



‘They need that connection’

Kinship carers and support staff speak about contact between children and their families

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Disclaimer

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Foreword



There has been a huge rise in the care of children and young people within their wider families over the last ten years, both in Australia and internationally. The Victorian Children, Youth and Families Act 2005 provides that kinship care must be considered first when children are removed from the care of their parents. Family care brings many advantages. Family members – usually grandparents – hang in with children through thick and thin, and go to extra lengths to keep sisters and brothers together. Nevertheless, children’s lives remain challenging. Parents are important, but the difficulties that led to children living elsewhere may continue to complicate contact with Mum and Dad. Measures designed to ensure safety may unintentionally make visits more difficult. Children may miss other family members.

The *Family Links: Kinship Care and Family Contact* research project has been conducted by the University of Melbourne with assistance from staff of my Office. It is the first large research study of kinship care in Victoria. This final report in the Family Links research series explores the subject of family contact for children in kinship care as seen by their caregivers and kinship care support workers. The report documents a survey to which 430 carers responded, as well as a series of focus groups and interviews that included 70 kinship carers and 30 support staff. Caregivers shared personal experiences that included considerable pain. They affirmed the importance of children’s contact with their mothers and fathers in line with children’s own wishes, and of appropriate arrangements to ensure their safety and wellbeing. They also described the support and enjoyment children gain from the contact that occurs naturally with sisters and brothers, aunts, uncles, cousins and grandparents when they remain within their wider family. They spoke with great feeling about the unmet support needs of the children and themselves.

They reinforced the importance of listening to the wishes and feelings of children in their care, whether expressed directly or indirectly.

My Office takes a keen interest in children in kinship care. We have observed the great benefits to children of loving and supportive kinship care arrangements, but also real problems where arrangements have been ill-considered. Careful assessment of the needs of both children and caregivers is clearly essential. We are also aware of the tremendous demands on caregivers, who are often grappling with health problems, poverty and other issues. The evidence presented in this report reinforces our experiences. Kinship carers deserve our respect and support – support that needs to be far greater than what is available currently.

Kinship care support programs in Victoria are now just two years old, and policy and programs are still being developed. This report stands to inform government and community services about the unmet needs of both children in kinship care and their caregivers. I am pleased to be part of a project that spotlights these families and draws attention to the urgent need for increased support. I recommend the report to everyone who is interested in the welfare of children and service improvement.

A handwritten signature in black ink, appearing to read 'Bernie Geary'. The signature is fluid and cursive, with a horizontal line underneath it.

Bernie Geary, OAM
Child Safety Commissioner

Family needs family.
And if their mother
can't be there, well then
I'm there. I will not
let strangers bring up
my grandchildren. So
until they are all grown
up, I will care for my
“grannies”. They keep
me young and fit at heart
(Indigenous carer).

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Key pointers for supporting children's contact with their families

1. Pay more attention to children's wellbeing in contact with parents

Emotional abuse needs to receive the same attention as more evident physical and sexual abuse. Emotional abuse may include unwanted exposure to parents whom children fear or who provide traumatic reminders of past abuse and neglect. Kinship carers are well-placed to inform decisions about protecting children from emotional abuse.

2. Listen to the views of children

Children and young people need ongoing opportunities to voice their preferences and concerns regarding contact with their parents, sisters and brothers, and other family members. Their views should be taken seriously in considering what is in their best interests. They may need tailored arrangements and better support for contact with their parents; greater attention to finding and maintaining contact with siblings, grandparents and aunts/uncles; and in some circumstances, respect for their wish for no contact with particular family members.

3. Provide support for children's contact with their mothers and fathers

Most children need and want some contact with their mothers and/or fathers. However, this is a complex area: given the difficulties that have led to children's alternative care, contact is often difficult. Parents' circumstances and views need to be fully understood. Arrangements for contact need to be flexible to allow for change over time.

While parental contact is ideally managed within the family, additional support to children, parents and caregivers is needed where this is challenging. In some circumstances contact needs to be supervised externally to the family. Contact with parents who pose physical or emotional risk to children requires careful assessment, including the reactions of children. Children may benefit from less frequent but higher quality contact visits, supported by community services. Where contact cannot be made workable for children, consideration needs to be given to whether visits are in their best interests.

There is a significant need for access to contact centres where parental contact arrangements are too challenging to be managed in the community.

4. Provide support to parents after children are removed

Continuing support to parents is needed to help them deal with their grief and loss and adjust to a different role in their children's lives. This may reduce distress to their children caused by substance abuse, unreliability, conflict and unresponsiveness during contact visits. Patience and creativity are needed to respond to parents' issues and readiness to accept help.

5. Promote contact with sisters and brothers

Sisters and brothers may be the most enduring relationships children have; contact with them is critical to children's wellbeing. Kinship care provides more opportunity than foster care to keep siblings connected; however, many separations still occur. Greater attention is needed to finding ways to help caregivers keep siblings together, and to stay in touch when living apart.

6. Promote children's contact with the wider family

A key strength of kinship care is the connection of children to their wider family, promoting a security and a support system for life. As with siblings, some relationships that are important to children are threatened by avoidable barriers. Assistance with resolving family conflict, finding missing relatives, and travel costs stand to yield considerable benefits for children.

7. Improve parental contact for children of prisoners

Contact with parents in prison is an issue for a significant minority of children in kinship care. Imprisonment often militates against children's contact with parents who have raised them and who are expected to return to the family home on release. Prison visits are often experienced as traumatic. Alternative approaches to maintaining contact include contact centres outside prison walls and supported videoconferencing. Children's feelings about contact with imprisoned mothers and fathers need to be heard. Where it may be in their best interests, the possibility of reduced or no in-prison contact should be considered.

8. Improve implementation of Cultural Support Planning for Aboriginal children

Aboriginal services need to be resourced to ensure that connection to family and culture is ensured for all Aboriginal children. Particular attention needs to be given to Aboriginal children in non-Aboriginal care, some of whom are at risk of losing contact with their Aboriginal family and culture.

9. Address problems in the legal system

Current judicial arrangements are frequently not promoting positive family relationships between children, their caregivers and their parents, nor improving the chance of positive contact experiences. The views of children, caregivers and parents on contact with their family need to be given more weight in judicial decision-making. The cost and stress of repeated adversarial proceedings needs to be reduced.

10. Pay attention to the specific issues of kith care

Care by family friends (kith) is an important part of the spectrum of kinship care. Many committed family friends have a capacity to help children maintain their family links with a degree of objectivity. However, the caring relationship is different from family ties. Of particular concern are kith care arrangements based on tenuous pre-existing relationships. Kith care arrangements need priority in terms of thorough assessment, support and monitoring. Research into this group of carers would be desirable.

11. Resource kinship care adequately

As a normalising approach to caring for children at risk, kinship care may offer the best chance of a good childhood. However this will only be possible if families are carefully assessed, supported and monitored. The essential differences between kinship care and foster care need to be understood and support programs built accordingly. The inherent stresses of kinship care, together with the age of the caregiver cohort and associated health issues, give rise to concern for the future of kinship care programs. Additional resourcing is needed if placements are to remain safe and stable and promote wellbeing.

Investing in kinship care has the potential to ensure support to children for life. This is likely to yield social and economic dividends by allowing children to develop into resilient adults. Well-supported kinship care programs may also obviate the need to expand costly and more stigmatising residential care programs in the future.

Executive summary

The evidence from this and other research clearly shows that any assumption that, merely because the child is in a kinship placement, the carers can manage contact on their own is not sustainable. (Hunt, Waterhouse, & Lutman, 2010, p.91)

The *Family Links: Kinship Care and Family Contact* research project was designed to explore the nature and extent of family contact in kinship care, with a particular focus on the circumstances that create positive contact and foster family relationships.

This report follows three previous Family Links research reports, and details the results of a survey of kinship caregivers, focus groups and interviews with caregivers and kinship care support staff. Four hundred and thirty survey responses were received, and a total of one hundred caregivers and staff participated in interviews and focus groups. Thirteen of these participants were caregivers and staff of Aboriginal organisations, mostly Aboriginal people.

Survey respondents provided a demographic profile of caregivers and children. Most caregivers were women, and grandparents; more than half were over 50, and one-quarter were over 60 years of age. Over one-third stated that they were caring for children without help from another adult. Four-tenths were caring for more than one child. Forty-two percent of children had been in care for three or more years. Of the indigenous children, two-thirds were in the care of non-indigenous kin. Comparing indigenous and non-indigenous caregivers, the indigenous caregivers were older and more often single. They were caring for both a larger number of children and a greater proportion of younger children.

This study produced several major findings that were consistent across all sources of data.

Contact with family members in kinship care was generally frequent and diverse. Survey data indicated that most children had contact with a range of family members on a regular or semi-regular basis. Over two-thirds had contact with their mother, and nearly half with their father. There was also frequent contact with sisters and brothers and the wider family of aunts, uncles, cousins and grandparents. Caregivers indicated that family relationships were identified by their lived nature rather than formal definitions, such that sometimes little distinction was made between 'full', 'step' and 'half' relationships and fictive kin.

Children's experience of family contact was varied. The most complex area was contact with their mothers and fathers. Survey data indicated that for just over half the children, contact with their mother was seen to be going well, and to be in their best interests. For the rest of the children, however, there were seen to be difficulties, including safety issues for some, and many caregivers felt that contact was only sometimes in the children's best interests, or not at all. For the smaller number of children in contact with their fathers, contact was seen to be going well for nearly two-thirds. But in the remaining third caregivers reported difficulties, including safety concerns for some. Again, many caregivers felt that this contact was only sometimes in the children's best interests, or not at all. Caregivers described problems they experienced in their relationships with the children's parents, often their own daughters or sons. Issues included the pressure of trying to simultaneously support the parents and children, and associated feelings of guilt, anger, resentment, frustration and fatigue. Substance abuse featured prominently. Many graphic comments described problematic contact visits, children's distress and the difficulties of supervision of parental contact by the caregiver. There is an evident need for support services to provide tailored assistance when parental contact threatens children's wellbeing and causes stress to others, and for parental visits to be supervised externally when the challenges are too great.

Caregivers described a range of services that make a difference in managing parental contact. Most often they wanted good casework support that included mediation and counselling, including for the children. There were frequent pleas for children's needs and wishes to be better considered in the process of judicial and case planning decision-making about contact arrangements; some comments suggested that 'parent's rights' prevailed over children's rights to freedom from anxiety and fear. A few caregivers commented that assistance to mothers and fathers ceases when the children are removed. They felt that in order to reduce children's distress, parents needed continuing support to deal with their loss and to adjust to a different role in their children's lives. In some circumstances, external supervision of parental contact in family-friendly venues was seen as necessary. Access to supervised contact centres was seen as much needed. The least preferred external environments were Child Protection offices which were perceived as unfriendly and threatening.

While most caregivers felt that contact with parents was important for children at least sometimes, a small number expressed strong concern about the harmful impact of parental contact on children, and argued that there should be a place for no contact when it was the children's wish, or not in their best interests. Some children were observed to clearly express strong negative feelings about contact with their mothers and/or fathers either verbally or behaviourally.

A more positive story emerged in relation to children's contact with other family members. Children in kinship care are evidently in ongoing contact with sisters and brothers, aunts, uncles, cousins and grandparents. These relationships appear to be mostly a source of satisfaction, fun, support and security. Nevertheless, caregivers indicated that there are also siblings and other family members whom children miss as a result of separation due to family problems or distance. Consistent with the fact that more children live with their mothers' family than their fathers', children were in contact less with their fathers' side of the family. A few caregivers appealed for help with finding and maintaining contact with siblings and wider family.

Specific additional issues emerged for indigenous children in kinship care. Aboriginal culture, together with the history of Stolen Generations, affirms family and cultural connection as imperative to children's wellbeing. The indigenous caregivers who responded to the survey mostly felt that the children in their care were growing up with knowledge of their family and culture. However of concern is that two-thirds of indigenous caregivers were not aware of the children's Cultural Support Plans. Frustration and disappointment were noted in their comments. The situation was even more concerning with regard to indigenous children in the care of non-indigenous kin. Half the non-indigenous caregivers felt that children in their care were not growing up with an active understanding of their indigenous family and culture, and that they as caregivers were receiving inadequate support with this endeavour. Over half were not aware of the children's Cultural Support Plans, and a similar number felt that they had no part in implementing Plans. A number of caregivers wanted more help with maintaining family and cultural connections for the children. Some years after the enactment of the Aboriginal Child Placement Principle in Victorian legislation, this is an unsatisfactory situation for the wellbeing of Aboriginal children.

Contact between children and their imprisoned parents emerged as a particularly difficult issue affecting nearly one-tenth of the children in the survey population; the issue was also raised in the focus groups. Caregivers indicated that prison visits were usually frightening and upsetting for children. Some children were reported to miss out on contact with imprisoned parents who had raised them due to barriers to prison visiting. Given that many imprisoned parents return to the family upon release, measures to make ongoing contact arrangements more positive are vital. There may be limits to improving in-prison visiting; however, current initiatives with videoconferencing and contact centres outside prison walls need expansion. Such cases particularly highlight the need for children's views to be considered in decision-making about contact with parents, including the option of stopping visits that are not in their best interests.

An unexpected finding of the survey was that one-fifth of identified kinship caregivers were apparently kith, that is, unrelated as family to the children in their care. This proved to be a diverse group. Some of these carers had pre-existing ties to children as 'family friends'. However, other survey respondents had been classified as kinship carers in contradiction to their own perception of themselves as foster carers, whether formally approved or not. Still others in this group indicated that they had little connection to the children before they assumed their care, in some cases for longer than anticipated, and often with little or no support. It also appeared that a number of these kith carers may have had little assessment. While many of these placements may be working well, these findings raise particular issues about the best interests of children placed with people who may be neither strongly connected and committed to them by kinship ties nor specifically approved as foster carers, and subsequently left with little support.

Threatening to overwhelm the focus of this research study on family contact was the huge amount of feedback that caregivers and support workers provided about their unmet support needs. This study again identified the caregiver cohort as older, more often single and more often in poorer health and financial circumstances than foster carers. Much feedback indicated a deep wish for policymakers and support workers to have a better understanding of the burden of care, and of the complex issues of caring for traumatised children while simultaneously managing relationships with the children's parents. Participants wanted

the essential differences between kinship care and foster care to be recognised. Caregivers appealed for better casework support, information flow and assessment of people who visit with the children. They wanted access to counselling and support services for themselves, the children, and the children's parents. They felt burdened by the conflict and financial costs generated by frequent court cases. While a few had good support from Child Protection staff, there were a very large number of comments expressing frustration with inadequate support from Child Protection, with some carers aware that these difficulties stemmed from staffing difficulties and overwork.

The range and seriousness of the unmet support needs of kinship carers identified in this study is consistent with what has been evident in many other Victorian kinship care forums over recent years. Lack of attention to these issues is a risk to the safety and wellbeing of children, and threatens the viability of an out of home care system that is now dependent for most of its placements upon kinship care.

This research project has identified that family contact in kinship care is an important issue. Its frequency and complexity makes it both the strength and the Achilles heel of kinship care, providing both support and security when going well, and distress and trauma when not. The wellbeing of a large number of children in protective placements depends upon more attention being directed towards this area. The place to start is to take more seriously the views of children, their caregivers and their parents.

Glossary

Term	Meaning
Family/kin	A group of people related by blood, marriage or adoption, or who see themselves as family due to cohabitation. Familial terms such as sister, cousin, uncle and daughter are sometimes used flexibly within families.
Fictive family, fictive kin	People identified as family members due to caregiving or longstanding connections.
Children	For readability, the term “children” is frequently used to refer to children and young people under the age of 18.
Kinship care	Care within the family or friendship network of the child. Also known as “kinship foster care”, “relative care”, and “family and friends care”.
Kith care	Care by family friends, that is, adults known to a child through family or community connections.
Formal (statutory) kinship care, informal kinship care	A protective kinship care placement is described as “formal” when it has been arranged by Child Protection. Kinship care that has been arranged privately is described as “informal”.
Access	A term for parental contact in the Children, Youth and Families Act 2005 that is used in Child Protection and legal proceedings.
Contact	In this research study, “contact” has been taken broadly to include both direct (face-to-face) and indirect (telephone, mail, electronic) contact between a child and family members with whom they do not live.
DHS	The Victorian Department of Human Services, referring to the statutory Child Protection service.
Aboriginal Child Placement Principle	The Aboriginal Child Placement Principle governs the way in which care for Aboriginal children should be determined, and is enshrined in Victorian legislation and policy (“Children, Youth and Families Act 2005,”). It has the following order of preference for the placement of children: with the child’s extended family; within the child’s Aboriginal community; with other Aboriginal people; and as a last resort, with non-Aboriginal carers charged with ensuring the maintenance of the child’s culture and identity through contact with their Aboriginal family and community.
The Stolen Generations	The name given to the large number of Aboriginal people who were forcibly removed from their families for several decades up to the 1960s.
Cultural Support Plan	An individually tailored plan for keeping an Aboriginal child in care connected to their family and community in order to maintain a sense of identity and belonging. The Plan should include the names of all significant members of the child’s family, elders and other significant people.
Aboriginal, indigenous, ATSI	In this paper, the terms indigenous and Aboriginal are preferred over the acronym ATSI (Aboriginal and Torres Strait Islander). The indigenous population of Victoria is overwhelmingly Aboriginal. However, it is recognised that in the 2011 Australian Census, of the 37,991 Victorians who identified as Aboriginal or Torres Strait Islander, there were 3,044 who identified as either Torres Strait Islanders or both Aboriginal and Torres Strait Islander (Australian Bureau of Statistics, 2012).

1. Introduction

We love caring for all the children and see them develop and gain confidence. It is not an easy path at times but it is not dull! Kinship care seems to be the “Cinderella” of the care system, so I hope your research project might help these people.

Background to the project

Kinship care is increasing rapidly both in Victoria and across Australia. In 2010 when this research study took place, it was almost as common a form of protective care in Victoria as foster care, with 40% of children in kinship care and 41% of children in foster care¹ (Australian Institute of Health and Welfare, 2011a). This report focuses mainly on formal or statutory kinship care. However, we note that the rate of informal kinship care in Australia, while difficult to measure, is likely to be much higher (Kirkegard, 2007); recent UK and USA estimates suggest there may be more than nine times as many children in informal as in formal kinship care (Nandy, Selwyn, Farmer, & Vaisey, 2011; The Annie E. Casey Foundation, 2012).

The rate of Aboriginal and Torres Strait Islander children in out of home care in Victoria in 2010 was 14 times that of non-indigenous children (Australian Institute of Health and Welfare, 2011a). Despite the Aboriginal Child Placement Principle being enshrined in the Children, Youth and Families Act 2005, many Aboriginal children are still placed in foster care, usually non-Aboriginal. In 2010, fifty-two percent of Aboriginal children in out of home care were in kinship care, with approximately half of these in non-Aboriginal kinship care (Australian Institute of Health and Welfare, 2011).

Kinship care is essentially different from foster care (Dill, 2010). By its very nature, it is a method of family preservation (Connolly, 2003). Research is beginning to show that protective kinship care arrangements are more enduring than foster care (Connolly, 2003; Cuddeback, 2004) and that young people continue to rely on extended family networks after they leave home (Brown, Cohon, & Wheeler, 2002). Kinship care provides a sense of belonging and identity through strong, continuing family ties.

¹ The latest figures (30 June 2011) reveal that a higher percentage of out of home care placements in Victoria are now in kinship care (42%) than in foster care (37%). Australian Institute of Health and Welfare. (2012). *Child Protection Australia 2010–11*. Canberra: Australian Institute of Health and Welfare.

A basic presumption enshrined within the United Nations Convention on the Rights of the Child (UN General Assembly, 1989 Article 9) is the maintenance of family relationships, except where contrary to the child's best interests. Parental contact can ease the pain of separation and loss for both child and parent (Burry & Wright, 2006) and is important for a clear and positive sense of identity and social heritage (Kelly & Gilligan, 2002, p. 68). For Aboriginal children, the Aboriginal Child Placement Principle requires that consideration must first be given to placement of a child within their family network, and that all placements must ensure contact with family, community and culture (HREOC, 1997). Where there has been child abuse and neglect, however, family contact is complex and contentious. Complexity is heightened when the protective placement is in the extended family of the mother or father who may have been deemed to be abusive.

Until recently few support services were available to kinship families, exacerbating the challenges for keeping children in touch with other family members. New government-funded kinship care support programs were established in Victoria during 2010.

Research into family contact in kinship care is comparatively undeveloped. However, the general literature on kinship care includes multiple references to the challenges of parental contact (Boetto, 2010). There is also increasing evidence of much positive contact with members of the wider family for children in kinship care (Connolly, 2003). We wanted to examine some of these issues in more depth and consider implications for policy and practice arising from the research findings.

The research project

The *Family Links: Kinship Care and Family Contact* research project was designed to explore contact between children in kinship care and their mothers and fathers, siblings and other relatives, with a particular focus on the circumstances which create positive contact and foster family relationships. The aim was to encourage greater attention to children's safety and wellbeing in the context of planning and implementing arrangements for family contact.

The project had two components:

Strand 1: Survey of caregivers about their experience of children's contact with family members.

Strand 2: Focus groups and interviews with children and young people; mothers and fathers; kinship carers; and kinship support workers.

We set out to answer the following questions:

1. What are the characteristics of kinship carers in Victoria?
2. What is the relationship between family contact and the wellbeing and safety of children in kinship care?
3. What support is needed to improve children's experience of contact with their families?
4. What other issues may be relevant to improving family contact and family relationships in kinship care?

The over-representation of Aboriginal children in kinship care together with the signal importance of children's connection to family and culture, confirmed the need for a dedicated focus on Aboriginal children both in the survey and focus groups.

The fieldwork (survey, focus groups and interviews) was conducted in 2010.

All quotes from participants used in this report are deidentified.

Project outcomes to date

Three research reports in the *Family Links: Kinship Care and Family Contact Research Series* were published in November 2011. These reports document findings from Strand 2 of the project that related to the views of children; parents; and Aboriginal caregivers and staff. These publications are:

Report 1 *Breaking the rules: Children and young people in kinship care speak about contact with their families.*

Melbourne: Office of the Child Safety Commissioner and University of Melbourne.

Report 2 *"It is the story of all of us": Learning from Aboriginal communities about supporting family connection.*

Melbourne: Office of the Child Safety Commissioner and University of Melbourne.

Report 3 *"Look at it from the parent's point of view as well": Messages about good practice from parents of children in kinship care.* Melbourne: Office of the Child Safety Commissioner and University of Melbourne.

The following journal article is forthcoming in a Special Edition of *Australian Social Work* entitled "Working with Children":

Kiraly, M. & Humphreys, C. (forthcoming 2013). *"Don't push us – listen more." Perspectives from young people about family contact in kinship care.* *Australian Social Work.*

Contents of this report

This report documents findings from the following four parts of the *Family Links: Kinship Care and Family Contact* research project:

- Survey of caregivers
- Focus groups and interviews with mainstream kinship carers
- Focus groups with Aboriginal kinship carers and kinship care support workers.
- Focus groups with mainstream kinship care support workers

Section 2 presents the results from the caregiver survey.

Section 3 describes feedback from kinship carers through focus groups and interviews.

Section 4 is a summary of feedback from focus groups with Aboriginal caregivers and support workers that is fully described in Report 2.

Section 5 presents feedback from kinship care support staff through focus groups.

Section 6 provides a summary of results and conclusions.

The Appendix provides details of the methodology.

The reader will notice considerable repetition in themes across the four sources of information. Similar findings from different data sources provide confidence that these findings are reliable.

2. Results – the Survey

Introduction

There were 430 caregivers who responded to the survey, between them caring for 694 children. Fifty-seven caregivers had one or more informal kinship care placements; six had a mix of formal and informal placements.

The survey data was complex. Family contact is often irregular and changeable, which may have contributed to some inconsistent and incomplete responses. Despite this, patterns that emerged from the data were usually clear. As appropriate, results are sometimes reported in relation to the number of caregivers and sometimes in relation to the number of children.

Caregivers made a number of comments that indicated their love and commitment to children in their care, and the satisfaction they experienced from raising them despite considerable challenges.

It was all good, it just takes time to get past it, you never get over it, the trauma.

Would love if the parents would just grow up and see what they are missing out on. It's good for me as I see it all.

Characteristics of kinship care households

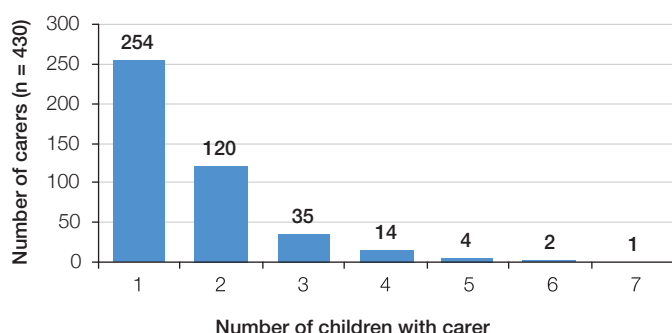


Figure 1: Number of children being looked after by caregiver

While the majority of caregivers were caring for one child, many (41%) were caring for two or more children.

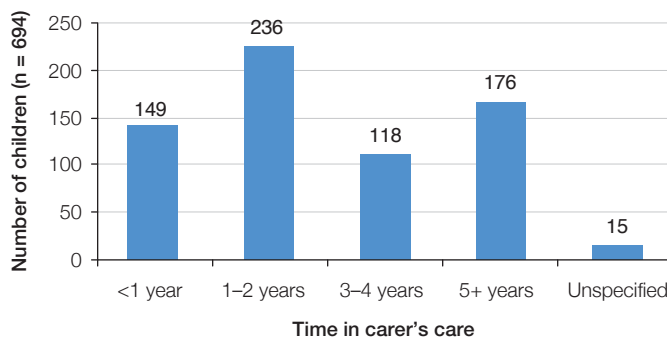


Figure 2 Length of time in caregiver's care

Many of the children (42%) were in long-term care, i.e. three or more years. Where there were multiple children in a household, the children had often been in care for different lengths of time. Given that many of the children were very young at the time of the survey (Figure 6), it would appear that many had been in kinship care for much of their lives.

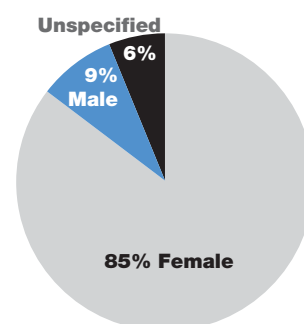


Figure 3 Gender of caregivers

Consistent with other kinship care survey results in Australia and the UK (Aziz, Roth, & Lindley, 2012; Wellard, 2011; Yardley, Mason, & Watson, 2009), caregivers were overwhelmingly female.

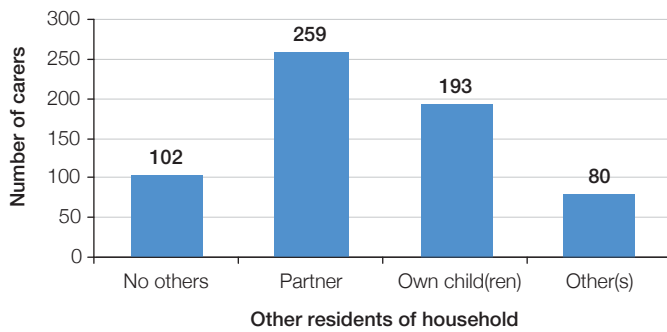


Figure 4: Composition of kinship household

Over half the caregivers (60%) reported that they had a live-in spouse or partner; however, 40% were apparently single. In nearly half the households (45%), caregivers' own children were present. These may sometimes have been parents of the children in kinship care. In nearly one-quarter (24%) of households, there were no others in the household besides the caregiver and kinship care children.

Over one-third (37%) of caregivers reported that they were caring for children without help from another adult.

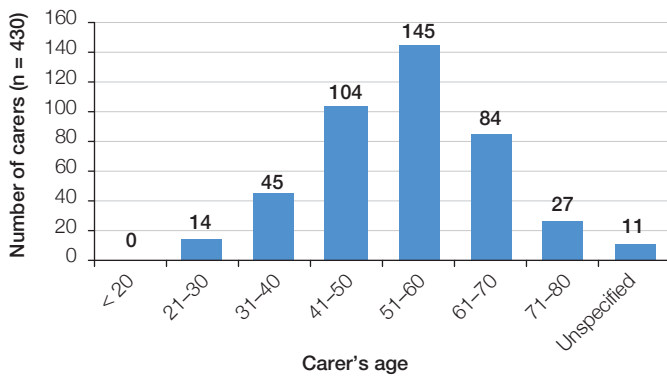


Figure 5: Age of caregivers

Most caregivers (77%) were aged between 41 and 70; one-third (34%) were aged 51-60. Over half the caregivers (60%) were over 50, and a quarter (26%) were over 60. Six percent were over 70.

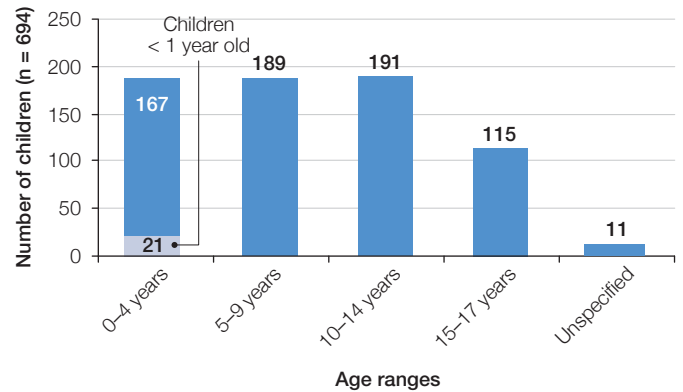


Figure 6: Age of children

Note re data: In this graph, the 15-17 age group is a smaller age range than the younger groupings; numbers in this group are therefore necessarily smaller.

The spread of ages of children in kinship care was relatively even. Over half the children (54%) were under 10, and one-quarter (27%) of children were under 5 years of age. The large number of young children has implications for the burden of care in the light of the majority of caregivers being over the age of 50 (Figure 5).

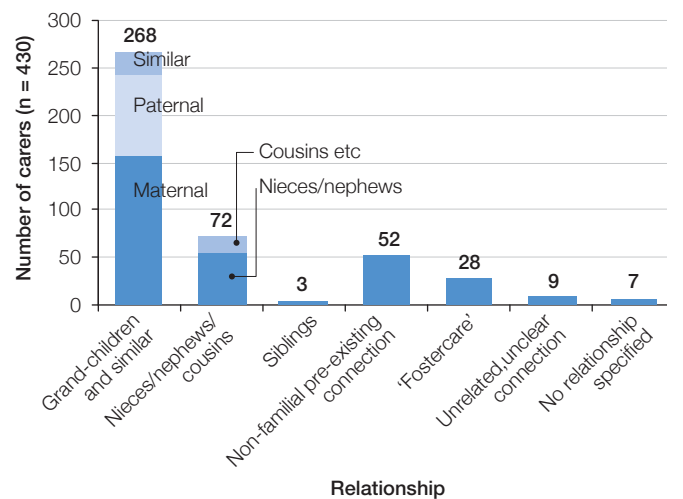


Figure 7: Relationship of children to carer

Note re data: Nine caregivers reported different relationships to different children, e.g. niece and grandchild, hence there are a higher number of caregiver reports (439) in this count.

Most caregivers (61%) were grandparents or similar, i.e. small numbers of step-grandparents or great-grandparents. Of this group, 64% were maternal and 36% were paternal relatives.

One-fifth of respondents (20%) classified their relationship to the children as other than family (excluding those who did not specify the relationship). Most of these people had a non-familial connection to the children otherwise described as 'family friends'. However there were 28 respondents in this group who described themselves as 'foster carers' and another small group whose connection to the children was unclear. (See page 27, **The kith carers.**)

Family contact arrangements – in general

This section provides an overview of family contact arrangements.

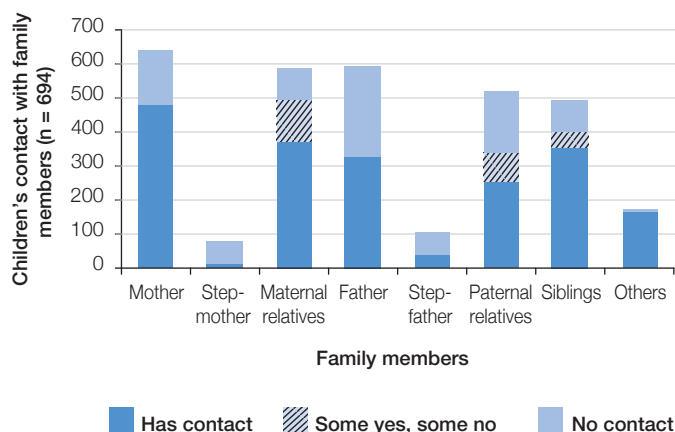


Figure 8 Children's contact with family members

Note re data: The survey question reflected in Figure 8 was complex, and some respondents did not give complete answers. It appeared that an incomplete response may have often meant "no contact," however the degree to which this was the case cannot be determined. Percentages given are of the total number of children (694).

Most children were in contact with their mothers (69%), and nearly half (47%) were in contact with their fathers. These findings were consistent with recent UK kinship care research (Farmer & Moyers, 2008). Considerable contact with maternal relatives (71% of children) and with paternal family (49%) was also apparent. Step-parents did not feature greatly in reported family contact.

Half the children (58%) were reported to be having contact with their sisters and brothers. These figures include contact with siblings who live together with the caregiver.

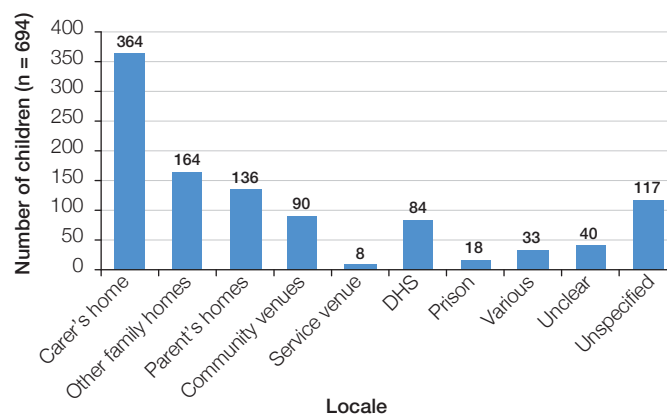


Figure 9 Locales of contact visits

Note re data: A number of children are represented more than once in this graph as they have more than one visiting arrangement.

The largest number of contact visits took place in the caregiver's home, with many other visits taking place in the homes of other family, or the parent's home. A range of community venues were identified, including parks and shopping centres. A relatively small number (8%) of the children's visits were reported to take place in Child Protection offices. A very small number (1%, or 8 children) had contact visits at support service venues, including contact centres.

Elsewhere than here (see Figure 17 and Table 1) caregivers reported a higher incidence of contact with parents in prison. Comments suggested that the discrepancy may reflect that some parents were in and out of prison.

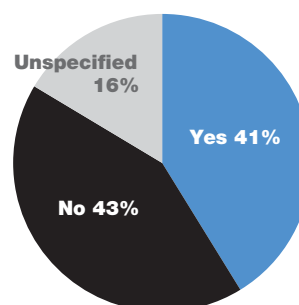


Figure 10 Children reported to miss significant relatives (n = 694)

Forty-one percent of children were reported to miss significant relatives due to no contact. Most comments (65) were about children missing sisters and brothers, including half-siblings.

There were 58 comments about children missing their mothers, and 49 about missing fathers. Fifteen comments were made about children being out of contact with their father's side of the family, and 9 such comments about the mother's side of the family. A total of 30 other references were identified to children missing aunts, uncles, cousins and grandparents.

Child still misses his Mum, hasn't seen her for eight years plus.

They miss their youngest sister who is in foster care.

Would like to visit [half-sisters] interstate more often, but Department refused financial support when we were given legal guardianship under permanent care order.

Contact with mothers and fathers

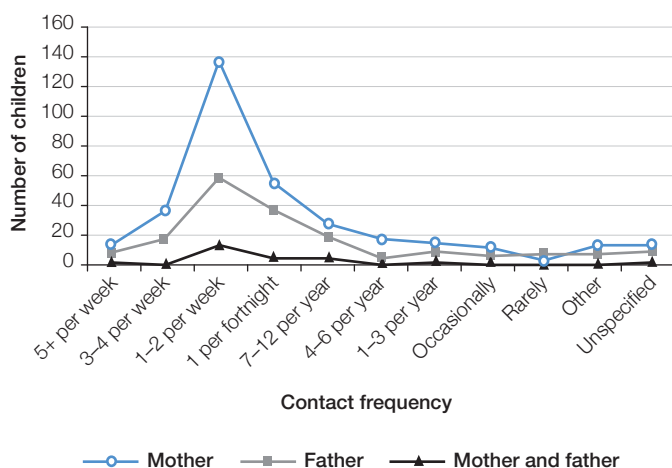


Figure 11 Frequency of contact with mothers and fathers

Note re data: The survey question reflected in Figure 11 was complex, and some caregivers did not answer all sections. Thus the pattern of contact frequency is likely to be of more significance than numbers which may be under-reported.

The above graph shows the frequency of visits for those children who were in contact with their mothers and fathers. Fifty-four percent of these children saw their mother at least weekly. This is around one-quarter (27%) of all the children in the sample. Forty-four percent of these children saw their father at least weekly (12% of all children in the sample). Few children (26) saw their mother and father together.

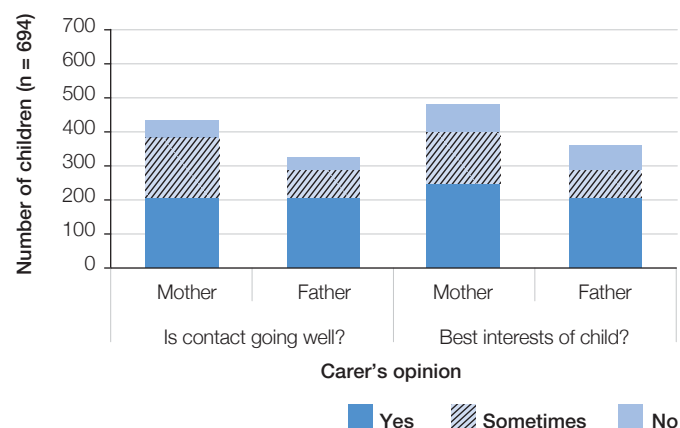


Figure 12 Quality of contact with children's parents

A considerable number of children were reported to be having good experiences of contact with their mothers and fathers. However, significant concerns were also evident.

Children's contact with their mother was reported to be going well for nearly half (47%) of the children where this question was answered.

Yes, both boys love and miss their Mum. Both boys play up when she's here, but that's normal as both want her attention. Eldest is very happy he's going to her soon.

Kids love seeing their mum.

Visits are a happy occasion.

Child loves and is very connected to mother. Mother also very connected to child.

Always goes well and both child and mother are happy, calm and relaxed around each other.

Mother has low IQ – very childlike and therefore plays very well with [child].

For the other approximately half (53%), contact was reported as going well 'sometimes', or not going well.

When she is here and sober, visits are good. [Child] doesn't like her drunk.

Sometimes child does not want to leave my care to see Mum. I make her go.

Although child does not appear to complain during visit, his mother does not always attend to his basic needs e.g. sleep, food, bottle, nappy change. The child returns from visits and is unsettled for at least two days.

Disruptive to children, [children] keep saying she hasn't changed and is showing extreme favouritism. Gives inappropriate presents e.g. mobile phone with pornography.

There is great tension created in the house, fear, uncertainty and alarm for grandparents. The little girl doesn't understand but attempts to manage the relationship.

Mother tells the children we are going to die, allows them to swear, to punch and say things that are not appropriate. Both children have difficulties when they come home.

Where an opinion was expressed, caregivers saw contact with mother as in children's best interests for about half the children (51%). There was a range of comments about this.

Yes – because the child needs to keep the bond with Mum.

Yes – if managed correctly.

Yes – every child has only one mother even if they can't live with them.

Yes – he needs to know her, but very difficult for us and him.

Generally yes, but not if Mum is substance-affected.

No – as she has not improved the essential mothering skills and this sets confusion onto the boys, and also I don't think that their needs are being met.

No – the psychological pressure that is being applied is not in the best interests of the child's emotional state.

No – because he hardly knows her, if he knows her at all.

Children's contact with their fathers was reported to be going well for nearly two-thirds (63%) of children whose caregivers expressed an opinion.

Father is excellent with engaging child and reading his cues.

Gets on well with him and [they] spend quality time together.

They enjoy being with him.

His father lives with [child] and is soon to take over his care.

Yes, visits go well, he loves his daughter. Feels he has failed them and as he abuses drugs [he] feels they are in the best environment.

When she sees him it's all OK but visits are not often.

Dad always rings even if he is in prison – children get to talk to him. When my son is home, is a good Dad spending time with his children.

Dad is quite good with the child. But I feel he needs to be skilled up more.

Many difficulties were noted among the other group, a little over one-third (37%).

Sometimes he's under the influence of drugs.

[Child] goes into anxiety attacks. Vomiting, not eating until back home here.

Father is very cold towards daughter and becomes bored with visits after a short time.

Father consistently cancels or cuts short the access hours as they were six-hour visits. Tends to fall asleep. Won't interact or play with his kids.

Failed to attend, drugs, abuse – police called – threaten to kill boys.

Child was stressed and upset before and after each visit.

Children are not allowed to talk about their time with Dad but are very disrupted and anxious when they return.

Where an opinion was expressed, caregivers considered that contact with father was in the best interests of the child for just over half (58%) the children. Once again, comments reflected the complexity of issues.

Yes – important for them to know their father cares.

Yes – blood is thicker than water. Better the father you know than the one you don't and thereby dream of. While the child is interested to see him then it's in the child's best interests.

Yes – child didn't see Dad for three years. Dad and child spend quality time together. Child loves to see his Dad.

Yes – as long as no drinking.

No – because the children are not being cared for by their father safely or properly.

Definitely not! This man was court ordered last year not to see [child]. Now she is being made 'Court Order' to see him in jail.

No – father is violent and has tried to harm and kill mother in kids' presence.

No – neither child knows who their Dad is, and as the Dads show no interest [children] are better off for now without contact.

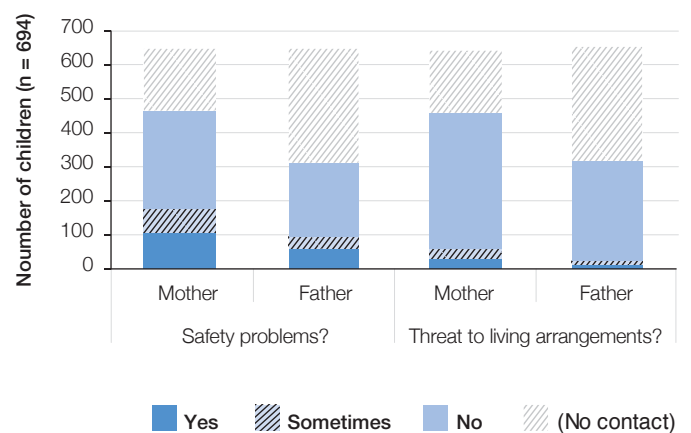


Figure 13 Serious problems of contact with children's parents

Among the most disturbing survey results was the considerable concern expressed by caregivers regarding ill-effects of parental contact.

For one-third (34%) of the children who were reported to have contact with their mother, safety concerns were reported at least sometimes. For 11% of those with contact, mothers' visits were deemed to have posed a threat to the children's living arrangements with the caregiver at some stage. In addition, in a few cases unsolicited comments suggested that safety issues had led to contact with mothers being stopped (5% of children in the survey population).

Safety concerns were reported for a quarter (27%) of children who had contact with their father. For 7% of those with contact, visits with their father were deemed to have posed a threat to the children's living arrangements at some time. Again in a few cases, unsolicited comments suggested that safety issues had led to contact with fathers being stopped (2% of children in the survey population).

Caregivers' comments described a number of problems, of which the most common was parents being affected by drugs or alcohol at the time of the visits. This was sometimes reported as accompanied by violence, with harmful effects on

children. Carers also reported parents making threats in an attempt to regain their children, or actually attempting to take them.

Drugs and syringes in house. Questionable people coming and going. Drunk, self-harm.

Their physical safety [was not compromised], but mentally, [by] her threat to suicide and/or get people to snatch the younger girl or beat us up. Upset the girls awfully.

Less common were threats against the children themselves.

Father threaten to kill children and as a result police were called, tried to smother eldest grandson.

Physically she once tried to stab [child] but not in my presence.

A few carers reported that there were no such problems because visits were supervised or had been terminated.

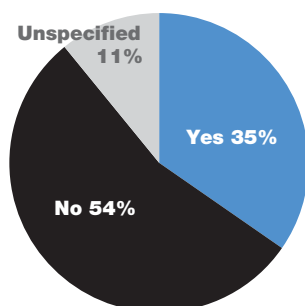


Figure 14 Children who have relatives refused permission for contact

One third (35%) of the children were reported to have relatives who had been refused permission to see them. Sixty of these were reported to be fathers and 26 mothers. Forty-four other male relatives were mentioned; around half (24) of these were mothers' partners (present or former). Thirteen women relatives were mentioned. In addition, three brothers and two sisters were refused permission to have contact with children, two independently of parents.

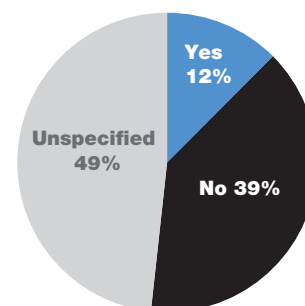


Figure 15 Does this (non-permission) present any difficulties for you or others?

Prohibitions on contact with children were reported to have presented difficulties for caregivers in a small number of cases (12% of all children). Comments described abuse and violence leading up to the banning of contact; difficulty in ensuring that contact does not take place; and a small number of continuing threats, conflict or manipulation. Also mentioned were children missing a parent forbidden contact; the stress of a parent's attempts at contact when not permitted; and children's feelings of rejection. The most common difficulty expressed was that a 'banned' person was living with a relative of the child (typically a mother), thus impeding the child's contact with that person as well. In addition some caregivers did not trust parents to keep children away from 'banned' people during visits.

Mother's current partner is incarcerated at the moment — but he is the one who injured them both. The seven-year-old is to have no contact. Of course it presents problems for me — I have to make sure there is no contact, even by phone!

Difficulties of supervision of contact visits by kinship carers

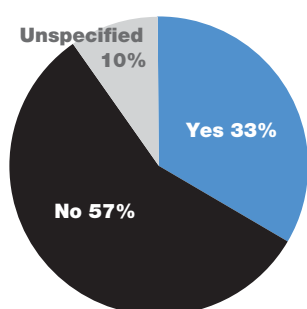


Figure 16 Is the caregiver required to supervise contact visits?

One-third (33%) of respondents indicated that they were required to supervise the visits of family members. Comments indicated a wide variety of experiences. Mostly, supervised visits were of mothers and fathers, occasionally including siblings. Comments from a number of respondents indicated that these arrangements worked quite smoothly; others indicated that there were some challenges, but that they found themselves able to manage. For many, however, the experience of supervising a parent who was a close family member was reported to be difficult, and seemed to place the caregiver in an invidious position. Two caregivers commented that supervision was also difficult for the visiting parent. A small number indicated that they had refused to supervise visits. Several respondents also described the physical stress of long trips to enable supervised visits to take place. Comments below represent a range of caregivers' experiences and ways of managing visits.

I prefer their access to be at my home because it's much better for all concerned, and easier. Everyone is more at ease, without being watched over or timed, and they do sleep over with my permission too!

It is not difficult as the parents are aware of the rules. Sometimes I have refused access as they have been drug-affected.

Forty-five minutes, depends on mother's/father's mood, can be stressful with the mouthing-off etc. The next few days we have to calm [the children] down.

It is not difficult for us when supervising visits for child, but it is difficult for [child's] mother, we think, but she has no choice.

I arrange with parent or relative and advise DHS. Not difficult, but distance, no public transport, no car and licence make arrangements time-consuming at times for both mother and myself.

Easy for the most part now. But has been difficult when you need to report on visits. Very tiring making sure children are spoken to properly, without feeling like a spy or being treated like the enemy.

Speaking up can lead to conflict and difficulties between my daughter and me. I feel caught in the middle a lot.

Sometimes, it is extremely difficult if mother is drug-affected.

We refuse to supervise the mother because of putting ourselves at risk.

There were two comments about the difficulty of supervising the parent who was not part of the caregiver's own family.

I am required to supervise access visits with the father. It can be difficult because I don't personally like him, but have to invite him into my home so that visits occur as per court order.

It is very difficult when both parents are doing drugs and you are often forced into a position for the child's wellbeing of allowing the other parent into your house, and it becomes quite intensive as DHS have no resource to cover all the accesses days.

Contact with mothers and fathers in prison

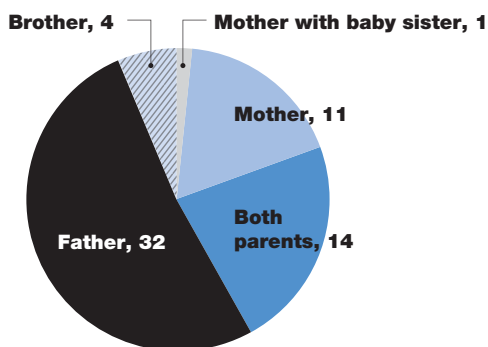


Figure 17 Children with family members in prison

Note re data: This topic was not the subject of specific questions; however it emerged in respondents' comments, from which the following figures have been assembled. These findings may thus be an under-representation of the number of children who have had parents in prison and the associated contact issues.

Unsolicited comments suggested that at least 58 children had been affected by the experience of parents being in prison, with another 4 having had brothers in prison (9% in all). For nearly one-quarter (23%) of these children, both parents had been imprisoned.

Parent in prison	Number of children with imprisoned parents	Number of children with contact
Mother	26	17 (65%)
Father	46	25 (54%)

Table 1 Children's contact with mothers and fathers in prison

Note re data: A few of the comments suggested that contact was only taking place when a parent was out of prison; therefore figures about in-prison contact may be a little inflated.

According to caregivers' comments, nearly two-thirds of children with mothers in prison were having contact with them, and just over half of children with fathers in prison were having contact.

Comments suggested that visiting imprisoned parents may sometimes be a forced experience, and is often traumatic.

Child does not know father nor wish to see father. But [support service] pushing child to see him caused child to have problems. Father has been in and out of jail.

Last year had court order stopping stepfather seeing her, and this year court order to make her see him – causing lots of stress and even vomiting as reaction to seeing him. He is in jail and DHS take her for the visits!

Not at all [in his best interests]. My grandson bends and stretches out to be searched then the officers have a laugh about it.

Forced parental contact

A number of comments were made about children being forced to see mothers or fathers against their wishes or the caregivers' perception of their best interests.

It is very distressing that the court is facilitating a relationship between these two young children and a paedophile. The children were only eight months and two years when he was ejected from the family, and after a period of six months where there was no contact (until the court case) they had forgotten him. It was the court which forced this relationship on the children. He is not the biological father of the two-year-old, and is on the sexual offenders register in South Australia.

The fifteen-year-old should not be forced to see her mother if she does not wish to do so.

Family contact with mother just can't be forced.

Sometimes she [mother] shows a little interest but most of the time [contact is] more forced on her daughter.

Children need to know that certain people do not need to be involved in their life, but shouldn't be forced to visit them if they don't want to go.

The system of forced family visits has complicated placements for us over the years; we have found through our experience that (as a generalisation) they are more trouble than they are worth – for everyone.

Contact with sisters and brothers

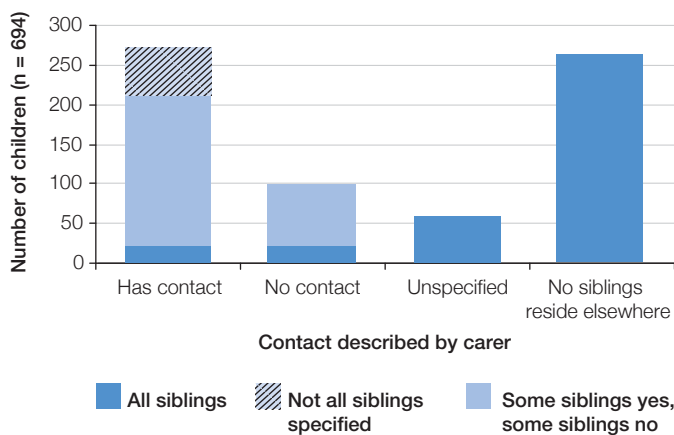


Figure 18 Children's contact with siblings living elsewhere

Note re data: Information about contact with siblings was very complex. Responses are likely to be influenced by differing definitions of siblings that may or may not include half-siblings and step-siblings. For 13% of children, caregivers indicated that they did not know or were not sure who all the siblings were. There were some different contact arrangements in relation to different siblings. Possibly associated with these issues, there were quite a number of incomplete responses. Therefore the overall picture is likely to be more indicative of children's experience than actual numbers.

For over one-third of children (38% or 263), it was reported that there were no siblings living elsewhere. One hundred were reportedly only children, and the other 163 had siblings who all lived with them.

For the rest of the children (62% or 431), caregivers reported a total of 1029 siblings living elsewhere. Of these 431 children, responses for nearly two-thirds (63% or 273) suggested that they were in contact with siblings elsewhere. However, while a few nominated that this meant contact with all siblings living elsewhere, some (14% or 62) nominated that it meant only some. There was a lack of specificity about arrangements for different siblings in many other responses.

Nearly one-quarter of children (23% or 99) were reported to not be in contact with siblings living elsewhere. However, there was again a lack of specificity in most responses as to whether this applied to all of these siblings. No data was provided for 59 children (14% of those with siblings elsewhere).

Summarising these findings, it would appear that while around two-thirds of the children may have been in contact with some or all of their siblings living elsewhere, there appeared to be a lack of contact with at least some siblings for a substantial minority. Thus, while it may be true that kinship care improves the chances of siblings being placed together or remaining in contact, many children appeared to still experience barriers to maintaining contact with siblings.

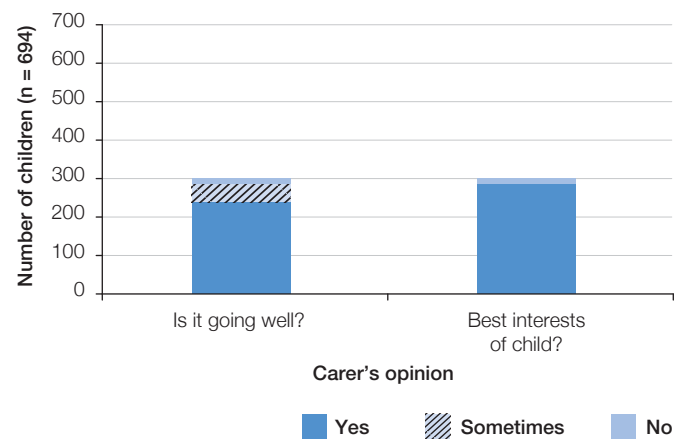


Figure 19 Positive aspects of contact with child's siblings

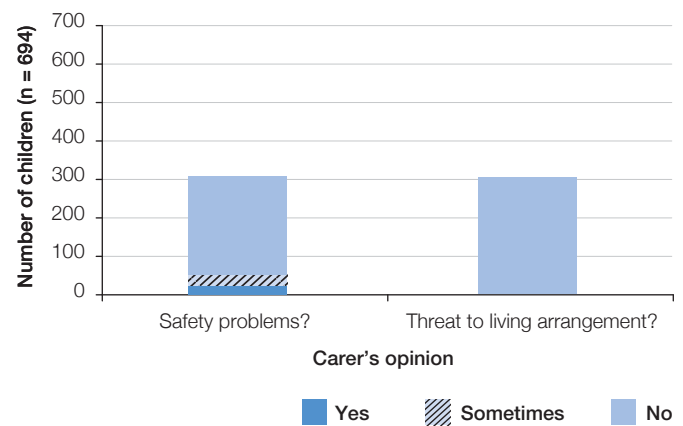


Figure 20 Problems of contact with child's siblings

The quality of children's contact with their siblings appeared to be generally positive. Of responses provided, contact with siblings was seen to be going well for 80% of children. There were many positive comments.

The children share a unique bond.

Kids are very protective of each other despite never living together.

They love seeing each other.

They get so excited to see each other.

It assists with the child's overall wellbeing and identity. The older siblings assist me with extended family information and networking.

The older brother is very keen on siblings seeing each other and initiates this during school holidays in particular.

Children love visiting each other, occasionally there is confusion amongst the younger ones but generally love it.

Normal disagreements with young people.

In almost all such cases (94%) sibling contact was seen as in the best interests of the children. With few exceptions, caregivers' comments reflected this.

They must know who family is. As family is important, must be in a safe environment.

Children need to maintain contact with family or they feel rejected and abandoned.

We intend to keep these children together as much as we can so they will grow up understanding they belong to each other.

Maybe visits with the 19-year-old are not [in child's best interests], as she has unhelpful habits and attitudes. Our child has had safety fears, nightmares etc before and after her visits.

However, keeping the bond between siblings alive was not always easy.

[Child] often asks to see her sister and brother but it's impossible to arrange.

Always returned crying. Wanted to be with younger sister.

In a small number of cases, visits with siblings were reported to be a negative experience. A few problems described were actually problems of the parental contact that came with siblings.

Other siblings have no boundaries and can be inappropriate causing hurt and anger.

The mother turns up for disturbance at times.

Grandson resents half-brother – Dad's son who has preferred treatment and attention of his Dad.

Among responses provided, problems of safety were reported on behalf of 17% of children. It is possible that this figure over-represents the extent of safety issues, given there was no response to this question for nearly one-third (32%) of children for whom it may have been relevant. There were several comments about older siblings presenting safety issues. Other comments again related to the problems of accompanying parents.

His brother has texted, secretly met up with the child. They both absconded, got drunk and took drugs. Child in my care is at risk, vulnerable, and struggles to maintain ongoing contact in a positive manner.

Other siblings cause confusion and guilt and at times physical harm.

Mother has attacked me in front of [all] the children/ threatened to kill me.

When the parent and stepparent [with siblings] turn up they are drug-affected and if I say anything it will cause an argument.

Sibling contact was seen to be a threat to placement for 2% of such children.

I find it hard to cope with the two younger ones at once. My age and health is against me.

Threatened me and used bad language the older girl has.

Children’s contact with other family members

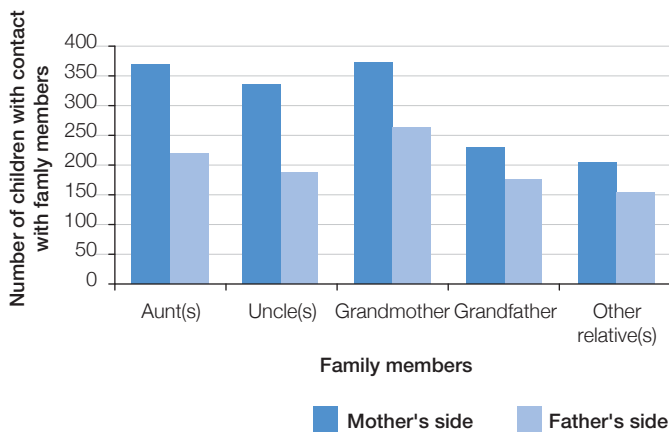


Figure 21 Children’s contact with the wider family

Another relatively positive picture emerged in relation to the children’s contact with their wider family. Results show that children are in contact with a range of family members on both sides of the family, more frequently on the mother’s side (as also seen in Figure 8).

We live very close to mother’s side of family so we bump into aunts, cousins, brothers, sister [from] time to time.

Mother had an extended family including two sisters, a brother-in-law, a nephew and a niece. She also had many aunts, uncles and cousins. My grandson is in contact with them through me. [Child] has no contact with his father who removed himself from his life, and does not know any of his father’s relatives.

Both children have contact with family members and friends on our [mother’s] side of the family including great-grandmothers.

However, information was sometimes not available to help maintain contact with the wider family.

I had to find out contact details to all siblings and extended family. Department didn’t forward this information to me.

It is sad that a child does not have photos of grandparents, aunties, uncles, or know extended family members (Aboriginal carer).

Family contact and cultural connection for indigenous children

Introduction

A specific section of the survey was devoted to questions for caregivers of Aboriginal and Torres Strait Islander children.

Consistent with comments made by other caregivers, there were some comments about caregivers’ love for the children, and the satisfaction they bring.

It was a very happy experience (Indigenous carer).

You’re more than welcome to visit me in [hospital], but I’d rather it be in my own home because then you’ll get to see my beautiful, beautiful grandkids (Non-indigenous carer).

Family needs family. And if their mother can’t be there, well then I’m there. I will not let strangers bring up my grandchildren. So until they are all grown up, I will care for my “grannies”. They keep me young and fit at heart (Indigenous carer).

Of the children in the survey population, 109 or 16% were Aboriginal and/or Torres Strait Islanders (ATSI). This percentage is a little lower than found in the Australian Institute of Health and Welfare (AIHW) survey at 30 June 2010, where 19–22% of the total number of children in

Table 2 Caregivers of indigenous children

		ATSI caregivers (n = 15)		Non ATSI caregivers (n = 39)		ATSI status unspecified (n = 3)	
Gender	Female	14	(93%)	35	(90%)	3	(100%)
	Male	0	(0%)	2	(5%)	0	(0%)
	Unknown	1	(7%)	2	(5%)	0	(0%)
Age	≤ 50	5	(33%)	17	(44%)	1	(33%)
	51–60	6	(40%)	15	(38%)	1	(33%)
	>60	4	(27%)	7	(18%)	1	(33%)
Marital status	Single	12	(80%)	17	(44%)	2	(67%)
	Partnered	3	(20%)	22	(56%)	1	(33%)
	Unspecified	0	(0%)	0	(0%)		
ATSI status of partner	Yes	0	(0%)	1	(3%)	0	(0%)
	No	2	(13%)	21	(54%)	0	(0%)
	Unspecified	1	(7%)	0	(0%)	1	(33%)
	No partner	12	(80%)	17	(44%)	2	(67%)
Relationship to children	Grand-parents	13	(87%)	19	(49%)	3	(100%)
	Other relative	2	(13%)	9	(23%)	0	(0%)
	Kith	0	(0%)	11	(28%)	0	(0%)
Number of children cared for	1–2	8	(53%)	35	(90%)	1	(33%)
	3+	7	(47%)	4	(10%)	2	(67%)
		Number of children					
Age of children	<10	24	(67%)	42	(57%)	6	(60%)
	10+	10	(28%)	31	(43%)	4	(40%)
	Unspecified	2	(6%)	0	(0%)	0	(0%)

kinship care were reported to be Aboriginal and/or Torres Strait Islanders (Australian Institute of Health and Welfare, 2011a). These figures may reflect a slightly lower survey return rate from indigenous caregivers than others.

Fifty-seven caregivers reported that they were looking after Aboriginal and/or Torres Strait Islander children. Of these caregivers, less than one-third (26% or 15) were indigenous and around two-thirds (68% or 39) were non-indigenous, with 3 unspecified. Around two-thirds of the indigenous children in the survey population were in non-indigenous kinship care.

Of the indigenous children, 3 were Torres Strait Islanders and 3 were both Aboriginal and Torres Strait Islander (together, 6% of the indigenous children). Of these children's 4 caregivers, 1 was a Torres Strait Islander caring for a Torres Strait Islander child; 2 others were not indigenous, with the other 1 unspecified.

Caregivers of indigenous children

The caregiver with the largest group of Aboriginal children (6 children) was one of three who did not specify their indigenous status.

Compared with the non-indigenous caregivers of indigenous children, the indigenous caregivers were older; more often single; more often caring for larger numbers of children and for a greater proportion of younger children. The older age of the indigenous carers is of particular concern given that the current life expectancy for Australian indigenous women is 65 years, compared with 83 years for Australian women in general (AIHW, 2011b).

Cultural Support

Survey questions re support for indigenous children's culture

Caregivers of indigenous children were asked to complete the following set of questions:

Do you feel that you are receiving adequate support to ensure the children keep in contact with family and culture?

Are you satisfied that the children are growing up with an active understanding of their Aboriginal or Torres Strait Island culture?

Are you aware of the children's Cultural Support Plans?

Do you have a part in implementing the Cultural Support Plans?

The figures in Table 3 give some cause for concern. The most positive finding is that most of the indigenous caregivers (13 out of 15) felt that the children in their care were growing up with an active understanding of their culture. Comments included:

They know where they come from and are encouraged in cultural perspectives (Indigenous carer).

The children's family is a very close, loving, supportive family (Indigenous carer).

However, only half (8) of the indigenous caregivers reported that they received adequate support with this. Only one-third (5) were aware of the children's Cultural Support Plans, and only half (7) felt they had a part in implementing the Plans. Frustration and disappointment was expressed.

We get no support at all. We make sure the children keep in contact with family and culture. We go to a lot of effort to make sure they know who they are. What Plan? (Indigenous carer)

Table 3 Survey responses: Support for indigenous children's culture

		ATSI caregivers	Non-ATSI caregivers	Unspecified ATSI status	Total
Adequate support?	Yes	8	20	2	30
	No	5	13	0	18
	Unsure	2	6	1	9
Children understand culture	Yes	13	22	3	38
	No	1	10	0	11
	Unsure	1	7	0	8
Aware of plans?	Yes	5	11	2	18
	No	6	23	1	30
	Unsure	4	5	0	9
Part in implementing plans?	Yes	5	11	1	19
	No	7	18	2	25
	Unsure	3	10	0	13

It is difficult caring for a child when they are aware they have a sibling but unable to see them. Have asked the Department for years but to no avail. This affects the child's self-esteem and the child's sense of belonging. The foster² child has to adopt the foster parent's customs and culture, as their birth right to know their country, culture and customs are not supported by the Department (Indigenous carer).

Arguably more concerning are the circumstances of the indigenous children with non-indigenous caregivers. Only half (20) the non-indigenous caregivers felt that indigenous children in their care were growing up with an active understanding of their culture, and only half (20) reported receiving adequate support with this. Just over half (23) were not aware of the children's Cultural Support Plans, and at least half felt that they did not have a part in implementing these (18, with another 10 'unsure'). A number of caregivers wanted more help with ensuring family and cultural connections for the children. For a few children, these connections appeared to have been lost.

The child knows nothing – any teaching would benefit.

I don't think DHS knew he was Aboriginal. He doesn't look like it.

Would love for the children to learn and know of their culture as they do mine! A little each day. (Non-indigenous carer)

Parental contact

Many difficulties with parental contact were mentioned by caregivers of indigenous children. A few safety concerns were expressed. Some carers felt that there was insufficient support for contact visits.

Believe children's knowledge and contact with parents is important, but current access schedule (three times a week) is disrupting to routine, and causes some behavioural changes (Non-indigenous carer).

Visit would be much better if mother took the time to come to each contact as the small children would get to know who she is. It is very upsetting, Mum come once every three months and they just don't know who she is. It would be nice for someone to catch the mother up on what the children are doing so she could have more to talk about – like swimming lessons (Non-indigenous carer).

Contact was not [unsafe] whilst visits have been supervised by DHS. In the past, children had unsupervised access and were subject to violent behaviour by father (Non-indigenous carer).

Support needs

A number of comments were made about pressures and unmet support needs by caregivers of indigenous children.

We have our right to be grandparents taken from us and we become parents again. And it puts a bit on husband and wife relationships. I know several families where the marital relationship has broken down (Indigenous carer).

We are nine, living in a three-bedroom house – I sleep in the garage with two children. That's the thanks we get! (Non-indigenous carer)

There is nowhere near enough training and support in working with, living with, and parenting traumatised children. My husband and I are both experienced counsellors and have raised three children, but have still often felt totally ill-equipped with our foster children (Non-indigenous carer).

² This comment may reflect a lack of distinction between foster care and kinship care in Aboriginal culture.

Support for family contact

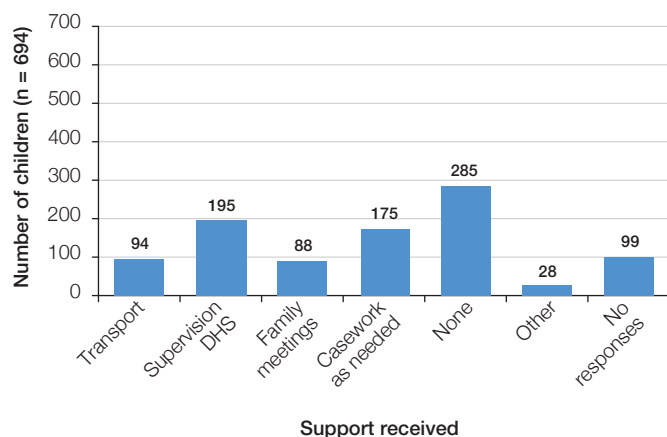


Figure 22 What support do you receive with family contact arrangements for the children?

Support for family contact arrangements was reported for only a small proportion of the 694 children; in many cases (41% of children), caregivers indicated that they received no such support.

Caregivers' comments described the support they would like when experiencing difficulties with contact. Some wanted direct support for contact visits, such as external supervision. Others wanted more attention to the children's wishes about contact; availability of suitable locales for visits; more flexibility regarding contact schedules to allow for other activities; and help with long distance travel. There were a few comments that children's safety during visits had received insufficient attention. A number of caregivers commented that they would like help for children to see their siblings, and a few wanted assistance in relation to contact with other family members.

There were a small number of comments about the need for parents to receive help for contact visits.

Assistance to maintain good relationship with family who have had the child removed.

A carer's role is made easier if at the same time the family/parent is getting support and help to cope with the traumas they have been through, and to learn to parent more effectively.

Support needs – in general

It is a really underfunded and misunderstood initiative. There is little support for carers and the children's needs. In rural areas there is no access to extra services that are available in city areas. No training – there is a tremendous need for carers and other service providers to have an understanding of why these children behave the way they do, post-traumatic stress etc. There is far more to the kinship program than just contact!! It is a great initiative and should be supported and understood (Kith carer of husband's foster-sister's son).

I have found this distressing, the whole situation is very sad.

We have found it very hard and lots of hard work. The second time around and financially draining, great kids and at the end of it, it will be worth it. Just love them so much. PS, Would not blame anyone for not wanting to do it.

Caregivers were invited to make comments in relation to the support they receive, and the support they saw as needed but not available to them. What professional support was available at the time of the survey (May 2010) was mainly from DHS, with a small amount from community service organisations. In addition, family and friends were reported to be providing significant support.

A small number of caregivers indicated that they had good support from DHS staff. However, many complaints were registered about the quality of support that caregivers felt they received. The largest number of comments (69) was where caregivers indicated that they felt unsupported. Other comments frequently made were that staff were unavailable and did not return phone calls (19); that caregivers want more follow-up and for workers to take an active interest in the children's welfare (19); that staff were seen to put parents ahead of the child and the caregiver (16); and about high staff turnover (12). Several comments also reflected awareness that Child Protection staff were overworked and therefore unavailable.

DHS support at times was very irregular and I found that their role was mainly dealing with legal issues. Families are people with emotions that are extremely fragile and stressed. I think at times guidelines can be very rigid, and decision-making should include carers more often – they make decisions about someone else’s family.

Once the child is considered ‘safe’ we are left to do things on our own – DHS do not really want to know about any disagreements. Everything seems to revolve around we ‘sensible’ people ‘compromising’ our lives to make up for the actions of our children.

I was given no strategies or support, or lessons or any sort of information to help me cope with the severe neglect and trauma these kids had been through and behaviour [problems], but I was expected to “just hang in there” every time I rang DHS for assistance and support.

DHS has not provided us with support other than caregiver payments. And if we call, they don’t ring back for three days to two weeks. In two years we have had six different workers and we find that stressful.

DHS seem overworked, under-resourced. Family support most important as they [family] are there 24 hours per day.

The ‘system’ is designed to fail teenagers, it’s very difficult to get support as DHS/Centrelink think they can be ‘independent’ when the best thing for young people like [child] is to have a home with parenting, love, emotional and financial support.

No consideration of us as a family, all interaction is about what the mother wants, often to the child’s detriment e.g. child wanted to go to a birthday party on a visit night, mother said no it was her time. Child missed out.

contact arrangements and other decision-making. The phrase “It is very hard” appeared frequently in comments. There were frequent pleas for understanding of the caregivers’ position and their knowledge and experience of the family, including some comments that they felt overlooked or judged.

Some caregivers expressed the wish for more services to children, including counselling, educational support and help with extra-curricular activities. A few expressed concern that the children’s parents were receiving insufficient support and assistance to address their parenting and life problems. The need for respite care and occasional child care were frequently mentioned. Also seen as needed was information about the many aspects of kinship care including the parenting of traumatised children; adolescence; legal issues; and available support services.

Need to have a helpline to ring and get support/ advice/ideas on how to deal with family issues that arise, such as requests for overnight stays or visits when they are not practical/possible and that the family gets upset. Support needed for the carer, also the support team may need to speak to the family members as a go-between when things get difficult.

Kinship carers [without] support from family members ... should get more regular respite. They should receive regular visits from caseworkers e.g. weekly or fortnightly. There is no training for kinship carers having to care for extremely traumatised children.

Another area frequently mentioned was financial assistance. This included exceptional expenses, especially where the family had limited other means. Long distance travel for contact visits was mentioned as a financial burden. Difficulties with buying suitable vehicles, and overcrowded or inadequate housing were raised by a few.

By far the greatest number of comments about unmet support needs related to the need for casework, emotional support, and timely and effective communication about case-planning,

The kith carers

The young person was someone who lived in the area. I only knew her to say hello to, before she became homeless and then moved in with me (No relationship identified).

This experience has been great, I never planned to be a carer. But having met the young lady on many occasions before she picked us to stay with made a big difference in her fitting in with our family. We are lucky, she is a lovely young lady and we are happy to support her for as long as she needs (Carer is mother of child's friend).

I think it is a bit more complex for those who are not family – such as myself (Carer previously fostered child's sister).

One-fifth of the respondents (20%) classified their relationship to the children as other than family (see Figure 7). Twelve percent (52) indicated a relationship as 'family friend' to the children. Six percent of caregivers (28) described themselves as 'foster carers', the basis of this claim being unclear. A number of others telephoned the researchers objecting to the survey request, saying that they were foster carers and not kinship carers. Nine respondents reported that they had little or no prior connection to the children they were now caring for (identified in Figure 7 as 'unrelated, unclear connection'), and seven did not indicate their relationship to the children. However, DHS staff confirmed that all of these people had been identified by Child Protection staff as kinship carers for the caregiver payments database used for the survey mailout.

These anomalies raise questions about the identification of kith or non-familial carers. This group may have implications for assessment and support that are different from familial kinship care, especially where caregivers have a tenuous pre-existing connection to children. Comments made by this group indicated significant unmet support needs, both in terms of casework and finances.

I don't believe I've had any support. They just dropped the girls off and made a run for it (Carer for children of a friend of a friend).

I receive [caregiver payments] for [my grand-daughter] but nothing for the other child. DHS asked me to take her for a weekend, [They] come back twelve weeks later, then dropped out as fast as they dropped her off. I have grown very attached to this child that DHS dumped on me eight months ago. It is very hard to bring up children when there is only my DSP [Disability] pension. I still look after her and care for her, there is always things she needs, it's not done for the money. I do it because I love children, but DHS should not just drop out like they did (Carer with unclear prior connection to child).

As a carer for many years, the past 14 months I had to give up full-time work. I live off my savings as part-time work and payments from the government did not pay the bills (Carer of foster-daughter's son).

One thing that is really annoying is that if we need anything from DHS, we need to essentially behave crossly which seems unnecessary and unpleasant. We have a very successful foster arrangement – [child] is now well underway with year 12. We hear "No", or DHS just don't get back to us. I really feel sorry for the many young people who find themselves in this "system" and who just want to make the best of their world but can't, because the "system" is underfunded and overregulated. They have been through enough without having to also learn how to "work the system" in order to get their modest and reasonable needs met (Carer of student formerly at the school where carer works).

I am very hurt by this kinship arrangement. I put in 100% and get nothing back. Nobody is there for me and to support me (Carer described herself as 'foster care Mum').

Further reference to such a group was also made by one focus group of kinship care support workers. See page 35: **Results – Focus groups with kinship care support staff.**

3. Results – Focus groups and interviews with caregivers

Introduction

Table 4 Focus groups and interviews – mainstream caregivers

	Number of sessions	Number of participants	Details
Focus groups	7	54	3 Mirabel Foundation 2 Grandparents Victoria 1 Foster Care Association of Victoria 1 Children's Protection Society
Interviews	11	14	9 grandparents; 1 aunt; 4 kith carers
Total caregivers		68	

Focus groups

Six of the seven caregivers focus groups were conducted at regular meetings of kinship care support groups. We note that kinship carers who attend support groups are a small minority of the kinship carers in Victoria and may be experiencing greater stress than some others. Feedback from focus group participants may therefore focus to a greater extent on the difficulties of family contact than on less troublesome circumstances.

Conducting the focus groups at support group meeting times presented particular challenges. Participants presented a multitude of difficult and highly emotional current experiences and evinced a great need for support. Although carers were advised of the specific research nature of these focus groups, caregivers still expected that the groups would function as support groups. There was a need for latitude for empathic listening to caregivers' problems in a range of areas, and to an extent, for the group to continue providing mutual support as usual.

Interviews

Interviews were conducted with a small number of caregivers who were unable to attend group sessions, or where a child was being interviewed and caregivers also wished to provide a perspective. One participant was both a carer and a kinship care support worker.

Four kith carers were specifically recruited for interviews. All had raised children to adulthood. The primary carers were variously working as a teacher, a youth worker, and a hairdresser when they assumed the care of children; each

had met the children through their work. Two were married and one was single; one was still raising a child of the next generation. Two of the care arrangements were informal. In the third, the then young couple (aged 20 and 21) had been required to undergo a foster care assessment, the concept of kinship care not being recognised at that time. This couple were interviewed together.

The bigger picture

While the focus of the research was on kinship carers' experience of family contact, the focus groups repeatedly raised wider issues. Caregivers' commitment to children despite difficulties and their perceived lack of support sometimes threatened to overwhelm the specific research inquiry as a larger story. This is further addressed later (see page 32, *The burden of care and support needs*).

Findings

Benefits of kinship care

Many caregivers mentioned the importance of children staying within their family when parents are unable to provide care. They saw the family as providing a secure base for children where they are known and loved. Most saw the value of contact with various family members as an important part of this, even when there were difficulties.

Conflicted relationships

There was much discussion of relationship problems associated with the care of children. Caregivers described many incidents of severe conflict and verbal abuse from

parents. Substance abuse played a large part in these. Caregivers spoke of being pulled between the needs of parents and children. They described their efforts to support children's parents, often involving a balancing act, for example, providing food but not money.

All of a sudden you have got the children, and you love them dearly and want to do everything to keep them safe. We have to keep mother away from them, you have to do it. But at the same time, you are dealing with mother, loving her and trying to help her through it. You are in the middle, you feel totally torn. I felt like I had been ripped apart ... [We] went to different drug meetings. We went to [Alanon]. You name it, we went there.

Contact with mothers and fathers

A wide variety of experiences were described. Stories indicated that contact arrangements are very changeable. Caregivers described periods where contact went well; periods where visits were characterised by challenging parental behaviour; conflict between parents and caregivers; children's distress about visits; and periods of no contact. Not uncommonly, a parent (usually the mother) had lived with the caregiver and children for some time. For most, this was a mixed experience. Caregivers described managing these situations as best they could, often by implementing strict rules with parents including being substance-free when with the children. However they sometimes struggled with their role.

The children's mother is my daughter. The access is worked out between her and I. When I think she is fit I allow her to have them. She comes to my house, she'll have a stay over. She'll come for dinner and so does the father, occasionally ... But if she takes them out for the day sometimes they're really bad when they come back, and I just have to stop her then from seeing them for a while ... she hasn't been visiting as much, she's just been ringing up. She's becoming a bit unreliable because she's a heroin addict.

She lives with us. She's doing all the caregiving, in fact I've taken a step back ... I'm happy to have her with us because she's easy to have around. It's only when the drug use is there ... She is doing everything to make her recovery possible. It's lovely the way things are at the moment ... I've just got to sort out my personal issues now because it's taken a huge toll on our marriage, and we're actually going to start some counselling.

Despite caregivers' commitment to maintaining parental links for children, most contact experiences described were negative. There were more comments about mothers as there was more contact with mothers than fathers, who were often absent. Many examples of unpredictable behaviour and incidents of unsupervised contact that caregivers felt were harmful were described. Caregivers described children's distress, behavioural problems and disturbed nights following contact with parents. Long travel times sometimes provided another source of stress.

I could sense Ben (5) was using excuses not to go to bed, and [child's mother] is saying, 'Oh come on' and she hopped into bed, but he wouldn't go in there. And I said, 'Well you can come and sleep in Nan's bed tonight' and he goes, 'Oh yes', so he slept in my bed.

Visits were a nightmare, absolute nightmare. I had to travel to Melbourne every week for access. The department paid for it, for a while. We'd have to be there at a certain time and they would take us out the back and hide us before Robert came into the building. We could never cross paths. Even with DHS workers, he was just so angry and horrible. Eventually he would come to Kingston and he'd meet Samuel at the police station, but even that was very confronting and unpleasant. It was always a niggles between Robert and I at each access – I could never do anything right and he couldn't either. But it turned out that he was living in Springfield and travelling every fortnight over to Kingston for access, so it was no wonder he was pretty irritable and cranky. It was costing him a fortune, and very tiring.

A few caregivers described children making their views clear, and trying to accommodate them when possible. One described a ten-year-old boy's views on contact with his mother.

The eldest one has become very tough, and he will put the stipulation. "Yes, I'll come with you as long as you don't do any drugs and you don't drink alcohol and you don't mix with any bad people." She came once to pick him up ... but she arrived in the car with other people, and he just said to her, "And who are they?" ... He had a look at the people and he came back inside and said "No, I don't think I'll be going because I don't like the look of them."

Prison contact

One of the most distressing aspects of parental contact described was where a mother or father was in prison. The difficult physical environment of prison visits was central to concerns. Visits often involved considerable travel. There were difficulties in providing a reasonable explanation to children about why their parent was imprisoned, and in children processing this. One kith carer described their obligatory monthly prison visits:

It was awful, but we had to do it and the children realised that. It was like we turned off, you know. We just went there and went through the motions. We've been to every prison in Victoria ... It was just horrible, and all the poor people who were there. It made me realise it's a class thing in prisons ... It was all those young Mums with screaming kids. You had to wait in a room with all these people, and get put in groups. We were with some pretty horrible women and they'd be swearing at us, like, "What are you looking at?" Like that, real scary. The girls were terrified. So was I, but in with the prisoners I wasn't. It was their rellies.

Contact with sisters and brothers

They should be together. They belong together.

Joel's half-sister lives with the other grandparents. Chinese-speaking, so I find it very difficult to communicate. But I take the brother and sister to be together every Saturday, and we do things. She says my name now and Joel's name. She just idolises him, she just follows him around and around

Many caregivers spoke of their strong commitment to keeping children in touch with siblings living elsewhere, and the importance of this to the children. Nevertheless they experienced barriers to sibling contact. Sometimes different parts of the family were not well-known to each other. Poor relationships between adult family members were another problem. Distance between domiciles was mentioned as a constraint. Rare instances were mentioned where children did not wish to see their siblings; however for the most part children were reported to look forward to and enjoy contact, and miss it when it did not occur.

Contact with wider family

Many of the most positive comments about family contact were about aunts, uncles, cousins and grandparents. Caregivers mentioned routine family visits as well as special occasions such as Christmas celebrations, birthdays and weddings. Problems were rarely reported.

Samuel had a rich experience of family with his extended family living with him and nearby.

(Interviewer) Are there other people important to the boys?

(Grandmother) Imogen [cousin], of course. "Where's Immy? Where's Immy?" He wants to go into Imogen's room and put the cartoons on, he'll just lay in there and you won't hear from him. He likes going over to my daughter Jodie, and to [my son] Brendan and Elly's place too. Samuel says, "I want to go stay at Auntie Elly's".

His younger brother enjoyed a special Greek Easter church ritual with his grandfather:

Samuel wouldn't go, but Dessie went and loved it, and Papou, the other Grandad made him a special thing to put the candle in, and he come home and said, "I walked around and then when I got the little candle, I had to put my hand up so it doesn't blow out." And he had to kiss the picture and went under the thing that they have, and he was so excited

Needs of parents

Some concern was expressed that children's parents do not receive help to resume care of their children or to play a positive role in their children's lives when living apart. This lack of support appeared to be a source of stress for caregivers as well, both directly and through its impact on the children.

When there's reunification there's no support for birth parents. I think that's wrong. They've failed to look at that bigger picture.

Tracey rang DHS and said, "I can't have him anymore". Then a few days later, there were meetings with DHS to check it all out. Then it was like, "Yes, you have him, take it to Family Court, see you later, good bye". I was angry about that, because I thought they really wiped Tracey off ... There was no support. They gave me a letter to take to Family Court and said that if Liam was ever to go back into her care, they wanted to know. I think that was a bit cruel. I still think that some of these parents need a bit more support. Just because the child's not going to physically live there – they still need to learn to live with the child.

She had a burst ulcer, but because she didn't attend court they locked her up for a month, kicked her out of the [Drug Court] property ... They've hindered her in so many ways ... I'd like to see that there's some sort of organisation that actually helps her a) get long-term accommodation, b) does things like help her get back into routine with children – even getting budgeting back in order, you know, she hasn't had her children with her for so long.

Children's needs

Caregivers wanted to be listened to in relation to children's needs, such as not taking children out of school for scheduled parental contact visits, and limiting long distance travel. They wanted children's own wishes given more attention. They were particularly concerned about instances when children were seen as forced into contact with parents against their wishes.

She's eleven. It's all about what she wants and how much she enjoys it. I go with her ... it's all as it should be. The other three, because DHS enforce access, they're crying on a Wednesday night because they have to go to their Dad's Thursday. "Do I have to go?" We've had to go through the process of seeing solicitors and not being understood. They only want to go there for one day, [but] they've got to have sleepovers. It's traumatic.

Supervision of children's contact with parents

Supervision of contact by caregivers was a frequent topic of concern linked to the challenges of the complex caregiver-parent relationship. Experiences were varied. At times, supervision by the caregiver or another family member was workable, and a preferred option. However, often it was complex and fraught. Caregivers expressed the wish for help to be available to suit individual needs.

About grandparents supervising, and having the birth parent come and go from the house – I think they've just got to realise that grandparents are often the parents of the children they're caring for. You can't always say, "Go away, you're not welcome" because that's rejecting them, that's not what you're supposed to do. It is often difficult to judge. But grandparents often want their grandchildren to be where they belong, so [it's hard].

Where caregivers wanted external supervision of parents' visits, community settings with discreet supervision were seen as preferable where possible, including activities such as cinemas, cafes or parks. A number of caregivers expressed a wish for more ready access to contact centres. The least preferred alternative to visits supervised by caregivers was contact visits supervised in Child Protection offices.

Kith care and family contact

The three kith carers who were interviewed were also committed to keeping the children in contact with their families where possible and to dealing with the challenges and the vicissitudes of family contact over the years. While each case had been very challenging, kith carers appeared able to approach the difficulties of family contact with a somewhat greater degree of objectivity than was possible for familial carers. Their position within the communities of the children's families made contact a natural, if at times stressful process. The caregivers were sensitive to the children's wishes, and committed to supporting children when they were unable to have their wishes met, or were disappointed by their families.

He's facing the reality of what Dad is, and I still think that's important. I don't know what would have happened if I'd stopped the kids [seeing their parents] - I just couldn't do that. I always remember (social worker) saying that no matter how difficult parents are, how awful they've been to their kids, the kids still want to see them.

Every day I needed to pick Marco up from school and bring him back to the salon so he got to see his sister Maria [hairdresser's apprentice]. But it was really hard every day taking him home because he wanted to go home with his sister. She had done a lot of the nurturing, more so than his mother probably. At [other] times he didn't want to come home from Maria's place, he wanted to stay with her. That was hard, he'd often come back quite sad. He was very, very close with his sister.

These carers also understood the value of contact with the wider family and went to considerable lengths to achieve this.

It was a big Italian family. We were trying to keep contact with some of the uncles and aunties that he had been close to when his mother was alive ... His mother's sister had two boys much the same age as Marco that he was very close to, these cousins. Once a week Marco and I would go there for dinner before netball. Beautiful home-cooked Italian meals which he loved and I loved.

The burden of care and support needs

Huge unmet needs for support were expressed in all focus groups.

It was breaking my heart. They were all living here.

I was the grandmother. I was a mess, and I'm thinking, "Well where do I go, who can I see?"

I just could not believe there was no support. I even went to our church, to our pastor. I said, "I need support, I need somebody there". You know what he said? "You are the one who is doing it. We send people to you". I said, "Yes, but now I need somebody".

Discussion about family contact took place within the context of multitudes of stories of stress. As in other studies, these kinship carers spoke of a wide variety of difficulties. These included their own health problems; premature death and illness of other family members; serious financial pressures; and inadequate or overcrowded housing. They experienced fatigue from the demands of extra parenting later in life, or on top of the other demands of mid-life. There were a range of relationship problems including difficult relationships with children's parents; relating to traumatised children; marital stress; and pressures from other family members impacted by kinship care. Caregivers sometimes found themselves torn between hope that the parents would rehabilitate and resume care of their children, and concern that the children have a safe and secure home.

Even though you might have been told it's not going for reunification - you might think, "No. there's still hope." But I think, too, there is a point you get to and you go, "No, there's no hope." I'm there now.

Caregivers spoke frequently of feeling overwhelmed, and that they felt alone in carrying these burdens. Given the perception of many that there was little support available elsewhere, the kinship care support groups were highly valued.

Kinship carers are treated as second class citizens to foster carers, because when a child is put into foster care, immediately the paediatrician is called and everything like that. There is also support for working with traumatised foster children. Nothing on the kinship side. We specifically asked, “Does that support kinship?” “No.”

A number of comments were made that Child Protection and the Children’s Court seem unable to help families with the serious issues that surround children in kinship care. Caregivers spoke of lack of information or insufficient warning of planning decisions; telephone calls not returned; case-planning decisions that were perceived to be not in the best interests of children; and inadequate assessment of options for children’s care, whether with parents or others.

The system’s still got a lot to learn.

We shouldn’t be the enemy, and sometimes that’s what you feel like.

A significant financial burden mentioned was legal costs for frequent court cases. A few caregivers welcomed the move to a permanent care order because they saw it as freeing them from conflictual, costly court cases and giving them greater autonomy and flexibility in organising children’s contact with family members. However several expressed concern about the loss of the limited support available to kinship carers once a permanent care order was made.

Frequently, caregivers simply appealed for workers to listen and understand the issues, including the complexity of their family relationships.

Workers might get frustrated because Grandma’s still doing things in the hope that [the parent can resume care] – but the reality is, given time, [carers will] get past it. But it’s just that grief and loss. You’ve got to take time to comprehend all those issues. I think, too, that comes through a bit of education. That’s something that kinship carers traditionally haven’t had – in respect to grief and loss and all that. So I think kinship programs will give that opportunity to a lot of people.

Caregivers wanted more information about their entitlements; access to a range of respite care options; careful assessment of family members allowed to have contact with or care of the children; and for children’s needs and wishes to be respected. They wanted adequate financial assistance with the costs of kinship care.

4. Results – Focus groups with caregivers and staff in Aboriginal organisations

Introduction

Table 5 Focus groups – Caregivers and support workers in Aboriginal organisations

Number of focus groups	Number of participants	Participating organisations
3	13 (10 women and 3 men)	Rumbalara Aboriginal Cooperative Victorian Aboriginal Child Care Agency Gippsland and East Gippsland Aboriginal Cooperative (GEGAC)

Three focus groups were held in Aboriginal support services providing support to kinship care families; two were rural and one city-based. Eleven participants were Aboriginal and the other two had Aboriginal family. Five identified as caregivers and eleven as workers, with overlap between the roles. This section summarises the findings from these consultations. A full description of these findings appears in Family Links Research Series Report 2.

Findings

Culture

Repeatedly stressed by all participants was the importance of Aboriginal culture to the wellbeing of children. Aboriginal culture was described as including a wide definition of family, embracing young and old across extended relationships, with mutual obligations for care. Connection to the wider family was seen as imperative to identity. Kinship care was seen as fitting naturally into this view of family. Cultural awareness training was seen as critical for non-indigenous staff working with Aboriginal children and families. Participants stressed how the Stolen Generations have highlighted the importance of maintaining and protecting family connections and care. The experiences of the Stolen Generations have also generated challenges for workers to overcome Aboriginal people's fear of authority as services seek to provide support and monitoring of kinship care placements.

Family contact

It shouldn't just be about Mum and Dad, it's about the whole family, bet you that child, they need that connection (Aboriginal carer)

In the context of Aboriginal culture, workers commented that contact with mother and father is likely to happen regardless of court orders. They saw their priority as managing the

safety and wellbeing of children by engaging and working with families around the issues rather than trying to stop contact. They emphasised the critical role of wider family contact during childhood in order to give children knowledge of their culture and a support system for life. Cultural divides in some families where there were both Aboriginal and non-Aboriginal members were mentioned. Staff described work to engage non-Aboriginal family members in understanding the importance to children of Aboriginal family and culture.

Issues of casework

Participants emphasised the importance of working with Aboriginal families by building trust through empathy, reliability and friendliness. They felt that it was important to work directly with children, understanding the trauma they had experienced and responding with patience and support.

Good assessment of caregivers and contact arrangements was seen as important; mistakes of both inclusion and exclusion were mentioned. It was suggested that the imperative to care for relatives sometimes led to family members agreeing to inappropriate care arrangements. Conversely, the use of police checks without cultural awareness and good judgement was sometimes seen as excluding suitable caregivers. A number of comments were made about the particular financial burdens carried by Aboriginal families that impact on their care of additional children. Participants spoke of low incomes, overcrowded housing and a lack of vehicles. They felt that assessment of Aboriginal families needed to allow for different standards of housing and physical care, but not to allow families to be unrealistically burdened with obligatory care. Participants felt that both support staff and caregivers needed more training about the impact of trauma on children. Effective liaison with Child Protection was seen as critical, and a number of examples were cited of good partnership between Aboriginal services and Child Protection offices.

5. Results – Focus groups with kinship care support staff

Introduction

Table 6 Focus groups – mainstream kinship care support staff

Number of focus groups	Number of participants	Participating organisations
4	19 (18 women and 1 man)	Oz Child The Mirabel Foundation Berry Street Victoria Unnamed organisation

Nineteen kinship care support staff participated in four focus groups. Experience in kinship care support ranged from a few months to six years. Programs represented were an independent organisation specialising in kinship care support; two DHS-funded organisations with pilot programs in kinship care; and a service that elected not to be identified. Families receive support from these services in relation to particular stress or difficulties. Comments by staff reflected the complexity of family circumstances and intra-familial relationships. Thus the experiences reported highlight common difficulties rather than representing the circumstances of kinship care families as a whole.

Findings

Benefits of kinship care

Staff perceived many benefits of kinship care, including committed family relationships; knowledge of family history and children's identity within it; greater likelihood of siblings being kept together or remaining in touch; help from other family members; and the capacity of some families to manage with little outside assistance.

The positive of being involved with family is that the grandparent, aunt or uncle or whoever is able to give the child really accurate and lovely information and stories about their parents [at earlier times]; knows them and has a connection to them personally. They have photos up and can show ... when [the parent was] a much healthier and happier looking person ... The kids have a stronger link with their past and with their parents. It is a challenge for carers ... [But] I think that's a real advantage.

In kinship the family has more of a stickability and a huge commitment towards the upbringing of the children.

Complexity of familial relationships

Staff emphasised the complex terrain of working with kinship care families. It was observed that sometimes there are a number of family members who may want input into the care of a child. Conflict was sometimes seen in the family network, such as between maternal and paternal grandparents, and where siblings were cared for in different parts of the family. Some grandparents reported that their other adult children were resentful that their children were missing out on grandparents' attention. Many relationship issues were seen to have repercussions for the wellbeing of the children.

The carer-parent relationship and the contact experience

There was much discussion about the complexity of relationships between caregivers and parents. This seemed to be particularly evident when the caregivers were grandparents, the parents' own parents. Caregivers were reported to struggle with a mix of emotions including love and support for the children and often also for the parents; guilt about feeling responsible for the parents' circumstances; and resentment about a lack of appreciation or perceived manipulation of themselves or the children, and the burden placed upon themselves.

Staff cited a small number of cases in which the carer-parent relationship was supportive and relatively uncomplicated. More often, however, these relationships were observed to be fraught, especially when substance abuse featured. Caregivers were seen to have difficulty in setting limits with parents. Children's behaviour problems following parental

contact were seen as eroding the carer-parent relationship further. Where the child's parent lived with the caregiver and children, family dynamics were often seen to be problematic. Examples were mentioned where staff had felt that the role of children's caregiver was incompatible with providing in-home support to a disruptive parent, and had pushed caregivers to make a choice. Sometimes children were seen to be suffering from the repercussions of a difficult carer-parent relationship, but unable to discuss this with the carer due to a conflict of loyalties.

Staff mentioned occasions where they had been able to help improve family relationships through counselling and mediation. An example was given of a carer and parent who were able to work through intractable issues over a long period, such that contact could again be managed within the family. This then allowed for a permanent care order to be granted.

Contact with parents

I think inherently children are removed from their biological families for very good reason. Each situation needs to be looked at on an individual basis. We're trying to conduct access in a context where it's incredibly complex, where a parent may not be functioning in a terribly good way, and therefore it depends on what their lack of functioning is about ... Wherever possible we will get kinship families to [arrange contact], but often that's not able to occur, so we need to look at other [ways of doing] things as well.

Despite the evident complexity, support workers were generally committed to facilitating parental contact in the most positive way possible.

A small number of examples were mentioned where contact arrangements worked well. In these cases, both parents and carers had accepted parents' incapacity, communications were effective and relationships supportive. Such situations seemed more likely where substance abuse was not at play.

Their mother has mental health problems and their relationship is fantastic, she's just not able to care for the kids. But the grandparents and the mother have a great relationship. She comes to their house and stays over, and the kids go over there. Everyone's fostering the relationships and putting the kids' best interests first. They just understand that Mum's not in a place to care for them.

Much more often, however, parental contact was seen as difficult for both children and caregivers. Workers spoke of parents who were unable to pay attention to their children or play with them, for example spending the visits talking to other adults or on the phone, or who were substance-affected. Other examples were given of parents whispering distressing comments to children so that supervising adults could not hear.

Even though it might be a regular arrangement, it's quite often the case where they don't turn up, or they're drug-affected so that they're just not in the right space to be having access. It's not fair on the kids to try and have a nice time with Mum or Dad, and they're all off in la la land really, or they're on the nod.

Frequent and inflexibly regular contact orders were observed to present problems in disrupting children's activities including contact with other family and friends, and holidays. Disruption to children was seen as most acute when contact visits were difficult or disappointing, such as when parents did not turn up as arranged.

Examples were given of when contact was frankly traumatic. In one example a child was distressed by encountering her mother's partner who had abused her, waiting for her mother outside the home. In another, a severely abusive mother of children in permanent care more than once made contact after years of absence. In this case it was reported that Child Protection then asked for a contact visit be arranged, with consequent distress to the children who did not wish to see their mother again.

I think the biggest problem is when the parents are really not in a good place and access is a rigid set thing by DHS, and it just causes a lot of disruption to the children's and the carer's lives because it's not a good experience for the kids. It's an across-the-board story that we hear – after access visits kids take days to settle down. It just doesn't seem to be a positive experience for anyone. The carers can often see that the parents are not in a good place, that they're still drug-affected. They often don't turn up, the kids are told that they're going to have access, they get excited about it, and it doesn't happen. If there's no reunification plan, often the carers can't really see the point in having regular access with the parents. But they don't have any say in it.

Serious safety concerns only rarely observed. However examples had been seen where grandparent carers were unable to prioritise children's safety over an allegiance to their daughter or son. One example given was of a grandmother planning to allow her violent son to return to the home from prison, and another of a grandmother who took the children to visit their mother and her paedophile partner.

Many workers felt that more flexibility was needed to accommodate the changing circumstances of parental contact. Where there were problems, a lot of work by staff with individual family members was seen to be necessary to arrive at positive contact visits.

It seems to be a bit unpredictable how the parent goes. Sometimes that works well for a while and then they might go downhill a bit, and then they disappear for a while, and then it comes back. I think that seems to be the nature of these families, that it's quite a fluid situation.

The impact of parental contact on children

We seem to have a mindset that worries me: all children should have contact. There are situations that we have to grapple with where we're taking children to contact – it's stressful for the children, it's stressful for the family that are caring for the child, and it's stressful for workers having to deal with it.

Concern by staff about negative contact arrangements was a major theme. They described children's strong reactions including examples of a child pulling out his eyebrows in the lead-up to a visit; another child vomiting with anticipation of a prison visit; disturbed nights; crying; and behavioural problems lasting up to a week. They questioned the value of regular visits when they were patently unsatisfactory and when not part of a supported family reunification plan.

It's almost like after a contact session with parents [children] need to have a debrief, like an hour's counselling session.

Several workers questioned their own role in implementing these arrangements as required by court orders.

But a man who's done those sorts of things [murder and rape] – I sometimes struggle. What are we actually doing when [the four-year-old girl] finds out? Morally, what have we done?

Forced parental contact

The most harmful aspect of statutory intervention was reported to be where children were obliged by court orders to participate in visits that caused them anxiety or fear.

We've heard some really horrific stories of children being extremely upset and hysterical almost and not wanting to go to access and being forced to go. For the carer to have to be involved in making the child go to access is extremely traumatic for the child, and for them.

So [child] gives her [court] instructions, and then we're told to encourage her to go back to it. It's sort of unspoken, there's this understanding that contact has to occur. So on the one hand, we're giving her a message, "Yes, you've got a voice and you're as young as seven, but we'll listen to you". On the other hand, "No". Access started up again and she wasn't very happy about it. We tried to make it work as best as we could.

Many staff expressed concern that children should have a say in whether, when and how they wanted contact with parents. They recognised that this is not a simple matter, and that some children experience divided loyalties in speaking up. However some staff had observed very young children clearly expressing their views about parental contact and others children showing strong feelings in their behaviour. Many staff felt that there was little room in the statutory Child Protection system for children's wishes to be heard, and insufficient support to children for their visits with parents.

Adolescents were seen as wanting more control and flexibility in their arrangements for parental contact. Young people were observed to sometimes undermine case plans and court orders if they were opposed to them.

Supervision issues

Supervision of parental contact by kinship carers was seen to be very challenging. Where relationships and cooperation were satisfactory, flexible contact supervised within the family was seen as the best option. Staff felt that caregivers should have some control over contact arrangements and thus be able to veto a visit if necessary. However family relationships were sometimes perceived to be severely stressed by the difficulties of visits.

There are some where they can work it out between them and it's not imposed by DHS, and the grandparent has the option to say "Okay, I'm not going ahead with access because I can see that you're not doing so well". It's not being enforced upon them that it's got to go ahead regardless.

Sometimes we think it's being stretched beyond the limits and it's hard for a grandmother to say to a daughter, "Well, no you can't have your child".

The issue was raised of grandparent carers required to supervise the contact of both the parent who was their own child and the other parent, who in some cases they wanted nothing to do with.

Mobile phones and electronic forms of communication were seen as presenting particular problems, the private nature of such communications making supervision difficult.

Frequent contact visits involving long car trips was also an issue of concern.

A few staff expressed the view that there were circumstances in which parents would not cooperate with the best possible supervisory arrangements, and that such contact arrangements should be stopped.

The impact on parents of supervision by caregivers was also recognised. It was suggested that some parents would also prefer supervision by a kinship care support service.

One [parent] said, "I love Mum and I'm very grateful that she's got the kids, but with these accesses, it's like she's breathing down my neck. It's like she's everywhere – every time I'm turning around, there she is. Not that she's doing anything wrong, but there she is."

In many circumstances, workers reported that carers would prefer to have the burden of supervision removed from them by having visits supervised externally.

Changes of access and [other issues] around access with parents are one of the biggest issues for our families. So if they're able to have that worry taken away, it means that they are able to provide better care.

The involvement of Child Protection in contact arrangements was seen as a mixed blessing. Where parents' circumstances and behaviour caused major difficulties, there was the potential for Child Protection intervention to relieve carers of responsibility for making decisions, and thus mitigate conflict. Structured arrangements, such as where parents had to ring Child Protection to confirm a visit were seen as helpful in avoiding children being disappointed. Benefits were observed where Child Protection staffing was consistent and approaches to families were supportive.

Contact arrangements necessitating supervision by Child Protection staff were however seen to be particularly difficult. There was widespread concern about the inappropriateness of contact visits in Child Protection office environments. Children were frequently observed to be particularly disturbed after these visits. The need for such visits to take place during the working week was another problem, disrupting schooling and still leaving difficult weekend supervision to the caregivers.

Where contact arrangements were seen to need external supervision, staff felt it was important to have clarity of purpose, an individualised approach, and activities that focussed on the needs of the child. Community and outdoor settings were seen as appropriate for some, but more alternative venues were seen as needed. There was a perceived need for contact centres with indoor and outdoor space. Younger children were observed to sometimes benefit from structured visits where parents could be helped to relate to them. The view was expressed that many visits might be best supervised by a qualified child care worker who could build relationships with children and mentor parents.

Prison contact

When we pulled up in the prison car park – I'd never been to prison before, so it was me and her [together] – there was just razor wire everywhere, and you just looked at this prison through this razor wire, and there was more razor wire and there was more razor wire. She just burst into tears. She hadn't seen her Dad, and that was what we were there for.

Staff spoke of facilitating contact with parents in prison as one of the most difficult areas of their work. They observed there to be little case coordination between prisons and Child Protection and ad hoc processes. While prison staff were sometimes seen as willing to help, prison security regulations were necessarily inflexible and presented frightening experiences for children, including sniffer dogs, airlocks for drug testing, fingerprinting, razor wire and “clanging gates”. It was difficult to find suitable explanations for children about parents' circumstances. Staff described a number of experiences where children were very distressed by these visits.

Concern was expressed that sometimes parents asked for contact visits while in prison when they had had little contact with their children for long periods prior to incarceration. Staff felt that the best interests of children were not always prominent in decision-making around such contact. They also felt that there was often little early warning about a parent's release, making it difficult to prepare for the risk that contact might become more chaotic or frankly unsafe, especially where the sentence had been for a crime against a child.

Staff were aware that it was often important to keep alive some communication with parents in prison, especially when they were expected to return to the family. However, they questioned the value of some prison visits. Measures to prepare children for visits described included helping with letter-writing before a visit, discussions en route to the prison and books for children provided by the prisons. A contact centre with webcam access was mentioned as a possible alternative to in-prison visits.

Support for parental contact

The build up of the tension prior to these accesses is huge for both the parent and child, and they're actually quite difficult to manage. Usually it does break down in some sort of major outburst, and you're thinking, “Heavens, what's the effect?” You have to put a lot of thought into prior preparation. Often you detect the parent's had a hit of something – like a bit of marijuana – just to steady themselves. It's very anxiety-provoking I think, and probably we still don't get it right a lot of the time. But I guess we're learning as we go along, what's going to work and what doesn't.

Staff felt that many carers were appreciative of regular casework support and valued assistance with difficult contact arrangements in the home, as well as the availability of alternative supervision. One staff member described her idea of making a DVD documenting a child and his contact with family over ten years, showing both the problems and overall benefit, so as to help kinship families appreciate the point of persisting.

Children were also seen as needing direct support to manage contact with parents, including preparation for visits and debriefing. One worker spoke of reframing the parents' feelings and behaviour in conversation with children so that they might better understand their parents' difficulties.

Parents were observed to also find contact visits stressful, especially when supervised. Comments were made that parents often miss out on support and help once children are removed or plans for family reunification have been abandoned. Staff felt that mentoring for parents should continue to be provided to improve contact visits. Support to parents was seen as needing to be a long slow process.

Contact with sisters and brothers

I think access for siblings is probably even more important than access with parents.

Staff strongly affirmed the importance of supporting children's relationships with their siblings, and felt that there was strong commitment for this among kinship carers. They observed that siblings were frequently spread among different family households, whether with one or more parents, in different kinship placements, or in foster care. They felt that children usually wanted contact with their siblings, and that their views needed more attention. Occasional concerns were expressed that one sibling would have a bad influence on another; nevertheless there was also awareness that older children who want to see each other may defy restrictions by using mobile phones or running away.

Staff observed that sibling contact was sometimes complicated by conflict between different caregivers, or by distance. Older children returning to a parent were seen to sometimes lose contact with children still in kinship care. Keeping siblings in contact was seen as yet another pressure on caregivers at times.

Contact with wider family

An advantage of kinship care observed by staff was that contact with extended family members generally did not require special arrangements or supervision.

By way of a child coming into a relative's home, all those connections and relationships are usually happening anyway. So it's not an extra effort for the kinship carer [for example] to go and visit your aunt and uncle.

Contact can be really positive, and it shows children that they've actually got other people out there that care for them, that they're not alone. They can sometimes build a really supportive relationship with someone else in the family that can fill a role for them....a mediator for conflict at home...or providing a safe place, through their childhood and possibly even through their adult years.

On the other hand, there was awareness that sometimes children only saw relatives who belonged to the side of the family in which they were living, due either to intrafamilial conflict, or families' lack of knowledge of each other. Where fathers were in little contact, this often meant that their families were lost to the children.

Caregiver stress

Staff were very concerned about the degree of stress that they observed in caregivers. They recognised that grandparents in particular show a very high level of commitment to children despite the burden of care. Some commented that grandparents feel they have no choice but to step in when care is needed. They observed grief reactions about the lives of their adult children, and about their own lost retirement opportunities. Fatigue, depression, other health problems and financial stress were observed.

I think in the older group, you do sometimes see Grandmas who might need a hip replacement [for example] but just can't do it because there's no-one to take the toddler. It becomes quite dangerous. They haven't got resources.

Marital difficulties were mentioned, including where the care of children caused conflict or separation. Children's behavioural problems were seen to provide additional stress. Parenting of adolescents and infants was seen to raise great challenges for older caregivers, including anxiety about the future should their health fail. Many caregivers were observed to find statutory processes intrusive, including multiple court cases, assessments and planning meetings. As a result, some were seen to be wary about whether the new support services would be of assistance.

Aunts and uncles were observed to face different issues. They were seen as assuming additional caring responsibilities on top of other family and work responsibilities, but as less likely to feel the imperative to continue providing care against all odds.

Given all the pressures on caregivers, parental contact arrangements were seen to add yet another layer of stress, the more so when they were supervising challenging parental contact.

Kith carers and contact arrangements

I guess some of the good ones I've seen have actually been the kith, where they're actually not biological relatives. I can think of a child care worker who took in a five-year-old. The mother was very difficult, but she let her have access in her house, and was quite objective and unaffected and neutral. But the grandmothers often can't be, in their own house. A "kith" – a person who's not related – hasn't got the same degree of angst and relational difficulties.

Several positive examples of good contact arrangements were cited where the caregiver was kith rather than family.

I can think of one case, a kith placement, they live in a group of flats and Mum also lives in the same flats. It's a youngish kid and after school, they'll go and see Mum and spend some time, have afternoon tea, do an activity and then go back to their flat. So that works.

We've got a 16-year-old and a 12-year-old [Pacific Islander] boy. They were both living with their auntie and uncle, and also their cousin who also takes a kind of caring role. The 16-year-old was rebelling in a minor way, and then he left the [home], and is living with the parents of a friend from school. They're also [from the same country] so that's going really well.

On the other hand, one group of staff described a worrying practice in which they had felt pressured by Child Protection staff to push young people into finding their own care arrangements.

If a placement breaks down, DHS say "Find family or friends. Ask the kid if they've got any family, any friends to stay with, before we even look at any other placements". If you come back and say, "No, there's nothing", they don't accept it. "Try again, try again". Then you've just like [got to] push, push, push. With Lina, it was her friend from school's Mum, because that's all she can think of. Maybe sometimes it lasts, but it really doesn't last that long. Because really, the friend's parent isn't going to put up with what they don't have to.

Casework skills – in general

[Workers] need to be really patient, and make sure that you're pulling all the family in at regular intervals to give them information about what's happening ... to prevent having too many fingers in the pie and doing more damage than good.

Staff stressed the difficulty of working with kinship care families, and commented that the work requires a lot of skill, time and patience. They felt that a clear understanding of their professional role with families was needed. Relationships between workers and caregivers were seen as needing to be built on mutual respect and an understanding of the complexities of kinship care. The burden on caregivers needed to be recognised and understood. They saw support as involving much work with a range of family members, using a partnership approach whenever possible, and avoiding getting drawn into family dynamics. Family decision-making (FDM) was seen as a useful tool, especially at the commencement of a placement. However, a few examples were cited of poor practice such as where families were pressured to assume the child's care in front of the child. Knowledge about the impact of substance abuse was needed.

Assessment skills were seen as important. A number of staff felt that programs have to learn to adapt care standards to the kinship care environment and not simply apply foster care standards.

While the concept of "training" was not always seen to be appreciated by kinship carers, a number of staff suggested that carers would benefit from information sessions provided on topics such as understanding and responding to traumatised children, and program standards. Respite from care provided in a variety of ways according to individual needs was seen as much needed.

Overall, there was seen to be a considerable agenda for worker training in order to give staff the necessary skills for such complex work.

6. Summary and conclusions

The four components of the *Family Links: Kinship Care and Family Contact* research project reported here have produced consistent findings. Most children in kinship care have the benefit of a high level of commitment from their caregivers. Children are in contact with a wide range of family members, including mothers and fathers, sisters and brothers, aunts, uncles, cousins and grandparents.

Contact with parents appears to be going well for many children in kinship care. However for many others there are significant problems, including threats to wellbeing and safety issues. Much stress from inadequately supported contact arrangements accrues to children, parents and caregivers. While supervision of parental contact by caregivers is a satisfactory and preferred arrangement for some families, it presents great difficulties for many others. A range of interventions are needed, including more active support to mothers and fathers following removal of children; more flexible supports to children and their caregivers both during contact visits and 'behind the scenes'; and alternative arrangements for supervision for the most challenging situations.

Contact with sisters, brothers and the wider family is largely a positive experience for children, with potential lifelong benefits for support and identity. Nevertheless, many children still experience barriers to contact with siblings and other family members.

Many Aboriginal children have insufficient support in maintaining connection to their family and culture. Those in non-Aboriginal care in particular – the majority – may be at risk of losing connection to Aboriginal family members and culture due to inadequate implementation of Cultural Support Plans.

Children with mothers and fathers in prison have particular difficulty with parental contact. Many lose contact, and for others, prison visits are highly distressing.

Children's feelings and wishes about contact with family members appear frequently to receive insufficient recognition in decision-making about family contact. Situations where children are forced into contact with parents who have abused them or whom they fear provide the most distressing examples of this. Where barriers exist, children also need help to maintain contact with other family members who may provide support.

There are particular issues of assessment and support in relation to kinship carers that require attention.

Once again, great vulnerability is evident in a population of kinship carers who are older and in poorer health and financial circumstances than foster carers, and who have a greater range of life stresses associated with their close family relationships with struggling parents.

There are obvious implications for resourcing kinship care programs to support family contact and address stress on caregivers. Areas of needed intervention are clear, and may yield significant benefits for the wellbeing of children and their families.

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Three participants took up referrals to psychologists for two sessions, and one was referred back to an organisation with which she had been previously connected.

Sample size and response rate

Four hundred and thirty survey responses were received, representing 694 children. This represented a response rate of 27% of all caregivers being paid caregiver allowances at that time. While this is a good number of returns for a study of this type (Van Bennekom, 2007), it cannot be regarded as necessarily representative of the whole population (American Association for Public Opinion Research, 29 Sept 2008). Research about kinship carers suggests that this is in general a disadvantaged population with multiple life burdens (Boetto, 2010; Connolly, 2003). We assume that literacy in this group may be lower than the community average. Aboriginal and Torres Strait Islander caregivers experience these disadvantages to a greater extent than others. It is therefore reasonable to assume that responding may have been impracticable for some of the most disadvantaged caregivers.

The focus groups and interviews

Seven focus groups were conducted, six with organisations running kinship care support groups. Eleven interviews were conducted with caregivers and caregiver couples.

Three focus groups were held in Aboriginal services. These groups were a mix of staff and caregivers, including people with both roles.

Four focus groups of mainstream kinship care support staff were conducted. As statewide kinship care support programs were just getting underway in Victoria in 2010, we focused on a small number of pre-existing services.

A semi-structured questioning route was utilised. Sessions were recorded, transcribed and de-identified. The NVivo (QSR International, 2010) software package was used to code transcripts. The approach to data collection and analysis was determined by the wish to explore the meaning of contact, family, and support from the perspective of the caregivers (Holtan, 2008). A grounded theory approach (Strauss & Corbin, 1997) was adopted, allowing meaning to emerge rather than be imposed on the data.

Table 7 Focus groups and interviews – caregivers and support staff

Target group	Number conducted	Number of participants	Details of participants and participating organisations
Mainstream kinship carers – interviews	11	14	9 grandparents, 1 aunt, 4 kith
Mainstream kinship carers – focus groups	7	54	Mirabel Foundation support groups (3) Grandparents Victoria support groups (2) Children's Protection Society group (1) Foster Care Association of Victoria (1)
TOTAL mainstream caregiver participants		68	
Aboriginal kinship carers and support workers – focus groups	3	13	Rumbalara Aboriginal Cooperative Victorian Aboriginal Child Care Agency Gippsland and East Gippsland Aboriginal Cooperative (GEGAC)
Mainstream kinship care experienced workers – focus groups	4	19	Oz Child The Mirabel Foundation Berry Street Victoria Unnamed organisation
Total participants		100	

Triangulation of results

Validity of results was checked in two ways:

- **methods triangulation**, or the checking of consistency of findings generated by different data-collection methods (in this case, the survey and focus groups/interviews)
- **triangulation of sources**, or the checking of consistency of different data sources within the same method (in this case, focus groups with kinship carers and focus groups with kinship care support workers in a number of different organisations) (Quinn Patton, 2002).