

:research

Understanding the **Needs of Kinship Carers in Australia**



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with cultural knowledge, practice wisdom and the voices of children and young people in care to produce research summaries, practice resources, tools and training to support the provision of high quality, evidence informed therapeutic care. The CETC works in collaboration with children and young people, therapeutic care agencies, governments, peak bodies and other important stakeholders seeking to ensure the delivery of high quality therapeutic care and positive outcomes for the children and young people who require it.

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Background

Kinship care placements in Australia are now more prevalent than foster care. They are the fastest growing form of out-of-home care in this country (AIHW, 2021). On 30 June 2019, 93% of Australian children in out-of-home care were in home based care, with 37% in foster care and 54% in relative/kinship care (AIHW, 2021). This figure compares to 53% in foster care and 34% in kinship care in 1999 (AIHW, 2000). Data pertaining to the previous decade is not available. What is known, however, is that State and Territory child welfare policy and practice was previously geared towards placing children in foster care arrangements rather than with family or kin in Australia (Scott & Swain 2002). This practice is reported to have taken place across state and territory child protection systems; however, it was particularly evident in the case of First Nations children, where removal from family, community and culture became known as the creation of a 'stolen generation' (Human Rights and Equal Opportunity Commission, 1997).

The legacy of this policy orientation continues to challenge Australian child welfare systems today, with First Nations children currently reported to be 11 times more likely than non-indigenous children to be placed in out-of-home care (AIHW, 2020). This alarming figure continues to rise despite a policy shift in favour of kinship care placements throughout Australia. A trend toward favouring kinship care is evident in other Western Nations. In England, for example, there has been a large increase in the number of children being placed with 'grandparent special guardians', increasing annually from 5% in 2010 to 12% in 2017. Similarly, in the USA, 'more children are being raised by their grandparents today than at any time in recent US history' (Dueer Berrick & Hernandez, 2016, p.24).

Kinship care has been defined as the 'full-time protecting and nurturing of children by grandparents, aunts, uncles, godparents, older siblings, non-related extended family members, and anyone to whom children and parents ascribe a family relationship' (Child Welfare League of America, 2013, p.1). Carers may be relative carers – typically grandparents, aunts, uncles and older cousins – or non-relative carers, including family friends or those who may have had, at best, a tenuous link with the child prior to assuming the role of caregiver (Kiraly & Humphries, 2013).

Kinship care may be formal care, where children are placed as a result of statutory involvement, or informal care, where there may be an absence of agency assessment or involvement (Gordon, 2016).

The rise of kinship care in Australia represents a paradigm shift in social policy underpinning the provision of out-of-home care. Some argue that the motivation for the shift is primarily economic insofar as kinship care costs less. This is due to carers being provided with less training and given lower allowances and fewer supports (Boetto, 2010). Others suggest that irrespective of the political motivation to bring kinship care into favour, policy makers need to understand the critical differences between the previous system, which was founded on the work of volunteers (foster carers) who were connected to and supported by charitable organisations, and the emerging model of kinship care by relatives. An understanding of the context within which kinship care has evolved is seen as central to understanding current issues, including the identified needs of kinship carers.

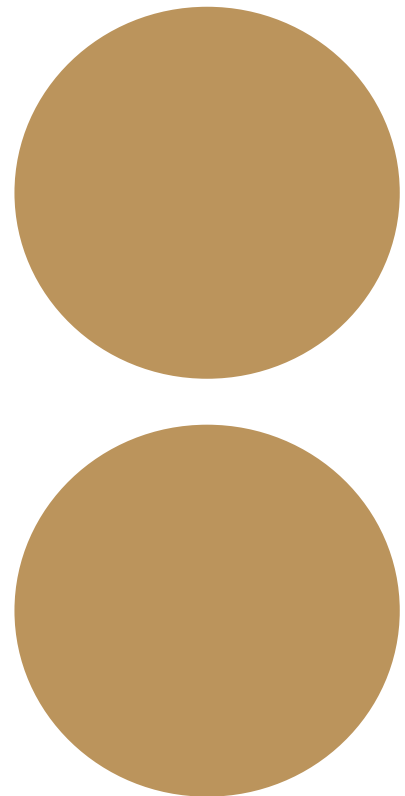


THIS RESEARCH BRIEF WILL:

- Summarise the historical context for kinship care in Australia
- Present contemporary research findings that examine how kinship carers are faring
- Provide an overview of kinship care within a First Nations context
- Examine what is known about children in kinship care
- Apply a trauma lens to kinship carers' trajectory
- Identify kinship carers needs and key messages from the research

The historical context for kinship care in Australia

The unprecedented growth in the use of kinship care as a care option in recent years has, in many respects, not only preceded the development of a comprehensive social policy framework but has done so in spite of the previous 'practice wisdom' that kinship care should be a last resort rather than the first option for vulnerable children assessed as needing placement away from their birth families (Scott et al. 2002). In former decades, 'kin' – in particular grandparent carers – were seen as part of the 'problem' for the child being brought into care, with their own parenting of the child's parents being assumed to have been deficient. These attitudes and beliefs on the part of child protection agencies served to perpetuate the removing of children – including, in Australia, First Nations children – from their families and communities to be placed with 'more appropriate' foster families, who were overwhelmingly white and middle class (Scott & Swain 2002).



● What do we know about how kinship carers are faring?

A recent Australian study involving 116 kinship carers and 210 foster carers examined their perceptions of well being as carers, with a view to noting differences between the two groups (Harding et al., 2020). Whilst findings found that overall wellbeing measures produced similar results between the two groups, some critical distinctions between kinship carers and foster carers were noted. Kinship carers as a cohort were older and more likely to experience stress and mental health concerns compared to their foster care counterparts, yet also reported greater satisfaction in their carer role than foster carers (Harding et al., 2020). In addition, this study confirmed earlier findings (Kiraly, 2015) that **kinship carers have less access to training and support services and far less contact with service providers than do foster carers** (Harding et al., 2020). This includes service providers who might offer support to them in their kinship carer role, as well as services designed to support children in their care. Importantly, more than half of the kinship carer respondents reported that they had not had an opportunity to participate in any formal training to support them in their carer role (Harding et al., 2020). These findings are not new. Earlier Australian studies have found that kinship carers reported less life satisfaction than foster carers and experienced greater health concerns (Delfabbro, 2017; Que et al., 2018). Carers recognised that they needed services to support them in their role and to address the needs of their kin child (Delfabbro, 2017).

In a major study of kinship carers in New Zealand, approximately 1100 grandparents described their experiences of raising their grandchildren – including the ‘joys and challenges’ of becoming a kinship carer (Gordon, 2016, p.3). This study has been described as the ‘largest study of social, emotional wellbeing and economic issues affecting grandparent caregivers in the world to date’ (Bundle, 2017, p.10). Research participants indicated that they loved having the children in their care but also reported **emotional, financial, health and housing difficulties** (Gordon, 2016). In a review of surveys involving kinship carers, Kiraly (2015) noted that a major concern associated with taking on the care of kin children was its impact on **personal finances**. Most costs were associated with day-to-day living expenses, but some related to expensive specialist assessment and treatment of children’s special needs. For some, the costs of protracted legal proceedings had been particularly burdensome. This review concluded that carers had a myriad of unmet needs, ranging from meeting legal expenses to support for helping with their grandchildren’s homework (Kiraly, 2015).

● Kinship care of First Nations children and young people

It is now well evidenced that First Nations children and young people are overrepresented in child protection systems across Australia, with many of those children being raised by foster carers or in residential care (Gatwiri et al., 2019). Considering the colonial history of dispossession and attempted erasure of cultural identity, Butler (1993) argues that First Nations children’s welfare is underpinned by five key principles, namely: spiritual identity, caring for the environment, extended family, cultural transmission, and self-determination. The Secretariat of National Aboriginal and Islander Child Care (SNAICC) (2005, p.2) also states that ‘maintaining contact or involvement with family or returning to family will always be in the First Nations child’s best interests if safety issues can be addressed’. Despite the demonstrated importance of cultural connection for First Nations children, Kiraly and Humphreys’ (2015) study showed that ‘children in non-Indigenous kinship care in Victoria may be growing up without an active connection to their Indigenous family and culture’ (pg.30).

Given that culture is a particularly salient component for the wellbeing of First Nations children and young people, the Aboriginal Child Placement Principle places preference on kinship care over non-relative foster care. This policy has been ratified within all Australian states and territories (Australia Institute of Family Studies, 2007). According to the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP), “Aboriginal Kinship is a diverse and complex system [and] refers to the biological bloodlines that have been passed on from generation to generation” (QATSICPP & Smith, p. 7). In First Nations contexts, family and community underpin the development of a child. Simply stated, “stability for Aboriginal children and families exists in relationships and connections to community, culture and country and conceptualisations of family and caregiving are embedded within the culture. Therefore, ‘being with family, being raised by family in culture is at the heart of an Aboriginal child’s perception of permanence, identity development” (QATSICPP & Smith, p. 7). This is why DiGiacomo and colleagues (2017, p.2) suggest, “the term ‘carer’ may not resonate with First Nations carers who perceive it as reflecting formal care workers; thus, First Nations carers may not identify as carers despite significant care responsibilities”. This may consequently inform the underpinning challenges for First Nations carers accessing formalised external supports.

Due to historical issues of colonisation and implications for the stolen generation, there exists significant mistrust between child welfare services and First Nations carers and communities. Ongoing gaps in culturally sensitive and safe practices can also increase mistrust and fractured relationships between child welfare services and institutions and First Nations carers. This means that First Nations carers may only seek support when there is a crisis or not at all. This historical context has acute implications for First Nations carers and their communities due to the high levels of structural and social economic disadvantage (DiGiacomo et al., 2017). Despite this ongoing disadvantage, recent research has showed that First Nations kinship carers take on the carer role because of a “strong attachment,” a deep sense of “family and cultural responsibility”, mistrust of foster care experiences of First Nations children placed “with strangers” and to “look after” their own children in a culturally informed way (Irizarry, Miller, & Bowden 2016, p.206).

Given the continued dearth of research on the experiences of First Nations carers, Kiraly, James and Humphreys (2015, p.30) suggest that “an active partnership between child protection and Indigenous services is needed” if First Nations children are to remain “connected with family and culture” as per the requirements of the Aboriginal Child Placement Principle. If this is not addressed, they argue, First Nations children in kinship care will “remain at risk until all assessments are thorough and culturally aware, and robust support is available to caregiving families” (Kiraly, James & Humphreys, 2015, p.31).

● Outcomes for children in ● kinship care versus foster care

Kinship carers are the primary point of focus within this Research Brief. That said, it is noteworthy that internationally, there has been considerable research interest in the kin children who are cared for (Akin, 2011; Harnett et al., 2012; Koh, 2010; Koh & Testa, 2008; Stene et al., 2020; Winokur, Crawford, Longobardi & Valentine, 2008; Winokur, Holton & Batchelder, 2018). There is some evidence, primarily emerging from the USA, **that children in kinship care are faring better than their counterparts in foster care** (Harnett et al., 2012; Winokur, Holton & Batchelder, 2018). A systematic review of 62 studies involving outcomes for children in care, for example, found that children placed with kinship carers had fewer behaviour problems and stronger adaptive behaviours compared with children placed in foster care (Harnett et al., 2012). More recently, a systematic review of 102 international studies examining the “kinship care effects on safety, permanency and well being” (Winokur, Holton & Batchelder, 2018 p.19) presents compelling evidence that children benefit from placement in kinship care. This review found that, when compared to children placed in foster care, children in kinship care demonstrate a lower rate of behavioural and emotional difficulties, are more stable in their placements and experience lower levels of depression and higher levels of overall well being (Winokur, Holton & Batchelder, 2018 p.19).

In summary, existing research indicates that **children in kinship care fare better** than those in foster care: they stay in placement longer, have greater educational continuity, better health and mental health outcomes (Winokur, Holden & Batchelder, 2018). Further research to explore the ‘essential ingredients’ contributing to successful outcomes for children in kinship care placements may be helpful.



WE SUGGEST THAT THEY MAY INCLUDE:

- **depth and continuity of relationship with an extended family member or friend offering unconditional love and support to the child,**
- **connection to culture and community. This is particularly critical for First Nations children who may otherwise have been removed from community.**

● Applying Life Course theory to the lived experience of kinship carers

A 'life course' approach may offer some additional opportunities to reflect on the experiences and needs of kinship carers (Connolly et al., 2017). A life course approach offers an interdisciplinary perspective focusing on five basic concepts: cohorts, transitions, trajectories, life events, and turning points. These points of focus enable close examination of the interplay of human lives and time, interdependent lives, human agency and diverse trajectories (Hutchison, 2005). Drawing on this approach, we recognise that kinship carers are not a homogenous group and feature young and mid-life carers, which may be siblings, cousins, aunts and uncles or family friends, known as kith. The approach has particular relevance for grandparent carers who have reached 'late adulthood', defined as sixty-five years onward (Connolly et al., 2017).

This is the life stage when many adults enter a period of retirement from the workforce. For some, it is a stage of new life opportunities, having separated from the paid workforce. Having additional time to take up new interests and hobbies and to strengthen existing or create new friendship networks is a long-awaited possibility for some in this stage of life.

For others, it may be a time of increased financial distress, particularly where there is housing instability. This stress is likely to be exacerbated by the unanticipated (and therefore unplanned for) requirement to become a full-time carer. In addition, whilst their peers may be enjoying newfound opportunities to socialise, grandparent carers may experience isolation and loneliness in their lack of 'fit' in friendship or support networks.

Whilst many adults in this cohort remain healthy and active, it is also a normative expectation of this life stage that physical and cognitive health will decline. Some will experience mobility concerns and frailty. For them, the physicality of caring for children, in particular infants and younger children, may present particular challenges.

These are but some of the 'normative' considerations for grandparent kinship carers from a life course perspective. Challenges faced by kinship carers in late adulthood, however, may be **compounded by their historical and current experiences of trauma** (McPherson & MacNamara, 2014).

● Applying a trauma lens to kinship carers' trajectory

The international evidence concludes that **kinship carers, as a cohort, are older, in poorer health and experience more stress** than foster carers (Harding, Murray, Shakespeare-Finch & Frey, 2020). Kinship carers who are grandparents also often come into the role in an emergency placement situation, following years of difficulty with their own (adult) child's mental health, violence or substance abuse issues (McPherson & Macnamara, 2014).

Children who are the subject of statutory child protection may initially be placed with kinship carers in a crisis situation. The legislative framework governing practice in each state and territory in Australia requires effort to be reasonably made to enable children to live at home if at all possible, based on the overarching 'best interests of the child' principle. For example, Section 10.3 (i) of the

Children Youth and Families Act (2005) in Victoria, Australia requires that consideration must be given to:

- (i) *the desirability, when a child is removed from the care of his or her parent, to plan the reunification of the child with his or her parent.*

Similarly, where a child is removed from home in New South Wales, Australia and the Children's Court is involved, a 'restoration plan' must be developed to enable parents to work toward the restoration of their child into their care (FACS, NSW, 2021).

These legislative provisions endeavour to ensure that children can live with their parents if at all possible and if it is safe to do so. What this may also mean, for example where birth parents are struggling with substance use addiction, is that a series of crises may result in multiple requests for placements to be provided by kinship carers, following the 'breakdown' of reconciliation with parents. **It could be theorised that these placements made in crisis may not be 'one off' events. In fact, kinship carers may find themselves in situations of perpetual crisis as they take on the role of carer, only to later relinquish care to a potentially unsafe caregiver before being again requested to offer care, and so on.** Further research is needed to investigate this issue.

In addition to the issues of placement crises that kinship carers may need to manage, the implications of **previous traumatic life experiences** involving the parents of their kin child, in terms of carers taking on a role that may trigger unresolved, complicated grief and trauma (Machin, 2014), does not appear to have been addressed in the prevailing research. It is also recognised, however, that kinship carers often have limited access to social capital, rendering them less able to access formal and informal networks of support (Taylor et al., 2020).

Consistent with these findings, a small Australian study seeking to better understand the experiences of grandparent carers identified the paradox for carers whose experiences were: **"simultaneously made up of pain/pleasure, myth/reality, inclusion/exclusion, being deserving/underserving, visible, invisible and voiced/silenced"** (Backhouse & Graham, 2010 p.306). **Experiences of 'deep pain'** were recounted by grandparent carers where the key issues surrounding placement included parental mental health, substance abuse, violence, imprisonment, HIV/AIDS and parent apathy or apparent indifference toward their child (Backhouse & Graham, 2010). This study identified the complexity and ambiguity of changing role identity for grandparent kinship carers, who moved between the role of parent and grandparent, in situations that were compounded by loss and grief. In another study involving 303 grandparent carers in the USA, reports of **feelings of guilt** about the inability of their adult child to parent were a major source of stress (Duerr Berrick et al., 2016).

A study in the United Kingdom recently explored the trajectory of grandparent kinship carers from initial assessment through to placement and beyond (Hingley-Jones, Allain, Gleeson, & Twimasi 2019). Participants in this study indicated that initial assessments and decision making with respect to their grandchildren was often made at a time of family crisis. For some, these unplanned placements led to major impacts on grandparent carers' capacity to work, plan for their retirement and manage what had become difficult family relationships. These authors critique social policy and social work practice, concluding that grandparent carers are often left on their own to address the complex emotional needs of their grandchildren who had experienced early trauma (Hingley-Jones, Allain, Gleeson, & Twimasi 2019). In another small qualitative study conducted in the USA, grandparent carers expressed dissatisfaction with a welfare system that appeared to exclude them from critical decisions, highlighting service gaps and unmet support needs. The authors concluded that the **voices of grandparent carers needed to be included in the development of policies and programs designed to support them** (Gentles-Gibbs & Zema 2020).

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FROM A 'TRAUMA INFORMED' PERSPECTIVE (MITCHELL ET AL. 2020), THE COMBINATION OF A 'PERFECT STORM' OF RISKS TO PLACEMENTS EMERGE FROM THE LITERATURE FOR KINSHIP CARERS, WHO, WHEN COMPARED TO FOSTER CARERS, HAVE;

- poorer health,
- greater financial and housing difficulties
- limited social networks and support,
- lack of preparation for the role prior to placement
- lack of training and support post placement
- limited access to services
- crises and ambiguity in relation to their role as parent and grandparent and
- feelings of guilt in relation to their adult child's inability to parent safely
- experience of trauma and loss, triggered by caring for the kin child (for grandparent carers).


Despite these identified risks, children in kinship care stay in placement and school longer, with stronger health and mental health outcomes than their foster care counterparts (Winokur, Holden & Batchelder, 2018). Clearly, kinship care is a promising out-of-home care model worthy of investing in.

● What are kinship carers needs?

● Some tentative conclusions

Overwhelmingly, the messages from the literature in respect to kinship carers are that they experience a unique journey in terms of becoming and remaining a carer of a child/children who have experienced harm. This is a journey that (for grandparent carers) may have involved **grief, loss and trauma** as parents of a now adult child. For some, this child may have died. For many involved in the statutory child protection system, that child may have a history of substance abuse, violence, incarceration and /or mental health concerns.

A service system that was built historically to address the training and support needs of foster carers is unlikely to address the needs emerging from this unique journey. Foster carers are adults who have identified an interest in becoming a carer, made plans within their lives to pursue that interest and have commonly undertaken pre-placement training to become accredited carers for a child who will be 'matched' to their family (McPherson & Macnamara 2014).



Based on what is known about the unique trajectory of kinship carers and the available literature, what follows are a series of six key messages proposing kinship carers needs and implications for policy programs and practice.

- 1. Policies** designed to support kinship carers must include the ‘voices’ of carers in their development, implementation and evaluation, ideally using models of participatory co-design (Gentles-Gibbs et al., 2020).
- 2. Policy and program frameworks** need to reflect both the dominance of kinship care as a preferred form of placement and the unique characteristics of kinship care placements. Based on an array of studies suggesting that kinship placements may be unplanned and occur in the midst of a family crisis (Connolly et al., 2017) impacting on the child and kinship carer, tailored responses are required to address emergency practical and emotional support needs.
- 3. Models of Training** and ongoing support for kinship carers should be available and include explicit attention to the needs of children who have experienced trauma and the needs of kinship carers who may be experiencing the ‘pleasure and pain’ of caring.
- 4.** Being cognisant of past policies that excluded kinship carers as a viable placement option (Scott et al., 2012), **practice frameworks** should ensure an outreach, proactive approach to supporting kinship carers that is non-judgemental, respectful and relationship based (Conolly et al., 2017). Practices should be holistic and mindful of normative life course issues as well as the potential triggers, pain and distress that may be associated with the kinship placement and family relationships.
- 5. The therapeutic care team approach** (Macnamara, 2020) is one that may address many of the concerns emerging in the prevailing research regarding kinship carers’ needs. Therapeutic care teams offer a trauma informed, therapeutic response to a child in a kinship care placement. As core team members, kinship carers are respected, listened to and heard. Their observations and experiences of the child in their care are valued. A network of professionals and other adults using this approach to work with the child develop a “relationship in which all parties feel equal and share responsibility for the success of their common purpose: the best interests of the child and the well being of the carer” (Macnamara, 2020, p.228).
- 6.** In light of identified experiences of **isolation and loneliness**, kinship carer peer support groups may be an invaluable form of support, offering new networks, emotional support and social connection. These groups might also create a space for carers to consider their well being and their personal processes of “meaning-making” (Cavanagh et al., 2020).

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