

Kinship care: Where does it belong?

Preface:

- ▶ Acknowledging the complexities of Aboriginal issues as it relates to kinship care;
- ▶ The decision to not include these and the CALD area of work in this paper.

Source of the material and ideas in the paper:

- ▶ MFS Foster & Kinship Care programs in Goodna & Toowoomba;
- ▶ ‘Fostering the Future’ Forums – Department of Communities – Child Safety Services; and
- ▶ The *Kinship Care Group*.

Definition of Kinship Care

- ▶ 'A person who is related to the child (through blood, marriage or civil partnership) and with whom the child has a pre-existing relationship'. (Looked After Children and Young People Web Site);
- ▶ The practice in South West Qld is very different – family members often have no relationship with the child/ren.

History of Kinship Care including South West Queensland

- ▶ From family to statutory responsibility;
- ▶ Kinship care is considered part of the 'out of home care continuum' in this SW Region;
- ▶ Rise in numbers of kinship carers in five years from 10-20% in 2003 to 48% nationally in 2008;
- ▶ Currently, 45% of carers in the three Child Safety Service Centres in Ipswich are kinship;
- ▶ Nationally, it is projected that by 2016 there will be three kinship placement for every general foster care placement.

Reasons for the rise in kinship carers

- ▶ Difficulty in attracting and retaining foster carers;
- ▶ Acknowledgement in formal legislation and policies that placing a child within the extended family can be the best care option;
- ▶ The increased level of abuse of children in foster care;
- ▶ Increased drug and alcohol abuse in society; and
- ▶ The belief that placement with family engenders a sense of belonging, less stigma for children and therefore better outcomes.

Placement practice in SW Queensland

- ▶ Clearly viewed as a placement option within the OOHC system;
- ▶ Child Safety Officers encouraged to seek out kinship care as the preferred placement option;
- ▶ Unfortunately, our experience has found that the placement of children with kin occurs more often by chance and results from expediency;
- ▶ Driven by lack of general carers and the Child Safety Officer's high work load reality often mitigates against best practice;
- ▶ Hence a thorough assessment of the needs of the child/ren and the placement matching with planned integration or re-unification are often missed.

Impact of the 2005 Crime & Misconduct Commission

- ▶ Investigated the abuse of children in foster care;
- ▶ The outcome was 101 recommendations informing legislative and practice changes bringing about mandated Standards of Care by which carers (foster and kinship) are to be assessed and measured against in the performance of their foster care role to ensure the quality of care and safety of children and young people in placement.

MFS Kinship Care Trial

- ▶ The “Fostering the Future” forums identified issues with kinship care service delivery in this region;
 1. The increasing number of kinship carers and the resultant Matters of Concern (Child Protection Notifications);
 2. Placement breakdowns which it is believed were the result of rushed initial assessments due to placement pressure, no information and education provided to kinship carers prior to or post placement and lack of suitable support mechanisms.

MFS Kinship Care Trial Cont.

The Kinship Care Trial began in August 2008 as the result of the above identified issues;

Issues Identified:

- ▶ The carer's lack of understanding of the Statement of Standards required under the Child Protection Act;
- ▶ Limited understanding of departmental policies and procedures as they apply to placement and removal of children and matters of concern lead to an element of fear that the department would come and remove the child/ren without notice;

MFS Kinship Care Trial Cont.

- ▶ Poor relationships with their Child Safety Officer (CSO) due to perceived lack of communication and respect for their role;
- ▶ Feelings of shame that this had happened in their family together with grief and loss issues for grandparents associated with the loss of a 'life stage' in their relationship and life style.
- ▶ An inability to say 'no' to the department when requested to undertaking the supervision of family contact and difficulty in managing family relationships and events;

MFS Kinship Care Trial Cont.

- ▶ Personal conflict, particularly for grandparents, in reporting to the department any concerns they identified in relation to the parents ability to adequately parent the children because of fear that if/when the children returned to the parents they may refuse to allow them contact with the children;
- ▶ Some kinship carers felt insulted when it was suggested they'd benefit from training in parenting strategies as 'these children are family and they had raised their own children'.

The Pros of Kinship Care

- ▶ The literature identifies a number of **perceived** benefits of kinship care:
- ▶ Children feeling loved, valued and cared for;
- ▶ Children being able to maintain a sense of identity, having a sense of belonging and feeling settled because they are placed with people they know;
- ▶ Children having more stable placements than children placed with non-relative carers and being less likely to be subject to placement moves;
- ▶ The perceived Increase in the number of children being abused in general foster care;
- ▶ Children being able to maintain contact with their family and friends.

(Broad et al; Everett 1995; Dubowitz et al. 1994; US Department of Health & Human Services 2000; Satterfield 2000)

Cons of Kinship Care

There are also a number of disadvantages that have been identified, including:

- ▶ Financial hardship;
- ▶ Problems for carers in having to cope with the behaviour difficulties of young people;
- ▶ Lack of support from child welfare agencies;
- ▶ Overcrowding;
- ▶ Ill health of carers;
- ▶ Limitations to freedom for children and carers;
- ▶ Less thorough assessments for kinship carers than on general foster carers and less stringent monitoring of placements;
- ▶ Lower reunification rates for children and children being less likely to be adopted.

(Broad et al. 2001; the Hadley centre for adoption and foster care studies; Everett 1995; Dubowitz et al. 1994; Us Department of Health and Human Services 2000).

Kinship Carer Demographics

- ▶ Yardley, Mason and Watson (2009) found that 78.3% of the kinship carers in their study were grandparents;
- ▶ In an MFS study 2009, 58% of kinship carers were grandparents, with 18% of the research group identified as having no blood relationship with the child but who become a kinship carer because of the already established relationship they had with the child;
- ▶ Most kinship carers are older, receive a welfare benefit, struggle economically and can have health issues;
- ▶ They are often single parents who have low educational attainment and are less likely to own or be paying off their own home and are therefore renting and subject to rental market volatility.

(Looking after the family: a study of children looked after in kinship care in Scotland: Jane Aldgate and Miranda McIntosh): (O'Brien 2000, quoted in Hunt 2001 p. 46): (Richards 2001, quoted in Hunt 2001 p. 49) Kinship Care in NSW, Finding a way forward: Yardley, Mason & Watson 2009)

Issues related to demographics

Behaviour Management:

- ▶ Some grandparents have difficulty accepting that they require information/training about behaviour management as they have raised their own family and this child/young person is 'family'. "It's my grand child-to me it's not kinship. He's my grandchild. It's all about family" (MFS Kinship Carer Trial 2009).
- ▶ Their parenting strategies are often outdated including physical discipline and other methods that are not acceptable to the child protection agencies.
- ▶ This behaviour can lead to 'Matters of Concern' resulting in an intrusive and at times protracted process for the carer and children, leaving the whole family feeling bewildered and alienated.

Issues Cont.

Health:

- ▶ Older kinship carers can have significant health problems resulting in a reduced level of energy to meet the physically demanding needs of children and young people let alone those who have suffered trauma and severe neglect and the resultant behaviours. “It does have a bigger impact on your life than what you think, especially if the children have high needs”. (MFS Carer 2009)
- ▶ The stress of these demands and historically a lack of respite available for kinship carers through the statutory system results in placement breakdowns that could otherwise be avoided if appropriate respite was available, preferably through the extended family network.

Issues cont.

Educational Outcomes:

- ▶ CREATE Foundation research (2009) found that children raised by kinship carers are likely to have poorer educational outcomes than other Australian children;
- ▶ Lower education level for many kinship carers results in the magnification of the power imbalance between the kinship carers and the statutory child protection agency as well as educational and health professionals resulting in a lack of communication, frustration and anger with the system that can significantly impede the child's access to the required services. (Goodna carers 2009)

Issues Cont.

Extended Family Dynamics:

- ▶ The statutory agency often expects the kinship carer to 'supervise' the contact between the child/ren and their parents. (MFS Kinship Care Trial 2009) This places the kinship carer in an emotionally charged stressful situation particularly if the parent's behaviour results in the kinship carer having to ask them to leave the contact;
- ▶ Family get together, particularly at Christmas, provide the environment for the extended family dynamics to erupt into an emotionally stressful mine field for the kinship carer and child/ren alike for which they are not equipped to deal.

Summary

- ▶ The above issues identified across the research and in the MFS Kinship Trial demonstrate the complexity of kinship care and the range of issues for kinship carers that do not necessarily apply to the general carer population;
- ▶ Typically, grandparents, aunts, uncles or other family become confused when caught in the statutory system and the framework they are expected to adhere to whilst they view themselves as caring for their own.

Where do Kinship Carers fit in the regulatory framework?

- ▶ Is it fair and just to expect kinship carers to understand and comply with legislation which was not initially drafted to address them as a formal care giving group?
- ▶ They were not featured in the CMC investigation but were joined with them in the resulting policy change and roll out of regulatory procedures;
- ▶ These generous families are often unaware of what is ahead when they volunteer to care for one of their own.

WHAT DO KINSHIP CARERS WANT?

Goodna Kinship care trial identified a range of information, education and support needs that are consistent with other research in Australia and overseas.

Research conducted by Yardley, Mason and Watson identified:

- ▶ To be treated with respect;
- ▶ Given useful information in a timely way;
- ▶ To have access to well trained and informed professionals who could give specialist advice and support *according to their needs*;
- ▶ To be trusted;
- ▶ To have their skills, knowledge recognised;
- ▶ To have their contribution valued;
- ▶ To be resourced equitably;

Research conducted by Yardley, Mason and Watson identified:

- ▶ To be helped in such a way that they ***continue to help themselves;***
- ▶ Respite;
- ▶ Resources to deal with their health and social isolation issues;
- ▶ Training specific to meet their needs & those of the children in their care – emotional, psychological, behavioural health, disabilities;
- ▶ Financial support

What do Kinship Carers want?

Scottish government paper, Moving Forward in Kinship & Foster care identified similar needs as well as Kinship carers require support with the emotional toll of dealing with a son or daughter when they

- ▶ do not agree they are unable to care for their children,
- ▶ Have substance abuse issues and/or
- ▶ They have to exclude the parent of the child from contact with the child due to risk to the child

MFS Kinship Care: A model that responds to their needs:

- ▶ Since the late nineties it has been identified that kinship care differs from foster care;
- ▶ MFS position: kinship care is very different from foster care and requires a dedicated practice model to inform staff assessing and working with kinship carers to do so in a way that supports and resources them to meet their *articulated* needs in relation to the well being of the children and young people in their care.

MFS KINSHIP CARE: -

A model that responds to their needs

Three main areas identified which are crucial to placement stability:

1. A thorough and extensive assessment of potential kinship carers and their extended families in the context of their ability, capacity & willingness to meet the needs of the child/ren in their care

MFS KINSHIP CARE: -

A model that responds to their needs

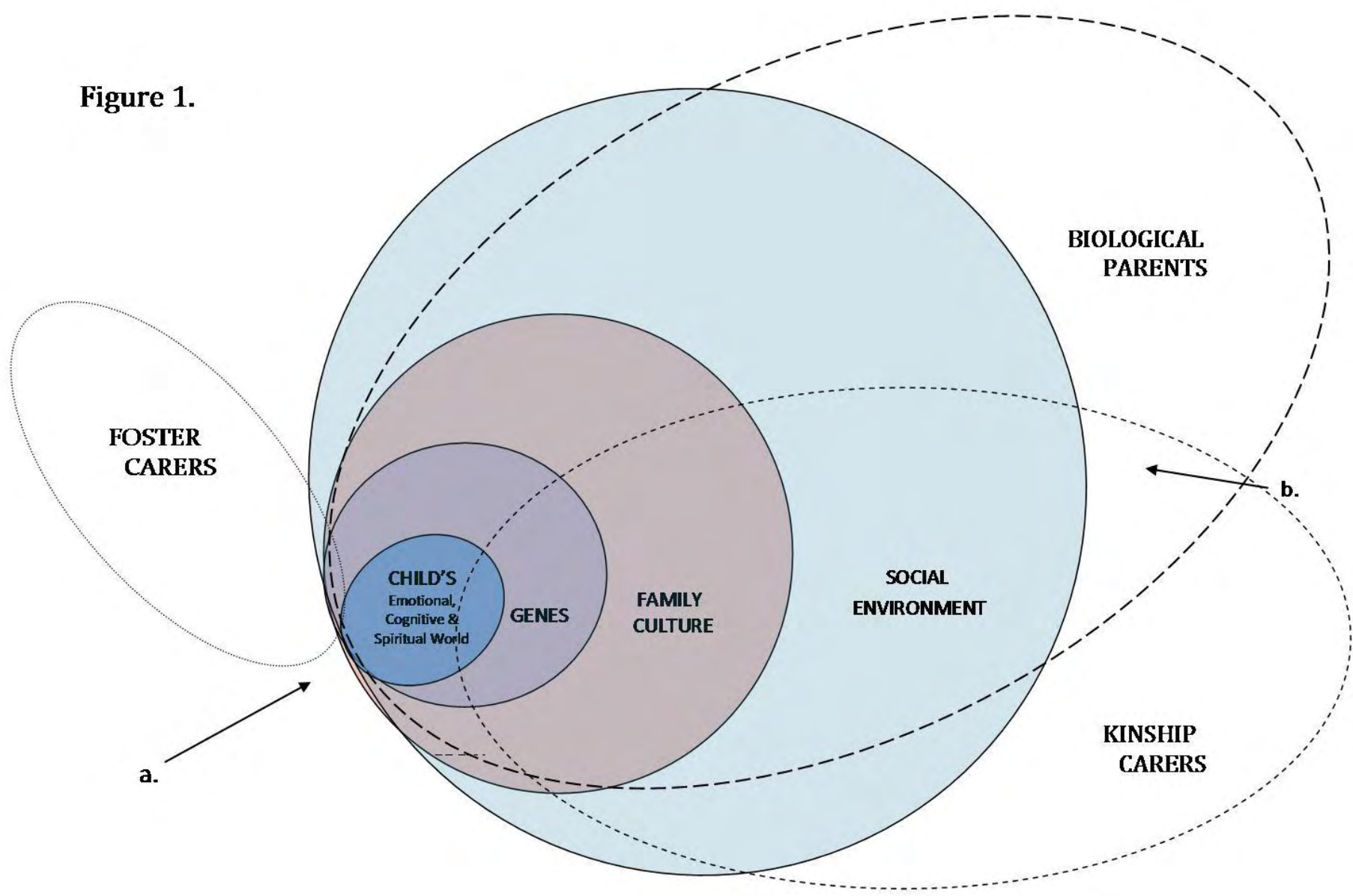
- ▶ 2. Information and training relevant to the child's needs and the carers' responsibilities according to legislation
- ▶ 3. Ongoing financial, practical, problem-solving and emotional support to kinship carers & their families to ensure they meet the unique, complex and dynamic needs of kinship care placements.
(Monitoring & support)

ASSESSMENT

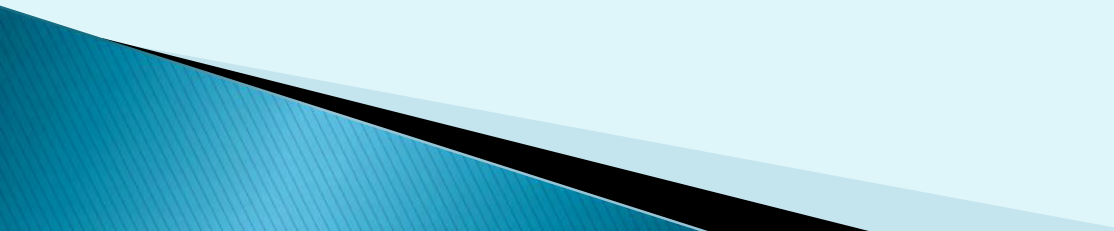
- ▶ Contrast in the assessment framework in light of the differences between kinship and general foster care;
- ▶ Required to use the general format but assessment recognises that kin usually have a pre-existing relationship with both the child and the child's parents.

Spheres of influence and cross over between the child's world and that of the kinship carers.

Figure 1.



DIFFERENCES IN ASSESSMENT FRAMEWORK:

- ▶ FAMILY CULTURE
 - ▶ SOCIAL ENVIRONMENT
 - ▶ THE CHILD'S EMOTIONAL & COGNITIVE WORLD
 - ▶ CURRENT "LIFE STAGE" OF APPLICANTS
 - ▶ CARER HEALTH/GENES
- 

INFORMATION & SUPPORT

- ▶ Generic training packages for general foster carers develop understandings re trauma and the various presentations of the emotionally and psychologically damaged child & the need for self care etc;
- ▶ Implications for training kinship carers includes education re boundary setting, assertiveness, positive communication, managing complex family dynamics, accepting their family has exposed or caused harm to child, not acting out of judgemental framework;
- ▶ Trainers need to understand the kinship care framework.

MONITORING & SUPPORT

- ▶ Attitudinal & practice change required – not just superimposing a model of general carer support;
- ▶ Family intervention framework – child centred, family focused that draws on ecological and family systems theoretical models to recognise the mutual significance of the child and family to each other & to understand the complex interrelationships between family members.

MONITORING & SUPPORT –

two distinct but interrelated parts of the process

- ▶ “Monitoring” – related to the need for ongoing assessment of the *progress of the child in placement* related to the kinship carers’ capacity to manage the care of the child and the complexity that is kinship care
- ▶ Support – is about partnership based relationship
- ▶ A difficult juggling act for the practitioner

MONITORING & SUPPORT

- ▶ Increased likelihood with the complexity that kinship carers will make “mistakes”
- ▶ Whilst safety of kin is a paramount concern this needs not to be at the expense of family attachments and a sense of belonging.

Kinship carers may not meet the same standards as general carers - how do we address this?

- ▶ Implementation of targeted support packages;
- ▶ Effective “user-friendly” resource options that are considerate of the needs of the “whole” family;
- ▶ Workable boundaries that are supported and regularly revisited post-placement for practicality and workability;
- ▶ Planning and support processes that promote family and individual ownership of adaptive and maladaptive family dynamics which assist in promoting responsibility for positive change
- ▶ Enthusiastic, stable, supportive staff, well trained in the framework of kinship care practice – important that they embrace reflective practice & have a balanced thorough assessment framework including observation of the child in relationship with the kinship carer that informs PLANNED INTERVENTION;
- ▶ between a strengths based approach and risk assessment framework.

MFS KINSHIP CARE: -

A model that responds to their needs

- ▶ Our model responds to kinship care through the perspective of a family intervention and support framework;
- ▶ A structured process that brings together strengths based practice with thorough ongoing risk assessment with a view to providing a strong evidence base to statutory authorities.

MFS KINSHIP CARE: -

A model that responds to their needs

- ▶ Parenting practices are mobilised in family processes;
- ▶ Positive supports promote the well being and safety of the child/ren in placement;
- ▶ Ongoing work for MFS in developing up and promoting a framework of practice that is specific to the needs of kinship carers.