

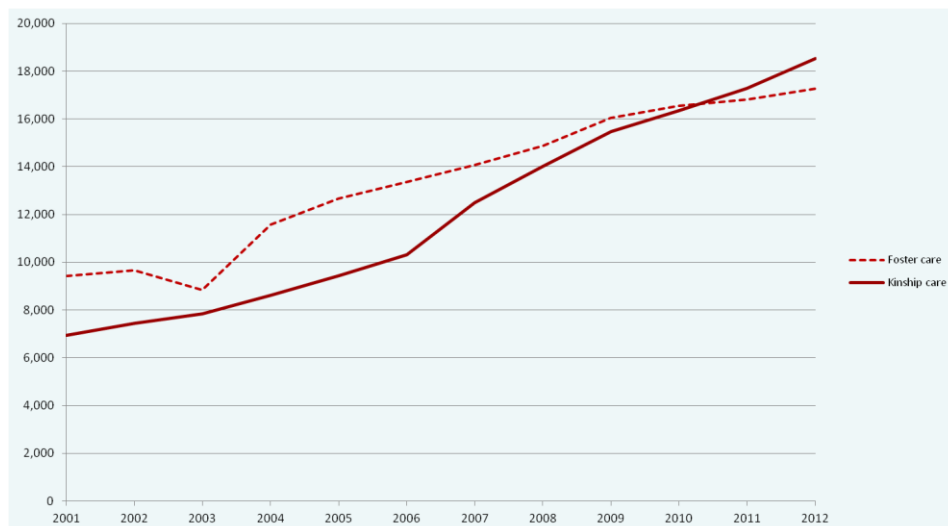


Leverhulme International Network on New Families, New Governance
3rd Workshop, University of Notre Dame, USA
27-28 March 2014

Whose responsibility is it? Supporting the needs of informal kinship care
By Professor Marie Connolly

Across cultures and over known human history, children have been looked after and supported by people other than their parents. From basic childcare for busy parents to the raising of orphaned children, extended family has been the foundational safety net for children. Yet this elemental expression of relationship between family members has been tested in recent centuries as modern society has become more complex and, arguably, increasingly at odds with traditional values and the structures which support them. Households have trended toward being two-wage dependent, the number of single parents has increased in Australia, divorce has become more commonplace, and family size has decreased¹. Whilst there have been substantial gains in terms of overall health and the establishment of basic human rights (including the rights of children), broad social and economic trends may have unintentionally led to the undermining and fragmentation of traditional family structures that support children and families.

Over the past twenty years there has been an important shift in Australia toward the use of extended family systems to support and care for vulnerable children. Australia has increasingly come to rely upon family members to care for their more vulnerable relatives due to the recognition that the developmental, cultural and spiritual needs of children can best be met within families². In 2010, for the first time in Australia, statutory kinship care overtook foster care in the statutory care statistics (from Kiraly 2013):



¹ Australian Institute of Family Studies (2013; 2004)

² Connolly, M. & Morris, K. (2012) *Understanding child and family welfare: Statutory responses to children at risk*. Palgrave: London.

Yet Australia has paid very little attention to the nature and scope of the caregiving activities of extended family. Indeed, there has been fairly scant attention paid to this substantial and growing population internationally, leaving Australia with very little information about how to effectively utilize traditional extended family support to achieve better outcomes for vulnerable children.

In general, research into kinship care has generally not kept pace with its growth as the preferred placement option for children who cannot live with their parents³. Policy and practice responses have generally not been informed by strong evidence creating serious gaps in knowledge that could better inform decision-making. In their systematic review, Winokur and colleagues noted that the best available evidence on kinship care did not actually meet the standard required of a systematic review. They nevertheless believed that “practitioners and policymakers benefit more from examining poor evidence than no evidence at all”⁴, and so they included studies that would not have otherwise been included. Most of the 62 studies that were included in the review were conducted in the US. One Australian study was included (Tarren-Sweeney 2006). Overall, these writers argue the need for rigorous quantitative and qualitative research that focuses specifically on children’s outcomes.

Informal kinship care

Although governments across the industrialized world now prioritize kinship care as the preferred care option for children who cannot live with their parents, and states typically have such policies explicitly enshrined in law and practice, the majority of kinship carers are not supported by the government, either financially or with social services^{5,6}. In part this is because of the complex tensions that exist in terms of family rights and responsibilities, and the role of the state in supporting familial care. Whether the state is considered to have obligations or responsibilities for children within informal kinship care creates complex debate, particularly when placed alongside the role of the family to care for its children. Australia and nations with similar social service systems (NZ, UK, US, Canada) tend to take what has been termed a ‘residual’ approach to child protection and the care of vulnerable children. That is, the sanctity of the family is paramount, and services for parents and children tend to be provided only when substantial child safety concerns are already present rather than delivering preventive social support services before such concerns become manifest. In such systems the vast majority of out-of-home care is not provided by state child protection systems but is, instead, provided by families and supportive adults functioning outside this system. Within this residual approach the wholesale movement toward more traditional forms of family support has seen few resources being made available for a sizable population of non-statutory kinship carers and the children they raise. Still fewer resources have been dedicated to the larger population of families where extended family provide essential support functions such as day care, financial assistance, housing and transportation.

In terms of research most studies on kin have focused almost exclusively on grandparents. Whilst grandparents, particularly grandmothers, may be the largest group of kinship caregivers, there are also many aunts, uncles, cousins, and siblings, friends and neighbours who raise children who cannot be cared for by their parents. Increasingly non-family are being utilised for support and placement services, but almost no research has been conducted with this population, nor have the few services that have been developed been tested for efficacy and/or effectiveness with respect to child outcomes. International research suggests that informal childcare arrangements “...are the substance or glue of communities”⁷. Despite this, we know little about the potential of well-

³ Winokur, M. Holtan, A. & Valentine, D. (2009). Kinship care for the safety, permanency, and wellbeing of children removed from the home for maltreatment. *Cochrane Database Systematic Review*.

⁴ Ibid, p.11

⁵ Geen, R. (2004). The evolution of kinship care policy and practice. *Future of Children.org*

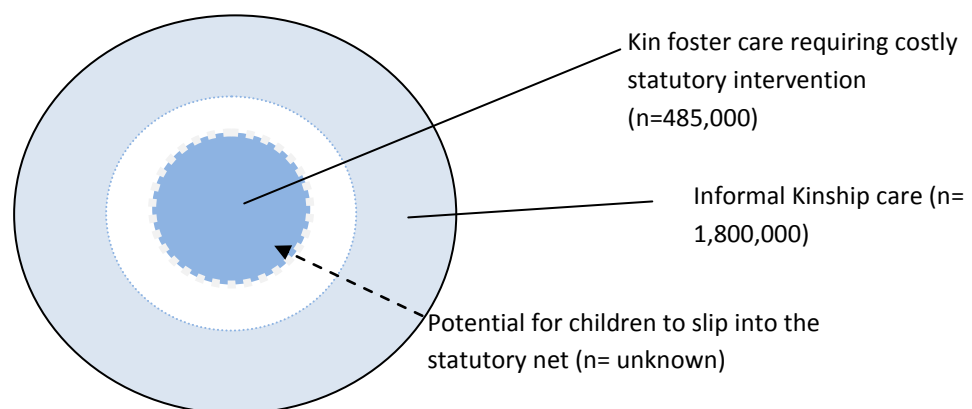
⁶ Brennan, D. et al. *Grandparents raising grandchildren: Towards recognition, respect and reward*. SPRC: Sydney

⁷ Geen, R. (2004, p.9)

supported kinship care in terms of building important “webs of reciprocity”⁸ that promote health and well-being for children. Informal care arrangements cross class, cultural, and racial boundaries, yet little is known about how they can best be effective for addressing child vulnerabilities in an increasingly complex world.

The shift in Australia toward the use of extended family systems to care for vulnerable children has included both biological kin carers, and also kith carers – friends and supportive people within the child’s social network. Vulnerable children may therefore be living with members of their extended family, or they may be living with unrelated adults who are known to them. Within this context the question of who has responsibility for informal kinship care becomes much more complex. We know very little about the informal care of children – how these children are faring within informal systems of care and how this care impacts on their longer-term outcomes. Australia’s residual child protection response by States and Territories utilizes kith and kin care, but without the necessary support systems that would strengthen better outcomes for these particularly vulnerable children.

US research⁹ indicates that there may be as many as 1,800,000 US children in these private informal care arrangements (with an additional 485,000 who are involved with child welfare services). Living below the statutory radar, it is not known how vulnerable these children in informal care are. It is likely that many will nevertheless share characteristics of America’s most vulnerable, those children receiving statutory interventions. If only 15% of the more vulnerable children living in informal kinship care were to reach statutory attention the statutory kinship care population would double¹⁰:



This would place an untenable strain on statutory services that are already struggling to respond to child protection service demand. It could be argued therefore, from a demand perspective, that broader government support of informal care could be beneficial to both the state and the families involved. In Australia children within informal kinship care arrangements remain largely unrecognized, unmeasured and officially invisible. Currently Australia is unable to participate or contribute to the contentious international debate about informal care of vulnerable children and the interface it has with formal systems of care. It is nevertheless likely that some of the children in informal kinship care will share similar characteristics and vulnerabilities of those children receiving

⁸ Holland, S. et al (2011). Everybody’s Business? A research review of the informal safeguarding of other people’s children in the UK, *Child Soc.* 25 (5) p. 409.

⁹ Ehrle, J., Geen, R. & Clark, R.L. (2001). *Children cared for by relatives: Who are they and how are they faring*. The Urban Institute: Washington DC

¹⁰ Geen, R. (2004)

statutory interventions. A stronger focus on prevention and supporting the needs of kinship placements could prevent those more vulnerable children slipping into the statutory net.

Advancing kinship research and development in Australia

Australia has paid very little attention to the nature and scope of informal kinship care and the interplay between informal and formal support networks needed to strengthen good outcomes for vulnerable children. Taking the opportunity to influence policies guiding kinship care and support at its three major levels (extended family support, informal kinship care, and formal kinship care) is extremely important as the realities of unsupported care can have significant future ramifications both in terms of children's outcomes and the need to support this population into adulthood. This requires a greater emphasis on prevention and initiating programmes of research that would support the development of evidence-informed support services for the large and substantially underserved population of extended family and supportive adult caregivers in Australia. Developing multi-level, evidence-based support service specifically geared toward extended family and the unique issues they face has the potential to strengthen the 'webs of reciprocity' and the broader safety net for children at risk. To do so, however, would require a reengineering of kinship care support in Australia that goes beyond the current focus on statutory kinship care.

Across international jurisdictions governments give effect to their prevention mandates through the support of more generalized parenting programmes such as Incredible Years and Triple P (Positive Parenting Programs). Such programs are seen to have early intervention benefits that prevent problems before they become entrenched. Learning from the broad success of Triple P and its provision of tiered systems of support provides some insight into how the diverse needs of kinship carers might be addressed with respect to the universal needs of extended family support providers, the needs of families with more serious child/family vulnerability, and the needs of children at risk of harm. As with Triple P, a suite of flexible delivery interventions of increasing intensity for kinship carers could create better support their needs at differing levels:

- A population approach to the support of kin carers and their children – reaching as many people as possible with a focus on prevention;
- The development of resources – kinship support practice frameworks, resources and interventions that are clinically trialled and tested;
- Coordinating support for organizations and practitioners that will create a stronger evidence-informed kinship care practice environment;
- Creating effective means of communicating kinship care support in ways that are accessible across kinship carer populations;
- Creating evaluation cultures that support the ongoing development of the integrated system of support for kinship carers.¹¹

This kind of integrated programme across the primary, secondary and tertiary levels of intervention has the potential to provide a stronger systemic response that recognizes the interplay between formal and informal support for kinship carers. By normalizing the issues that confront kinship carers it has the potential to strengthen family care without stigmatizing interference in the lives of families needing support. Drawing upon emerging techniques from applied social research could inform frameworks and services that address the unique needs of extended family, many of whom are deeply involved in the lives of Australia's vulnerable children. Intervention research has the potential to map directly on to the public health model (primary prevention, secondary prevention, tertiary care). Using this approach, the wider population of extended families and friends

¹¹ Adapted from Triple P: Positive Parenting Program: *Small changes, Big differences*, <http://www.triplep.net/glo-en/find-out-about-triple-p/triple-p-in-a-nutshell/>

supporting the parenting and other needs of vulnerable children would be provided universal services and resources (primary prevention), those who are identified as having more serious concerns and needs, could be offered more targeted services (secondary prevention), and those with the most serious concerns are provided intensive family support services specifically focused on the unique needs of the family. Currently in Australia the needs of kinship families are minimally understood, particularly those providing informal care. If Australia wishes to support the life chances of vulnerable children in informal care settings, and avoid the risk of them slipping into the statutory net, it is important that we look at new ways of supporting them. Creating tiered responses that utilize formal and informal systems of support within a framework of shared responsibility is one way of doing that.