Family Handbook (2001 edition) uses the term ‘kinship care’.

The relevant extract from the South Australian Department of Family and Youth Services Child Protection/Alternative Care Manual of Practice (2000) distinguishes between ‘Relative Care’ and ‘Specific Child Only Care’. ‘Relative care’ is defined as ‘the full-time nurturing and protection of children who must be separated from their parents by a person who is related to the child/ren or who is a member of the child’s clan or kin network’. ‘Specific Child Only Care’ is care by a carer who is not related to the child but is a significant member of the child’s network (2000 p.1).

The Victorian Guidelines define kinship care as follows:

Kinship Care incorporates placements with extended family, friends or members of the community network…..Kinship is broadly defined to include blood relatives other than natural parents, and significant other adults in the child/young person’s life such as teachers, neighbours or friends. (Victorian Kinship Care Guidelines, 1996, p.5)

The ACT, Victorian and South Australian guidelines recognise relationships with significant and non-related adults as kinship care. The NSW definition appears to limit kinship care to relatives only, although the meaning of ‘family network’ in the Handbook definition could possibly be interpreted to include unrelated persons:

Kinship care is the placement of children or young persons within their extended family or family network (NSW Department of Community Services 2001, section 5, p.11)

The Tasmanian guidelines do not define ‘extended family placements’ beyond referring to members of the child’s extended family.
In summary there are diverse terms and definitions used across jurisdictions. All recognise the significance to the child of relatives or extended family members. Only three jurisdictions (the ACT, Victoria and South Australia) adopt definitions which recognise the significance of a child’s relationships with other adults such as friends and neighbours.

**Perspectives of those implementing and receiving kinship care policy**

In the discussions with workers in three regions in NSW there was a lack of clarity about how they were defining kinship care. They frequently appeared to be using a definition of kinship care that only incorporated direct family members. However, there appeared to be an acceptance that the definition of what was kinship care varied with different cultural backgrounds - it could be as narrow as biological family (in particular aunts and grandparents) or as broad as ‘the community’.

One worker stated:

*Sometimes it’s biological and sometimes it’s very much who (the child/ren) grow up with*[23]¹

Another worker identified that amongst particular cultural groups:

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

The importance of different cultural definitions of family particularly applied to discussions of what constituted kinship care for Aboriginal children.

*With Aboriginal people their notion of family has been quite different to ours*[20]

There was an emphasis on placing Aboriginal children:

*...with the Aboriginal community itself*[24]

*...keeping family contact, family cultures, family values, and assisting the child in their own identity, keeping cultural practices*[24]

In all the instances of persons referred to us for interviews the child was with a grandmother or aunt with whom they had a pre-existing connection.

Children and carers within this study were not directly asked to define kinship care but what emerged as being meaningful to them was a preference for maintaining existing adult child relationships. For carers this relationship was defined in terms of both biological and emotional connections. For children it was familiarity which was a significant element in defining what they considered a suitable placement and for them this included friends as well as extended family.

¹Numbers in square brackets following quotes throughout the report indicate different interview participants.
How the literature informs us on the defining of kinship care

The term 'kinship care' is most frequently used in the child welfare literature from the United States to designate out of home care, or placement of children with relatives with the approval of child welfare agencies (e.g. Dubowitz et al., 1993; Gebel, 1996). In the literature from England an argument is made for defining kinship care more broadly than relatives, to include friends or ‘fictive kin’ - those significant to the child but not related. (Ince, 2001).

In the literature on kinship care the focus is predominantly on formal kinship care. However there is frequently a merging between formal and informal kinship care in the discussions, related to the similarities and interdependencies between the two and their significance for policy development (Harden et al., 1997). These authors draw attention to the fact that in the United States the literature on informal kinship care is that of census reports and related publications and suggests that the dearth of other forms of literature in this area can in part be attributed to the lack of formal government policy here.
3 The Extent of Kinship Care

Statistics on children in kinship care in Australia

The study sought to examine statistical data on the extent of formal kinship care over recent years and to obtain access to more detailed, previously unpublished data in order to examine for which children and situations formal kinship care is used. A number of issues of concern arose around definitional issues between data sources and within the same data source over time. The main issues were identified as:

a) Whether the definitions within each data collection are consistent over time (ie whether the organisation changed the categories relevant to this study over time).
b) Whether the definitions across the different data collections are consistent with each other and therefore allow for comparison.
c) Concerns about the consistency of coding of the data entered on departmental systems.

As Bath (1994, 1997) notes, such issues have been a source of concern in Australian out-of-home care data for some time. Our experience in attempting to access data for this study confirms this is still the case.

Existing data on the extent of kinship care in Australia and NSW

In recent years a number of studies have documented the increasing use of kinship care using statistical data from the relevant Australian state and territory child welfare agencies.

In 1998, ACWA analysed data published by the NSW Department of Community Services (1997) and found that kinship care had risen from 14% of placements in 1991/92 to 24% of placements in 1995/96 (ACWA, 1998). Kinship care was defined in the data according to the existing categories as care with parents, other family/kinship or non-related family such as neighbours or friends. The data covered all activities in the financial years 1991/92 to 1995/96.

More recent data from the Australian Institute of Health and Welfare (AIHW) has also documented increases in kinship care, particularly in NSW. Data on out-of-home care has been collected by the AIHW each year since 1996 from the relevant child welfare agency in each State and Territory using standard definitions and counting rules agreed to by each jurisdiction and the AIHW (AIHW, 1997a). In recent years this has provided data which allows comparisons between States and Territories and the production of national figures. The data specifically relating to kinship care for the whole of Australia is only available from 1998 as Queensland did not provide data on kinship care in 1996 and 1997.

The AIHW figures show that at June 30 2001, 38% of the 18,241 children in care in Australia were in kinship care placements (AIHW, 2002). This is an increase of 7% in the proportion in kinship care from June 30 1998 (AIHW, 1999). Relative/kinship care was defined as care “where the caregiver is a family member or a person with a pre-existing relationship to the child” (AIHW, 2002, p38) and excludes children living with parents. The figures for NSW are much higher than both the national figures and the figures for each other State and Territory. In the AIHW figures for NSW 55% of the 7,786 children in care were in kinship placements at June 30 2001. This is an increase of 10% in the
proportion in kinship care from 1998. South Australia stands as a marked contrast to
NSW with only 13% of its 1,715 children in care in kinship care placements. For the
other States and Territories, the figures range from 23% in the Northern Territory to 38%
in Tasmania (AIHW, 2002).

The percentage of children in kinship care rose in all States and Territories between 1998
and 2001, except Tasmania (where it remained constant) and the Northern Territory
(where it fell slightly).

According to the AIHW figures, NSW is also the only State where there are more chil-
dren in kinship care than foster care/community care placements (ie placements with a
general authorised caregiver who is reimbursed by the State/Territory and supported
by an approved agency (AIHW, 1997). Only 36% of NSW children were in foster care/
community care at June 30 2001. In comparison, foster care/community care was used
for more than twice the number of children as kinship care in every other State and
 Territory except Western Australia (where it was just under twice) and Tasmania (where
there were equal numbers of children in foster care/community care and kinship care).
South Australia again provides the starkest contrast to NSW, with 83% of the children in
care in foster care/community care placements.

As noted above, this data was also collected by the AIHW in the two years prior to 1998
for all jurisdictions except Queensland. Data for 1996 and 1997 for NSW shows the
proportion of children in kinship care at June 30 rose from 39% in 1996 to 43% in 1997

Despite the fact that the two studies, by ACWA and the AIHW, use slightly different
definitions of kinship care and draw on different kinds of data (activities for a full year
compared with snapshots of the number of children at June 30 of each year), both have
identified a dramatic rise in the use of kinship care as an out-of-home placement option
in NSW.

When the present study began in 1999, data for only two years was available from the
AIHW and no further detailed data had been published by the NSW Department of
Community Services. While the statistical data available at that time provided evidence
of the increasing use of kinship care in NSW, it did not provide detailed information on
the kinds of placements for which it was used and the characteristics of the children in
kinship care placements.

**When and for whom is kinship care used?**

Previously unpublished data provided by the NSW Department of Community Services
for this research showed the trend of increasing use of formal kinship care in NSW
continued from 1997 to 2000. DoCS provided data in May 2001 on the number of chil-
dren in care at June 30 for the years 1997-2000. During this period, the total number of
children in care rose from 5,915 to 8,517 *. Kinship care accounted for much of this
increase, with numbers in foster care remaining almost constant during the same period
(see Figure 1 over).

* The numbers from DoCS and AIHW differ because of different counting rules
By 2000, over half the children in care in NSW were in kinship placements, a rise from 40% in 1997 to 51% in 2000 (see Table 1). While other research has documented this overall increase in kinship in NSW, no other Australian studies have examined whether kinship care is used only for particular groups of children or in particular situations. The data provided by DoCS allowed us to examine this question.

We found that kinship care was in fact not limited to a few particular groups of children in care. By 2000, kinship care was the most likely placement option for both boys and girls and for all age groups except 16-17 year olds¹. Younger children were more likely to be in kinship care than older children, however kinship care was increasingly used for all age groups between 1997 and 2000.

Between 1997 and 2000, kinship care was increasingly used for all reasons for entering care², except for prospective adoptions (where there were very few children in kinship care) and situations where the carer was unable to care without periodic relief due to

### Table 1: Trends in Placement Type for all Children in Care at June 30 (NSW)

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>1997</th>
<th>%</th>
<th>1998</th>
<th>%</th>
<th>1999</th>
<th>%</th>
<th>2000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinship Care (1)</td>
<td>2375</td>
<td>40.2</td>
<td>2992</td>
<td>44.9</td>
<td>3783</td>
<td>48.8</td>
<td>4347</td>
<td>51.0</td>
</tr>
<tr>
<td>Foster Care</td>
<td>2508</td>
<td>42.4</td>
<td>2499</td>
<td>37.5</td>
<td>2509</td>
<td>32.3</td>
<td>2676</td>
<td>31.4</td>
</tr>
<tr>
<td>Other(2)</td>
<td>1032</td>
<td>17.4</td>
<td>1172</td>
<td>17.6</td>
<td>1465</td>
<td>18.9</td>
<td>1494</td>
<td>17.5</td>
</tr>
<tr>
<td>Total</td>
<td>5915</td>
<td>100.0</td>
<td>6663</td>
<td>100.0</td>
<td>7757</td>
<td>100.0</td>
<td>8517</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(1) Includes the DoCS categories ‘with other family member’, ‘Aboriginal kinship’ and ‘nonrelated family/unrelated person’
(2) Includes the DoCS categories ‘Parent’, ‘independent’ ‘supported accommodation’, ‘residential care’, ‘adoptive’ ‘Departmental family group home’ ‘no fixed place’ and ‘other’

¹ Age data was based on the child’s age at June 30, not on the age at the beginning of the placement.
illness. Use of kinship care was particularly high for the small number of children in care because of the death of the child’s carer.

Kinship care was the most likely placement option for children in all lengths of placement in 2000. It was highest for the placements of length >1 year to 2 years and lowest for placements of length 0 to 6 weeks. It should be noted that this information relates to the length of time in the current placement as at June 30 2000, not to the total placement length. Again, kinship care increased for all placement lengths from 1997 to 2000.

There has been much discussion and debate about kinship care and Indigenous children. The data provided by DoCS indicates that two thirds of Indigenous children in care were in kinship care in 2000 (see Table 2). The increase in the number in care between 1997 and 2000 is largely accounted for by an increase in kinship care placements. In the same period, the number in foster care placements remained largely unchanged, while the number in “other” placements rose only slightly (Figure 2 over). Between 1997 and 2000, kinship care increased for Indigenous children.

In comparison, less than half (45%) of non-Indigenous children in care were in kinship care in 2000. Kinship care also increased for non-Indigenous children each year from 1997 to 2000. 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.

We also sought to examine the use of kinship care for children from culturally and linguistically diverse backgrounds (CALD)3. Because of changes in ways of recording this information and other data issues, little can be drawn from this data.

Of the 218 children from CALD backgrounds recorded in 2000, 45% were in kinship care compared with 54% of the children recorded as coming from English speaking backgrounds.

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**Table 2:**
Trends in Placement Type for Indigenous Children in Care at June 30 (NSW)

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>1997</th>
<th>1998</th>
<th>1999 (1)</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Kinship Care (2)</td>
<td>759</td>
<td>57.8</td>
<td>912</td>
<td>63.6</td>
</tr>
<tr>
<td>Foster Care</td>
<td>449</td>
<td>34.2</td>
<td>404</td>
<td>28.2</td>
</tr>
<tr>
<td>Other (3)</td>
<td>106</td>
<td>8.1</td>
<td>118</td>
<td>8.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1314</td>
<td>100.0</td>
<td>1434</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(1) During 1998/99 DoCS introduced a new method of 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.

(2) Includes the DoCS categories ‘with other family member’ ‘Aboriginal kinship’ and ‘nonrelated family/unrelated person’

(3) Includes the DoCS categories ‘Parent’, ‘Independent’ ‘supported accommodation’, ‘residential care’, ‘adoptive’ ‘Departmental family group home’ ‘no fixed place’ and ‘other’

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2 Except for the very small number of children in the “detached or noncitizen child” category. There were only 15 such children in 1997 and 6 such children in 2000.

3 Recorded as language spoken at home/NESB in the original data.
The New South Wales statistical data indicated there was one area where there were some variations in the use of kinship care: legal status categories. In 2000, kinship care was used for almost all children who were in the custody of a relative or who had no children’s court order, and for two thirds of those in the custody of a non-relative. Kinship care was least likely for wards, with only a third of such children in kinship care. This is notable, since 40% of all children in care are wards.

Despite these differences, it is important to note that between 1997 and 2000, kinship care was increasingly used for all legal status categories, with the greatest increase for wards.

A more detailed account of the data provided by DoCS can be found in Appendix 3.

**Relation of the NSW increase in kinship care to overseas trends**

Cross country comparisons must be treated with caution because different countries and states within countries, employ terminology such as “in care” in ways which may imply somewhat different meanings. Nevertheless, literature from other countries constantly informs our policies and practices and we have found it valuable to incorporate knowledge of overseas kinship care trends into our project.

The dramatic rise in kinship care in New South Wales reflects the situation in the majority of the states of the United States of America where kinship care has become an increasingly preferred form of child welfare placement (eg Gebel, 1996; Beeman and

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4 Custody in this context is custody awarded by the Children’s Court following a Care Application and is different from an order for custody or parental responsibility determined by the Family Court.

5 Except for the very small number of children classified as ex Wards or Ex Protected persons. There were 6 such children in 1997 and 3 such children in 2000.
Boisen, 1999, Gleeson, et. al., 1997). Both NSW and many American States have seen a significant increase in the total number of children in care with a growing proportion of the in-care population being in formal kinship care.

In some other countries there is also evidence of an increase in formal kinship care. For example, in the Netherlands formal kinship care is growing as a preferred option in policy and practice (Portengen & van Neut, 1999). However, the increase is not uniform across countries. In the United Kingdom, the growth in formal kinship care has been only small. Hunt (2001) has noted that the incidence of looked-after children fostered by relatives seems to have scarcely changed since the Children Act 1989. In March 1992, the first complete year for which the Children Act was in force in the UK, 9% of all looked-after children were with relatives, accounting for 15% of all foster children. By March 2000, such placements accounted for only 11% of all children in care and 17% of foster children. (DoH, 1992; DoH 2000 quoted in Hunt, 2001).

In Poland, like some other European countries, there has been a long tradition of informal kinship care and it seems that this form of care may be gaining increasing support at the government level. However at the same time recent developments and in particular, the growth of child welfare professionalism, are supporting more stranger foster care policy developments. (Stelmaszuk, 1999).
4 The decision to place children in kinship care

Policy on kinship care consists of a complex range of decision making. Decision making is at the core of practice and is the process where the contributions of all levels of stakeholders can be distinguished. The contributions of key policy makers are most evident as they are documented in legislation and official guidelines. Caseworkers and other practitioners’ contributions can be gleaned from individual files and from their verbal accounts of their actions. The contributions of those most affected by policies - the recipients of policies - are usually less obvious, but can be constructed from what they said about the way they participated in the decision-making.

In this chapter we detail the clauses of state legislation relevant to decisions about placing children in kinship care and juxtapose these with pertinent comments made by practitioners in the course of interviews. In the second section of this chapter on the process of decision making, we refer briefly to issues around assessment and provide comments from the various persons involved in determining placement with kin.

Legislated principles for decision making on placement with kin

Explicit articulation in contemporary Australian legislation of the need to give priority to the placement with kin of Aboriginal children removed from their parents, can be understood as a direct response by policymakers to evidence of the destructiveness of previous placement policy to Aboriginal people. Demands for changes to child welfare policies for Aboriginal children accompanied allegations that previous child welfare practices of placing Aboriginal children outside their families and culture was part of a long term government plan to assimilate Indigenous people into the dominant white community by removing the children from their families …as a policy of systematic genocide (Bird, 1998, p1).

For Australian children more generally the advocacy for placement with kin has been less intense, perhaps because of a historical acceptance within English speaking culture of ‘stranger’ care as a way of socialising children.

Placement of Aboriginal children

All Australian jurisdictions except Western Australia, have legislated principles for guiding decision making around the placement of Aboriginal children not able to live with their parents for protective reasons, with relatives or kin. These principles are generally referred to as the “Aboriginal Child Placement Principle”.

The Queensland Child Protection Act 1999 (S. 83) exemplifies the articulation of the Aboriginal Child Placement Principle in legislation:

Additional provisions for placing Aboriginal and Torres Strait Islander children in care…

(4) In making a decision about the person in whose care the child should be placed, the chief executive must give proper consideration to placing the child, in order of priority, with -
a) a member of the child’s family; or  
b) a member of the child’s community or language group; or  
c) another Aboriginal person or Torres Strait Islander who is compatible with the child’s community or language group; or  
d) another Aboriginal or Torres Strait Islander.

In the legislation of both New South Wales and the Northern Territory there are clauses that allow for placement of children with non-Indigenous carers as a final choice; after all other options have been exhausted.

The Northern Territory Community Welfare Act 1983 (s.69) states:

Where a child in need of care is an Aboriginal, the Minister shall ensure that -  
(a) every effort is made to arrange appropriate custody within the child’s extended family;  
(b) where such custody cannot be arranged to his satisfaction, every effort is made to arrange appropriate custody of the child by Aboriginal people who have the correct relationship with the child in accordance with Aboriginal customary law; and  
(c) where the custody referred to in paragraph (a) or (b) cannot be arranged without endangering the welfare of the child - after consultation with -  

(i) the child’s parents and other persons with responsibility for the welfare of the child in accordance with Aboriginal customary law; and  
(ii) such Aboriginal welfare organisations as are appropriate in the case of the particular child,

a placement that is consistent with the best interests and the welfare of the child shall be arranged taking into consideration -  
(iii) preference for custody of the child by Aboriginal persons who are suitable in the opinion of the Minister;  
(iv) placement of the child in geographical proximity to the family or other relatives of the child who have an interest in, and responsibility for, the welfare of the child; and  
(v) undertakings by the persons having the custody of the child to encourage and facilitate the maintenance of contact between the child and its own kin and with its own culture.

Consistent with the introduction of practice based on the Aboriginal Child Placement Principle Australian states and territories show an increase in recent years in the proportion of Indigenous children and young people placed with Indigenous carers or relatives. The Australian Institute of Health and Welfare report Child Protection Australia 2000-01 states that The proportion of Aboriginal and Torres Strait Islander children who were placed with either an Indigenous carer or a relative was 87% in NSW and 79% in Western Australia. Nationally the proportion was 77% (AIHW, 2002, p46).

**Practice in New South Wales**

Our study indicates that workers recognise policies around placing Aboriginal children with kin.

One worker stated that:

*With Aboriginal children there are explicit policies and legislation* [25]

Another worker recognised that kinship care has:
Workers emphasised that in placement care should be taken to place Aboriginal children:

\[ \ldots \text{with the Aboriginal community itself} \] [24]

### Placement of non-Aboriginal children

In instances of placement of children more generally (that is non-Aboriginal as well as Aboriginal children) only South Australia and the Australian Capital Territory legislation emphasise placement with kin as taking priority in decision making around children not able to live with their parents.

The South Australian *Children’s Protection Act 1993* sets out a hierarchy of placement options under Part 7 which states as the first option that the Minister may arrange care for a child who is under the Guardianship of the Minister:

(a) by placing the child, or permitting the child to remain, in the care of a guardian of the child or some other member of the child’s family

The Australian Capital Territory’s *Children and Young People Act 1999* is quite explicit in setting out placement with relatives as the first choice for all children:

(f) if removal of the child or young person from his or her existing situation is necessary or desirable in his or her best interests - consideration should be given, before any other placement option is considered, to the child or young person living or being placed with a family member or a person regarded by the child or young person as a family member;

In the other jurisdictions, even though the legislation does not state placement with kin as a priority, their procedural documents make it clear that placement with kin should be considered prior to placing children in ‘stranger’ foster family situations.

### Practice in New South Wales

Our study indicated that in New South Wales, even though placement of children with kin was not spelt out as a priority in the legislation, it is supported by policy guidelines and the phrase in the legislation indicating that consideration should be given to placing children in ways that were ‘least intrusive’ was being interpreted, at least by some workers, as implying that kinship placement should be the first option.

One worker stated:

*The court under the old (sic) legislation, has to support it (kinship care) as the least intrusive* [23]

Another:

*Our policy is now that we are directed to a least intrusive way of intervening* [19] *the Act now says least intrusive, and I suppose a lot of us tend to use that word now (in decision making about placements)* [6]
The process of decision making in placing children with kin

There is very little literature on the process of decision making in kinship care. We located two studies - Beeman et al (2000), and Iglehart, (1994), which deal with aspects of decision making that may influence decision making.

Beeman et al. (2000) in a study of characteristics of 2000 children in kinship and non-kinship care found that older children, children without disabilities, children ‘of colour’, children court-ordered into placement and children whose reason for placement was parental substance abuse were more likely to be placed in kinship care than non-kinship foster care (2000, p 37). In Inglehart’s 1994 study it was found that younger age at placement, no mental health problems, few or no previous placements and race were factors associated with placement in kinship care.

Assessment of carers

The review of states’ Departmental guidelines for kinship care identified that Victoria, South Australia, ACT and Tasmania have written procedures specifically developed for the assessment of kinship carers. The assessment guidelines generally include a police check, a home visit to assess the physical environment of the home and at least one interview to assess the prospective caregiver’s understanding of the child’s needs. The guidelines generally emphasise that kinship care is different from foster care due to the pre-existing relationship between the carer and child and therefore less detailed assessments and different standards may be acceptable for kinship carers than would be the case for un-related foster parents. These guidelines draw on aspects of traditional foster care assessment practice but state that a differential and less intrusive process should be used for kinship care assessment than for foster care. While noting differences in assessment process for kinship and foster carers, even the most developed of the written guidelines do not clearly spell out what these differences are or should be.

New South Wales, like most other jurisdictions in Australia, have at the level of procedural guidelines, a requirement to assess kinship carers when children are being placed. The workers in our study made occasional reference to the use of experts such as psychologists and social workers to contribute to assessments to be used in making decisions about placement.

In a study in the United Kingdom (Laws, 2001) and in another in New Zealand (Worrall, 1999) carers identified issues around assessment of kinship care families and referred to a lack of information on kinship care, prior to decisions about placement. The carers reported on in the Laws study (2001), discussed feeling judged by social workers in the making of assessments and had not found this a helpful process.

Parental participation

In our study workers indicated that the attitudes of parents to the care of the child was a significant factor in determining the placement:

*Parents are strongest influence on placements plus local checks [8]*

*A lot of times it was the parent that we asked [21]*
If parents are significantly influencing the decision making process in kinship care in New South Wales, this would seem to be different from what generally occurs in the placement decision making process, whether kinship or non-relative. Gleeson et al. (1997) in their United States study, found little evidence of caseworker practice that involved biological parents (or kinship caregivers or children) in kinship placement decision making or planning (1997, p 818). In New South Wales there is little evidence of involvement of birth parents in any form of placement made by the statutory agency. For example, it is stated in the report *Voices of Children & Young People in Foster Care* (Community Services Commission, 2000) that for children placed by DoCS, a lack of casework included infrequent parental contact. Support for increased likelihood of parental involvement in kinship care decision making, over other forms of placement decision making, is provided by evidence in literature from the United States that kinship care is associated with much greater visitation and contact by birth parents than is non-kin foster care. (Shlonsky & Berrick, 2001).

Nixon (2001) argued that family group conferencing is the most appropriate approach to placement decision making involving kinship care. She emphasised the importance of involving families, communities and kin as participants in decision making at all levels of the policy process around the care of children. One worker in our study did underline the value of collaborative decision making with families in making a kinship care placement:

*If their family can be involved in remedying the situation and finding a solution with us, to work together, I think that’s the best* [19]

**Participation by children**

The emphasis in the current New South Wales Legislation on children’s participation in decision making seems to have been reflected in practice, at least in a couple of instances pertinent to those who participated in our study.

A child said that *they said we could live where we wanted to live* [18]

A carer stated that *they interviewed the kids to make sure that’s what they wanted* [22]

Another child was described as playing an active part in initiating placement with family members:

*She was placed with a member of the community but then she left that place and wanted to live with her auntie* [23]

More generally there seemed to be a marked ambivalence amongst workers about involving children in decision-making around placement.

One worker did consider that children should be consulted:

*I think that their (children’s) opinion should be fairly high up* [25]

And another when asked who should be consulted said:
. . the child. Unless they’re at an age where they are unable to say who they want to live with [2]

**Participation by (potential) carers**

In a study on grandparent carers, Tapsfield (2001) reports that in calls made by carers to the UK Family Rights Group they frequently expressed confusion about how the local authorities made decisions about care of their relative children and how they could influence the process.

In New South Wales some carers seem to have frequently dealt with any such confusion by taking matters into their own hands. These carers seemed to play an active even dominant role in decision making about a relative’s child coming into their care:

*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]*

*I made it (the decision) . . . I got DoCS out to interview me and the children separately [13]*

*I did (make the decision) and then the Department approved it [2]*

Other carers had been supportive of children being removed from what they saw as unsatisfactory or abusive care with the natural parents. However they did not necessarily want the full-time care of the children, and appeared to have accepted their care 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]*

The analysis in this chapter indicates the way in which ambiguities around kinship care as a form of placement at the policy and procedural levels combined with the requirement to place children in alternatives to ‘at risk’ situations contribute to a high level of discretion at the lowest levels of decision making around kinship care.
5 Reasons for the use of kinship placements

The previous chapter explored how decisions have been made at a variety of levels to favour kinship care as the placement option for children. This chapter examines some of the reasons why these decisions are increasingly being made in New South Wales and more generally where an increase in kinship care is occurring.

A number of reasons are given in the United States literature for the marked increase in the numbers of children in kinship care, in that country. At the surface level the increase is attributed to increased numbers of substantiated reports of neglect and abuse and of children requiring out of home care. This has been related to social factors such as parental drug use and poverty (Dubowitz et al., 1993; Harden et al., 1997).

Although little has been written about kinship care in Australia a study of decision making in the NSW Children’s Court by McConnell et al. (2000) supported the United States literature. They found that placement in kinship care was most strongly associated with suspected parental Drug and Alcohol (D&A) use. Children of parents with suspected D&A use were subject to a disproportionate number of placements with extended family members, as were children of parents with psychiatric disability and suspected D&A use. (2000 p49)

Explanations at a more structural level include legal, anti-racist/anti oppressive, economic, demographic and ideological factors. In discussions in the literature these factors are often interrelated in their contribution to policy change. For example, legal action on kinship care may follow advocacy by indigenous populations to have their communities’ forms of extended caring relationships recognised and the actual legal codifying of this form of care as a favoured option, may make it easier to choose kinship care as the placement option for economic reasons.

Reasons given by participants in kinship care for this placement choice

Three reasons emerged from the data collected from carers, children and workers in New South Wales as to why children should be cared for by kin. These were:

- a psychological reason to do with existing connections between carers and children
- a reason based on the family as a social institution with certain responsibilities
- a reason based on criticisms of other forms of care for children.

While not articulated strongly in the interview data, discussion of economic and demographic factors and their influence on the current move to increased use of kinship care were identified in anecdotal data and some of the literature reviewed.

Psychological Reasons

The reason most frequently given by kin carers for caring for their relative child(ren) emphasised the psychological benefits of family in physical and emotional terms and was associated with the familiarity existing between carers and children, at the time when other care arrangements had been assessed as inappropriate for them.
Positive feelings by those individuals in the family who have become attached to the children and to whom the children have developed attachments was expressed in terms of a physical connection:

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

... because we’re family...smell like our babies [1]

and in terms of an emotional connection:

She’s always been wanted and loved [1]

... love them dearly [4]

... they’re just so precious...as long as they know we love them [10]

A concern about loss of this connection was expressed:

... when they go into foster care, it’s not just the parents that miss out, it’s the grandparents...the whole family, the sisters, the auntsies, the uncles, everyone misses out on what’s happening to them [1]

For children the sense of connection was expressed in terms of familiarity with relatives. This familiarity made placement with relatives preferable to placement with ‘strangers’.

A child stated:

you know them (relatives) and they know what we like [19].

Another child felt comfortable talking to the relative carer (auntie) when things went wrong [7].

Some children indicated that this sense of connection and familiarity was significant and extended beyond kin. In the case of one young person [8] 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.

All of the children interviewed in this research knew the relative carers prior to placement and this was a significant factor for them. Different experiences may have been reported by children if they had little or no prior contact with the relative carer.

Workers generally reflected the attitude of carers and children, favouring kinship care for its importance in maintaining children in a familiar context:

kinship is best for the children ... not that much of a shock [9]

The child is still in the family, their family, it’s not moved to a stranger. The biggest thing is that the child knows the person that they’re going to, so they’re not frightened, it’s not as traumatic, and hopefully it’s a safe environment that the children can go to [21]
The advantages are usually the children know who the people are. Usually the status quo within the family is much the same, they usually reside in the same local area, so the schools won’t be interrupted, their own personal networks aren’t interrupted [11]

This familiarity is associated with a sense of comfort:

\[\ldots\text{the main thing is about maintaining their identification \ldots where children would feel the most comfortable \ldots if they’re comfortable going to that person}\]

It’s emotional growth, emotional growth of the child, you’ve got to take a lot into consideration and it’s less traumatic I think. And I suppose that should be number one on the list because a child sees that person as relative to start off with. They identify with them, it’s someone they know, someone they feel comfortable with. The opposite thing is putting them with someone they don’t know, less trauma. [6]

The psychological reasons given by participants in our study for the importance of kinship placement are recognised in the literature as significant reasons for the shift to kinship care. A number of writers acknowledge that kinship care is valuable because such placements may lessen the traumatic impact believed to frequently accompany children’s loss of parents and immediate family. Further the importance of providing children with familiar environments and known carers is emphasised. Such arguments stress the importance for children of continuity, enabling existing trust relationships to be built on and increasing chances of maintaining links with parents, culture and therefore identity (Hornby et al., 1996, Ingram, 1996; McFadden, 1998; Greeff, 1999; Shlonsky and Berrick, 2001).

The psychological explanations are supported by some findings of outcome research identifying negative outcomes for non-kinship care and positive outcomes for kinship care. For example, Rowe et al concluded from their study that ‘children fostered by relatives seemed to be doing better in virtually all respects than those fostered by others’ (Rowe et al., 1984, p175)

**Families as social institutions**

A second reason given for placing children with their kin relates to the family as a social institution, whose members have the responsibility or obligation to provide care to dependent members.

This reason was implicit in discussion with some carers in their belief that family is best for children.

One carer talked about feelings of responsibility and a concern that siblings could be split up in alternative arrangements to family care:

\[\text{The pros for me in kinship care are I’ve got grandchildren and they’re healthy and they’re happy. The cons of it are they would be in foster care split up, they wouldn’t be together and I just can’t allow that, I just can’t do it.}\]

\[\ldots\text{the child is best with the family}\]
It’s my belief as a Koori person that my sister’s kids don’t go outside our family [22]

At least one worker shared this belief:

. . . family is a very important part of my life…the child is best with the family [8]

The responsibility of families for supporting and caring for relative children was a common theme for workers. One worker was particularly explicit about this issue:

. . . 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]

Another worker said:

. . . whose job is it to protect children? …it’s the parents and the family and friends and the community [20]

Workers considered different cultural understandings of what constituted family a significant factor. In discussion workers frequently appeared to be using a definition of kinship care which only incorporated direct family members, however there appeared to be an acceptance that the definition of kinship care varied with different cultural backgrounds. It could be as narrow as biological family (in particular aunts and grandparents) or as broad as ‘the community’. This particularly applied to discussions of what constituted kinship care for Aboriginal children.

Workers commented:

. . . with Aboriginal people their notion of family has been quite different to ours [20]

Sometimes it’s not biological and sometimes it’s very much who (the child/ren) grow up with [23]

There was a recognition by workers that:

amongst particular cultural groups kinship care would incorporate community care [9]

Our finding of acceptance by workers of families assuming responsibility for children who cannot live with their parents is supported by findings in a United States study by Beeman & Boisen(1999) of child welfare professionals in Minnesota. The study reported that workers generally considered it better for children to be placed with family members, than with non-related foster carers. In particular most of the workers surveyed believed that these children demonstrated a stronger sense of belonging. Findings of workers’ acceptance of kinship care on the basis of family responsibility for their kin and the belongingness of children within these families contrasts with earlier findings from New South Wales that reported that workers are critical of kinship care. The study by Cashmore and Paxman (1996) found that workers were critical of relative care and
expressed concern about the happiness of children placed in situations in which relatives felt obliged to care for them. A lack of monitoring and assessment was considered a problem. A study by Gleeson (1997) in the United States indicated a clear division between workers about the competency of carers where half the workers ‘agreed’ that kinship carers are competent in foster parenting.

The conflicting findings although only a few years apart, may be congruent with an ideological shift in policy making around care for children, noted in the literature (eg Gleeson, 1996; Ingram, 1996). This shift is described as one from a traditional emphasis of child saving and child rescue (with attendant notions of parent blame) to one of family preservation and reconciliation. (Gleeson, 1996, Ingram, 1996, Mills & Usher, 1996, McFadden 1998). This ideological shift is reflected in the third reason given in our study for placing children in kinship care.

**Criticisms of alternative forms of care**

The theme of responsibility of the family to care was complemented by an understanding that alternative forms of care used in the past, have often disrupted children’s lives and failed to promote their best interests. This criticism was seen to have particular application to care of Indigenous children. Attention was drawn by a child and by workers to problems and lack of success in placements for children outside their own families.

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 and you know what they’re like, they won’t drag you down the hallway (like foster parents had done)*

This became a theme common in workers’ discussions of the value of kinship care as it contrasted with alternatives such as foster care which they considered had not worked in the past:

*I think our history of other forms of alternative care is disastrous*

These criticisms of other forms of care have been most trenchant in relation to Indigenous communities, whose very continuation as a community and culture has been threatened by policies that have removed children from their care.

It was noted by a worker that:

*for the stolen generations [being removed from their families] and bringing them back would have had a profound impact*

However it was seen to have applicability for non-Indigenous children as well:

*Years ago I guess they would have preferred them to go off to foster care. I know that a lot of the times, a lot of children that we remove and place in foster care always end up going back home anyway, or want to find an identity, and that’s not only Aboriginals. When kids turn 15, 16 a lot of times that’s when things happen in the foster care placement and more often than not, most*
of them end up going back to whoever they still have that contact with. They’ve been maintaining a contact throughout those years [23]

Reasons of economy and expediency

In this study we reflected on the extent to which economics and expediency can be considered as reasons for the increase in kinship care. While there was occasionally some focus in interviews and the literature on economic reasons as an influence on decisions for kinship care, it was not articulated strongly.

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

It can have better outcomes for children, it stops the drift in care. No matter how we want it to work, the fact is that it’s very difficult to recruit and sustain foster parents that are adequately going to be able to look after child through the rest of their childhood. Usually that doesn’t happen and so it’s better in that regard. It stops the drift in care and all those other reasons I said about identity, and having a family afterwards and all those issues. But it also is cheaper, I mean it’s very much cheaper [24]

Worrall (1999) suggests economic factors could be a reason for the current focus on kinship care in New Zealand, associating the emphasis on such care with the downsizing of welfare provisions, and more general cutbacks in the welfare state. Gleeson (1996) identifies how kinship care (when not funded at the same rate as non relative foster care) has provided those public welfare agencies in the United States, struggling to reduce their out of home care costs by reducing their caseloads, with a way to achieve budget reductions.

Issues of expediency figure in the demographic explanations given by writers who refer to the growth in the United States in the 1990s of children entering out of home care, at the same time as a decrease was occurring in the availability of potential non- relative foster carers. This phenomenon is associated with changes in work and social patterns within the community (Worrall, 1999; Gleeson et al., 1997; McFadden, 1998; Bath, 1997; Wilson & Chipunga, 1996; Greeff et al., 1999). In some countries it related to significant problems in recruiting non-relative foster carers (Greeff et al., 1999).

The significance of economic factors, as reasons contributing to the new emphasis on kinship care in New South Wales, is given support by analysis of the experiences of carers in this study.
6 Support to kinship carers

Policy and procedures around support

State procedural guidelines are limited in the extent to which they direct departmental staff to provide ongoing support for kinship carers. Unlike foster care, support for kinship carers in the form of initial or on-going training is not provided by departmental workers and peer support groups are not arranged.

Ongoing support and case management of kinship care placements are addressed only in the Victorian and ACT guidelines and to a limited extent in the South Australian manual. The guidelines generally take the approach of determining the extent of support on a “case by case” basis. The implication is that ongoing support and involvement by case workers may only occur when the care giver or child give a strong indication of the need for such involvement. This is in contrast with foster care where active and continuous involvement by child welfare agencies is expected to be provided in every case.

Carer experiences of stress and needs for support

Most carers considered some form of support outside the family as important in helping to ease the stresses of caring for kin children.

Financial assistance received by the carers was valued but there was dissatisfaction with the amount and nature of financial support. A focus of carer concern were changes to regulations which meant they experienced difficulties in meeting expenses for children, especially medical expenses as they occurred.

One carer 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]

Needs for practical and emotional support

Carers indicated that as well as experiencing a lack of official acknowledgment of their financial needs, they found little of the support they would have liked around the stresses generally inherent in their caring role.

While some carers managed to care for children with help from within their family – at least when things were going smoothly, most felt the need for support outside the family.
Support where this was provided within the family or from DoCS was reported as making a significant difference to responsibilities of the main carers, who in our study were all women.

One woman stated:

No support from the Department but a lot from my own family. My husband is fantastic and the boys [16]

For another:

the other daughter lives at F, she’s always been ‘you have them’, and she’s even gone that far and said that if anything ever happened to you, she’d come over and help D, or if anything happened to you and D she’d take the four kids instead of the kids being separated [1]

One carer commented on the value of having received help:

I had a DOCS worker who turned out to be a wonderful support [10 ]

Another contrasted support from one agency 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]

More generally carers wanted help at stressful times and in the form they needed it but had found it not available:

I’m not the sort of person who goes and asks DoCS for things – only if I really need it… I’d like a lot more support from DoCS … I’m really worried about C [20]

Help was described as needed particularly at crisis points, eg during medical treatment for the carer, and when a child had asthma and the carer wanted assistance with guidance 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]

One carer found the help she was given was inappropriate:

Sometimes it felt like it was too much support, if you know what I mean. It was therapy for this, and speech therapy for that. Then, [before] the first few years we were over at the hospital they would try and make appointments so I could have three of them at the hospital in one day, instead of three different days [1]

Generally carers felt that the lack of support meant that 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]

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]

This carer wondered if, because the person was at a senior level, it meant that he could not talk to my level [2]

I get frustrated when I phone up. I’ve never been able to get her (the DO). I’ve had to ring 2 or 3 times. I’ve never seen her. No idea what she looks like. The first lady left they never notified us ...since she’s gone I’ve never heard from anyone [13]

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]

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

They are always too busy to get around to it. And I understand that they would be busy [4]

One carer noted of DoCS workers

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

As well as the need for practical assistance carers expressed needs for help around the emotional stresses of the caring relationship. A small number of carers considered their relationship with their kin children, was straightforward and not complicated by being in dual relationship roles with the children but more generally it presented ambiguity and stress.

For example a carer commented:

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

For other carers there were stresses in the change of role from grandparent to parent. The situation can alter the grandmother relationship in ways which are not always welcome.

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

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]
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]

Some expressed concern about how they will cope when the children get older:

lucky she’s only little, she’s not a big seven year old, but there is going to be a time when it’s going to be harder for us to manage her [1]

A 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 concern about violence:

She assaulted me two weeks ago and I went and got an AVO [12]

**Worker acknowledgment of carers’ needs for support**

Two workers acknowledged the tensions experienced by carers:

(Carers) have to sometimes front the parents and say “no your child can’t do this with you” or “this can’t happen”. And it could break down (and cause) all sorts of community frictions and family frictions [23]

. . . 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 is the last straw. It’s very difficult for the grandparent to try and maintain a good relationship with their own children, when they’re being the supportive role for their grandchildren. I think that’s one of the difficulties. Their loyalties are being divided [22]

Two other workers indicated that they recognised the importance of agency response to carer needs:

Knowing that they can ring up and talk to someone immediately would be the most ideal [6]

. . . but also I think too the person who is actually a kinship carer needs to have a place whereby they can approach the department and expect to have a response, not to have someone say ‘no one here can help you, because we have more important things to do [19]

**Other research on carer experiences**

Three studies were identified, all very recent, which focussed on carers’ descriptions of their experiences. The earliest study was by Worrall (1999) in New Zealand, who sought the experiences of five non-Maori kin carer families. In the second study Tapsfield (2001) reported on the experiences of carers who had contacted the UK Family Rights Group Advice Line. In the third study Laws (2001) researched the perspectives of some
carers in a particular area of London social services. These studies support and extend the findings of our study on the stresses confronting carers and the lack of support they received. All three studies reported that carers experienced stresses associated with limited financial assistance from government, with asking for help and not receiving it and as a consequence of the family dynamics when relatives took on caring responsibilities normally taken by birth parents. These studies highlighted stresses in relationships occurring around the complexity of relationships between carers, children and birth parents.

Additionally Worrall (1999) identified stresses 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.

An Australian review of fifteen Aboriginal children in care included interviews with relative carers (Community Services Commission, 2001). The review found the support and monitoring provided to the placements to be inadequate, even though three carers felt the level of support they received was appropriate. Their views were influenced by their expectations and their awareness of the resource limitations and demands on workers. None had been offered respite care and none had received active casework support (2001 pp29 - 32).

The findings of our small study of carers’ experiences of caring for grandchildren and nieces and nephews, combined with similar findings of other studies of carer experiences in other English speaking countries, have significance for kinship care, at both the practice and policy levels. This is particularly so if kinship care is viewed as a placement option intended to promote the best interests of children and society more generally, as indicated in the most explicit reasons for the emphasis on kinship care as a placement option.

As a placement option our findings reflect the findings in research on caring more generally. This research demonstrates that while caring can provide great satisfaction to the carer, it also brings considerable costs. These costs can be material, physical and/or emotional (eg Baines et al. 1991; Watson and Mears 1999). Important for policy development around caring is the way the two elements of the process of caring, caring ‘about’ and caring ‘for’ are frequently ‘divided and fragmented according to disciplinary boundaries’ (Baines et al. 1991 p16). The consequence of this separation of the interrelated aspects of caring, has been an undervaluing of the burden of care and its physical and tangible demands.

Our discussion in Chapter 5 indicated that caring ‘about’ their relative children is an important reason for carers assuming the role of caring for their relative children and is supported in the literature as having considerable psychological benefit to children, over placement with strangers.

It can be argued that the reported lack of support and assistance to carers in our study, to enable them to ‘care for’ as well as ‘about’ their relative children fits with government policies based on favouring private family care for children as an economically expedient option. However in the longer term, government acceptance of public responsibility for financial and support services to kinship carers, must be considered for its relevance ‘to assure(ing) the economic, social, and emotional well-being of the child,
primarily, and the relatives, secondarily, as it relates to their ongoing ability to care for the child’ (Hornby et al., 1996, p410).

Particularly significant amongst the findings from attending to the perspectives of those most involved in kinship care placements, was the value attached to this form of care by these participants, who saw care by those familiar to the children as important. Also of significance were carers’ experiences of a lack of necessary practical, or other support from the Department of Community Services, to assist them to care ‘for’ as well as care ‘about’ their relative children. This finding was particularly significant, given the frequently stressful situations in which kinship care typically occurs, in relation both to the level of care required and the complexities of this form of caring.
7 Statutory responsibility for kinship care

The issues of the support needs of carers highlighted in the previous chapter are often associated with questions about state responsibility for children in kinship care, both in the literature and in policy debates. How these questions are answered in Australia and New South Wales is examined in this chapter, through policy documents and comments made by New South Wales agency workers in interviews. The ambiguity arising from the examination of this data and that in earlier chapters is explored in the final section of this chapter within the context of the relationship between kinship care and child welfare policy more generally.

The linking of financial assistance with child protection intervention and supervision

Responsibility for children and young people in kinship care by government in the various Australian states is generally very unclear. This is despite the focus of practice guidelines in many states, even when legislation does not direct it, on encouraging placement of children with relatives as a first option.

In the area of financial support most Australian state and territory departments make ongoing payments to some kinship carers in certain circumstances, although the eligibility for payment varies in the different jurisdictions. In all states and territories, except NSW, the child or young person must be subject to statutory child protection intervention or court order, for a payment to be made to the kinship carer. For example, eligibility for payment of allowances to kinship carers in Queensland requires that the placement must be made as part of a child protection intervention or the child is subject to a Child Protection Order under Part 4 of the Child Protection Act 1999. Similarly Western Australia and Northern Territory require that the child be subject to a statutory order or be under child protection case management.

The Victorian, South Australian and ACT guidelines require that in addition to the child or young person being subject to statutory child protection intervention, the carer must have been formally assessed and approved, consistent with the guidelines, including completion of a satisfactory police check. NSW has the additional capacity to pay an allowance in some cases to persons providing voluntary care where the carer is experiencing hardship and there is a risk of the child entering out-of-home care or homelessness.

In most instances where payments are made, the rate of allowance is equivalent to the state or territory’s foster care allowance although in some states it is named differently from the foster care allowance. Tasmania has a two tier payment system where some kinship carers are approved as “foster carers” and receive the payment, equivalent to foster care rates, while others receive the “Relative’s Allowance” which is less than foster care rates.

Most states and territories report that higher level or “special needs” rates of allowance are not generally available to kinship carers. NSW policy officers report that relatives
providing care for children who are subject to a children’s court order can access higher rates of payment in this state if the child is assessed as having special needs. However this is not borne out by the experiences of some carers in New South Wales as reported in the previous chapter.

No state or territory or the Commonwealth appears to have taken on responsibility for ongoing financial payment in relation to informal kinship care arrangements made privately within families without reference to child protection authorities.

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 systems with supervision by the state of the caring role. Supervision is defined by Hornby et al (1996) in their study as ‘oversight and monitoring’ of both child and caregiver to ensure the child’s safety (1996, p410). The association of support with supervision is crucial to discussions of kinship care in current debates in New South Wales and more generally.

The debate in New South Wales

At the time of writing, debates around the role of support and supervision in kinship care are taking place at senior policy levels in New South Wales in the context of whether or not kinship care should be included as part of the formal out-of-home care system. The highlighting of this issue in New South Wales at the policy making level, parallels a finding by Hornby et al., in their study in the USA. where a key issue in decision making in individual instances of kinship care is not, whether to remove a child to placement outside his or her home but rather whether the placement would be considered to be inside or outside the system (1996, p401).

Currently New South Wales legislation differs from the other Australian states and territories in its focus on the issue as to whether placements with relatives should be considered as part of the child welfare formal out of -o-e care system. The laws of the other states are silent on whether children and their relative carers in such arrangements should be subject to statutory monitoring, supervision and support.

The NSW Children and Young Persons (Care and Protection) Act 1998 in directly addressing statutory responsibility for kinship care in terms of its place within the formal child welfare system, has been the focus of the debate in NSW.

In its original form the NSW Act expressly excluded care with relatives from the formal out-of-home care system. Section 135 defined out-of-home care as:

(1)residential care and control …of a child or young person:
   (a) at a place other than the usual home of the child or young person, and
   (b) by a person other than:
      i. a parent of the child or young person, or
      ii. a person who is related to the child or young person…

Critics of this aspect of the legislation argued that the state has a duty of care for supporting and monitoring children who have been the subject of child protection intervention and then placed with relatives. To exclude children formally placed with relatives from the definition of out-of-home care means excluding children from the benefits of ongoing support, statutory case planning and review processes and monitoring by the
newly created Office of the Children’s Guardian. The opposing argument pointed out
that compulsory support and monitoring of the children placed with relatives can be
disempowering for families, is ineffective and places unnecessary strain on limited
resources.

In late 2001, during Parliamentary debate about permanency planning, the NSW Oppo-
sition successfully moved to amend the definition of out-of-home care in the Act to
include children and young people in the care of a relative where the Minister has pa-
rental responsibility for the child or young person by virtue of an order of the Chil-
dren’s Court or the child or young person is in the care of the Director-General.

The Minister for Community Services stated that this amendment would not be com-
menced until the numbers of children affected and the cost and practice implications
were understood. Consequently, the NSW legislation now confirms that there is a statu-
tory responsibility for children formally placed in kinship care, however as this amend-
ment has not been commenced and is therefore inactive at time of writing, the debates
in New South Wales policy arenas continue.

Worker attitudes to supervision and monitoring

Some workers in NSW expressed attitudes towards state interventions which reflected
broader policy level debate within this state. There was a diversity of views amongst
workers, but generally they supported that side of the debate which sees it as inappro-
priate for the state to have a supervisory role in relation to kinship carers.

The two workers who did consider there should be supervision of these families consid-
ered it was not feasible because of the lack of organisational support for workers to
play this role:

Ideally yes, but it doesn’t happen and it’s not pushed in policy [23]

... in the practice that I’ve seen, the supervision and the ongoing commitment to make sure that
things are going on a year down the track, doesn’t happen [25]

More generally workers considered an active supervisory role by agency workers inap-
propriate in the kinship care situation, because of assumptions about the nature of
families:

Workers stated:

We also see as [the children are] in kinship, that they wouldn’t really need much of our involve-
ment because they are placed with family [24]

If the child has a functional, working, caring, loving family you don’t want to be sticking your
nose in [23]

I’m always open to the carers to contact me at any time and stuff like that. But in terms of prior-
ity work, certainly it will be at a lower rate than given a child (at risk) or a child that’s in foster
care and stuff like that. Again, basically it’s because of that thinking that they’re with family,
they’re safe, if they do need something they will contact us [8]
From an Aboriginal perspective, it maintains their identification, in most circumstances they still have contact with natural parents and families do take on board, it’s more informal, there is not so much intervention from us [24]

Some workers distinguished between foster care families where they considered supervision was appropriate and kinship care families where it was less so:

I would be less inclined to intervene if the grandmother was looking after the children as opposed to a foster carer . . . we don’t need to be involved as much because it’s their family . . . they’ve learnt to cope with them in the past [19]

For kinship carers one worker considered that because there’re family there is much more responsibility on them to cope with what they’re going through [24], while foster carers are seen as more professional having had training for the role and therefore were involved in ‘shared responsibility’ with the Department [24].

It’s not easy going into family and sort of throwing the rules, or the rules of the department in terms of child protection and stuff like that . . . could be because with state wards we have more of a direct say as to what goes on, and obviously the foster carers have more say, and they say what’s going on [8]

The ambiguity of kinship care

The ambiguity around the nature of statutory child welfare responsibility for children in kinship care is not specific to New South Wales and Australia. Greeff (1999) in talking about kinship care policy in the United Kingdom and other European countries refers to the dilemmas formal kinship care poses for child welfare policy. While Hornby et al. in their United States study also locate the dilemmas around the ultimate question posed (by kinship care, which is), What role should the state play in the support and supervision of relatives as caregivers? (1996, p410).

In their study the authors 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 a necessary implication that the relative should also be supervised in the provision of care (Hornby et al., 1996).

The related dilemmas as to whether kinship care should belong in or outside the formal child welfare system and whether it is appropriate to continue to confound issues of support and supervision for kinship carers, can best be unravelled by exploring the paradigms which have been central to formal child welfare policy and the assumptions about the nature of the family, inherent in these discourses. Testa et al. (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, p456).
As kinship care has generally been characterised by a minimalist approach to assessment, training and supervision monitoring and review, there is little evidence that this approach leads to the best possible outcome for the child, compared to an approach that provides greater intervention at key points or on a regular basis.

**Discussion of formal kinship care as it challenges traditional child welfare policy**

The two main paradigms impacting on child welfare were identified by Fox Harding in her early work (Morgan and Righton 1989) in what she labeled as the ‘kinship defenders’ and the ‘society as parents protagonists’ positions. The ‘kinship defender’ position is characterised by the ‘unique value’ placed on the biological family as the ‘optimum context for their (children’s) growth, upbringing and development’. This value according to the paradigm, justifies state interventions directed to “preserving, supporting and strengthening the family unit” (1989, p24).

Superficially the arguments for placing children with kin, when they cannot live with their birth parents seem to fit this paradigm. Certainly carers and to some extent children highlighted the ‘unique value’ of family in terms of emotional connections and ‘familiarity’ of the kinship care situation, as crucial to their decisions favouring placement with relatives. However certain assumptions about family, in the application of the paradigm to child welfare practice are contradicted by the kinship care situation. These are assumptions which have typically defined this biological unit as a traditional nuclear family of birth parents and children. The values involve the idealising of the family unit and include the sanctifying of both the independence and the privacy of families. These values were explicit in the comments of workers in our study as justifying non supervision of kinship care families. In contrast to the idealised version of the family inherent in the kinship defenders paradigm, kinship care by its very definition as being care with relatives, is not care by nuclear family.

If kinship care challenges the assumptions of the ‘kinship defender’ position it also challenges the assumptions basic to the other paradigm described by Fox Harding as a dominant position in child welfare policy. The ‘society as parent protagonists’ position, emphasises good care and ‘strongly’ advocates that where children are mistreated they ‘should be placed with those who are best able to care for them … good substitute carers’ (1989, p 27)(our emphasis).

The determination of ‘good parents’ relies also on assumptions about the ‘best’ kind of family being the nuclear family and on professional assessments in determining this. The practice of formalising kinship care, challenges the traditional role of child protection agencies as being about redistributing children from dysfunctional or deviant families to more socially acceptable families (Mason 1993). When children are removed from ‘at risk’ situations, but relocated elsewhere in the same family, the state’s role in defining appropriate care for these children becomes ambiguous in terms of past practices. The ambiguity increases when the children placed in care are from cultural backgrounds which differ from those dominant in child welfare authorities, usually white, middle class, professional.

Previous child welfare practices for redistributing children from ‘dysfunctional’ nuclear families have been associated with concerns about the wider networks of these families,
expressed through articulation of the doctrine of intergenerational child abuse and the appropriateness of a strategy of placement of children from these families with strangers. The tainting of kinship care families with the concept of a cycle of intergenerational abuse is noted by Ingram et al. (1996) to have influenced policies to support stranger rather than relative care for abused and neglected children. Ryburn comments that in the United Kingdom in contemporary times, there has been a denigration in the child welfare context of kinship, ‘accompanied by an elevation in the status of the care that can be offered by stranger’.(Ryburn et al., 1998, p32). For Greeff (1999), It is in response to such policies referred to by him, as the ‘trade in children’, that minority communities have advocated for the alternative placement of children within kinship networks, when they are not able to live with their biological parents. Kinship care as a response to calls for reform of earlier policies which placed children with strangers, requires policymakers to redefine what ‘best’ placement means.

The ambiguity around kinship care placement policy can be related to the way it calls into question traditional assumptions within child welfare about family and ‘good’ parents. The questioning of these assumptions, in conjunction with acknowledgement that caring ‘about’ is not always associated with the economic and social resources to care ‘for’, calls for an examination of the traditional link between support and supervision in child welfare practice and of the distinction between formal and informal child welfare. Such an examination may have implications for the role of the state in supporting not only kinship carers, but also birth parents in caring ‘about’ children, prior to the necessity of substitute placement, or to enable them where appropriate, to continue in a caring role with their children when in kinship placement. On the basis of our study, where we were unable to interview any birth parents, supported by the literature reviewed, it can be conjectured that birth parents may be as marginalised by kinship care, as they have been in former times by foster care.

Any definition of what constitutes ‘best’ placement should include the perspectives of those who are recipients of parenting. Although there was evidence of some recognition of the importance of children participating in decision making around their care, in some of the discussion recorded in our interviews, it was not generally reflected in the processes around the research or, from the data on kinship policy implementation in New South Wales or elsewhere. The very recent inclusion of children’s voices in the current kinship care research agenda, does not as yet appear to be integrated to any significant extent into official policy on kinship care. Involving children, as we found, is not an easy process. However, if placement is about promoting the well being and best interests of children we must struggle with finding ways to do this, for as Butler and Williamson noted in their research into social work and child protection, the ‘primary desire (of children) is for the provision to them of relevant and (to them) sensible choices, because it is they who, ultimately, will have to live by the choices they make’ (1994, p108).
8 Conclusions

In this research we examined the extent of kinship care in NSW and factors contributing to the increasing placement of children ‘at risk’, by the Department of Community Services, in the care of kin, understood broadly (that is, relatives and friends). We also examined some aspects of this form of care, as they impact on children and their families. Our aim was to do this through involving major stakeholder groups in the area, as well as exploring literature on research on kinship care. The broadness of our approach to researching this area, in the context of bureaucratic obstacles and limited resources, presented us with unforeseen difficulties and delays in implementation. Nevertheless, implementing this broad approach by including both top down and bottom up perspectives in our data gathering, proved valuable. It facilitated the identification of the complexity of policy making around kinship care and therefore the hazards of attempting simplistic responses to policy dilemmas and ambiguities in this area.

The major findings highlight in particular, the importance of kinship care as a form of child welfare policy and pose fundamental challenges to policy makers in the area, if children’s best interests are to be promoted through this or other forms of care.

**Significant findings in relation to our research questions**

1. **The extent of formal kinship care in New South Wales**

The statistical data obtained in this project confirmed the expectation with which we commenced our research, of an increasing use of kinship care for New South Wales. In this state, kinship care is being used as an out-of-home care resource in child protection practice.

The statistical data available does not provide any clear reason for the increase in the numbers in kinship care. It may be due to a significant change in forms of care for children, or a formalisation of care that had previously been provided informally, or to the ease with which kinship care can be made compared to other placements.

There is similar lack of clarity around the meaning of the increase in kinship care, specifically for Aboriginal children. The analysis of statistical data relevant to care of Aboriginal children indicates that while the number in foster care has remained constant, the number in kinship care has increased dramatically during the same period.

2. **Reasons for use of kinship care**

Three explanations for the use of kinship care clearly emerge from analysis of our interview and literature data. These are: firstly, the emotional connections between carers and relative children and understandings about the psychological benefits to children of promoting these connections. Secondly, the data showed as a reason for preferring kinship care, a belief that families should be responsible for caring for their children and that children ‘belong’ within biological families. Associated with this belief was a third reason for the emphasis on kinship care - distrust of alternative forms of care as they have been implemented in the past, in particular but not only, for Aboriginal children. A question was raised in the analysis about the extent to which economic expediency contributed to the increase in this form of care.
3. Analysis of legislation and departmental guidelines relevant to kinship care

Legislation in Australia is generally specific in terms of preference for placement of Aboriginal children with relatives and community. There is only limited emphasis in the legislation on kinship care per se, for non-Aboriginal children, although there is reference in New South Wales legislation to preference in placement being given to ‘least intrusive’ forms of intervention. Departmental guidelines and procedures however, typically highlight a preference for care of children by relatives. Our review of State and Territory legislation and policy in 2001 indicated that at that time, there was considerable attention being given to kinship care policy and procedures in various states. We could obtain little on specific procedures or guidelines for implementing kinship care placements, outside of some examples provided by Victoria, ACT and South Australia.

4. Views about and experiences of kinship care

Discussion in the Report includes the perspectives of some carers and workers. We had limited success reporting children’s perspectives and none in reporting the perspectives of birth parents. This remains an area of concern, if objectives of understanding and promoting the best interests of children through child welfare placement policies, are to be furthered.

Particularly significant amongst the findings from attending to the perspectives of those most involved in kinship care placements, was the value attached to this form of care by these participants, who saw care by those familiar to the children as important. Also of significance were carers’ experiences of a lack of necessary practical, or other support from the Department of Community Services, to assist them to care ‘for’ as well as care ‘about’ their relative children. This finding was particularly significant, given the frequently stressful situations in which kinship care typically occurs, in relation both to the level of care required and the complexities of this form of caring.

It is unclear whether the view of some workers that the state should not be involved in supervision of kinship placements also implied that they should not be involved in a form of monitoring which included agency support for their practical and emotional needs.

5. The decision to place children in kinship care

While not a focus of our initial research aims it became clear in the process of this research, that understanding decision-making processes around placement of children in kinship care is fundamental to practice in this area. Decision making therefore became a focus in our data collection.

For Aboriginal children there is an explicit legislative basis for decision-making which considers placement with kin as a first option. Workers in New South Wales accept this placement priority for Aboriginal children and also argue it as appropriate for non-Aboriginal children.

Some carers play an active role in deciding that relative children should be placed with them, although in other instances their role is a more passive response to an apparent
lack of other alternatives. The role of children in decision-making about their care, although more ambiguous, seems to be achieving some recognition as important. There is confusion about if and what form of assessment does and should apply to those taking on kinship care responsibilities.

6. Challenges to statutory responsibility for kinship care

Kinship care policy presents major dilemmas for statutory child welfare systems functioning on traditional lines. These dilemmas are around the traditional association between financial and practical support and supervision of the caring role and divisions between public and private responsibility for caring. Both of these dilemmas can be closely related to assumptions about caring for children being the work of women, within an idealised nuclear family in which children become invisible. Kinship care by definition frequently falls outside the boundaries created by these assumptions, as is most evident in Aboriginal peoples’ concerns that non-Western nuclear family forms and communities be considered in determining placement options. Broader family constellations do not necessarily imply self-sufficiency and indeed the very need for state involvement in placement of ‘at risk’ children, often implies a high level of economic and social disadvantage.

The assumptions which contribute to the dilemmas for policymakers in the area of kinship care, may be particularly confronting for, but are not limited to, this area of child welfare policy making. It is these assumptions which hinder attention being given to the contexts contributing to the need for care of individual children, and to listening to children’s voices around their needs. Responding effectively to the challenges kinship care poses for statutory child welfare, may provide the clues to reform more generally of the child welfare system.
Appendix 1
Methodology

Research Aims and Definitions

The aims of the research were to:
1) Quantify the extent of formal kinship care in NSW.
2) Establish some understanding about the reasons for the apparent increase in numbers of children and young people in kinship care.
3) Identify and analyse the legislation and departmental guidelines relevant to kinship care.
4) Explore the views about and experience of, kinship care with children and young people in kinship care, their carers, birth parents and supervising workers.

The research arose from a need to understand the apparent growth in the numbers of children recorded in the out of home care system who were in kinship care placement. As such the research was concerned with children in formal kinship care, that is, those children who have been subject to child protection intervention or children’s court protective order who are 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. The research did not investigate children in informal kinship care, that is, those children whose care with relatives or other person known to the child is arranged by the family without the involvement or supervision of a child welfare department.

Overseas research indicates that ‘informal’ kinship care is a longstanding phenomenon within families and is generally far more prevalent in the community than formal kinship care (Harden et al., 1997; McClean and Thomas, 1996; Greef, 1999). The distinction between ‘formal’ and ‘informal’ kinship care is frequently made in the literature and in equivalent overseas jurisdictions (CWLA, 2000; Broad, 2001) and was adopted in the research as a useful concept relevant to the Australian context.

Issues relating to Indigenous persons

Given the history of the Australian child welfare system’s abuse of Aboriginal children and their families, it was clear that addressing current policy and practice in relation to Aboriginal persons was crucial to this study. Past child protection policies which resulted in the removal of Aboriginal children and their placement in institutions, or with non-Aboriginal families have been criticised by both Aboriginal and non-Aboriginal people as being racist. In order to be more responsive to these protests, current child protection legislation has explicitly spelt out the requirement of the placing of Aboriginal children in need of out-of-home care ‘within their extended family or kinship group’ (Children and Young Persons (Care and Protection) Act 1998, S13).

Taking this into account as a non-Aboriginal group of researchers, we needed to be sensitive to Aboriginal concerns by drawing on Aboriginal expertise, ensuring Aboriginal participants were included and incorporating data recognising their issues. The
Department of Community Services emphasised the importance of these issues in their response to our request to research in this area.

**Issues relating to persons from Culturally and Linguistically Diverse backgrounds**

Considering the predisposition within child welfare policy to racist decision making in relation to minority groups (Mason, 1993), we discussed the need for attending to issues around placement of children from culturally and linguistically diverse backgrounds. We decided that we would attempt to be inclusive in this area and follow up where this emerged in statistical or interview data.

**Stages in the research**

The study was comprised of stages conducted concurrently:
1) A review of Australian states’ policy guidelines.
2) A review of literature.
3) A review of existing NSW statistical data on kinship care placements.
4) Focus interviews with children, carers, birth parents and workers involved in kinship care placements in NSW.

The research was initially prompted by questions concerning policy and practice around kinship care in NSW. To answer these questions we sought indepth information from NSW and, in order to contextualise this, information from other states in Australia and from overseas.

In seeking to arrive at an indepth understanding of the situation in relation to kinship care policy and practice in NSW, we examined detailed statistical data provided by the Department of Community Services. The data covered children in care at June 30 for the years 1997 to 2000. Information on both the children and their form of placement was sought. Focus interviews were conducted with kinship carers and some of their children in their care, as well as some workers who had placed children in kinship care. For reasons described below we were unsuccessful in our attempt to interview any biological parents.

To complement our understanding of policy in NSW with developments in other states of Australia, we also requested details of policies and procedures for kinship care from senior policy officers in other states. The literature review enabled us to gain an overview of policy and practice developments and associated issues around kinship care in countries for which literature was accessible.

We detail the methods employed for the literature review, policy review and statistical data at the beginning of each of the appendices discussing the findings of each of these stages. The methodology for the focus interviews with children, carers and workers is described below.

At the commencement of the project a study of one hundred case files was also envisaged. However it became clear very early on there were a number of logistical problems, in particular time and financial constraints. This part of the study was therefore not conducted.
Focus interviews with carers, children and workers

In NSW, there is a dual system of out-of-home care with provision occurring at both government and nongovernment agency level. However as the government agency is the organisation with statutory responsibilities in this area and taking account of our resource constraints, we chose to focus on obtaining our indepth data on NSW policy and practice from the statutory organisation (Department of Community Services).

Within this Department, three regions were designated as the sites of interviews. In designating the regions a number of factors were considered. Of primary importance was the number of kinship placements for each region as identified in the official data obtained from the Department of Community Services. Regions with smaller numbers were ruled out because they posed a reduced likelihood of obtaining sufficient numbers of participants and presented associated risks to maintaining confidentiality for participants.  Factors taken into account were the increased likelihood of ease of engagement for those regions in which there were positive existing relationships with the Association of Children’s Welfare Agencies and the importance of choosing regions which could be reached without excessive travelling. After consultation with DoCS, from the six regions considered feasible, South West Sydney, Hunter and Mid-North Coast were selected as the regions from which participants for interviews would be sought.

Individual interviews were conducted following liaison with DoCS officers. DoCS Central Office staff requested that Senior Managers in the three regions identified by the research team, facilitate the research. The Researcher made contact with these Managers and through them was provided with names and contact details of carers and children in the same families, in two of the regions. In a third region she was given names and contact details of carers only. In this region the Researcher was given permission to ask the carers if she could make contact with their kin children, although it was specified that it was unlikely that interviews with children were feasible in some of the families. The Researcher was unable to obtain details of birth parents who could be contacted for the research, in any of the regions.

Meetings were held with Senior Managers in DoCS regarding concerns about interviewing Aboriginal people. We attempted to address these by ensuring that all participants were given the opportunity to read copies of transcripts and that Aboriginal people could request that an Aboriginal person assist in the interview.

Carers

Eleven carers were interviewed, all women - seven grandmothers (4 paternal and 3 maternal) and four aunts (1 paternal and 3 maternal). Two of the carers, both maternal aunts, were Aboriginal, and two were from non-English speaking backgrounds (1 maternal aunt and 1 maternal grandmother). The carers of non-Aboriginal relative children were grandmothers, or an aunt nominated by or assisted by, a grandmother. The carers of the two Aboriginal children were aunts.

At the time of the interviews, six carer grandmothers had male partners. Three of these were biological grandfathers to the children in care. Three grandfathers were present in the house at the time interviews were conducted. Two were invited to participate in an interview but declined. The third was not invited due to personal reasons at the time.
In the case of the aunt from an Anglo-celtic background, care of the children was shared with the grandmother in that 2 children were being cared for by each of them. In the case of the one aunt from a culturally and linguistically diverse (CALD) background, the decision for her to care was made by her parents. The 3 aunts were sole parent carers and only one had a child of her own in the home.

Interviews with the carers often went over the hour initially arranged. This occurred at the instigation of the carers, most of whom were very generous with their time and often seemed to appreciate an opportunity to speak of the issues involved in caring for their related children.

The Aboriginal carers interviewed were identified by designated Aboriginal workers who had made contact and ascertained the willingness of the carers to be involved prior to contact by the researcher. At the time of the initial contact by the researcher, carers were asked if they were willing to be interviewed and if they wanted an Aboriginal support person present. Both carers declined the offer of an Aboriginal support person.

The following focus questions were used in these interviews:

- How was the decision made for the child to be placed with you?
- When was kinship care seen as a possible placement option?
- Who was involved in the decision?
- What support do you get in caring for the child? (from DoCS, parents, family etc)
- Is this OK? Would you like more or less?
- What is the birth parents place in the child’s life?
- Does the child see her/his parents?
- Are you happy with these arrangements?
- What is your role/relationship in relation to the child?
- Do you think the child is getting the care, supports/services that s/he needs?

Children

Nine children were interviewed, aged from 5 to 12 years. One of the children was Aboriginal. In one region it was not possible to interview any children. Access to children in kinship care presented problems from the beginning of the project. In the initial application to the University Ethics Committee, questions were raised about protecting children from potentially upsetting interviews. Approval was then given, subject to approval from DoCS. Although informal discussions and agreement in principle had been given by DoCS in mid 1999, approval of the formal application took 9 months - from August 1999 until May 2000.

When carers were asked about their attitude to involving relative children in their care in the research, they generally indicated that they had not been aware prior to researcher contact that we were asking to interview the children. Some carers agreed to ask the children if they were willing to speak with the researcher so that she could invite them to participate. Others refused, most giving reasons why they thought this was not appropriate. This included children being too young to be involved, suffering from severe brain damage which precluded their participation, being unaware of their status of not living with their birth parents and family issues that made it inappropriate to interview children at the time.
Of those children to whom we had access and who agreed to talk with us, all but one expressed enthusiasm. For this child the lack of flexibility about the timing of the interview meant that she expressed conflict between talking with the researcher and playing with friends (who were in the house at the time). One child with brain damage was seen, but attempts to engage her did not result in successful verbal communication within the limited time available in this particular interview context.

All the interviews with children took place in the family home and in the majority of cases followed the interview with the carer. In retrospect, the limits placed by project resource constraints preventing more than one visit by the researcher to non-metropolitan areas has been a significant factor in limiting our opportunity to engage carers around the possibility of interviewing their children in less constraining situations and then in engaging the children themselves. A further consequence of interviewing children in their homes was a lack of privacy.

Gatekeeping of children by adults is an issue in researching with children, particularly in the area of child welfare (Mason & Falloon, 2000). Obtaining details from the Department of children who would be willing and able to be involved in the research and not precluded because of age, ability or lack of knowledge of their status was difficult. Further, carers were also often reluctant to give permission for the children in their care to be interviewed or to allow them the opportunity to determine who would be present during an interview.

The following focus questions were used in these interviews:

- Do you know how come you are living here?
- Did someone talk to you about it?
- Do you see your other family sometimes?
- Is that OK?
- What is their place in your life?
- Do you see a district officer sometimes?
- Is that OK?
- How is it living with kinship carers?
- What is their place in your life?

**Birth Parents**

No birth parents contributed to our data through interviews. Departmental workers cited no ongoing welfare involvement with biological parents, as one of the reasons for not being able to identify parents who could participate. In some cases where the Departmental workers did have contact with birth parents of children in kinship care, they considered it inappropriate to refer them to the researcher because the families were regarded as volatile. Workers stated that some families would have only negative comments about the Department or were extremely angry about Departmental involvement. Permission was given by the Department for the researcher to approach the carers to ask if the parents would like to be involved. However, carers expressed reluctance to ask their daughters/sons or siblings to be involved giving reasons such as lack of contact, parents interstate, parents in prison, the fragility of the kinship carer-parent relationship. In the one instance where the carer facilitated contact with the mother-her daughter in law, and the mother agreed over the phone to be interviewed, she later withdrew this agreement.
Workers

Nine workers were interviewed, including two designated Aboriginal workers and one worker from a non-English speaking background. Two of the workers were male. Workers ranged from very experienced (more than 8 years in the field) to inexperienced (less than 1 year). Workers interviewed ranged from those who were enthusiastic to contribute, appreciating the opportunity to explore what they considered a very complex issue, to others who saw kinship care in more straightforward terms and did not explore the topic in any depth. Two further interviews were cancelled and one other terminated in process, to enable the workers to deal with work crises.

The following focus questions were used in these interviews:

What is your understanding of kinship care?
Have you placed children in kinship care?
If yes. Why did you choose kinship care?
When was kinship care seen as a possible placement option?
Who was involved in the decision making?
Why? Why not?
If no. Are there children in kinship care who you supervise but did not place? If so how do you understand they came to be there?
What do you think are the advantages/disadvantages of kinship care?
Are your responsibilities the same or different in relation to kinship care than in relation to other forms of substitute care placements?
Are there supports/services that you think children in kinship care need that are not being provided?
Did you know that kinship care has increased markedly over recent years as a placement option for children?
Why do you think this has happened?
What do you think the organisation thinks of kinship care?

<table>
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<th>Interviewees by DoCS region</th>
<th>South West Sydney</th>
<th>Hunter</th>
<th>Mid North Coast</th>
<th>Total</th>
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</tr>
<tr>
<td>Workers</td>
<td>3 including 1 CALD</td>
<td>2</td>
<td>4</td>
<td>9</td>
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</table>
Problematic nature of research being over a long period of time when policy research

A number of factors contributed to the length of time it has taken us to carry out this project. We commenced the study in July 1999 with the expectation that it would be completed by the following February. The research required the approval of two institutions – the University of Western Sydney and the NSW Department of Community Services. We were aware from the beginning that there were sensitive ethical issues to which we would need to respond appropriately. However we did not anticipate the extent to which negotiating on these issues would delay commencement of the parts of the project requiring access to data based on statistical and interview data. Final approval including the contract with DoCS was received in September 2000. It was only then possible to commence negotiations with different levels of management within DoCS to arrange interviews and with the DoCS Information and Research Unit for requesting special tables from their database - the Substitute Care Integrated Data Base(IDB). The time delay meant that this project then had to be managed around the other commitments of the researchers, thus drawing out the time frame for this study. While the literature and policy reviews were carried out in the interim, the time gap which occurred between the completion of these stages and the rest of the project has resulted in some disjuncture between the different parts of the project.

Conclusion

In this research, the ‘top down’ perspective on kinship care policy has been sought from a review of policy documents obtained from senior officials and from official data sources. The ‘bottom up’ perspective has been sought from within the New South Wales child protection authorities from interviews with agency workers. We sought also to extend the ‘bottom up’ perspective to interviews with other key stakeholders in the process - those who experience agency policy as service recipients - kinship carers, young people in kinship care and parents of children in kinship care. Our attempts to involve all these stakeholders as participants in this research, acknowledges the importance of giving those most affected by policy but with the least official power to define it, an opportunity to contribute their understanding of this area.
Appendix 2
Review of literature on kinship care

Introduction

A review of literature directly relating to research on kinship care was conducted in 1999 at the commencement of the project to inform other aspects of the research. The review presented here has made only limited use of literature published since 1999. The more recent literature has been used selectively to amplify or extend aspects of the review which were important to this study, and for which we had earlier identified a lack in available literature. For example in the last few years there has been some expansion of the otherwise almost non-existent literature on carers’ perspectives on kinship care.

The majority of the English language literature on kinship care, that we accessed at the time we commenced the research was published in the United States. We found only a limited amount of literature from the United Kingdom, specifically on kinship care. In 1999 Greeff et al. wrote that although some broad child welfare research (e.g. Rowe et al. 1984) had yielded some specific findings on kinship care, they were not aware of any British research that has had kinship care as its prime focus (1999, p39).

One article from Australia (Ainsworth and Maluccio, 1998) and two reports on research from New Zealand (Worrall, 1999; Smith et al. 1999) were identified as the only publications from these countries, focusing specifically on kinship care. The Cashmore and Paxman 1996 study on Wards Leaving Care commissioned by the New South Wales Department of Community Services identified relative foster carers as a form of placement. In 2001 the Community Services Commission conducted an inquiry into the care and circumstances of 15 Aboriginal and Torres Strait Islander children and young people in care (A Question of Safeguards), 6 of whom were in care with relatives.

A small amount of writing from non-English speaking countries was available through an international publication by Greeff et al. (1999).

In 2001, at the conclusion of this current review, kinship care still appears to be under-researched, in relation to the extensiveness of this form of practice. However in the period since 1999 it seems there has been some change in the amount of writing and of research both occurring and documented, in the United States and elsewhere. For example, in the latter stages of this research we became aware of the UK edited publication Kinship Care: the placement choice for children and young people (Broad, 2001), while in Australia the journal developing practice included opinion pieces on Kinship Care (2001).

Defining kinship care

The term ‘kinship care’ is most frequently used in the child welfare literature from the United States to designate out of home care, or placement of children with relatives, with the approval of child welfare agencies (e.g. Dubowitz et al., 1993; Gebel, 1996). Within some of the English literature an argument is made for defining kinship care broadly to include friends or ‘fictive kin’, (that is people unrelated by blood or marriage) in the definition of kinship care (Ince, 2001).
The use of kinship care in child welfare practice

The focus of most of the literature reviewed for this project was on formal kinship care and this is generally the focus of our review, as it is of the larger study. However, in the literature there is frequently a conflation between formal and informal kinship care. This fact, as well as what Harden et al. (1997) refer to as the similarities and interdependencies between the two and their significance for policy developments, make it important to briefly attend to discussion in the literature around informal kinship care.

Informal kinship care.

Dubowitz (1994) a United States researcher suggests informal kinship care can be divided into two placement categories. One occurs with child welfare authority compliance, following agency intervention as a consequence of reports of maltreatment. In these cases, kinship care is instigated by family, as a way of avoiding problems associated with children being placed into non-relative care. The other form of informal kinship care is that arranged within families, separate from any form of child welfare agency intervention. McLean and Thomas (1996) cite the figures of the National Commission on Family Foster Care (1991), which determined that 10% of children on the total AFDC (Aid for Dependent Children) roll were in the homes of kin in the United States.

Harden et al. (1997) draw attention to the fact that the literature on informal kinship care is that of census reports and related publications. They suggest that the dearth of other forms of literature in this area can in part be attributed to the lack of formal government policy here. Within reports on care for children with relatives, policy developments have been related to those with impact on fiscal arrangements, and till recently have been dominated by an emphasis on nuclear family and variations from it, as in the cases of divorced and one parent families (Harden et al. 1997). Another possible reason for the previous lack of attention to kinship care issues, is inherent in the argument that in contemporary times, there has been a denigration in the child welfare context of kinship, ‘accompanied by an elevation in the status of the care that can be offered by stranger’. (Ryburn, 1998, p32).

Historically as some writers note, care by kin, has been practiced in a number of communities (e.g. Wilson and Chipunga, 1996; Testa et al., 1994). In English speaking countries, these have been the more marginalised non-Anglo communities and in this context have had, what Harden et al. (1997) refer to as class and cultural components. An ongoing difference can be shown through historical data in numbers of children living in parent-absent families in African American and white families in the United States (Testa et al., 1996). Kinship care practices outside the English speaking countries were very rarely cited in the literature. However attention has been drawn by Greeff (1999) to the fact that there are long and mostly continuing traditions of kinship care for children, in Poland and other parts of Central and Eastern Europe for example, as well as in some of the majority world countries (Greeff, 1999; Stelmaszuk 1999).

Formal kinship care.

Literature from the United States highlights that kinship care has become an increasingly preferred form of child welfare placement (e.g. Gebel, 1996; Beeman and Boisen,
Understanding Kinship Care

1999), at least in the majority of the states (Gleeson, et. al., 1997). Harden et al. (1997) suggests that ‘the rapid expansion of kinship foster care as a common placement solution’ has occurred at the same time as a growth in foster care more generally. (1997, p2)

There is also evidence of an increase in formal kinship care in some other countries. For example, in the Netherlands formal kinship care is growing as a preferred option in policy and practice (Portengen & van Neut, 1999). In New South Wales it has been determined that:
*Relative and kinship care are the most prevalent care arrangements* (Community Services Commission, 2001, p28).

However the increase is not uniform. In the United Kingdom, the growth in formal kinship care has been only small. Acknowledging the terminology has different meanings and applications in different countries, it is nevertheless relevant that Hunt (2001) has noted for the United Kingdom that the incidence of looked-after children fostered by relatives seems to have scarcely changed since the *Children Act 1989*. In March 1992, the first complete year for which the Act was in force in the UK, 9% of all looked-after children were with relatives, accounting for 15% of all foster children. By March 2000, such placements accounted for only 11% of all children in care and 17% of foster children. (DoH, 1992; DoH 2000 quoted in Hunt, 2001)

In Poland where like some other European countries, there has been a long tradition of informal kinship care, it seems that this form of care may be gaining increasing support at the government level. However at the same time recent developments and in particular, the growth of child welfare professionalism, are supporting more stranger foster care policy developments (Stelmaszuk, 1999).

**Empirical research into kinship care**

For the United States, many writers comment on the surprising lack of empirical research into kinship care, given its widespread use as a form of care. Harden et al.(1997) summarised the situation noting that:
*The extensive placement of children with relatives has created a new, rapidly growing, and poorly understood segment of the child welfare caseload*

**Descriptive research**

The majority of the research on formal kinship care, has tended to be descriptive, focussing on the characteristics of children in kinship care, the characteristics of kinship carers and of birth parents, as well as the outcomes for children in kinship care and models for practice in the area. (Beeman and Boisen, 1999, p316; Scannapieco 1999). This research has generally used surveys, often of a comparative nature, comparing kin and foster carers. Scannapieco identified 12 relevant articles for a systematic review of research on kinship care in families involved with the child welfare system. From this review Scannapieco concluded that although:
*kinship care as a formal child welfare program has become a part of the continuum of social services …many unanswered questions and gaps in our knowledge remain* (1999,153).

The systematic, comprehensive and recent, nature of Scannapieco’s review of this research, makes it a useful resource for this review. It is used here, as the basis for describ-
ing the characteristics of each of the stakeholder groups, as they have been identified in the research.

**Characteristics of Carers**

Scannapieco found in the studies she reviewed (e.g. Benedict et al. 1996) that women are most frequently the kinship carers with maternal grandmothers being the carers more than 50% of the time, and aunts being carers for 33% of the time. Kin carers tend to be older and to have completed less education than non-relative carers. The majority of researchers reviewed by Scannapieco found more single parents amongst relative carers and that while kin carers were more likely than non kinship carers to be employed outside the home, they were likely to have lower levels of income. The health of kin carers was rated low (Berrick et al. 1994; Dubowitz, 1994), lower than that of traditional foster carers (Berrick et al. 1994). Some English research (Rowe, 1984) supports the US research in terms of those doing the caring but found household standards to be similar.

In terms of perceptions of role, kinship carers were rated as feeling more responsible for the children in their care than non-relative carers. This responsibility was in terms of facilitating children’s relationships with their birth family, assisting with social/ emotional development, parenting and partnering with the agency (Gebel, 1996; Le Prohn, 1994).

Research in the United States outside that of the review by Scannapieco has shown that kinship carers outside the public child welfare system are: *strikingly similar to those who have been accepted into it as foster parents (McLean & Thomas, 1996, p501).*

The reasons for placement were the same, the children’s need for medical and therapeutic services and the carers’ financial resources, age and support needs were no different from foster carers within the formal system (McLean & Thomas, 1996; Woodworth, 1996; Dubowitz, et al., 1993).

While it is implicit in much of the literature, Laws (2001) is one of the few researchers to refer to the gender dimension in kinship care. According to Laws that women are likely to be the carers is *generally taken for granted by all concerned* (2001, p126).

This implicit assumption of caring as women’s work ignores the important feature of the financial and social hardships of the women who care for their relatives.

**Characteristics of children**

Scannapieco’s survey indicated that children in kinship care were on average seven or eight years of age, predominantly of African American race (more so than in foster care) and equally male and female (Berrick et al., 1994; Dubowitz et al., 1993; Scannapieco et al., 1996). Assessments of children in kinship care by standardised instruments, indicates that in comparison with children in non-kinship foster care, children in kinship care, were slightly below the norm on a behaviour problem index, but had fewer behavioural or developmental problems.(Berrick et al., 1994; Iglehart 1994; Benedict et al., 1996). In Rowe’s English study behavioural issues with children in kinship care were less than with the non relative placements in the study.
Characteristics of parents

Scannapieco (1999) notes that while most of the twelve studies she reviewed had details about the characteristics of carers and children, only two had details about the parents. In both Scannapieco’s and Benedict et al.’s (1996) studies, it appears that for the word ‘parent’, mother can be read. The characteristics for which significant differences were found between mothers whose children went into kin care and those whose children went into non-kin care included:

- race - mothers with children in kinship care were predominantly African American;
- marital status – mothers with children in kinship care were more likely to be married;
- number of children - mothers with children in kinship care tended to have fewer children than mothers of children in non-relative care.

Scannapieco et al. (1997) and Benedict et al. (1996) found less reportage of health problems but greater reportage of drug use of mothers whose children were placed in kin care.

Characteristics of service delivery and outcomes of kinship care placement

Scannapieco (1999) noted that most of the studies included information about agency service provisions while the children were in kinship care and all that do so identify deficiencies in this area (Berrick et al., 1994; Dubowitz et al. 1993; Gebel, 1996; Iglehart, 1994; Scannapieco et al. 1996; Thornton, 1991). The deficiencies identified included lack of formal training for kinship care givers, lower levels of services and of monitoring of children in kin carer than non-kin carer foster homes.

Scannapieco (1999) notes that it is difficult to reach any conclusion on the strengths and weaknesses of kinship care, as there is only very limited outcome research in this area. An early study by Rowe et al. (1984) found that children were doing better than non relative foster children. A number of studies have found that kinship care placements last longer and have lower reunification rates than traditional foster placements (Berrick et al., 1994; Dubowitz et al 1993, Scannapieco 1996; Iglehart, 1994; Scannapieco et al 1997; Thornton, 1991). The results of the one long term study identified no difference in length of stay, with median length of stay for both groups being twelve years (Benedict et al., 1996).

Research on stakeholder perspectives

Considering the dilemmas posed by kinship care, and the contemporary emphases in child welfare on partnership and participation, an appropriate direction for research would appear to be, the exploration of experiences of kinship care and the processes of decision making around it. What research there is, ranges from survey to more phenomenological research. Some research has focussed on the views of workers (Gleeson et al., 1997; Beeman & Boisen, 1999) and on the support needs of carers (Testa et al., 1996; Smith et al., 1999).

No studies have been identified concerning the experiences of parents. One in depth study of children’s experiences by Altshuler (1999), explored six children’s experiences in kinship care. Two other studies which focussed specifically on children included children in traditional foster care, in their studies with kinship care children (Wilson & Conroy, 1999; Smith et al., 1999). The literature review revealed a lack of attention in the research to exploring within the one study the perspectives of all major stakeholders in the area of kinship care.
Perspectives of Child Welfare Professionals

The studies available where the views of child welfare professionals have been obtained indicate that workers have a general belief that it is better for children to be placed with family members than with non-related foster carers. In a study by Beeman & Boisen (1999) in which they surveyed 261 child welfare professionals in Minnesota, regarding their perceptions of kinship carers, the workers considered that ideas about familial obligations motivated kinship carers. Most of the workers surveyed believed that children were better placed with kin than non-kin and in particular, that these children demonstrated a stronger sense of belonging. About half of the workers surveyed, ‘agreed’ that kinship carers are competent in foster parenting. A study by Gleeson et al. (1997) found more generally that workers felt that the kin carers with whom they worked were doing a good job and that most required no support or little support from the workers.

In contrast the findings of the Cashmore and Paxman (1996) Australian study found that workers were critical of relative care. Workers reported being concerned about the happiness of children placed in situations in which relatives felt obliged to care for them and about a lack of monitoring and assessment.

A significant finding in the Beeman and Boisen study (1999) was that worker attitudes on some of the dimensions on which they were surveyed differed according to their race. There was a very significant racial difference in the response to questions based on the degree of difficulty in supervising kinship carers. For example over 42% of respondents of colour in comparison with 19.3% of Caucasian respondents disagreed that kinship carers are more difficult to supervise. There were some other differences between Caucasian workers and workers of colour on some other questions - in particular on what kind of payment kin carers should receive. The differences identified in this study, according to race of worker, should provide a caution to researchers in this field, to understand it as an area where the possibility of different perceptions and experiences according to race should be taken into account.

In examining the workers’ perceptions of the roles and responsibilities of kinship versus non-kin foster parents, Beeman and Boisen (1999, p325) found that workers believed that kin carers had a greater responsibility for all aspects of child rearing. The most significant differences in perceptions of kin and non-kin responsibilities concerned facilitation of contact between children and their birth families. Workers believed kinship carers had a much greater role in arranging visits, keeping birth parents informed about the child and assisting children to deal with their relationships with their birth families.

Children’s perspectives

The need to seek the views of children in out-of-home care is increasingly being recognised (Dubowitz, 1994; Gleeson et al., 1997; Altshuler, 1999; Smith et al., 1999). The research exploring children’s experiences of kinship care has focussed on children’s feelings of being cared for and their involvement in decision making about their care arrangements. The one identified study, examining specifically children’s reports of their experiences in kinship care, (Altshuler 1999) explored the successful aspects of formal kinship care in an in-depth study of the perspectives of six African-American
children. Important to the children was the security of being loved and cared for and the ‘many acts of kindness’ they experienced. These kind acts enabled the children to take control of their lives and to ‘create their own futures’ (1999, p227).

In two longitudinal studies of out-of-home care (including kinship care), children were interviewed (Wilson and Conroy 1999; Cashmore and Paxman 1996). These studies neither of which specifically targeted children in kinship care asked different questions of the young people. They highlight somewhat contradictory findings of children’s experiences. In the Wilson and Conroy study the children in kinship care were found to be more likely to ‘always’ feel loved than their peers living with non-relatives in family foster care or their peers in group care (Wilson and Conroy, 1999, p61). In the Cashmore and Paxman study (1996, p40) while some young people reported being happy in the care of relatives, more generally, young people rated relative care more negatively than other forms of foster care in terms of bad experiences with their relatives. In particular they reported problems with older (grandparent) relatives who imposed what were described as ‘unreasonable rules’ and with aunts and uncles who made ‘derogatory comments’ about parents.

The issue of children’s understanding of why they are in care emerges as significant in much research where children are placed out of home and has been found to be relevant when children in kinship care are interviewed. In studies where children had a say in the placement, whether kin or non-kin, the children experienced the placement more positively (Altshuler, 1999; Smith et al., 1999). It was found that generally children lacked understanding of why they were in care and had little involvement in decision making (Wilson & Conroy, 1999; Smith et al., 1999).

**Carers’ Perspectives**

Three studies were identified which focussed on the stories of carers. The earliest study was by Worrall (1999) in New Zealand, who sought the experiences of five pakeha* kin carer families. In the second study Tapsfield (2001) reported on the experiences of carers who had contacted the UK Family Rights Group Advice Line. In the third study Laws (2001) researched the perspectives of some carers in a particular area of London social services.

In the study by Worrall (1999), she identified the stresses for carers as being - very challenging behaviour of the children, division in the extended family around the role carers had played in alerting authorities to the previous dangerous situations of the children and relationship problems with the biological parents. The Laws report also highlighted the often complicated and problematic nature of relationships between carer, child and birth parent.

Additional stressors were in the lack of tolerance amongst neighbours and friends, for the behaviour of the children, the lack of integration of these children into the community, little government financial assistance and the stress placed on family dynamics and on living conditions (Worrall, 1999). In both the Laws (2001) and the Tapsfield (2001) studies carers identified as major issues, their needs for and a lack of, financial and other support from the government. In all studies carers stated that they had all called

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* New Zealand citizens of European extraction
for help many times and not received it. The lack of family assessments and full information prior to placement was an issue raised by carers in the Laws (2001) and Worrall (1999) studies. The carers reported on in the Laws study (2001), discussed feeling judged by social workers and had not found that helpful.

Most of the children in Worrall’s study had moved around the extended family (Worrall, 1999). It appeared that in some situations, authorities may not have known of the breakdowns until there was no alternative but placement outside the family. In Tapsfield’s (2001) report on calls made by carers to the Family Rights Group, he also noted the carers’ frequent confusion about how the local authorities make decisions about care of their relative children and how they can influence the process.

An Australian review of fifteen Aboriginal children in care included interviews with relative carers (Community Services Commission, 2001). The review found the support and monitoring provided to the placements to be inadequate, even though three carers felt the level of support they received was appropriate. Their views were influenced by their expectations and their awareness of the resource limitations and demands on workers. None had been offered respite care and none had received active casework support (2001 pp29 - 32).

**Reasons for the increase in kinship placement**

A number of reasons are given in the literature for the marked increase in the numbers of children in kinship care, where this has occurred. At the surface level the increase is attributed to greater numbers of substantiated reports of neglect and abuse and of children requiring out of home care. This has been related to social factors such as parental drug use and poverty (Dubowitz et al., 1993; Harden et al., 1997).

Although little has been written about kinship care in Australia a study of decision making in the NSW Children’s Court by McConnell et al. (2000) supported the United States literature. They found that placement in kinship care was most strongly associated with suspected parental Drug and Alcohol (D&A) use. Children of parents with suspected D&A use were subject to a disproportionate number of placements with extended family members, as were children on parents with psychiatric disability and suspected D&A use. (2000, p49)

Explanations at a more structural level include legal, anti-racist/anti oppressive, economic, demographic and ideological. These reasons often appear interrelated, in that legal action on kinship care may follow advocacy by indigenous populations, to have their communities’ forms of extended caring relationships recognised and the actual mandating of this form of care as a favoured option, may influence decisions made favouring kinship care for economic reasons.

Legislation has been given as a key reason for emphasis on kinship care. In the United States, Federal lawmandated that children be cared for out of home in least restrictive settings Dubowitz (1994). New Zealand mandated placement with kin as first choice for children in need of care and protection in 1989. In UK, the *Children Act 1989* (s.23 [6]) gives support to placement with kin (Broad, 2001). Australian legislation also supportive of kin placement is detailed elsewhere in this report.
From the discussion around reasons for kinship care in the United States, it becomes clear that at the State level, a number of individual case law decisions have worked to promote kinship care as a formal care option. Most quoted is the decision of the first of these cases, Miller v. Youakim in the US Supreme Court in 1979, which determined that kin could not be excluded from the definition of foster care and could be eligible for foster care benefits. (eg Berrick et al., 1994; Gleeson, 1996).

Implicit in some relevant legislative changes is the development of anti-racist policy. This policy change has followed pressures from indigenous and Black communities around the World, to reform policies referred to by Greeff (1999) as characterised by a ‘trade in children’. In the implementation of these policies economically disadvantaged communities have lost their children to more privileged communities. The development of kinship policy as a response to advocacy by minority communities, applies to policies affecting African American children in the US, traveller children in Ireland and Maori children in New Zealand (Williams, 1999; Pemberton, 1999; Worrall, 1999).

Ideological explanations are given in terms of a shift in values by policymakers, practitioners and researchers to a greater emphasis on family care for all children. (eg Gleeson, 1996; Ingram, 1996). This shift in values has been related to a shift from the traditional philosophy of child saving and child rescue (with attendant notions of parent blame) to one of family preservation and reconciliation. (Gleeson, 1996; Ingram, 1996; Mills & Usher, 1996; McFadden 1998). Greeff (1999) has questioned the extent to which the focus on kinship care is associated with values reinforcing the oppression of women through family based care.

Associated with this ideological shift are psychological explanations for promoting kin care. These psychological explanations are based on the argument that placing a child with kin may lessen the traumatic psychic impact believed to frequently accompany children’s loss of parents and immediate family. It is argued that placement with kin is valuable because it provides the child with a familiar environment and known carers. Such arguments stress the importance for children of continuity, enabling existing trust relationships to be built on and increasing chances of maintaining links with parents, culture and therefore identity (Hornby et al, 1996; Ingram, 1996; McFadden et al, 1998; Greeff, 1999; Shlonsky and Berrick, 2001).

The psychological explanations are supported by some findings of outcome research identifying negative outcomes for non-relative care and positive outcomes of kin care. For example, Rowe et al. concluded from their study that children fostered by relatives seemed to be doing better in virtually all respects than those fostered by others (Rowe et al., 1984, p175).

Worrall (1999) suggests economic reasons for the current focus on kinship care in New Zealand, associating the emphasis on such care with the downsizing of welfare provisions, and more general cutbacks in the welfare state (Worrall, 1999). Gleeson (1996) identifies how kinship care (when not funded at the same rate as non relative foster care) has provided those public welfare agencies in the United States, struggling to reduce their out of home care costs, by reducing their caseloads, with a way to achieve budget reductions.

Demographic explanations are given by writers who refer to the growth, in the United States in the nineteen nineties, of children entering out of home care, at the same time as
a decrease was occurring in the availability of potential non-relative foster carers. This phenomenon is associated with changes in work and social patterns within the community (Worrall, 1999; Gleeson et al, 1997; McFadden, 1998; Bath, 1997; Wilson and Chipunga, 1996; Greeff et al., 1999).

Decision making in kinship care

There is very little literature on the process of decision making in kinship care. The one article identified as focusing on this area was that by Beeman et al (2000) which cites one other known study, by Iglehart (1994). The results of the two studies were similar as to the factors which are relevant in decision making about kinship foster care, as against non-kinship foster care.

Iglehart (1994) found that the factors associated with placement with relatives as against non relative foster care were younger age of children at time of placement, absence of mental health problems and few or no prior placements. Additionally Afro-American adolescents were more likely to be placed in kinship foster care than Caucasian adolescents. The analysis by Beeman et al. (2000) found factors significant in this decision making were the child’s age, race, reason for placement and the existence of disability. An English study (Waterhouse and Brocklesby, 1999) has shown that for a sample across some English authorities, kinship placements were considered an option in only a small number of cases when considering placement. It was argued that the crisis-led nature of decision making at the time of placement does not appear conducive to the type of assessment that has to be made before such a placement can occur.

In their 2001 report A Question of Safeguards the Community Services Commission argued that worker preconceptions and historical circumstances have lead to a ‘hands off’ approach in placing Aboriginal children and young people in NSW, where kinship care is seen as a solution in itself. They state that: Where children and young people were placed with extended family, either by the Department or by Aboriginal Children’s Services, carers and workers indicated to the Commission that placements had often occurred with minimal assessment and transition planning, even in instances where there was no prior relationship between the child or young person and the carer. (2000, pp16-17)

In Gleeson et al.’s (1997) study on permanency, only 21% of mothers and 5% of fathers had any input in to the service plans developed for their children. Nixon (2001) argues that family group conferencing, is the form of decision making most appropriate to kinship care and emphasises the importance of involving families, communities and kin as participants in decision making at all levels of the policy process around the care of children.

Policy debates around kinship care

The ambivalence and uncertainty which Greeff (1999) notes as characteristic of policies around kinship care, can be related to the dilemmas which formal kinship care poses for child welfare policy and practice.

These dilemmas are most explicitly articulated by Harden et al., (1997) in their report to the US Department of Health and Human Services. They found that:
states are grappling with fundamental issues about their role and responsibility for dealing with the needs and rights of children and families (1997, p1).

Foremost among the fundamental issues with which kinship care requires the state to grapple is the way in which kinship care as formal child welfare care, challenges assumptions about family and the boundaries between the public and the private, on which state child welfare interventions have been premised. These assumptions are challenged around three associated issues. The first as discussed in the literature, is concerned with the legal status of children in kinship care. The second issue concerns questions of the state’s role in provision of financial support for children, and is often closely connected with discussions about the state’s supervisory responsibilities for children in kinship care.

McLean and Thomas (1996) in discussing the way children in kinship care may be considered in legal limbo and the need for applying permanency planning standards to kin care, suggest that this state of limbo is a result of viewing kinship care through the narrow lens of the formal family foster care system (1996, p498). The emphasis on applying permanency planning standards to kinship care, can be argued to assume a narrow definition of the family. Ryburn (1998) has noted how the emphasis of the permanency movement has meant that child welfare services have pitted the archetype of a potentially traditionally-structured(nuclear) family . . . against the placement potential of the child’s wider network (1998 p29).

The nature of the family underlying kinship care as a child welfare placement option, is closely linked to the role the state should play in financial support of kinship carers. A ‘widespread concern’ is identified by Harden et al that discussions about state support for kinship care: may become inextricably involved in the national discussion of poverty and welfare reform (1997; p1).

Testa et al (1996) note that the basis on which society decides that the response to the financial needs of relatives caring for children should be: absorbed privately within kinship networks, publicly supplemented through AFDC, or subsumed by the formal foster care system, 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 an informal care. (1996, p456)

Ingram (1996) refers to the way in which values in the United States around individual and family self sufficiency have influenced a reluctance to provide financial support of relative caregivers and a preference to provide such support to strangers who care for abused and neglected children. Traditionally the provision of financial support to families caring for children has been linked in child welfare systems with supervision by the state of the caring role.

In discussions of findings of a two year national study examining kinship care outcomes for children and the functioning of child welfare systems, Hornby et al. (1996) noted that: The ultimate question posed [was], What role should the state play in the support and supervision of relatives as caregivers? (1996, p410)

Hornby et al. (1996) described support as financial and services with the goal being to assure the economic, social, and emotional well-being of the child, primarily, and the relatives, secondarily, as it relates to their ongoing ability to care for the child. (p410)
In their study supervision was defined as ‘oversight and monitoring’ of both child and caregiver to ensure the child’s safety (p410). They argued that in the case of kinship care the association between support and supervision should be considerably lessened, as even if the child’s relative needed more money than a standard AFDC welfare payment in order to care for a related child, there is not a necessary implication that the relative should also be supervised in the provision of care. They considered there has been an inappropriate confounding of the two questions of financial support and state supervision in situations of kinship care.

A major aspect of the confounding of the two questions has been the concept of potential further abuse to children. Implicit in some of the discussions in the literature, this concept is dealt with explicitly by Foulds, (1999), Ingram et al. (1996) and Hornby et al. (1996). Foulds (1999) argues that in efforts to keep families together the importance of risk factors can be inappropriately diminished. The dynamics of abusive families can contribute to children expressing preference for remaining in situations that damage them. In contrast Ingram et al. (1996) refer to the way in which the concept of an intergenerational cycle of abuse has in the past contributed to hesitancy on the part of child welfare agencies, to use kin as carers for maltreated children.

Hornby et al move the debate on when they argue there is a need to develop policies which are clear about what requires a protective stance towards a relative caregiver and that such decisions should not be biased by the actions of the child’s parents (1996, p415).

Considering the debates around the role of the state in kinship care, it is understandable that researchers including Hornby et al., have found that a key decision area in individual instances of kinship care is not, whether to remove a child to placement outside his or her home but rather whether the placement would be considered to be inside or outside the system (1996, p401).

Conclusions

Kinship care as a formal out of home care provision remains an under-researched area in comparison to the apparent extensiveness of this form of child care practice. There are questions about how extensive this form of care is outside the United States.

Commentators and practitioners most frequently define kinship care as a form of child welfare placement or out of home care of children with relatives. Sometimes this definition is extended to include 'fictive kin'. The literature suggests a close association between formal and informal kinship care.

Available research evidence suggests that significant characteristics of kinship care are:
- Gender, in that kinship carers are most frequently women, grandmothers or aunts, with low income and poor health.
- Race, in that from the United States research, it is evident that children in kinship care are predominantly African Americans, as are their mothers. Further, workers’ attitudes to kinship care have been found to differ according to the race of workers.
- Similarities between kinship care and foster care, in terms of reasons for placement and carers and children’s needs for resources.
- Negligible research attention to the experiences of biological parents and only a very limited number of studies of the experiences of children.
Responsibility of kinship carers is considered to be greater than foster carers, by carers and by workers - in particular in relation to facilitating child biological parent contact and relationships.
Carers have considerable need for, but lack financial and other support from, governments.
Children may feel loved in this form of care, or they may have bad experiences of this form of care.

Different and often inter-related reasons are proposed for the growing emphasis and increased use of kinship care. These are:
- Indigenous and minority communities preference and advocacy for kinship care.
- Legislative support for kinship care as a form of out of home care.
- An ideological shift within child welfare to a belief in the value of family/kin based care for children in need of care.
- Psychological propositions suggesting that placing a child with kin may lessen the traumatic impact accompanying a child's loss of parents and immediate family, by increasing the chance of children maintaining links with their birth culture and therefore their identity.
- Economic-rationalist explanations that point to the reduced cost to child welfare authorities of under-funded and minimally supervised kinship care arrangements.
- Demographic explanations that point to the difficulty of child welfare agencies recruiting sufficient numbers of non-relative foster carers in certain areas.

Policy and practice deficiencies identified in the literature include:
- A lack of involvement of children and parents in decision making concerning placement
- A lack of formal training for kin care givers
- Low levels of services and support for children and their care givers in kin care
- Lack of policy and guidelines for when assessment, monitoring, supervision and other state interventions are required.

There is ambivalence and uncertainty reflected in the literature around dilemmas associated with the role of the state in kinship care. Elements of this debate inform, and challenge the constructions and parameters of child welfare policy and practice, particularly in relation to decision making in out of home care. Specific themes emerging within this debate include:
- Assumptions about families that have underpinned the boundaries between public and private which have in turn, underpinned child welfare interventions
- The role the state should play in relation to kinship carers in terms of support (e.g. financial assistance) and supervision (around safety of children)

Much of the debate and ambiguity in this area centres around the way kinship care straddles the boundaries which mark off being in or outside the child welfare system.
Appendix 3
Statistical Data on Kinship Care

Introduction

In recent years a number of studies have documented the increasing use of kinship care using statistical data produced by the relevant Australian State and Territory child welfare agencies.

In 1998, ACWA analysed data published by the NSW Department of Community Services (1997) and found that kinship care had risen from 14% of placements in 1991/92 to 24% of placements in 1995/96 (ACWA, 1998). Kinship care was defined as care with parents, relatives and others such as neighbours or friends and the data covered all activities in the financial years 1991/92 to 1995/96.

More recent data from the Australian Institute of Health and Welfare (AIHW) has also documented increases in kinship care, particularly in NSW. Data on out of home care has been collected by the AIHW each year since 1996 from the relevant child welfare agency in each State and Territory using standard definitions and counting rules agreed to by each jurisdiction and the AIHW (AIHW, 1997). For the first time in recent years this has provided data which allows comparisons between States and Territories and the production of national figures. The data specifically relating to kinship care for the whole of Australia is only available from 1998 as Queensland did not provide data on kinship care in 1996 and 1997.

The AIHW figures show that at June 30 2001, 38% of the 18,241 children in care in Australia were in kinship care placements (AIHW, 2002). This is an increase of 7% in the proportion in kinship care from June 30 1998 (AIHW, 1999a). Relative/kinship care was defined as care “where the caregiver is a family member or a person with a pre-existing relationship to the child” (AIHW, 2002, p38) and excludes children living with parents.

The figures for NSW are much higher than both the national figures and the figures for each other State and Territory. In NSW 55% of the 7,786 children in care were in kinship placements at June 30 2001. This is an increase of 10% in the proportion in kinship care from 1998. South Australia stands as a marked contrast to NSW with only 13% of its 1,715 children in care in kinship care placements. For the other States and Territories, the figures range from 23% in the Northern Territory to 38% in Tasmania (AIHW, 2002).

The percentage of children in kinship care rose in all States and Territories between 1998 and 2001, except Tasmania (where it remained constant) and the Northern Territory (where it fell slightly).

According to the AIHW figures, NSW is also the only State where there are more children in kinship care than foster care/community care placements (ie placements with a general authorised caregiver who is reimbursed by the State/Territory and supported by an approved agency (AIHW, 1997). Only 36% of NSW children were in foster care/community care at June 30 2001. In comparison, foster care/community care was used for more than twice the number of children as kinship care in every other State and...
Territory except Western Australia (where it was just under twice) and Tasmania (where there were equal numbers of children in foster care/community care and kinship care). South Australia again provides the starkest contrast to NSW, with 83% of the children in care in foster care/community care placements.

As noted above, this data was also collected by the AIHW in the two years prior to 1998 for all jurisdictions except Queensland. Data for 1996 and 1997 for NSW shows the proportion of children in kinship care at June 30 rose from 39% in 1996 to 43% in 1997 (AIHW, 1997, 1998). This shows a total rise of 16% between 1996 and 2001 for NSW.

Despite the fact that these two studies by ACWA and the AIHW use slightly different definitions of kinship care and draw on different kinds of data (activities for a full year compared with snapshots of the number of children at June 30 of each year), both have identified a dramatic rise in the use of kinship care as an out of home placement option in NSW.

When the present study began in 1999, data for only two years was available from the AIHW and no further detailed data had been published by the NSW Department of Community Services. While the statistical data available at that time provided evidence of the increasing use of kinship care in NSW, it did not provide detailed information on the kinds of placements for which it was used and the characteristics of the children in kinship care placements.

**Aim**

The aim of this part of the study was therefore to examine in relation to the State of NSW:
- the extent of formal kinship care
- the characteristics of placements for which kinship care is used
- the characteristics of children in kinship care placements
- changes in the use of kinship care placements in the time following that for which data was available in 1999.

In this part of the study, kinship care placements include care by family members (excluding parents) and non-family members known to the child prior to placement.

**Statistical data sources on out of home care**

Three potential sources of statistical data on kinship care in NSW were identified at the commencement this project:
3. NSW Department of Community Services data from client information systems.

There are a number of difficulties in using such data. The following issues were considered when evaluating the available data:
1) Definitional problems
   a) Whether definitions used in the data collection match our preferred definitions for
this particular study (i.e. whether we define kinship care in the same ways as the data
collection organisations).
b) Whether the definitions within each data collection are consistent over time (i.e.
whether the organisation changed the categories relevant to our study over time).
c) Whether the definitions across the different data collections are consistent with
each other and therefore allow for comparison.

2) Level of detail (i.e. whether the level of detail available is sufficient for the purpose of
the study)

3) Data integrity (i.e. whether the quality of the data is high)
   a) Is the data collection complete?
   b) Have the definitions been adhered to by the people recording the data?
   c) Has the method of storage of data maintained the integrity of the data?

4) Accessibility of data (i.e. whether the data required for the study will be made avail-
able to the researchers).

As Bath (1994,1997) notes, such issues have been a source of concern in attempts to
access data on children in care in Australia for some time. Our experience in attempting
to access data for this study confirms this is still the case.

1. Australian Institute of Health and Welfare Data

The AIHW’s national data collection on ‘Children in out of home care’ covers:
out-of-home overnight care for children aged 0-17 years, where the State makes a financial
payment. This includes placements with relatives, other than parents, where the State makes a
financial payment. It does not include placements made in disability services, psychiatric
services and juvenile justice facilities, or in overnight child care services (AIHW, 1999b, p6)

The data collection covers both legal and voluntary placements and excludes children in
Supported Accommodation Assistance Program (SAAP) placements.

The definition of relative/kinship care used by the AIHW is in agreement with that
used for this study.

While the AIHW Child Protection data provides very useful information on the overall
numbers of children in kinship care in each State, it does not provide sufficient detail on
either the characteristics of these children or their placements to meet the aims of this study.

At the time this study began, we had also hoped to examine differences between differ-
ent geographical regions of NSW, comparing urban and rural regions and regions
which varied on other characteristics. The AIHW data only provides data for the whole
of State.

2. Australian Bureau of Statistics Census data

The Australian Census of Population and Housing is conducted every 5 years. At the
time this study commenced in 1999, the 1996 Census was the most recent. It was origi-
nally envisaged that data from the 1996 Census might provide information covering
both formal and informal placements to complement data from other sources.
However there are problems in using census data:
1) The Census does not record information on formal out of home placements, except for foster care.
2) The Census classification covering “relationship in the household” (the only relevant variable) uses different categories for children under 15 from those used for others. The Census data is therefore not comparable with DoCS and AIHW data, both of which cover 0-17 year olds.
3) The “relationship in household” variable identifies the relationship of each person in the household to the person who has identified as Person 1 on the Census form (the householder or any adult household member) or Person 2 (spouse or partner of Person 1, or any other household member). The information collected therefore depends on who has identified as “Person 1” and /or “Person 2”. The relevant categories are:
   i) natural or adopted child under 15,
   ii) step-child under 15
   iii) foster child under 15
   iv) otherwise related child under 15
   v) unrelated child under 15 (ABS, 1996)

None of these categories clearly identifies a child as being in either formal or informal kinship care. For example, an “unrelated child” in a household with multiple unrelated families would be indistinguishable from a child living in kinship care with a neighbour. An “otherwise related child” who is the grandchild of Person 1 and /or Person 2 may or may not also have a parent living in the same household and therefore may or may not be living in kinship care.

4) The census is a self-completion data collection instrument, so misclassifications (according to our particular criteria) are a possibility. For example, the term “foster care” may be used for children who in our study would be defined as being in “kinship care”.

3. NSW Department of Community Services out of home care data

The NSW Department of Community Services (DoCS) client data relevant for our purpose covers children 0-17 years (consistent with the AIHW data).

The placement type categories recorded by DoCS allow the identification of children placed with family members (excluding parents) and with “unrelated family”. This conforms to the definition used in this study. DoCS also record information on a range of characteristics of both placements and children of relevance to this study.

While DoCS annual reports provide information on children in care, detailed data on children in kinship care is not routinely published. A special request for the data required for this study was submitted to DoCS.
Data provided by Department of Community Services

Nature of the data provided

The NSW Department of Community Services provided data on the number of children in care at June 30 in 1997, 1998, 1999 and 2000. This data therefore provides a snapshot of the number of children in care at particular points in time (comparable to the data published by the AIHW). References made to calendar years in the following sections therefore refer to data at June 30 of each year rather than data for the whole year. It is important to note that this data does not provide information on entries to or exits from the system, or data on the number of activities during this time period.

DoCS placement type categories were grouped as follows for our study:

<table>
<thead>
<tr>
<th>Kinship care</th>
<th>Foster care</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>• With other family member (i.e. not a parent)</td>
<td>• Foster care</td>
<td>• Parents</td>
</tr>
<tr>
<td>• Aboriginal kinship (a new category from August 1998)</td>
<td></td>
<td>• Independent</td>
</tr>
<tr>
<td>• Nonrelated family/ unrelated person</td>
<td></td>
<td>• Supported accommodation</td>
</tr>
</tbody>
</table>

Initially we requested data broken down by DoCS regions, however changes to DoCS policy about the release of small area data at the time of our request meant that this data was not available. All data provided therefore relates to the whole of NSW. Data for 2001 was not available at the time the data was requested and provided.

The data was produced by the DoCS Information and Research unit from their Substitute Care Integrated Database (IDB). The database consists of information from the Department’s Client Information System (recording information on clients) and the Alternate Care Information System (which records information from nongovernment organisations involved in the Substitute Care Program). The data covers children aged 0-17 years and excludes records for payment purposes only.

During the period in which this data was collected, a number of data fields were redefined by DoCS. This makes comparisons over time difficult for some data. These are described in the relevant sections below.

Because DoCS placed constraints on publishing the original data tables provided to us for this research, these tables were not able to be included in this report.

Data quality issues

There are always questions about the quality of administrative data collections. In a recent report on critical issues in DoCS, the NSW Ombudsman (2002) identified some
concerns about poor record keeping practices in DoCS, including concerns with the Client Information System database (CIS) on which the data provided for this study is based.

Given these concerns about the CIS, we cannot assume the data provided to us contains no errors or omissions. Despite this, it does provide some picture of kinship care in NSW. We therefore assume the data provides pointers to, rather than definitive statements about, the actual numbers of children in particular categories or circumstances. The following analysis should therefore be read in this light.

**Analysis of data**

**Overview**

1) According to the data provided, there were 8,517 children in care in NSW at June 30 2000. This represents an increase in the overall number of children in care of 2,602 children, a rise of 44% in three years.

2) The trend of increasing use of kinship care has clearly continued in NSW. In 2000, kinship care accounted for 51% of the children in placements compared with only 40% in 1997.

3) During this time, the number of children in kinship care placements rose dramatically while the number in foster care rose only slightly.
   a) Numbers in kinship care rose by 83% from 2,375 in 1997 (just under the number in foster care that year) to 4,347 in 2000.
   b) Numbers in foster care rose only slightly (by 7%), from 2,508 in 1997 to 2,676 in 2000.
   c) Numbers in the remaining placement types (as a group) rose from 1,032 in 1997 to 1,494 in 2000 (an increase of 45%).

**Characteristics of the children’s placements**

**Reason for entering care**

*All children in care*

1) At June 30 2000, almost half the children were in care because they were classified as at risk (28%) or because of child neglect (20%). The next highest groups were children where actual harm or injury was identified (11%) and children whose carer was unwilling to care (8%).

2) This pattern was similar for 1999, however there were marked differences between 1998 and 1999 in relation to the top three reasons for entering care. During that one year period, there was a dramatic increase in the number of children whose reason for care was “child neglect”, rising from 209 in 1998 to 1,597 in 1999. These children represented 3% of those in care in 1998 rising to 21% of those in care in 1999. This increase was associated with a decrease in the percentage of children in the “child at risk” and “actual harm/injury” categories over the same period. The percentage of children in the other categories remained relatively constant.

Based on the information available, it is not possible to give a clear explanation for this dramatic rise. It may be due to changes in definitions or procedures for recording
this data across this time period. Other changes to definitions and data recording did occur during this period. It may represent changed policies of intervention or changes in issues associated with parental capacity to care for children, or some combination of any or all of these factors. It is also possible that the dramatic rise in child neglect figures reflects a data quality issue. Within the time and resource constraints of this study, it was not possible to investigate further.

**Children in kinship care**

3) In 2000, kinship care accounted for at least 40% of children in all “reason for entering care” categories, excluding “significant family breakdown” (30%) and “prospective adoption” (5%). Kinship care was by far the most likely type of placement for “death of carer” (81% of such placements were in kinship care).

4) Between 1997 and 2000, kinship care was increasingly used for all reasons for care (except for the category “detached or noncitizen child” which has only 10 children). For some categories of “reason for entering care”, the increases were quite dramatic while for others the changes represented a smaller but clearly evident shift.

5) By 2000, kinship care was used more than foster care for children with all reasons for entering care except for those where the carer was unable to care without periodic parenting relief and for prospective adoptions. For those children whose carer was unable to care due to illness, the numbers in foster care and kinship care were almost equal. The use of kinship care for the four highest reasons for entering care is examined below.

6) For children entering care because of child neglect, the increasing use of kinship care is most marked. In 1997, the proportion of children in kinship care (27%) was less than half of those in foster care (60%). By 2000, the situation had almost completely reversed, with 56% of these children in kinship care and only 33% in foster care.

7) For children classified as “at risk” the increasing use of kinship care is also marked. In 1997 the percentage of “at risk” children in kinship care placements (47%) was only slightly higher than those in foster care (43%). By June 30 2000, the proportion of children in kinship care (58%) was more than double those in foster care (27%).

8) The changes for children whose reason for entering care was “actual harm or injury” are less marked, but still show an increase in the use of kinship care and decrease in the use of foster care. In 1997, kinship care was used for 43% of children, with foster care used for 38% of children. In 2000, kinship care accounted for 48% of the children compared with only 31% in foster care.

9) For the fourth highest category “carer unwillingly to care”, the shift between kinship care and foster care is also quite marked. In 1997, 46% of children in this category were in kinship placements compared with 37% in foster care. By 2000, kinship care was used for more double the number of children (57%) compared with foster care (28%).

10) Kinship care was also used much more frequently than foster care for one of the smaller categories, “death of carer”, rising from 74% of children in this category in 1997 to 81% in 2000.

**Legal status of current placement**

**All children in care**

1) At June 30 2000, “ward” was the most common legal status (40% of children in care). This was followed by “custody of a relative” (19%), “temporary/voluntary” (14%), “removed without consent” (9%), “court adjournment” (6%) and “no order” (5%). There has been little change in the order of these since 1997.
**Children in kinship care**

2) In 2000, kinship care was more prevalent for some types of legal status than others.

3) Not surprisingly children in kinship care make up almost all (89%) of those whose legal status was “custody of a relative” and over two thirds (68%) of “custody of a nonrelative”. Almost all children (93%) with “no order” are in kinship care placements.

4) Kinship care is less likely for wards, with only 33% of these children in kinship care.

5) For most other legal status categories, around half the children are in kinship care (between 52% and 43% of the children in each category). The exceptions are the categories “protected person” and “adopted”, and several smaller categories (which each contain fewer than 22 children).

6) Between June 30 1997 and June 30 2000, the proportion of children in kinship care rose in almost all categories of legal status. The greatest increase is for those children whose legal status was “ward” (up by 14%), “temporary / voluntary “ and “custody agency” (both up 12%), “court adjournment” (up 10%) and “removed without consent” (up 9%). Those categories for which kinship care represented an already high proportion of children rose little (“no order” up 4% and “custody of a relative” up 1%).

7) At June 30 2000, kinship care was the most likely placement option for all categories of legal status except “ward” and three categories with relatively small numbers of children (“ex ward or ex protected person”, “protected person” and “adopted”).

**Length of time in the current placement**

This data provides the length of time in the current placement at June 30 of each year, not the total length of the placement.

**All children in care**

1) At June 30 2000, children in care were more likely to have been in their current placement for a longer time (over 2 years) than a shorter time. 39% of the 8,517 children in care had been in their current placement for more than 2 years. Only 9% had been in their current placement for 6 weeks or less. The categories in between these two extremes contained relatively equal proportions of children. From shortest to longest in length, these were: over 6 weeks to less than 6 months (17%), 6 months to 1 year (15%) and over 1 year to 2 years (19%).

2) This pattern was fairly consistent from 1997 to 2000.

**Children in kinship care**

3) At June 30 2000, kinship care accounted for 50% or more of the children in each of the current placement length categories except the shortest one (0-6 weeks), where it represents 42% of the children in care.

4) Kinship care is highest in two of the medium length categories, over 1 year to 2 years (57% of all children in care) and 6 months to 1 year (54%).

5) Kinship care was more prevalent than foster care for each of the placement lengths in 2000.

6) Since 1997, kinship care has accounted for an increasing proportion of children across all lengths of current placement. In 1997, foster care was more prevalent than kinship care in just two categories, the shortest (0-6 weeks) and the longest (over 2 years). By 2000, the percentages for kinship care and foster care were almost completely reversed for these two groups. For the categories in between, kinship care accounted for more children than foster care for each of the years for which data was provided.
Characteristics of the children in care

Indigenous status

During 1998/99 DoCS introduced a new method of 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.

All children in care

1) At June 30 2000, 25% of children in care were identified as Indigenous and 75% as non-Indigenous. This represents a slight shift from 1997 when only 22% of children in care were identified as Indigenous. This may relate to the definitional changes described above.

Children in kinship care

2) Indigenous children in care were more likely than non-Indigenous children in care to be in kinship placements for all years from 1997 to 2000. At June 30 2000, 68% of Indigenous children in care were in kinship care (an increase in the proportion of Indigenous children in care in kinship care of 10% from 1997) compared with only 45% of non-Indigenous children (also an increase of 10% from 1997).

3) For Indigenous children, the increase in the number in care between June 30 1997 and June 30 2000 is largely accounted for by an increase in kinship care placements. In the same period, the number in foster care placements remained largely unchanged, while the number in “other” placements rose only slightly.

4) Kinship care has been the most prevalent placement option for Indigenous children in all years from 1997 to 2000. For non-Indigenous children, kinship care has only been the most prevalent placement option since 1998. Prior to this, kinship care equalled foster care in 1998 and was less prevalent than foster care in 1997 for non-Indigenous children.

5) Despite the greater likelihood of the use of kinship care for Indigenous children, it is important to note that in terms of numbers of children there were twice as many non-Indigenous children (2,890) in kinship care in 2000 than Indigenous children (1,457). This pattern has remained relatively constant since 1997.

Language spoken at home

It is not possible to say a great deal about the child’s language/ethnic background for the following reasons:

- The information recorded on the child’s language/ethnic background changed during 1998/1999. Prior to this time, “language background”, reflecting a judgement about culture, was recorded. Since 1998/1999, “language spoken at home”, using Australian Bureau of Statistics categories, has been recorded. Because of this change, it is only possible to compare data from 1999 and 2000.
- Data on language background was not recorded for a large proportion of children in both 1999 and 2000.

Because of these issues, care must also be taken in interpreting this data.

The terminology ‘English speaking background (ESB)’ and ‘nonEnglish speaking background (NESB)’ has been retained as this reflects the original DoCS category titles provided.
All children in care
1) At June 30 2000, 3% of children were classified as speaking a language other than English at home and 68% as speaking English only. No data was recorded for 30% of children.
2) In the previous year, no data was recorded for 42% of children. The percentage of nonEnglish speaking background (NESB) children was constant at 3%, while the percentage of English speaking background (ESB) children was 56% (12% lower than 2000).
3) The apparent rise in the proportion of English speaking children between 1999 and 2000 is likely to reflect increased recording of language background data rather than increases in the number of English speaking children.

Children in kinship care
4) NESB children were less likely than ESB children to be in kinship care placements. Of the 218 NESB children in care at June 30 2000, 45% were in kinship placements, compared with 54% of the English speaking background children and 45% of those whose language background was not specified. As noted above, care must be taken in interpreting this data because of the large percentage of children for whom language background was not specified.
5) Kinship care was more prevalent than all other placement options for both NESB and ESB children. In 2000, 25% of NESB children were in foster care placements (similar to the figure of 27% for ESB children) and 29% of NESB children were in other kinds of placement (much higher than the 19% of ESB children).
6) Because of the large percentage of children whose language background was not specified and the small numbers classified as NESB children, comparisons of kinship care between 1999 and 2000 for this group are not meaningful and have therefore not been included.

Sex of the child

All children in care
1) At June 30 2000, 49% of the children in care were girls and 51% were boys. This has remained unchanged in each year from 1997.

Children in kinship care
2) Girls were a little more likely than boys to be in kinship placements. In 2000, 53% of girls were in kinship placements compared with only 50% of boys.
3) The proportion of children in kinship placements rose by similar amounts for both girls and boys over the period 1997-2000 (10% for girls, 11% for boys).
4) Kinship care was the most likely placement option for both boys and girls for 2000, 1999 and 1998. In 1997, foster care was almost equal with kinship care for girls (42% in kinship care, 43% in foster care) whereas for boys foster care was the more likely option (38% in kinship care, 42% in foster care).

Age of the child

This data provides the age of the child at June 30, not the age at which the child entered care. This age data was provided in four categories. Because the categories do not contain an equal number of years, care must be taken in interpreting this data.
Understanding Kinship Care

All children in care
1) At June 30 2000, there were more children in the younger age groups than the older ones. Over a quarter (27%) of all children in care were aged 0-4 years and 41% were aged 5-11 years. In the older age groups, just under a quarter (23%) were aged 12-15 years and 9% were aged 16-17 years.
2) This represents some changes from 1997. The two younger age groups have risen in comparison with the two older age groups over this period.

Children in kinship care
3) Younger children were more likely to be in kinship care than older children for each year from 1997-2000.
4) At June 30 2000, 57% of 0-4 year olds in care were in kinship care compared with 55% of 5-11 year olds, 45% of 12-15 year olds and 32% of 16-17 year olds.
5) The proportion of children in care who were in kinship care in each age group rose steadily over the period 1997-2000. The youngest age group showed the highest increase, with the proportion of 0-4 year olds in kinship care increasing by 13% from 1997 to 2000, compared with 10% for 5-11 year olds, and 9% for both 12-15 years and 16-17 year olds.
6) At June 30 2000, kinship care was the most prevalent placement type for all age groups except the 16-17 year olds (where placements other than foster care and kinship care were more prevalent). In contrast, kinship care has been the most prevalent placement type for 5-11 year olds for all years since 1997 and became the most prevalent placement type for 0-4 year olds and 12-15 year olds in 1998.

Summary

The NSW Department of Community Services provided data on the number of children in care at June 30 in the years 1997 to 2000. This data clearly indicates the increasing use of kinship care, documented in earlier studies, has continued. By 2000, children in kinship care represented over half of all children in care in NSW.

The data also indicate that kinship care is not a placement option used for only a few particular groups of children. It is the most likely placement option for both boys and girls and for all age groups except 16-17 year olds.

Kinship care is the most likely placement option for both Indigenous and non-Indigenous children, though much more prevalent for Indigenous children. It was also more prevalent for children from both English and nonEnglish speaking backgrounds based on language spoken at home (though care must be taken with this interpretation because data on language background was not recorded for a large proportion of children).

Kinship care was used more frequently than other forms of care for almost all reasons for entering care, for almost all categories of legal status (with the exception of wards, where kinship care is nevertheless increasing, and a few of the smaller categories), and for each of the categories of placement length.
Appendix 4
Review of State and Territory Legislation, Departmental Policy and Documents for Kinship Care

1. Introduction

In order to understand the policy context influencing kinship care trends and placement practices a preliminary review of relevant Australian state and territory legislation and published departmental procedures was undertaken. The relevant legislation in each jurisdiction was examined with reference to care by relatives and significant others. Information and copies of departmental policies and procedures specific to kinship care were requested from senior policy officers within the relevant departments of each state and territory. The material was studied for trends and issues in line with the research objectives. A draft analysis and summary table was prepared and sent back to departmental officers for verification or amendment. The review was then finalised.

The legislation and departmental procedures examined were understood to be current as at the end of 2001. In responding, all departmental staff indicated that policies and procedures were under active review with respect to kinship care.

In discussion with state and territory policy staff it became clear that the policy and practice of kinship care is receiving growing attention in most states and territories. Specific research projects on kinship care policy and procedure commenced in 2000/2001 in the Victorian and NSW child welfare Departments. Senior policy officers reported that the relevant policies and procedures were being revised and updated in Victoria, NSW, Tasmania, South Australia and the ACT, while in Western Australia the relevant legislation is under review with a new Act expected shortly. At the Commonwealth Government level, kinship care was introduced to the agenda of the State and Territory Welfare Ministers’ meetings for the first time, in 2001. All states and territories expressed strong interest in our kinship care research project.

Reasons given by policy makers for the current interest in kinship care may be:
- the growing numbers of kinship care placements appearing in the out of home care data in most States and Territories, particularly Indigenous kinship care
- the increasing costs associated with the payments made to kinship carers,
- concerns expressed by caseworkers about the lack of official guidelines to direct their work in relation to kinship care placements
- concerns expressed by central policy makers and government officials about their uncertain legal and financial responsibilities and potential liability with respect to kinship care arrangements

The information obtained from the legislative and policy review is summarised and discussed under the following headings (see Summary Table at end of this Appendix).
2. State and Territory Legislation

Legislated principles for placement of non-Indigenous children with relatives

Legislation governing child protection and out of home care in Australian States and Territories takes different approaches to the issue of placement selection for children and young people who are removed for protective reasons from the care of their parents.

In all jurisdictions except Western Australia the legislation sets out principles for placing Indigenous children with relatives and other kin. In only two jurisdictions, South Australia and the Australian Capital Territory, does the legislation establish placement principles relating to placement selection for all children and young people, Indigenous and non-Indigenous.

The South Australian Children’s Protection Act 1993 sets out a hierarchy of placement options under Part 7 which states that the Minister may arrange care for a child who is under the Guardianship of the Minister
(a) by placing the child, or permitting the child to remain, in the care of a guardian of the child or some other member of the child’s family;
(b) by placing the child in the care of an approved foster parent or any other suitable person;
(c) by placing the child in a home (not being a training centre) established or licensed under the “Family and Community Services Act 1972” ....

The Australian Capital Territory’s Children and Young People Act 1999 is more definite in setting out placement with relatives as the first choice for all children:
(f) if removal of the child or young person from his or her existing situation is necessary or desirable in his or her best interests - consideration should be given, before any other placement option is considered, to the child or young person living or being placed with a family member or a person regarded by the child or young person as a family member;

The relevant Acts in NSW, Queensland, Victoria, Tasmania and the Australian Capital Territory do not establish placement hierarchies for the placement selection for non-Indigenous children and young people.

Legislated principles for placement of Indigenous children with relatives and significant others

All jurisdictions except Western Australia have legislated principles for placing Indigenous children with relatives and other kin – generally described as the “Aboriginal Child Placement Principle”.

Various versions of the Aboriginal placement principle are found in the NSW Children and Young Persons (Care and Protection) Act 1998, s.13; the Victorian Children’s Care and Young Persons Act 1989, s.119 (1)(m) and (2) (a)(b) and (c); the South Australian Children’s Protection Act 1993, s.4; the Australian Capital Territory’s Children and Young People Act 1997, s.15; and the Tasmanian Children Young Persons and their Families Act 1997, s.9.

The Queensland Child Protection Act 1999 is typical of the Aboriginal Child Placement Principle found in the different legislation:
Additional provisions for placing Aboriginal and Torres Strait Islander children in care…

(4) In making a decision about the person in whose care the child should be placed, the chief executive must give proper consideration to placing the child, in order of priority, with -

a) a member of the child’s family; or
b) a member of the child’s community or language group; or
c) another Aboriginal person or Torres Strait Islander who is compatible with the child’s community or language group; or
d) another Aboriginal or Torres Strait Islander. (S. 83)

Some variations to the Aboriginal child placement principle are found in different legislation. For example, the NSW and the Northern Territory legislation allow for placement with non-Indigenous carers as a final choice after all other options have been exhausted. The Northern Territory Community Welfare Act 1983 states:

Where a child in need of care is an Aboriginal, the Minister shall ensure that -

(a) every effort is made to arrange appropriate custody within the child’s extended family;
(b) where such custody cannot be arranged to his satisfaction, every effort is made to arrange appropriate custody of the child by Aboriginal people who have the correct relationship with the child in accordance with Aboriginal customary law; and
(c) where the custody referred to in paragraph (a) or (b) cannot be arranged without endangering the welfare of the child - after consultation with -

(i) the child’s parents and other persons with responsibility for the welfare of the child in accordance with Aboriginal customary law; and
(ii) such Aboriginal welfare organisations as are appropriate in the case of the particular child, a placement that is consistent with the best interests and the welfare of the child shall be arranged taking into consideration -

(iii) preference for custody of the child by Aboriginal persons who are suitable in the opinion of the Minister;
(iv) placement of the child in geographical proximity to the family or other relatives of the child who have an interest in, and responsibility for, the welfare of the child; and
(v) undertakings by the persons having the custody of the child to encourage and facilitate the maintenance of contact between the child and its own kin and with its own culture. (s.69)

Consistent with the Aboriginal child placement principle, Australian states and territories show an increase in the proportion of Indigenous children and young people placed with Indigenous carers or relatives. The Australian Institute of Health and Welfare (2002) reports that:

The proportion of Aboriginal and Torres Strait Islander children who were placed with either an Indigenous carer or a relative was 87% in NSW and 79% in Western Australia. Nationally the proportion was 77%. (AIHW, 2002, p.46.)

Legislated responsibility for kinship care - the NSW debate

At time of writing in New South Wales there is significant debate at senior policy levels around responsibility for formal kinship care and whether or not it should be included as part of the regulated out of home care system in NSW.

The legislation in all states and territories except NSW does not directly address the issue as to whether there is a requirement for child welfare authorities to treat placements with relatives as part of the formal out of home care system. The laws are silent on whether children and their relative carers in such arrangements should be subject to statutory monitoring, supervision and support. This is despite the legislated principles
in all jurisdictions requiring first consideration be given to placing Indigenous children and young people with relatives and in the case of the South Australian and ACT legislated principles favouring relative care for all children - Indigenous and non-Indigenous. It appears that it is left to regulation and departmental policy to determine the extent of responsibility for such placements. (See below.)

The NSW Children and Young Persons (Care and Protection) Act 1998 is the exception and appears to be the only legislation where statutory responsibility for kinship care is directly addressed. It has also been the subject of considerable debate amongst policy makers and practitioners in NSW.

In its original form the NSW Act expressly excluded care with relatives from the definition of out of home care. Section 135 defined out of home care as

(1)…residential care and control …of a child or young person:
   (a) at a place other than the usual home of the child or young person, and
   (b) by a person other than:
      i. a parent of the child or young person, or
      ii. a person who is related to the child or young person…

Critics of this aspect of the legislation argued that the state has a duty of care for supporting and monitoring children who have been the subject of child protection intervention and then placed with relatives. To exclude children formally placed with relatives from the definition of out of home care was to exclude children from the benefits of ongoing support, statutory case planning and review processes and monitoring by the newly created Office of the Children’s Guardian. The opposing argument pointed out that compulsory support and monitoring of the children placed with relatives can be disempowering for families, was ineffective and placed unnecessary strain on limited child welfare resources.

In late 2001 amidst a parliamentary debate about permanency planning, the NSW Opposition successfully moved to amend the definition of out of home care in the Act to include children and young people in the care of a relative where:

   the Minister has parental responsibility for the child or young person by virtue of an order of the Children’s Court, or
   the child or young person is in the care of the Director-General

The Minister for Community Services stated that this amendment would not be commenced until the numbers of children affected and the cost and practice implications were understood. Consequently, the NSW legislation now confirms that there is a statutory responsibility for children formally placed in kinship care, however this has not been commenced and therefore is inactive at time of writing.

3. Departmental Guidelines

The research project identified departmental guidelines covering aspects of kinship care in NSW, Victoria, South Australia, the ACT and Tasmania. The Victorian and ACT Guidelines are almost identical. The guidelines documents identified are usually sections of general departmental guidelines or procedure manuals. The project identified no written policies or procedures specific to kinship care in Queensland, the Northern Territory or Western Australia.


Terms used within departmental guidelines

At the level of departmental policy and procedure a range of terms are used. The Tasmanian guidelines refer to “extended family placements”. The Victorian Department of Human Services Child Protection and Juvenile Justice Branch in their 1996 document, Kinship Care Guidelines (Victorian Guidelines) use the term “kinship care” and note that this covers arrangements which have been variously described in the past as “Kith and Kin”, “Relative and Community Placements”, “Foster Care with Relatives”, “Discretionary Placements”, and “Home Release”.

The NSW Department of Community Services 2001 edition of Keeping Kids Safe: DoCS Child and Family Handbook (NSW Handbook) use the term “kinship care” although policy officers report that the revised departmental out of home care policy to be released mid 2002 will no longer use this term but will only use the term “relative” care.

The relevant extract from the 2000 South Australian Department of Family and Youth Services Child Protection / Alternative Care Manual of Practice (South Australian Manual) uses the terms “Relative Care” and “Specific Child Only Care” which are defined:

Relative Care - the full-time nurturing and protection of children who must be separated from their parents by a person who is related to the child/ren or who is a member of the child’s clan or kin network.

Specific Child Only Care is care by a carer who is not related to the child but is a significant member of the child’s network. (South Australian Manual, 2000, p1)

The Victorian Guidelines define kinship care as follows:

Kinship Care incorporates placements with extended family, friends or members of the community network…..Kinship is broadly defined to include blood relatives other than natural parents, and significant other adults in the child/young person’s life such as teachers, neighbours or friends. (Victorian Guidelines, 1996, p.5)

The ACT, Victorian and South Australian guidelines clearly recognise relationships with significant and non-related adults as kinship care. The NSW definition appears to limit kinship care to relatives only, although the meaning of “family network” in the Handbook definition could be interpreted to include unrelated persons:

Kinship care is the placement of children or young persons within their extended family or family network. (NSW Handbook, Section 5, p.11)

The Tasmanian guidelines do not define “extended family placements” beyond referring to members of the child’s extended family.

In summary, there are diverse terms and definitions used across jurisdictions. All recognise the significance to the child of relatives or extended family members. Only three jurisdictions (the ACT, Victoria and South Australia) adopt definitions which recognise the significance of a child’s relationships with other adults such as friends and neighbours.

Departmentally defined responsibilities for kinship care

The guidelines and procedures in several states and territories confirm that many departments have accepted certain responsibilities in relation to kinship care placements. This is in spite of the absence of any apparent legislated requirement to do so. The types
of responsibilities and services variously include screening and assessment of caregivers, case planning, periodic review of children in kinship care, financial assistance, monitoring of placements.

In some jurisdictions where the legislation is silent on placement selection, departmental guidelines have been developed which set out principles or hierarchies for choice of placement which give priority to placement with relatives. For example the Tasmanian guidelines state:

*Where a decision has been made that the child cannot return in the short or long term to his/her primary care-giver, placement options within the immediate and extended family should be explored in the first instance…* (Tasmanian Guidelines, undated, p. 135)

Departmental responsibility in all jurisdictions is limited to kinship care arrangements where the children and young people have been placed following child protection intervention, often referred to in the guidelines documents as “statutory” cases. Departments are, in most cases, clear that they do not accept responsibility for supporting and supervising children and young people living with relatives or other carers known to them, where these arrangements have been made independently of child protection authorities.

The NSW Handbook explicitly states

*…if families make informal arrangements for kinship care…these do not count as Out-of-Home Care.* (section 5, p. 12)

The Victorian and ACT Guidelines are clear that the department’s responsibilities for kinship care as administered through the Kinship Care Program are for children and young people who must be:

*Subject to intervention by Protective Services*

*Assessed as requiring out-of-home placement*

Similarly the South Australian Manual indicates that departmental responsibilities commence

*…when [Family and Youth Services] initiates placement of the child with relatives, under Court or Administrative Order, or when FAYS is asked to financially support a placement agreement made at a Family Care Meeting…* (p. 2)

Formal standards for out of home care services exist in some states and territories. Additionally there are National Baseline Standards for Out of Home Care developed in 1996 by the then Standing Committee of Community Services and Income Security Administrators. The national standards have never been actively applied and do not address kinship or relative care nor do the state standards with the exception of the NSW Standards for Substitute Care (1998) which set out a limited range of standards and indicators for practice for kinship care as a recognised form of substitute (out-of-home) care.

**Guidelines relating specifically to indigenous children**

The Victorian Guidelines, the South Australian Manual and the Tasmanian guidelines make no specific mention of Indigenous children and young people in the sections dealing with relative care presumably on the basis that the guidelines automatically apply to Indigenous and non-Indigenous children and young people.
The NSW Handbook reinforces the importance of the Aboriginal child placement principle and provides guidance to caseworkers on practice issues such as identifying the child’s kinship group and recognising the impact of past welfare practices in working with Indigenous clients. But the Handbook does not address the issue of the extent of departmental responsibility for kinship care placements made in accordance with the legislated placement principle, after the placement has been made.

The ACT guidelines have additional sections which address implementation of the Aboriginal placement principle and address key practices such as the use of family group conferences for decision making, issues of identity and placement selection.

4. Guidelines for Kinship Care Placement Practice

Assessment of kinship caregivers

The project identified written guidelines for kinship care which included procedures for the assessment of kinship carers in Victoria, South Australia, ACT and Tasmania. NSW appeared to have no specific guidelines for assessment of kinship carers but simply states that the same process of assessment and approval as is used for authorised carers (foster carers) should be followed (DoCS Handbook Section 5, p.12).

Other states and territories appeared to have no specific assessment process for kinship carers although all departments are able to formally approve some kinship carers for the purpose of paying allowances in certain circumstances. (See below.)

The Victorian and ACT guidelines are the most extensive in size and scope and follow a similar approach. Both sets of guidelines provide for a “preliminary assessment” when placements with kin are being made in emergency situations and a “comprehensive assessment” when it is a planned placement or the placement exceeds a time frame of a prescribed number of weeks. The Victorian preliminary assessment is made up of a police check and minimally one home visit to assess the physical environment as well as the caregiver’s capacity to provide adequate day to day care and the caregiver’s understanding of the child’s basic needs including access with natural family.

The Victorian Guidelines state that the “comprehensive assessment” should involve more than one visit and include all adult members of the household. The comprehensive assessment has a substantial list of factors to be considered across areas such as family background, child rearing practices, attitudes to the child’s birth parents, motivation for providing care and capacity to work with the department’s officers.

Throughout the Victorian and ACT guidelines it is noted that kinship care is similar to, yet different from foster care. With reference to such considerations the Victorian guidelines state that different expectations of kinship carers may be necessary and appropriate and that “Assessment of Kinship care-givers may be less structured and less detailed than the assessment of foster parents” (p.7) Other examples of different expectations for kinship carers given in the Guidelines include:

*The standards of the physical environment and physical care of the child/young person may be different than expected of foster parents or other care-givers* (Victorian Guidelines 1996, p.9)
Victorian policy officers report that the differential assessment process between foster care and kinship care is being reviewed and redeveloped.

The part of the South Australian Manual dealing with kinship care also sets out a two stage process for assessment of caregivers: Preliminary Assessment and Full Assessment. The Preliminary Assessment determines whether the carer can safely look after the child and is sufficient for the initial stages of placement. If a placement exceeds three months a Full Assessment is required. The Manual states the fundamental purpose of assessment as follows.

…where FAYS is making or financially supporting a placement, regardless of the relationship between the child and the carer, there is a Duty of Care to ensure the best possible placement option is provided to meet the needs of the child. The purpose of the assessment is to ensure the safety and nurturance of the child. (South Australian Manual , 2000, p.2)

The South Australian Manual states that the tools used for assessment of kinship carers are the same as those used for foster carers and include the completion of several forms: Application to become a Foster Carer, Police Check, Family Assessment Questionnaire and a Genogram. The Manual also sets out who is responsible for conducting the assessment and the internal departmental approval process which is necessary for the approval of allowances to the “relative” or “specific child only” carer.

The Tasmanian and ACT procedures promote family group conferencing as a decision making process in child protection practice. This is seen as often leading to a decision for a family member to take care of a child when parents are unable to do so.

The Tasmanian guidelines set out a substantial checklist of factors as the Assessment Criteria for Extended Family Placements including family dynamics and relationships, family background, commitment to caring for the child, stability of housing, an assessment of the adequacy of care, ability to protect the child, impact of placement on the caregiver’s family and understanding of child development. The Tasmanian guidelines state that the criteria used for assessment and training of foster carers are not appropriate or necessary for care provided within the extended family and that the assessment essentially focuses on safe care for the child and the “good enough parenting” concept (p.136)

The NSW, South Australian, Victorian and ACT guidelines are clear in stating that no assessment process is required where families make private or informal kinship care arrangements. For example the NSW Handbook states:

If families make informal arrangements for kinship care, with for example a grandparent, aunt, uncle or stepbrother, these do not count as Out-of-Home Care. The placement does not have to comply with the rules that DoCS uses for Out-of-Home Care. (Section 5, p.12)

The Victorian, ACT, South Australian and Tasmanian guidelines do not require or offer kinship carers initial or ongoing carer training. Nor are peer support activities arranged for them. This is in contrast to foster care practice where training and peer support are considered standard practice. The ACT like the Victorian guidelines note that in the absence of training and peer support kinship carers may need greater input from the departmental worker:

Kinship carers do not automatically participate in induction or ongoing training or support groups, therefore they may initially require greater support from the Case worker to assist them to provide appropriate care. (ACT Guidelines, undated, Section 7)
At time of writing Victorian policy staff report that training of kinship carers is planned and will be undertaken during 2002.

In summary, most jurisdictions have a requirement to assess kinship carers when children are being placed. However the range of approaches taken to assessment varies widely. The guidelines draw on aspects of foster care assessment practice while stating that a differential and less intrusive process should be used for kinship care assessment than for foster care. However even the most developed of the guidelines documents fails to clearly spell out the differences between kinship carer and foster carer assessment. ‘Entry level’ or in service training is generally not expected, or offered to kinship carers.

**Case management of kinship care placements**

Written guidelines specifically covering ongoing case management, supervision and support of kinship carers and the children and young people in their care were identified in Victoria and the ACT and to a limited extent in South Australia. The South Australian guidelines identify some support and supervision practices when ongoing payments are made or where there is a court order conferring legal responsibility on the Minister or Department.

The Victorian Guidelines cover a range of case management practice areas including Preparing the Child for Placement, Case Planning, Supervision and Support and Case Closure. Practices in these areas are heavily derived from and said to be the same as practices for other forms of out of home care placement:

*Once initiated these placements should follow the same case planning process as any other case* (Victorian Guidelines 1996, p.11)

Case plans and reviews as for other children in care are required but at the same time the Guidelines state that the case plan should take into account the specific considerations of the Kinship Care placement (p. 12). Further differences between kinship care and foster care are identified in the Victorian Guidelines in relation to initial and ongoing training which kinship carers are not expected to attend. It is also noted that kinship placements have *...a lot of activity in the early stages of placement but limited ongoing support...* (p.12)

The ACT guidelines are brief in the area of case management and again note that kinship care placements are different to other care such as foster care, particularly due to the pre-existing relationship between carer and child. The ACT guidelines require that there be a care plan for the child. The level of support, supervision and visiting of the placement is determined on a case by case basis in discussion between the worker and his/her supervisor.

The Victorian and ACT guidelines emphasise that the level of case management should be “case specific”. The implication is that case management is provided by exception not automatically in kinship care cases. That is, case management by departmental workers is active and continuous only when the child is considered to be at some risk or the care giver is giving a strong indication of the need for such involvement. This is in contrast to foster care where active and continuous case management is expected to be provided in every case.
In this regard the Victorian guidelines note:

Kinship placements have historically had a lot of activity in the early stages of placement but limited ongoing support due to other priorities, but also point out that for kinship care like other forms of out of home care ..the success of the placement is dependent on adequate and ongoing support (Victorian Guidelines 1996 p. 12)

It is understood that new guidelines for case management, supervision and support of kinship care placements will be produced in Victoria mid 2002.

The South Australian Manual states that the level of case management responsibility, unless otherwise determined by the Court, can vary depending on the nature of the case and presumably the perceived level of risk to the child:

FAYS duty of care and financial support to a placement will be decided in the context of a Family Care Meeting or directed by a Court Order. Other FAYS’ responsibility will be determined on a case by case basis, with FAYS’ team supervisors making the final decision upon the responsibilities to be assumed. (South Australian Manual, 2000, p.4)

The South Australian Manual links case management responsibility to the payment of allowances:

Those proposed relative or specific child only care givers who seek regular financial support from FAYS need to be advised that access to subsidy payments will involve them in an ongoing relationship with FAYS. This includes assessment, approval, registration, review and support etc. (South Australian Manual, 2000, p.4)

Payment of Allowances

All state and territory departments make ongoing payments to some kinship carers in certain circumstances although the eligibility for payment varies in the different jurisdictions.

In all states and territories except NSW the child or young person must be subject to statutory child protection intervention or court order for a payment to be made to the kinship carer. NSW has the additional capacity to pay an allowance in some cases to persons providing voluntary care where the carer is experiencing hardship and there is a risk of the child entering out of home care or becoming homeless.

As with most other states and territories, eligibility for payment of allowances to kinship carers in Queensland requires that the placement must be made as part of a child protection intervention or the child is subject to a Child Protection Order under Part 4 of the Child Protection Act 1999. Similarly Western Australia and Northern Territory require that the child be subject to a statutory order or be under child protection case management.

The Victorian, South Australian and ACT guidelines require that in addition to the child or young person being subject to statutory child protection intervention the carer must have been formally assessed and approved consistent with the guidelines, including completion of a satisfactory police check.

In most instances where payments are made the rate of allowance is equivalent to the state or territory’s foster care allowance although in some states it is named differently
to the foster care allowance. Tasmania has a two tiered payment system where some
kinship carers are approved as “foster carers” and receive the payment equivalent to
foster care rates, while others receive the “Relative’s Allowance” which is less than
foster care rates.

Most states and territories report that higher level or “special needs” rates of allowance
are not generally available to kinship carers although NSW policy officers report that
relatives providing care for children who are subject to a children’s court order can
access higher rates of payment if the child is assessed as having special needs.

No state or territory has taken on responsibility for ongoing financial payment in rela-
tion to informal kinship care arrangements which are made privately within families
without reference to child protection authorities. Nor does the Commonwealth govern-
ment provide financial assistance specifically to carers providing informal (or formal)
kinship care.

5. Government and Non-Government Agency
Responsibility

In most states and territories the major responsibility for arranging or approving formal
kinship placements, assessing carers and continuing case management (where guide-
lines exist) is held by the state or territory department. This is the case even in those
jurisdictions which have contracted out all or the majority of out of home care services
to the non-government sector such as Victoria and the ACT.

In South Australia transfer of responsibility for further assessment and support of the
relative carer from the Department to a non-government Alternative Care Service pro-
vider is expected to occur if a kinship placement exceeds three months. At this point the
non-government Alternate Care Service Provider is expected to undertake a Full Assess-
ment of the relative carer. The South Australian Manual also states that where carers are
transferred to an Alternate Care Service Provider the agency is expected to provide the
carers with full access to support and training. However overall case management
responsibility remains with the Department.

Other significant exceptions to departmental management of kinship care found in this
study are:

- Some Indigenous kinship care placements are approved by Aboriginal controlled
  agencies in NSW and Northern Territory. The Aboriginal agency approval makes
  possible the payment of allowances by the department.
- Oz Child in Victoria until recently operated a non-government managed and special-
  ist kinship care program under contract to the Department. This program com-
menced in 1998 and provided assessment and support to a targeted number of kin-
ship care cases in Victoria’s Southern Region. (Hannah and Pitman, 2000)
6. Conclusion

This review of legislation and departmental procedures indicates some major policy trends, dilemmas and inconsistencies for state and territory jurisdictions with respect to kinship care.

Legislation in relation to Indigenous children and young people is reasonably consistent across jurisdictions and directs child protection authorities to give priority to placement of Indigenous children and young people with relatives – the Aboriginal Child Placement Principle. An equivalent legislated priority for placement selection for non-Indigenous children and young people is only found in the South Australian and ACT legislation.

The project identified departmental guidelines covering aspects of kinship care in NSW, Victoria, South Australia, the ACT and Tasmania. No written policies or procedures specific to kinship care were identified in Queensland, the Northern Territory or Western Australia. Guidelines specific to kinship care which were reviewed were found to be extremely limited when compared to the volume of guidelines which exist for other forms of out-of-home care care such as foster care.

From these documents it appears that even when legislation does not direct it, practice guidelines in many states and territories encourage placement of children with relatives before consideration is given to placing the children in other care arrangements such as foster care. However the extent of statutory responsibility for these children and young people at time of placement and after placement is most unclear. Victoria appears to have undertaken some significant work on this area of practice leading to the establishment of a discrete kinship care program with identified objectives and guidelines.

In all jurisdictions the authority to make and approve formal kinship care placements is held by the state or territory child welfare department. Departments also retain primary responsibility for any ongoing involvement with non-government agencies playing a limited role in supporting carers in some states.

Assessment and approval practices for kinship carers appear to vary widely. Victoria, South Australia, Tasmania and the ACT have specific guidelines for the assessment of carers which derive from foster care practices, often using the same forms and checklists. Unlike foster care, initial and ongoing training is not expected or provided for kinship carers nor are peer support groups arranged.

Guidelines documents state that kinship care should be regarded differently to foster care. The differences include the pre-existing relationship between the child and carer, the complexity of intra-familial relationships, the carer’s commitment to a specific child and the maintenance of family identity. The guidelines are however less clear in setting out how these differences should be translated into appropriate practices by departmental staff.

The guidelines documents could well be interpreted as inferring that lesser standards and expectations are accepted for kinship carers than for foster carers in that the guidelines talk of different standards of physical environment and child rearing practices being accepted for kinship care than for foster care. Similarly some of the guidelines state that a criminal record may not mean the disqualification of a kinship carer al-
though it would rule out unrelated foster carers. These differences in practice are justified in the guidelines on the basis of there being a pre-existing relationship between the carer and the child.

Ongoing case management and carer support are least well addressed by the guidelines documents. Where it is covered, the guidelines generally take the approach of determining the extent of support on a “case by case” basis. The implication is that ongoing support and involvement by case workers may only occur when the care giver or child give a strong indication of the need for such involvement. This is in contrast with foster care where active and continuous involvement in kinship care placements by child welfare agencies is expected to be provided in every case.

All states and territories are able to pay allowances to some kinship carers where the child is under state guardianship. The reported practice and the written guidelines suggest that the payment of allowances to kinship carers is a discretionary matter within the relevant department rather than universally applied to all kinship carers. This seems to apply even when children are under state guardianship.

The study did not look into the extent of compliance by child welfare staff with legislation and guidelines.
Summary of State and Territory Legislation, Policy & Guidelines on Kinship Care

<table>
<thead>
<tr>
<th>New South Wales</th>
<th>Victoria</th>
<th>Queensland</th>
<th>South Australia</th>
<th>Western Australia</th>
<th>Tasmania</th>
<th>Australian Capital Territory</th>
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<tbody>
<tr>
<td><strong>Terms used</strong></td>
<td>Kinship Care</td>
<td>Kinship Care</td>
<td>Relative Care</td>
<td>Relative Care</td>
<td>Relative Care and Extended Family Placements</td>
<td>Kinship care</td>
<td>Kinship Care</td>
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<tr>
<td></td>
<td>However revised departmental out of home care policy to be released 2002 will only use the term ‘relative’ care.</td>
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<td>Children in the care of relatives were expressly excluded from the definition of out of home care until the Act was amended in Dec 2001 to include children in relative care under the Parental Responsibility of the Minister or formally in the care of the Director-General. Indigenous KC is prioritised in s.13</td>
<td>KC is not identified in the legislation</td>
<td>KC not identified in legislation. Although indigenous KC is prioritized in s.83</td>
<td>Legislated priority is for placing the child, or permitting the child to remain, in the care of a guardian of the child or some other member of the child’s family (Part 7)</td>
<td>KC not identified in legislation</td>
<td>KC not identified in legislation</td>
<td>Legislated priority for placing with extended family is stated, in s.9 consideration should be given, before any other placement option is considered, to the child or young person living or being placed with a family member or a person regarded by the child or young person as a family member</td>
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<tr>
<td>Departmental policy and guidelines</td>
<td>New South Wales</td>
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<td>No specific policy or guidelines for KC identified</td>
<td>No specific policy or guidelines on KC identified</td>
<td>No specific policy or guidelines on KC identified</td>
<td>Some guidelines specific to certain KC practices</td>
<td>No specific policy or guidelines on KC identified</td>
<td>Some guidelines specific to certain KC practices</td>
<td>Yes KC promoted as first choice of placement. Specific Departmental guidelines in place.</td>
<td>No specific policy or guidelines on KC identified</td>
</tr>
</tbody>
</table>

<p>| Legislated indigenous provision (Aboriginal placement principle) | S.13 sets out the order for the placement: 1. With child’s extended family 2. Within the child’s Indigenous community 3. With other Indigenous people 4. With another person following consultation with the child’s family or community or approved Indigenous welfare agency | S.6 requires involvement of Aboriginal agency in placement selection | S.6 states the general principle that an Aboriginal or Torres Strait Islander child should be cared for within an Aboriginal or Torres Strait Islander community 5.83 sets out an order of preference for the placement: 1. With child’s extended family 2. Within the child’s Indigenous community 3. With other indigenous people | In addition to Part 7, S.4 of the legislation emphasises strengthening family relationships and preserving racial identity | No Aboriginal placement principle | S 9 (2) (c) of the Act sets out that the Court must have regard to the general principle that an Aboriginal child should remain within the Aboriginal community. | S.15 sets out an order for placement: 1. With child’s extended family 2. Within the child’s community 3. With other Indigenous carer 4. With another person following consultation with the child’s extended family; 3. Where such custody cannot be arranged to his satisfaction, every effort is made to arrange appropriate custody within the child’s extended family; (b) where such custody cannot be arranged to his satisfaction, every effort is made to arrange appropriate custody of the child by Aboriginal people who have the correct relationship with the child in accordance with Aboriginal customary law; |</p>
<table>
<thead>
<tr>
<th>Are there approved Standards specifically covering kinship care?</th>
<th>New South Wales</th>
<th>Victoria</th>
<th>Queensland</th>
<th>South Australia</th>
<th>Western Australia</th>
<th>Tasmania</th>
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<th>Northern Territory</th>
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<tr>
<td>Yes. NSW Standards for Substitute Care have limited reference to KC: casework ...should attempt to mirror, as far as possible, the practices expected in other placements</td>
<td>No. But the Guidelines state once initiated these placements should follow the same case planning process as any other case and generic standard of practice apply</td>
<td>No but standards are based on the legislation, and generic departmental manuals of practice</td>
<td>No.</td>
<td>No. But generic departmental standards of practice apply</td>
<td>No. But generic departmental standards of practice apply.</td>
<td>No.</td>
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<tr>
<th>Are there written guidelines for assessment and approval of kinship caregivers?</th>
<th>New South Wales</th>
<th>Victoria</th>
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<th>South Australia</th>
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<tr>
<td>No specific guidelines for KC. General guidelines are available for use. Departmental caseworkers do initial assessments. Aboriginal agencies do own assessments for some KC placements</td>
<td>Yes. Written guidelines in place. Protective workers conduct Preliminary Assessment’ prior to placement or in emergency and ‘Comprehensive Assessment’ if placement exceeds 6 weeks. Approvals are made by unit managers</td>
<td>No specific guidelines for KC. General guidelines used. Manager of the Area Office managing the case gives approval</td>
<td>Written guidelines, forms and tools in place. Departmental worker does a Preliminary Assessment’ when placement or payment is initiated. Approval following preliminary assessment is provided by District Centre Managers. “ Full assessment” undertaken if placement exceeds three months</td>
<td>No specific guidelines for KC. General guidelines used</td>
<td>Yes. Written guidelines in place. Departmental staff use specific criteria for assessment of Extended Family Placements</td>
<td>Yes. Departmental workers responsible for undertaking Preliminary Assessment’ prior to placement or in emergency and ‘Comprehensive Assessment’ if placement exceeds 6 weeks.</td>
<td>No specific guidelines for KC. General guidelines used. Assessments done by Departmental workers.</td>
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<tr>
<td>What do the written assessment guidelines cover?</td>
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<td>Victoria</td>
<td>Queensland</td>
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<td>N / A</td>
<td>N / A</td>
<td>Family background, motivation, child-rearing practices, criminal record check, physical environment, extended family dynamics, references</td>
<td>N / A</td>
<td>Family background, relationships within the family, reasons for caring for the child, parenting style, discipline, police check, physical environment, health, experience of being in care, finances.</td>
<td>N / A</td>
<td>Guidelines for assessment being revised. Current guidelines cover: Strained family relationships Concept of good enough care Family dynamics Shared culture Existing and pre-existing relationships Family background Commitment to continuity of care Stability of housing Impact of placement on caregiver’s family Geographical location Ability to protect Understanding of child development.</td>
<td>N/A</td>
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</table>

| Does policy or procedure require that ongoing support and supervision be provided? | No case management guidelines specific to KC. Amendment to the Act may lead to requirement to submit case plans and reviews to the Children’s Guardian. | Yes. Departmental protective workers are responsible for supervision and support of placements to monitor case plan, address problems, identify & arrange resources. The level of supervision and support is not specified but is to be “determined by the protective worker and supervisor [and] will be case specific” | No case management guidelines specific to KC | Yes. If department is providing financial support to the placement via subsidy payments casework support is provided commensurate with the department’s legal responsibility as reflected in the placement authority. | No case management guidelines specific to KC | Yes in relation to relative allowance placements and where the relatives are approved as carers. | Yes. Departmental workers are responsible for supervision & support to monitor case plan, respond to issues/problems. Level & frequency of support, supervision, visiting is case specific depending on legal requirements, child’s needs and stability of placement. | N/A |

<p>| Understanding Kinship Care | | | | | | | | |</p>
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<tr>
<th>New South Wales</th>
<th>Victoria</th>
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<th>Northern Territory</th>
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</thead>
<tbody>
<tr>
<td><strong>Responsibilities of gov’t and non-gov’t organisations (NGOs)</strong></td>
<td>Department has primary responsibility. Aboriginal agencies have responsibility for some Aboriginal KC placements</td>
<td>Department’s child protection services hold major responsibility. One NGO is contracted to provide support and supervision for a specified number of KC placements</td>
<td>NGO’s have no responsibility for KC</td>
<td>The Dept’s responsibility reflects the placement authority and focuses on the needs of the child. FAYS provides interim support to the carer over the first 3 months of the placement. NGO’s assume primary responsibility for the carer once a placement proceeds past 3 months i.e. completing the carer assessment process, providing ongoing support and training to the carer. This process applies to all Alternative Care Services providers including Aboriginal agencies.</td>
<td>NGO’s have no responsibility for KC</td>
<td>NGO’s have no responsibility for KC</td>
<td>Department has responsibility for KC. No NGO involvement.</td>
</tr>
<tr>
<td><strong>What is the eligibility criteria for payments?</strong></td>
<td>Care allowance paid where child is subject to Children’s Court Order. Non-Parental Care Allowance may be paid in voluntary KC placements where there is carer hardship &amp; child is at risk of entering out of home care or homelessness</td>
<td>Must be assessed and approved in line with Department’s assessment guidelines including satisfactory police check</td>
<td>Must be a placement made as part of child protection intervention or child subject to a Protection Order</td>
<td>Must be a placement initiated by the Department or an approved Foster Care Agency or be the outcome of a Family Care Meeting</td>
<td>Must be Ward of the Department or under Department’s case management</td>
<td>Must be assessed and approved in line with Dept’s assessment guidelines including satisfactory police check</td>
<td>Kinship care subsidies paid where children are subject to ‘Voluntary Agreement’ or Children’s Court order. Payment also made in some non-statutory cases in limited circumstances.</td>
</tr>
<tr>
<td>Rates of payment</td>
<td>New South Wales</td>
<td>Victoria</td>
<td>Queensland</td>
<td>South Australia</td>
<td>Western Australia</td>
<td>Tasmania</td>
<td>Australian Capital Territory</td>
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<tr>
<td>Care allowance equivalent to standard foster care rates Non-parental care allowance the same rate as care allowance less any payments received from Commonwealth</td>
<td>Equivalent to foster care rates</td>
<td>Equivalent to foster care rates</td>
<td>Equivalent to foster care rates</td>
<td>Equivalent to foster care rates</td>
<td>If the relative is approved as a foster carer, the rate is equivalent to foster care rates. Additional payments are assessed on a case by case basis. Relative’s Allowance is less than standard foster care rates but may be paid where there is no care and protection order.</td>
<td>Equivalent to foster care rates</td>
<td>Equivalent to foster care rates</td>
</tr>
</tbody>
</table>
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