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Kinship Care: Enhanced Support Needed?

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Abstract

A key goal of IFCO is to work to improve systems, processes and outcomes for children and families involved in child welfare systems. To this end, key trends in kinship care and the extent of the practice need to be appraised. This chapter will focus on the critical issue of *support and kinship care*. Through this discussion, the ambivalence that surrounds kinship care, the differences between kinship networks, the need for different service delivery systems and specific recommendations for supporting kinship carers will be highlighted.

It is hoped that this chapter will provide stakeholders with an overview of kinship care, as well as assisting IFCO to develop its future strategy and action plan in respect of formal kinship care. A robust action plan requires an understanding of general issues involved in supporting kinship care as well as an appreciation of the dynamic and complex policy, legal and practice issues involved in the intersection of traditional foster, formal and informal kinship care.

Extent of Kinship Care

Kinship care is now a major component of service provision within foster care and, while there are variations arising from the differences in legal, procedural and practice contexts in different jurisdictions, it is seen to be the fastest growing care option within child welfare. Comparison of data in respect of kinship care across jurisdictions is not straight forward; there are variations in use of formal and informal arrangements and in how data is collected, categorised and made available or accessible for analytical purposes.

However, the percentage of kinship placements, taken as part of formal foster care system, is generally available. This classification, while using a range of different names, usually refers to children in the homes of relatives which have been approved or licensed or are in the process of obtaining such approval from state agencies. Thus, in the USA, 24% of all children in foster care are with 'kin carers' (Annie Casey 2012); in Scotland the figure is also 24% (Scottish Government 2012); in the United Kingdom, 11% of children are with 'family or friends' (Department of Education, 2012), though the rate varies from 6% to 32% across individual areas of the country (Sinclair et al 2007); in Northern Ireland, 33% of children are with 'relatives' (Department of Health, Social Services and Public Safety 2010), while in the Republic of Ireland, children in 'relative care' now account for 32% of all children in the foster care system (HSE 2012).

The actual numbers involved in informal kinship care and in kinship guardianship and adoption is much more difficult to capture from the international data. This is due to complexity in the pathways between informal and formal kinship arrangements (O'Brien 2012) and limitations and / or differences in data systems concerning children and families in

general. Variations exist in practice as to how child welfare systems divert such placements in and out of the formal foster care system at key junctures in the placements. Thus, a detailed, reliable, comparative picture is difficult to attain. The remainder of this chapter focuses predominantly on *formal kinship foster care*. Reference will be made to informal kinship care, kinship guardianship and kinship adoption only to ensure clarity, where required.

Explaining the Shift to Kinship Care

The reasons for the shift towards formal kinship care are multi factorial; the demise of institutional care; a preference for fostering and simultaneously a shortage of such carers; and - perhaps most importantly - an enhanced understanding of what extended families can provide for children in need of care. The potential of this option was reflected in the development of child welfare legislation in many countries in the late 20th century which stipulated a preference for family placements, provided these met the needs of the children. However, despite this legal preference, the increase in the kinship care placement rate is seen to reflect the scarcity of alternative care options. It also offers opportunities to pursue value-driven decision-making, such as same race placements in a context where policy may not support this, (Hegar & Scannapieco 2005), rather than a coherent, child-centred policy which prioritises or aims at developing this care option. The transition to this form of child care has not been easy (Geen 2003, 2004, Nixon 2007). The process of bringing it into the child welfare system can be described as reactive and piece-meal, rather than planned and integrated (O'Brien, 2000, 2010).'

Outcomes in Respect of Children and families

The outcomes that we wish to achieve in respect of children are generally well known (McAuley & Rose 2010). Research attempting to compare children in kinship care with children in non-kin care tends to be inconclusive and contradictory (Nixon 200, Hunt 2010). The outcomes for children in kinship care (Winokur et al 2009), however, are generally seen as positive in terms of child protection, identity formation, maintaining contact with family, stability of placement, enabling siblings to live together; and there is evidence that relatives show greater tolerance towards behavioural and mental health challenges. However, there has been a lag in identifying and appraising the particular inputs and processes that are connected with achieving these positive outcomes in kinship care.

When discussing research on outcomes for children in kinship care, three main issues are worthy of comment. The first is the limited research in respect of kinship care in general (Hunt 2010, Hegar and Scannapiece 2012); second is the extent to which children's own voices are included in this assessment and, third if children actually aspire to the same outcomes that adults are looking for? (O'Brien 2012). When considering the issue of outcomes for children in kinship care, it is crucial to point out the family profile and assessed needs of children in both formal and informal kinship care are similar (Sinclair et al 2007, Farmer & Moyers 2008, Hunt et al 2008).

Key Policy Issues in Kinship Care

While it is beyond the scope of this chapter to discuss in detail the limitations and challenges of kinship care, major trends are reported in key literature reviews (Flynn 2002, Connolly 2003, Nixon 2007. Hunt 2010, O'Brien 2012):

(1) A level of disquiet about the length of time children stay with relatives and the slower rates of reunification;

(2) The intersection of permanence, adoption and guardianship needs to be better understood;

(3) That agencies are not sure about how best to position themselves in relation to working with families;

(4) A different service delivery model is required to manage kinship care in light of evidence that simply superimposing the traditional foster care system on relative care does not work;

(5) The limited, and sometimes conflicting, statutory guidance in respect of conducting home studies and licensing kinship carers has presented major challenges to current practice;

(6) Financing of this care option is a profound policy issue that is embedded in debates surrounding family and state responsibilities and models of welfare provision. Resolution of this core issue is urgently required; and

(7) There are differences in the profile of kinship and traditional foster carers, and major variations in levels of support and supervision for both.

In light of the focus of this paper on the profile of kin carers and the difference in levels of supports available, a discussion of the support issue and key recommendations for change in respect of support will now be considered.

Support and Kinship Care

Demographic Profile of Kinship Carers

The demographic profile of kinship carers in terms of age, income level, health, education and family background differ from non-kin foster carers, and this trend is evident across a range of jurisdictions. Connolly (2003) shows this through her work in Australia, Aldgate & McIntosh (2006) provides a similar picture in Scotland, Farmer & Moyers (2008), Hunt's (2010) work presents the UK picture while Gleeson, et al, (2009), Hegar & Scannapiece (2012), Annie Casey (2012) give an overview of trends in the USA.

The clear evidence is that the demographic profile of extended families where children are in care, and kin are involved in caring for them, are more likely to be among the poorer in society though, of course, there are some exceptions to this pattern. The literature also shows clearly that they have similar needs to other children in care but, despite the demographic profile of kinship carers and relative care children, relatives receive less support, services, and training compared to foster carers (Ehrle and Geen 2002, Nixon 2007).

This poses a key question for the care and protection of children against a backdrop where the pronounced differences between kin and traditional foster carers can impact both on the children and also on the carers providing for the children. The ramifications and unravelling of this question requires a focus on the financing of kinship care, while simultaneously acknowledging the research findings, limited as they are, that show how children, by and large, do well in kin placements - irrespective of this profile.

If poverty is one of the biggest risk factors facing children, and it is accepted that the effects are both short and long term, what are the implications for kinship care if so many of the kin carers come from more disadvantaged backgrounds and there is less financial support available to the carers compared to foster carers? The question of who is bearing the cost of this differential should be to the forefront of our minds.

Financing Kinship Care

The debates in respect of state financing and kinship care abound (Geen 2004, Bratteli et al, 2008, Colton et al 2008), and some key questions that are often asked or alluded to are:
- Should the state be paying relatives to do what family should be doing anyway?

- What are the respective responsibilities of the State, the nuclear and extended families towards child rearing and where should responsibilities lie if a child's needs are not being met?

In an earlier paper (O'Brien 2012), it was proposed that these questions sometimes blur the distinction between the constitutional /legal understanding of family on one hand and the cultural / ideological / emotional family on the other. It is suggested that an examination of the issues of poverty, income levels and supports required for the kinship carers to provide for the child in their care needs to be a higher policy priority across many jurisdictions.

The genesis of the debate about financing extended family members to provide care is connected with an earlier legal responsibility in many western countries for grandparents to financially support their kin. Hegar and Scannapiece (2012) suggest that it is only during the latter part of the twentieth century that the assumptions that extended family would look after their own began to change. The ambivalence about financing family members to look after children, even when they are in the care of the State, remains. It is as if it is feared that, where monetary schemes are provided to assist relatives to care for children in their extended families, families will organise themselves in such a way to maximise these benefits. In this scenario, it is postulated that birth parents would be willing to forego custody, relatives would re-arrange their lives and living arrangements to accommodate the children, and the children themselves would be willing and complicit to accommodate this change ….. in this view, financing kinship care is seen as an opportunity to raise incomes.

I would argue strongly that, if given a choice, most family members would prefer to maintain their autonomy and privacy, without state agency involvement. Unfortunately, this is not possible for many due to the need to safeguard the child, to deal with complex family dynamics arising from the child's need for care, as well as to obtain access to normal financial and other service needs to provide for the child's upbringing. Therefore, it is vital to reiterate that financing of this care option is a profound policy issue, and more debate leading to a resolution of this core issue is urgently required.

Reunification Rates

The concern that relative care has lower re-unification rates or permanency outcomes, especially through the utilisation of adoption or other legislative mechanism to secure the placement, remains an issue, especially in the UK and USA. This is an issue that is multi faceted, but it is also closely connected with the issue of finance. The longer children spend in the care of the relatives, the longer the State has to pay the costs of rearing them. One of the connecting issues is the potential dis-incentive for relatives to work to return children home if this comes at the price of losing an income stream associated with the child living in the home? Is this same question ever posed in respect of traditional foster care or residential care, or is this issue only arising from the evidence about kinship care that children are not reunited with the same speed.

It is clear that there is an urgent need for more longitudinal studies to examine the length of time children spend in kinship care, and to provide a more detailed elucidation of what happens when, how and if the child returns home, and what are the events that follow. Research currently shows that when compared to traditional foster care, children in kinship homes are less likely to re-enter care after they have gone home or been adopted (Hurley, 2008). Thus, the intersection of reunification rates, the outcomes for children and financing of this care option needs further exploration.

Meanwhile, the dilemma remains that, in these stringent times, State resources available to discharge child care responsibilities are finite, and public monies need to be used in an efficient manner and geared to optimising outcomes. The needs of the child should be the paramount principle in the resolution of the finance policy issue.

Levels of support offered to carers

There is evidence across multiple studies to show that there are major differences in support and supervision services afforded to formal kinship carers by agencies and that there are enormous gaps in the service provision (Flynn 2002,, Broad 2001, Skyes et al 2002, Connolly 2003, Farmer & Moyers, 2008, Hegar & Scannapience 2005, Nixon 2007). Furthermore, Hegar & Scannapieco 2005 2012) cites evidence from USA census data that formal (public) kinship carers and informal (private) kinship caregivers have levels of needs for services for the children in their care which are unmet in both cases, irrespective of their status.

There is wide evidence that many kin carers feel let down and abandoned by agencies (Broad, & Skinner 2005, Citywide Family Support Network 2004, Coakley et al, 2007, Farmer & Moyers, 2008). This is not surprising when the evidence (O'Brien 2001, 2002a; Nixon 2007, Farmer & Moyers 2008, Annie Casey 2012) is examined that shows challenges are connected with the health, education and age of the carers, overcrowding in the home, social problems in their communities, life style changes and financial hardship experienced by the carers. Furthermore, the pressure associated with events leading to the establishment of many placements, sustaining the motivation, dealing with complicated family dynamics and maintaining the effort needed to rear the children exacts a huge toll on carers. These experiences indicate that more, rather than less, support is needed for relative carers.

Kinship support needs have been identified as requiring a range of interventions. As well as financial and legal requirements, there are emotional issues such as help with attachment,

loss, and challenging emotional and behaviour, life cycle transitions / changes and practical issues including getting to grips with the child welfare system. It is also clear that support needs vary over time, and variations in placement characteristics result in difference in need levels. However, a substantial question remains. If there are so many challenges involved in kinship care, how has it emerged and continued that carers are provided with so little support?

Ambivalence and Support

Hunt 2010 suggests an idea persists that, because kin are family, they are unproblematic and therefore require less support. Yet she argues that kin are 'taking on challenging children in challenging circumstances' (p 113). Part of the challenge of unravelling the support issue requires a focus on the idea that paradox and ambivalence are central to an understanding of kinship care (O'Brien, 1999, 2009, Doolan, Nixon and Lawrence 2004). The discussion of kinship care and finance has already alluded to this link and here the connection between family experience, ambivalence and support is now explored.

Family, in all its permutations is an age old institution, and is one that most people have vast experience of and continue to experience on a daily basis….with everything that that involves! As paradox and ambivalence are seen as central to an understanding of kinship care then, unless the service providers' own values, attitudes and belief systems and how these influence processes is harnessed, the possibility of optimising kinship care is thwarted. People involved need to reflect on their own family experiences, stories and history.

Secondly, ambivalence needs to be acknowledged for what it is. Otherwise it is difficult to work through it and, if it is not acknowledged, there is a risk that the 'normal' changes and transitions, ambivalence and ambiguities that surround family life may be seen in families involved in kinship care as negative and problematic.

Thirdly, some questions that may assist stakeholders with uncovering ambivalence and identifying their own value position could be posed as follows:

> What would a current snap shot of my extended family look like?
> What is the range of family stories that have a connection with family caring?
> How might an appreciation of the connections between our own past, present and future stories of family care-taking and child-rearing impact on an understanding kinship care?
> Finally, if there was a crisis in our own family and child welfare services deemed that there was a care and protection issue in respect of a child in the family, what would we want/ not want to happen by way of state intervention?

Reflexivity has much to offer to all involved as it enables the social, political and economic influences on practice to be unravelled. It can assist in enabling people to obtain a more in-depth understanding and also has the potential to aid the resolution of many ethical dilemmas that kinship care presents (Hegar & Scannapiece 2005). Examples of ambivalence that may be evident for different participants and that may have a specific impact on the support issue are now presented.

The Professional involved in Service
In child welfare practice, the professional worker generally has the major role in devising, implementing, co-ordinating and reviewing arrangements, and the philosophy of partnership

is central to current practice. Similar processes and philosophy are also central in kinship care but, in kinship care workers and agencies are in a more peripheral position in the network of relationships (O'Brien, 1999, 2002a, Ziminski 2007). This invariably means that that the agency and the worker lose power, as they don't share and will inevitably be outside the connections between child, birth parents and relatives in the family. This can be a major challenge to the professional who may be used to working in partnership, but on their own terms!

Two studies conducted in Minnesota found workers' attitudes (Beeman & Boisen, 1999) and rules in public child welfare agencies (Gibson, 2003) resulted in barriers to service delivery for kinship care families. Beeman & Boisen (1999) found that family members felt obliged to get involved, and that this can have an impact on workers in terms of their own family belief system about family obligation and affection. Again, the ambivalence about the extent to which the state should provide for family, or that family should carry more responsibility, is central to these experiences.

Likewise, ideas of inter-generational family dysfunction and how this has been challenged through the emergence and increased use of kinship care are important. Evidence of this theory's influence was found in a study conducted by Peters (2005). The continued belief that the 'apple does not fall far from the tree' was evident through social workers fear that kin might collude with abusers, and that they are difficult to work with, are not up to the task and will pull the worker into unhealthy triangulation with extended family members…..even though the same workers were positive in relation to the many benefits that kinship offered. These findings speak to the paradox involved of accepting the differences and yet being mindful of how the differences encountered can really perturb one's own belief of 'how things should be' (O'Brien 2009a, 2012).

Kin Carers Ambivalence
Similarly, there is evidence of relatives showing high levels of ambivalence, especially in relation to asking for and using the support offered (O'Brien 1997, Nixon 2007). As a result kin can be unsure of what help is available, they may be wary about how a request for help will be interpreted, and be totally confused about the line between the agency providing support and monitoring them. Furthermore, when offered help, they are often reluctant to take it and need endless encouragement to avail of what is freely available (O'Brien 2000). A further example of ambivalence for relatives is, while they are doing the job on a day to day basis, their sense of entitlement to do it may be impacted (Ziminiski 2007).

Ambivalence towards other family members also impacts on the issue of support. Many kin appreciate that conflicts and challenges are connected with the family difficulties that led to the children entering their care in the first place, but nonetheless, the impact can be severe. Kin can be left with a real sense of ambivalence in that they are angry with parents for acting as they do, or the way that other family members have not supported them, and yet they love the children dearly. They can understand that certain family and community history may have contributed to the difficulties, and yet they have sense that they are the ones left carrying it.

Undoubtedly the speed with which many placements come into being and the motivation of the kin carer is a factor (Hunt et al. 2008). Motivation to care arises from a combination of obligation and affection and regardless of the specific motivations involved, many carers make life changing decisions to take on children without much thought as to how it would impact on their lives. This is in sharp contrast to non-kin foster carers who engage in a long

preparation process prior to a child being placed in their care. Nonetheless, many relative carers have said that despite the challenges, that if asked to embark on this course of action again; they would start all over again (O'Brien 1997, Hunt et al 2008,).

Birth Parents Ambivalence

As a birth parent, the pain involved in not parenting one's own child is huge and the societal negativity surrounding this situation is known to all. This can get played out in many ways within the family. There is evidence (Kiraly & Humphries 2011) that it can create ambivalence for the birth parent in their relationship towards the relatives and the experience of this birth mother exemplifies this:

> 'I can see that my kids are well looked after …but isn't my sister doing well out of it .. … a new fridge, washing machine and I hear they are now getting an extension….' (O'Brien 2009).

The paradox is that many birth parents know that if they were to resume care for the child, they would not be able to offer what the relatives have managed to achieve. This is an experience however not only associated with kinship care but it is also strongly associated with the relationship between parents and stranger foster carers.

Children's Ambivalence

Children may also experience ambivalence arising from their situation (O'Brien 2002b). They often wish that they could be with their own parents and blame everyone other than the parents for what is happening. On another level they see the realities first hand and know that returning home may just not happen.…..A further examples is, that the children love their relatives dearly but they may feel guilt, especially when they see the huge sacrifices their relatives are making on their behalf.

When the range of challenges that can exist are considered, it seems incredible that so little support is offered to kin carers to assist in the navigation of these new family roles, relationships and ambivalences ? Both Coakley et al (2007) and Hunt (2010) speculate that agency workers may feel that it is the families' responsibility to negotiate these new relationships and perhaps there is a confidence in family to resolve any issues they may have, without the interference of child welfare agencies that is the issue. However, while this is entirely plausible, a more detailed examination of the processes is required if solutions to the support issue in general and working with ambivalences, in particular, is to be achieved.

Unpacking the Support Issue.

However, understanding and being able to see the impact of such ambivalences requires high level of conceptualisation and intervention skills. The lack of conceptual frameworks for understanding support, especially the difference between support and supervision (O'Brien, 2001, Broad & Skinner 2005). Also, the need to improve conceptual frameworks for this care option in general (Aldgate & McIntosh 2006, Nixon 2007, Aldgate 2009, O'Brien in press) and being aware of broader developments in care provision that may have unforeseen consequences for kinship care are important.

Understanding Differences in Kinship Care Networks: Dearth of policy guidance and service initiatives

It is generally accepted that providing and managing alternative care is never simple. However, it can be even more complex when whole networks of long-standing family relationships have to be understood, assisted and managed. Differences in types of placements are an accepted feature in the child welfare system. The differences may relate to *time scales* e.g. short, medium, long term, *dynamics* eg foster carer's abilities to include or exclude birth families, or *care plan* eg permanent or temporary. These categories are equally valid in kinship care but there is a need for further categorisation by virtue of the nature of the family-state relationship involved.

In general, in kinship care the agency is positioned in a role outside the family, which will have its own network of relationships. This is unique to kinship care and the difference in kinship carers' role is important, as are the many other differences between kinship & foster care. The boundary between family and agency needs to be explicitly acknowledged, and consideration given to how this dynamic operates in the network of relationships over the course of the placement. An understanding of positioning is required to take account of the multiple tasks of support, supervision and interventions that may be happening simultaneously. The concept of shared responsibility between family and state poses a very real challenge, and progress with achieving an effective partnership model is in its early stages.

While legislative measures, policy and standards have been provided to varying degrees in different jurisdictions, there has been a dearth of practice/ case management guidance provided to enable the policy and principles to be operationalised. There are many reasons to account for this, as discussed. However, the general trends of risk aversion and legalism in child welfare have prevented initiative and creative solutions being found. It is as if the possibilities for 'common sense' and the value of practice wisdom and relationship building have been lost. This has led to a situation where continued use of using traditional foster care processes in kinship care has persisted, irrespective of the evident difficulties that have arisen in the provision of kinship care (O'Brien 2010, 2012b).

Different Conceptual Frameworks Needed

The need for service delivery models capable of recognising and working with the diverse types of kinship placement in existence is in stark contrast to the simplistic idea that kin can do it more or less on their own, provided a legal avenue is opened up and some minimal state help is provided. There is already some evidence coming from New Zealand of family being taken too much for granted through their use of Family Group Conferencing in decision-making matters, and as a result children have suffered (Worrall 2008).

Therefore a model is needed to take account of the differences. Such a model was conceptualised first by O'Brien 1999, 2000 and has been added to in recent times (O'Brien 2009, 2010, In this model, kinship networks can range across a spectrum from cooperative to conflictual and there is an appreciation that these configurations are not static. The model is also based on a recognition that working in kinship networks requires a great deal of skill, conceptual understanding, robust practice and policy guidance and last but not least, good quality supervision.

Another major advancement in working with the complexity which aims to work with kinship care is the 'Kinship Navigator Programme' developed in the USA (Fostering Connections to Success and Increasing Adoptions Act (2008). The overall aim is to ensure that the Programme provides better access to services and is aimed at enhancing the safety and well-being of families who take on the role of caring for relatives children (YMCA, 2010). More time will be needed to see if the aims of the programme will be realised.

Need to clarify difference between support and supervision

The blurring of support and supervision activities is associated with many of the more negative experiences in kinship care (O'Brien 2000). As part of the conceptual framework (O'Brien 1999), a systemic fifth province model was used to distinguish networks/ cases which needed high and low support and high and low supervision and is illustration in Figure One. It is suggested that this framework, provides greater clarity about support and supervision requirements. This framework can guide policy and practice in formulating the service requirements and protection needs of the individual participants in the kinship networks as these arise over time. This could enhance case management, and help especially to diffuse many of the difficulties associated with conflictual networks.

Figure One : Support and Supervision : A Guiding Frame
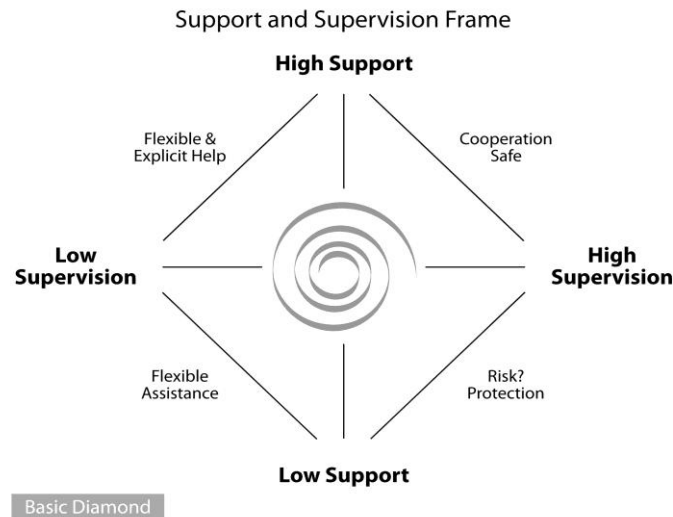
Key Recommendations to Enhance Support

There are a number of key factors which facilitate successful working with kinship care and support (O'Brien, 2000, 2009). An understanding of the non-homogenous nature of the

kinship carer and the different networks of relationships that can evolve, is important. Also, a grasp of the inherent ambivalence that is central to relationships in the network and an appreciation of the relationship between support and supervision should help shape the types of interventions required A number of key recommendations are made below with a view to ensuring that kinship care families receive the services needed and the supports that will promote the well-being of the children in this form of state care. There is a need to:

Statistics

Collate and publish up to date statistics on the number of children and families involved in the range of kinship care arrangements, formal, informal and kinship guardianship and adoption.

General Information

Publish a range of relevant information and ensure that policies, procedures , guidance and general information are provided in an accessible format. Information needs to be provided in a clear, non-jargonistic manner and both written and multimedia formats should be utilised. Access should be available to low cost independent information and guidance. Information-giving needs to be seen as more that a once-off event and as an intrinsic part of the system in which different facets of information is shared over time.

Support and Financial Services

End what are essentially discriminatory practices in existence which result in different rates of financial assistance for the various kinship care arrangements. Poverty, income distribution, equity, need and the welfare of the child should be at the core of this deliberation. Kinship carers should be assisted to access benefits that they are eligible for. The model of 'Kinship Navigator programmes' developed in the USA and designed as a 'one call shop' for kinship carers and professionals aimed at linking people   and services,   should be considered for adaptation in other jurisdictions.

Financial Information

Ensure access to detailed information in relation to financial supports, how they can be accessed, the decision-making processes involved and how the different pathways in kinship care impact on legal, financial and support service provision.

Clear communication and brief re specific case

At the outset, kinship carers need to be clear what the agency expect of them, the parameters of their work and, most importantly, clarity about the changes that will occur. Similarly, the agency expectations about the child's and family needs, and how the agency would like the kinship carer to meet those needs are also crucial.

Models of Intervention and Safe Care

Ensure that the configurations of family-state relationships (networks) as well as kinship carer, birth family and children characteristics are intrinsic to the service delivery models design. Where legal processes are involved, carers should have access to a system of information and advise that is robust and low cost and if legal action to   secure   the child's future is required, such costs should be provided for predominantly by the State.

Partnership and family-decision making
The belief that safe care can be found for the vast majority of children in their extended family and social networks is central to any model of kinship care. This requires an ethos of working with families in an open and transparent way. Ensuring safe care involves the agency sharing the responsibility for decision-making with the child's own network while still retaining the ultimate mandate to decide what the best interests of the child where he or she is subject to a court order. Mediation through family decision-making models should be core to these processes.

Support Services
Establish services and support groups to meet range of needs arising from access/contact, specific child focused placement issues and managing family relationships.

Management of Change
Establish a system that provides guidelines, training and support for people involved in the network of relationships and is thus more likely to result in good placement outcomes. What is needed is to ensure that there is space for innovation and to enable change to happen while, at the same time, continuing to deliver a service. The desired outcome is a system of care that is safe and flexible enough to accommodate the realities, what is available and expected is clear, and the structures are in place to enable it to happen. Reflexivity should be encouraged as a central aspect of such change and, in particular, a commitment to examine how values of the people involved may impact on the work.

Social Policies : Intersection between Formal and Informal Kin Carers
Review how housing, income support, education and health services both support and militate against all kinship carers. Joined-up thinking across government departments is needed. A continued focus on informal kinship care is crucial especially as the evidence suggests that this group have many of similar issues as formal kinship carers but, as a population, they are largely invisible.

Diversion of Families from Kinship Care.
Establish sound policy and practice to enable diversion of kinship care from the child welfare system. Not all families need to enter or remain within the child welfare system. However the values, theoretical frame and policies underpinning such decision-making needs to be clear. The need for support services and particularly financial help remains central given the profile of many of the carers and children in their care. Arrangements such as subsidised guardianship offer potential, but the need for families to have access to services should be factored into developments of this nature.

Conclusion

The focus of this chapter is on keys issues in formal kinship placement and in particular the issues surrounding support, the variations in respect of the different kinship care arrangements, the pathways in and out of these arrangements. Research evidence shows high level of similarity

in the profile of the children and families involved regardless of categorisation and this has both major policy and service delivery implications if the needs the different participants involved in kin care are to be met

A major challenge is to devise a service delivery model that places at its centre the known differential in the profile between kinship carers and other carers and the somewhat similar profile of children that live in all care options. Ultimately, a more robust policy analysis of the continuum of kinship care as family support, family preservation and alternative care would help and for this to happen, greater clarity is needed in policy direction with respect to the State, nuclear and extended family responsibilities towards child rearing. It is hoped that the analysis and series of recommendations offered in this paper will assist in the process.

Recognising the uniqueness of kinship care, and building conceptual models in which strengths, complexities and best practices are fitted coherently, is the challenge for all if children are to experience the undoubted benefits which kinship care can offer them at critical stages of their lives.

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