



The Effects of Parental Drug Use – Children in Kinship Care A Review of the Literature

Nicole Patton

The Mirabel Foundation – Researching for Positive Change



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The Mirabel Foundation

The Mirabel Foundation Inc (Mirabel) was established in 1998 to assist children who have been orphaned or abandoned due to parental illicit drug use. Mirabel provides advocacy, linkage and referral, research, practical and emotional support for children and their kinship carers.

Mirabel's services currently include:

Advocacy

- Advocacy for Mirabel families
- Community awareness
- Lobbying to Government for changes to legislation to support kinship families

Emotional and Practical Assistance for Children and their Kinship Families

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- Respite program
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- Resource libraries for both children and carers
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- Telephone support/counselling
- Youth support/mentoring program

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- Referrals to generalist support agencies and specialist support services
- Health information and advice
- Advocacy and support in relation to accessing Centrelink payments
- Linkages to legal services and advice

The work and services of The Mirabel Foundation are funded through donations, philanthropic grants, fundraising events and a Commonwealth Government project grant.

The Mirabel Foundation is committed to research that will make a positive difference to the lives of children living in kinship families. This discussion paper is one of many tools that will be used to document best practice when working with children who have been orphaned or abandoned due to parental illicit drug use and the kinship carers who give of themselves for the sake of the children.

For more information please contact:

The Mirabel Foundation

PO Box 1320

St Kilda South Victoria 3182

☎ (03) 9523 9693

Fax (03) 9523 9167

mirabel@sub.net.au

www.mirabelfoundation.com

■ Purpose of Report

This report is intended to bring together the current literature available on children and families who have been affected by parental illicit drug use. The report examines the implications for kinship families who take on the care of the children. The review of the literature is intended to assist with the formation of a research agenda, ultimately bringing about positive change for the children and their families.

■ Terminology

Terms such as ‘parental illicit drug use’, ‘parents addicted to substances’, ‘substance abuse’ and ‘parents using illicit substances’ are used throughout this paper. In all cases, such terms are used to describe parents who meet the criteria for substance dependence and abuse in the Diagnostic and Statistical Manual IV of the American Psychiatric Association.



■ Overview

Children exposed to the prenatal and environmental effects of parental drug use are amongst the most needy members of our community. These effects, combined with the devastation of finding their parents dead from a drug overdose or the grief associated with being abandoned, arguably leaves one with one of the most vulnerable group of children that our society has seen. Holmstrom (1999) asserts that parents abusing drugs have been labelled as the "missing generation" when it comes to caring for their children. Typically it is the extended family members of these children, often their grandparents, that are left to pick up the pieces after a parent dies or abandons their children due to their drug addiction.

Kelley, Yorker, Whitley and Sipe (2001) and Wilson (1996) have found that the number of children being raised by grandparents has increased significantly over the past decade, due largely to the increase in mothers being addicted to drugs. If this is the case, one could presume that children being raised by sole fathers is also on the increase. In 1994, the Child Welfare League of America noted that research about kinship care is limited; a statement still largely relevant today. The lack of data about kinship care adds to the confusion about this type of family (Crumbley & Little 1997) and allows our society to remain uninformed. The development of kinship families (families where children are being raised by extended family members or family friends) due to the death or abandonment of parents involved in illicit drug use has created a marginalised group of families that seem to have been overlooked by government policy and program development within Australia and possibly throughout the world.

■ Introduction

Regardless of how one defines family, "...the concept of family brings with it a sense of belonging, caring and duty towards family members - a sense that propels individuals to step forward and take responsibility for raising a child when the child's parents are unable to do so" (Crumbley & Little 1997: xi). The term 'kinship care' is generally used to describe the primary care of children by extended family members and may also include the care of children by close friends already known to the family. The Children's Defence Fund (2000) describe kinship care as a term used to depict a situation where a grandparent or other relative is raising a child whose birth parents are unable or unwilling to do so. Kinship care can be an arrangement made informally within the family or a formal arrangement through child welfare authorities.

The Children of Alcoholics Foundation (2000) state that kinship carers are at the forefront of efforts to respond to the chronic drug situation. It is kinship carers that are left to experience the consequences of parental drug use and to try desperately to break the cycle of drug use before it repeats itself in the next generation. In an audit of formal kinship care in Victoria the Department of Human Services (2000a) found that at least 52 per cent of abusive parents were known to misuse substances. Likewise, in a study of grandparents raising grandchildren, Kelley et al (2001) found that 72 per cent were raising grandchildren due to maternal substance abuse.

Holmstrom's (1999) paper on grandfamilies suggests that parental drug abuse affects all ethnic groups and economic levels within our community. In a public acknowledgment of the enormity of the problem, the Child Welfare League of America (1995a) state that an increase in the abuse of drugs has resulted in an increase in the prevalence and intensity of child abuse and neglect in the community.

Child welfare agencies across the globe encourage the placement of children with kin, suggesting that it should be the first permanency option considered and supported for children who are unable to live with their parents (Child Welfare League of America 1995a). Kinship care, however, may not always be the most appropriate place for a child to reside and needs to take into consideration the kinship carers willingness, ability and capacity to parent the child. The notion of keeping children within their own kinship, community and cultural network has been made a priority in the New Zealand Children, Young Persons, and Their Families Act 1989. Research suggests that the international trend towards the greater use of kinship care will continue as foster care resources reduce and substantiated cases of child abuse and neglect increase (Worrall 2001).

Kin often provide the stability needed for families in crisis (Wilson 1996). "When kin take on a parenting role, it is usually unplanned. Kin come forward to care for children because of the strength of family ties, a sense of obligation to care for their own, a refusal to allow children to live with people they do not know, or an assurance they gave to the parents" (Child Welfare League of America 1994: 54). Voigt (2001) suggests that children in kinship care are amongst the most complex in our community. Perhaps this is due to their new living situation, their previous home environment, or their struggle to cope with and understand the reasons why they are unable to live with their parents. Correspondingly, Ehrle, Geen and Clark (2001: 6) state "Children living with kin are already in a vulnerable situation given that they are separated from their parents". Nevertheless, the Child Welfare League of America (1995a) advocate that the availability of a kinship family provides children with the stability and consistency required for them to reach their full potential.

The research available to date suggests that kinship care offers greater stability for children and services should be provided to ensure children remain in a safe and stable family setting (Child Welfare League of America 2001). There is, however, currently a lack of information regarding kinship families and the issues they face (Voigt 2001) and more research is necessary to fully

understand the extent of the problem. The recent growth in kinship care has "... thrust kinship care into the policy spotlight, igniting debates within the child welfare and welfare systems about how to publicly support kinship care families" (Boots & Geen 2001). In order to move forward we must listen to the poignant stories of kinship families who have been struggling unsupported for so long.

This paper examines many of the issues related to kinship care with reference to studies that have taken place internationally. Kinship care is explored in the context of child welfare and child protection and the grief experiences of both children and their kinship carers is discussed. A review is provided of the parenting, financial and legal matters that affect kinship families. Future directions for supporting kinship families are also discussed in some detail.

■ Characteristics of Kinship Care

The Child Welfare League of America (1995a) assert that families transmit society's values, foster cultural identity and share knowledge from one generation to another. The establishment of a kinship family allows children to maintain their sacred link with family while attending to the children's immediate and long-term needs. Research suggests that most children's need for permanency is best met within the family (The Child Welfare League of America 1995a) and that permanency is necessary for children to "... build self competency and self-reliance and for maximising their physical, emotional, social, educational, cultural, and spiritual growth" (Child Welfare League of America 1995a: 3). Crumbley and Little (1997:2) advocate that children within kinship families "... feel a sense of belonging, worth, history and value to others". In one of their many publications promoting the well-being of children, the Child Welfare League of America (1994: 51) advocates that "Positive family relationships, including those through kinship ties, promote children's feelings of being loved, wanted, worthwhile, capable, and responsible, and should be supported and enhanced".

Despite the research in favour of kinship care, studies suggest that the way in which children enter kinship care and the multiple challenges facing kinship families make it particularly complex. In a study of kinship families, Gleeson, O'Donnell and Bonecutter (1997) found that 80 per cent of biological mothers involved in their study had substance abuse problems that interfered with their parenting. Furthermore, Joslin and Brouard (1995) state that many grandparents are raising two or more children and that some grandmothers take on the care of the children of more than one child who is addicted to drugs. A review of 91 child welfare cases, found that 78 per cent of kinship carers had between 5 and 12 persons living in their home (Gleeson et al 1997). Other studies suggest that the majority of kinship carers are grandmothers (Child Welfare League of America 1994) and that kinship carers are more likely to care for larger sibling groups than non-related foster parents (O'Brien, Massat & Gleeson 2001). Despite the presence of large sibling groups, a study of 88 infants discovered that those placed with kin were about 80 per cent less likely to re-enter care than infants in a non-relative placement (Ainsworth 2001).

Kinship carers and the children they care for represent all cultures, socio-economic levels and family backgrounds (Children of Alcoholics Foundation 2000). An audit of formal kinship care in Victoria found that children of Aboriginal or Torres Strait Islander background are over-represented by approximately 13 times (Department of Human Services 2000a) compared to the general population. Perhaps this statistic occurs in part as a result of the stolen generations (a term used to describe victims of the forced removal of indigenous children from their parents sanctioned by government policy to assist their assimilation into white society) and the reluctance by child welfare services to place children of Aboriginal or Torres Strait Islander

background outside of the family unit with unrelated carers. Alternatively, the over representation may be the result of a lack of early intervention support services meeting the needs of the client group and preventing them from entering the child welfare system. The most likely explanation, however, is that the over representation is the result of a number of contributing factors that occur for reasons other than simply what is in the best interests of the child. Informal kinship care also appears to over-represent children from Aboriginal or Torres Strait Islander background. An independent evaluation of an intensive support service provided by the Mirabel Foundation suggests that as many as 38 per cent of the children involved in the evaluation were Aboriginal (Stonehouse 2002). All of these children were living with kinship carers at the time of the study.

Like all children, children in kinship care require safe and nurturing relationships intended to last a significant time (Wilson 1996). Grandparents are often the only available relatives who are willing and able to provide a stable environment for children (Holmstrom 1999). Joslin and Brouard (1995) describe the "silent legacy" of the drug epidemic: the emergence of a group of older adults who become surrogate parents because of death, illness and impairment of parents from drug use. Vulnerable children enter the lives of older adults who themselves become vulnerable and need to be nurtured and supported as they face the challenge of parenting children in their senior years.

Families present children with the chance for permanence and relationships intended to last a lifetime (Child Welfare League of America 1995a). A shared history between a child's parents and their kinship carer can have a positive or negative influence on relationships (Crumbley & Little 1997), just as the continued access that parents often have with their children when living with kin can either benefit the children or be a concern for their well-being (Child Welfare League of America 1994). It can be particularly difficult for grandparents who may feel torn between loyalty for their own child and doing what is best for their grandchild.

Many professionals assert that kinship care has substantial benefits over unrelated foster care (Ehrle et al 2001) and that children in kinship care have more stable placements than those in non-relative care (Brooks 2000). Researchers suggests that relatives have a more positive perception of children in their care compared to non-relative carers and that this directly impacts on a child's development (Hochman 1996).

Evidence from children themselves living in kinship care suggests that one of its greatest strengths is the reduced stigma associated with kinship care compared to non-relative foster care (Voigt 2001). The Child Welfare League of America (1994) lists the ways in which kinship care can meet the needs of children and strengthen families, including: reducing the trauma of placing children with someone who is unknown to them by allowing them to live with someone they know and potentially trust; reinforcing children's sense of identity which comes from knowing their family history and culture; fostering the connection between siblings; empowering families to rely on their own family members as resources; allowing children to stay connected to their own communities while promoting community responsibility for children; and strengthening and supporting families to provide children with the care they require.

Research suggests that children in kinship care have more contact with their birth parents and siblings than children in foster care (Ehrle et al 2001). Children living with family may feel more connected to their parents and parents in turn are more likely to participate in raising their children (Hochman 1996). In a study of 600 kinship and non-related families, it was found that children in kinship care were achieving slightly better academically than children in non-related care (Child Welfare League of America 1994). Despite the difficult behaviours that may

accompany a child into kinship care, Crumbley and Little (1997) suppose that these children are more receptive to learning new ways of behaving from familiar family members compared with children in non-related foster care placements. Children are said to be more psychologically and emotionally secure when they remain in the family system and the way in which children identify with and attach to their kinship carers is believed to accelerate their ability to learn (Crumbley & Little 1997).

Kinship carers experience many obstacles and challenges that affect their ability to provide ongoing, adequate care to children (O'Brien et al 2001). Many struggle with material needs such as finding enough bedding and keeping up with the clothing needs of growing children (The Mirabel Foundation 2001). In the Current Population Survey from the United States, it appears that many children in kinship care live in arrangements with strained resources of many types (Harden, Clark & Magurie 1997). Additionally, in their study of kinship carers involved in the child welfare system, O'Brien et al (2001) found that many caregivers felt they had insufficient information and inadequate resources to take on the role of caring for challenging children.

Regardless of whether children are placed formally or informally with kin, many are living in impoverished environments with kinship carers who are in their senior years (Ehrle et al 2001). The Child Welfare League of America (1994) agree that taking on the full-time parenting role of children can place kinship carers under considerable emotional and financial stress (Child Welfare League of America 1994). Grandparents often face discrimination from both friends and family when their grandchildren move in (Holmstrom 1999) and it can be particularly difficult for them to relinquish their old role and assume their new role of primary caregiver (Crumbley & Little 1997). Many kinship carers face the added responsibility of raising children who have special health and psychological needs (Joslin & Brouard 1995).

Kinship carers sometimes feel responsible for helping the children's parents with their personal difficulties and may feel guilty about the past experiences of the children (Glesson et al 1997; Child Welfare League of America 1994). At times kinship carers lose confidence and doubt their own capacity to parent (Child Welfare League of America 1994), yet feel incredible pressure to keep going for fear of what may happen to the children if they do not (The Mirabel Foundation 2001).

Specific challenges of kinship care include the often advancing age and declining health of kinship carers and the extent to which stress and conflict may be generated by caring for kin children (Child Welfare League of America 1995a). In addition, parental substance abuse and the incarceration of a parent can intensify the presence of anger, embarrassment and guilt in kinship families (Crumbley & Little 1997). Children and carers live with the social stigma associated with the actions of the children's parents (The Mirabel Foundation 2001) and children are at particular risk of repeating their parent's behaviour in an effort to be accepted by and identify with their parent (Crumbley & Little 1997). Similarly, kinship care can at times raise concerns from child welfare advocates about the intergenerational issues associated with child abuse and substance abuse (Child Welfare League of America 1994). In addition, Crumbley and Little (1997: 88) warn that children may repeat their parent's legacies "... as a way of showing loyalty to or establishing a common bond with the parent or family".

■ Child Protection and Kinship Care

The placement of children in kinship care by statutory authorities is a recent trend in both practice and policy, with relatives now seen as the preferred option rather than the last choice

for formal care (Cashmore 2001). In addition, there are countless children affected by parental drug use who are now in the permanent care of kinship carers through informal arrangements by family members rather than statutory intervention (Kelley et al 2001).

Children in the care of extended family members [in western societies] have usually been abandoned, abused or neglected by their birthparents (Dowdell 1995 in Kelley et al 2001), but regrettably caring for children who have experienced abuse or neglect is not made easier by virtue of being related (Worrall 2001). The majority of formal kinship placements in Victoria are not planned and result from a crisis situation (Department of Human Services 2000a) such as the death or disappearance of a parent. Formal kinship care has become a component of our crisis-driven child welfare system, stabilising children who would otherwise be enveloped by the system (Crumbley & Little 1997).

An audit of formal kinship placements conducted by the Victorian Department of Human Services found that there were 1033 kinship care clients across Victoria in June 2000 (Department of Human Services 2000a). This figure, however, includes only the kinship carers who are caring for children who have been identified by child welfare services as at risk of abuse (Ehrle et al 2001). It does not include the thousands of informal kinship placements that occur without statutory intervention. O'Brien et al (2001: 11) point out that "Something is fundamentally wrong with a social service system that makes financial support and services available for families if a child is in the custody of the child welfare system but meagre and difficult to access for families struggling to raise children without the involvement of the child welfare system". Recent figures from the Australian Institute of Health and Welfare indicate that the number of children in non-reimbursed kinship care has increased at a greater rate than the number of children in kinship care where financial assistance is provided from the state (Johnstone 2001 in Cashmore 2001). Cashmore (2001) raises a concern that the recent push to place children in kinship care may have more to do with shifting responsibility from the public sector to individuals than finding the best solution for the child. Conveniently, this is also the most cost effective way of housing children. Child Protection policies continue to be criticised for serving the best interests of the bureaucracy rather than the interests of children, their families and broader society (Crumbley & Little 1997).

There is an increasing acknowledgment of the importance of family connections for children by child welfare agencies internationally (Wilson 1996). Thirty-five kinship carers involved in a study conducted by O'Brien et al (2001) made it clear that the needs of kinship carers must be addressed if the child welfare system expects them to provide adequate care for children in both the short and longer term. Kinship placements are vital because they preserve the identity of the child and take the pressure off an already under-resourced child welfare sector (Voigt 2001). The Child Welfare League of America (1995a: 6) acknowledge that families have used kinship arrangements to nurture and care for children over centuries and state that "the child welfare system should take full advantage of these natural helping networks and offer services kin need to support and strengthen their families". Furthermore, the Child Welfare League of America (1994) observed a relationship between kinship care and placement stability for children, suggesting positive benefits for those children placed with kin by child welfare services and presenting kinship care as an essential child welfare service that should be considered as the first option to be explored when a child cannot remain with their parents. Obviously kinship carers must be willing, capable and suitable to care for the children before a decision is made.

The notion of family preservation, with all its controversy, at times has its definition broadened to include kinship care as a means of family preservation. Crumbley and Little (1997: 1) note that kinship care "... maintains the family system as the primary provider of care for the child, and forestalls the child becoming an institutional and social responsibility". The recent trend of

encouraging kinship care fits comfortably with the notion of family preservation, provided that one broadens their definition of who constitutes family (Ainsworth 2001).

The bureaucratic and complicated child protection and court systems create frustrations and obstacles for kinship carers seeking permanency for their children (Gleeson et al 1997). Gleeson et al (1997) suggest that the child welfare system in America is becoming increasingly bureaucratic and overwhelmed by legal and procedural demands - a statement that appears consistent with child protection practices in Victoria. O'Brien et al (2001) found that much of the stress experienced by kinship carers has been a result of their contact with the child welfare system. Victoria's Department of Human Services seems to contribute to the stress of kinship carers: directing 59 per cent of kinship carers to be responsible for supervising access between children and their parents (Department of Human Services 2000a).

The child welfare system appears to treat kinship care as less urgent and requiring less attention than other forms of care (Wilson 1996), with studies suggesting that child welfare workers provide less information and offer less support to kinship families than non-relative foster carers (Children's Defense Fund 2000). Bridge (2001) suggests that it is a myth that kinship carers do not want or need assistance from agencies such as Child Protection - indeed the child welfare system has access to a range of services that could improve the circumstances of kinship families. Wilson (1996: 2) asserts that "Child welfare agencies should recognise permanency with kin as an option that carries with it services to preserve the kinship care relationship".

It appears that children and their relatives are often not involved in the long-term case planning for their family. In a review of 91 child welfare cases, Gleeson et al (1997) found that permanency plans for children in kinship care were primarily made by case workers and supervisors rather than by the persons who have to live with the consequences of the decisions. The long-term welfare of children in kinship care needs to be the primary consideration in future planning. Accordingly, the Child Welfare League of America (1995a: 12) state that children "...have the right to be the primary beneficiaries of any rights or responsibilities given to other parties of the system...".

Crumbley and Little (1997) call for kinship care to be viewed in the context of a continuum of care for both abused and at-risk children. "Parenting by older relatives represents a valuable national resource that can help prevent children from entering the foster care system with all its tragedy and cost" (Joslin & Brouard 1995: 7). Clearly much action is needed to fully address the issues relating to kinship care in the context of the child protection and welfare system. Crumbley and Little (1997) assert that state policy makers must look beyond gross financial concerns if kinship care is to remain a component of the child welfare system. In addition, they suggest that state planners must become more focussed on the value of kinship care to children, rather than concentrating on administrative and economic efficiencies. The Child Protection and Juvenile Justice Branch in Victoria describe their intention to explore the possibility of increasing the contracting of kinship care to community service organisations (Department of Human Services 2000b) - an action that may alleviate many of the current discrepancies between Child Protection services and the needs of kinship families.

■ Grief Issues

Parental drug use and its ramifications affect children and kinship carers in numerous and profound ways. The grief experienced by all parties involved is multifaceted and usually requires specialist intervention and assistance. The way in which individual children and

kinship carers respond to loss is personal and learned through time and experience (McCue 1995).

The transition of a child to a kinship care arrangement is usually a highly emotional and confusing experience for everyone involved (Child Welfare League of America 1995a). Children not only have to cope with their changed living conditions but also the grief associated with the loss of their parents. Children may feel that they are responsible for the death or departure of their parent and may blame themselves for their parents' substance abuse (The Mirabel Foundation 2001). In addition, Crumbley and Little (1997) have found that if children are separated from their siblings some children may grieve the loss of a parentified sibling as deeply as the loss of their parent.

In his studies on attachment, James Bowlby (1980) found that children often detach themselves emotionally to survive the loss of a parent. Children may demonstrate their loss and grief through play and through their behaviour (McCue 1995; The Mirabel Foundation 2001), displaying reactions as diverse as aggression and over-compliance. In order to cope with their grief and loss, children may fantasise about how deserving their parent is of loyalty and try to avoid hurting their parent's feelings through their thoughts, words or actions (Crumbley & Little 1997). The Child Welfare League of America (1995a) suggest that children need help with all experiences of the grieving process following the loss of their parents.

Children residing with kinship carers may experience a loss of privacy and space to call their own and may feel like an intruder in the kinship home. Similarly, some children may feel indebted to their kinship carers rather than entitled to live with family (Crumbley & Little 1997). Children may also feel loss of rights, privileges or freedom that they experienced when living with their parents and may verbalise the loss of normality, longing to be the same as other children who live with biological parents. Consequently such children may feel inferior to other children who are not in kinship care, resulting in low self-esteem and embarrassment for children who feel that their living arrangements are not normal (Crumbley & Little 1997).

Kinship families are part of a child's healing system helping them deal with and confront past traumas (Crumbley & Little 1997). Hochman (1996) asserts that when children lose a parent, the presence of familiar people and surroundings can be of a comfort to them. Likewise, Crumbley and Little (1997) suggest that feelings of abandonment and rejection are minimised for children in kinship care as they avoid the hurtful feelings associated with being abandoned by both parents and family. It is important to recognise that disruption to the kinship environment will result in another loss, rejection and possible trauma for the child (Child Welfare League of America 1995a). Children need appropriate supports and interventions to assist them in coping with their losses - a child who has not had the opportunity to resolve their loss may continue to struggle with trust, commitments and love in the future (McCue 1995).

The issue of grief for kinship carers is a serious community issue that seems to have been overlooked by child welfare professionals. Kinship carers experience a range of losses in taking on the care of kinship children including a "... loss of future that is free of rearing children" (O'Brien et al 2001). Grandparents often find themselves socially isolated from their peers due to the demands of raising children at a time that they would normally be free from child-rearing responsibilities (Kelley et al 2001). The Children of Alcoholics Foundation (2000) and The Mirabel Foundation (2001) suggest that kinship carers experience a complex range of emotions including shock, resentment, guilt, powerlessness, worry, relief and fear in response to their altered living circumstances. Hochman (1996) concurs, suggesting that caring for kinship children results in dramatic changes to the lifestyle of the kinship carer.

Grandparents raising grandchildren often experience feelings of anger and resentment that contribute to psychological distress (Kelley & Demato 1995 in Kelley et al 2001). In an exploratory study of grandparents raising grandchildren, Kelley et al (2001) found that 72 per cent of grandparents reported feeling depressed in the week prior to the data collection. Crumbley and Little (1997) suggest that kinship carers may experience multiple losses including interruption to their life plans, intrusions on their space and privacy and changes to the relationships with both the children and the children's parents. Grandparents may also experience grief and stress over the reasons that their adult children are incapable of raising their own children (Kelley et al 2001). Many carers continually grieve the loss of their child to drug use and may become so frustrated that they are unwilling to continue any involvement with their adult child if they are still alive and using drugs (Child Welfare League of America 1994). O'Brien et al (2001: 7) quote a kinship carer from their study: "One of these parents are going to get it together, and they are going to relieve me of their responsibility".

Relationships amongst family members change when kinship carers assume the full-time parenting responsibility of kin children (O'Brien et al 2001). The entry of a new child into the existing family unit can have profound effects on the children already in the family regardless of their age at the time (Child Welfare League of America 1995a). Sometimes the siblings of the child's birth parents grieve for the attention they and their children have lost from their parents or grandparents (Hochman 1996; The Mirabel Foundation 2001). Consequently, kinship children may experience jealousy and resentment from aunts, uncles and cousins, resulting in a loss of close relationships with other family members (Crumbley & Little 1997). The acknowledgment of grief and assistance with healing of family members within kinship families is likely to produce healthier individuals and build positive legacies for the children (Crumbley & Little 1997).

■ Parenting Matters

"Parenting a child who has been orphaned or abandoned by their parents is particularly difficult" (The Mirabel Foundation 2001: 14). Children retain their family history, traditions and legacies despite where they reside (Crumbley & Little 1997). Children who have not had the opportunity to convey their feelings about the loss of their parents often express their pain through difficult behaviours or physical ailments (Child Welfare League of America 1995a).

Caring for children who have suffered abuse or neglect requires special knowledge and skills (Worrall 2001). Many children exposed to parental drug use may never have learnt basic life skills such as toileting, sharing or how to behave in social situations (Children of Alcoholics Foundation 2000). These children may be aggressive, display inappropriate sexualised behaviour, lie and hoard food. The Children of Alcoholics Foundation (2000) and The Mirabel Foundation (2001) suggest that children's negative behaviour sometimes may be a survival technique that children have learnt in order to survive. The Mirabel Foundation (2001) list a range of behavioural difficulties they have found to be common amongst children in kinship care. These difficulties are supported by a study of 524 children in kinship care in the USA, where it was reported that a significant number exhibited behavioural problems (Child Welfare League of America 1994).

A parent's role generally involves the provision of love and discipline, meeting the daily needs of children, teaching life skills, providing spiritual guidance and transmitting values (Child Welfare League of America 1995a). The death or departure of a parent due to illicit drug use often passes such parenting responsibilities onto the kinship carer. The demand of parenting for

as long as eighteen additional years has important implications for the health of older kinship carers and often results in profound anxiety being experienced about their ability to sustain their own energies as the children grow (Joslin & Brouard 1995). Initial research shows that grandparents taking on the responsibility of raising their grandchildren may be unprepared for the challenge (Holmstrom 1999). In a study of kinship care, Worrall (2001) found that married kinship carers experienced unanticipated strain on their marital relationships as a result of caring for kin children. In addition, grandparents raising grandchildren have been found to experience the negative impact of psychological stress and lack of social supports networks (Kelley et al 2001).

■ Financial Matters

Kinship carers are significantly disadvantaged by not receiving appropriate financial support from Government (Patton 2002). Kinship carers do not qualify for any special tax benefits or government subsidies (Holmstrom 1999) to assist them in their care of children who would otherwise collectively cost the government millions of dollars to place in State Care. In their policy proposal discussion paper, The Mirabel Foundation makes recommendations for changes to Commonwealth Government legislation regarding the eligibility of kinship carers for Centrelink (the federal government department that administers welfare benefits in Australia) payments (Patton 2002).

Grandparents in particular experience the negative financial impact of caring for dependent grandchildren (Kelley et al 2001; Holmstrom 1999). Grandparents that become the full time carers of their grandchildren are faced with increased financial demands at a time when their income may be drastically reduced (Kelley et al 2001). Some kinship carers have to leave full-time work to provide full-time caregiving (Kelley et al 2001; Worrall 2001), while others return to work from retirement to increase their income.

Kinship carers may find that they are judged about their capacity and potential to provide care to their kinship children depending on their financial status (Crumbley & Little 1997). Children may be denied the opportunity to remain with family due to the family's financial situation. The lack of available, ongoing financial support results in additional and potentially unnecessary stress for kinship carers. In a study of grandparents raising grandchildren, Kelley et al (2001) found that grandparents experiencing financial problems also indicated that their health had worsened after assuming parenting responsibilities.

The financial benefits for which kinship carers are eligible depends on whether the child was formally placed with them by the child welfare system or the arrangement was made informally amongst family members (Kelley et al 2001). Clients of the child welfare system are usually eligible for financial support if it is required, however payments are often absent unless assistance is requested on the client's behalf. For those families that are clients of the child welfare system there are still discrepancies between the nine regions in Victoria about the eligibility of kinship carers for payments (Department of Human Services 2000b). Ehrle et al (2001) advocate that families who receive kinship payments benefit from a substantial source of economic support.

In an audit of formal kinship care in Victoria, the Department of Human Services (2000a) found that at least 47 per cent of kinship carers were dependent on Centrelink benefits as their main source of income. The Assistant Secretary for Planning and Evaluation (2001) found that children in kinship care are more likely to be living below the poverty line than children living with their parents and are more likely to be in families with no earned income. Similarly, foster

families are significantly less likely to be below the poverty line than kinship families (Assistant Secretary for Planning and Evaluation 2001; Children's Defense Fund 2000; O'Brien et al 2001). In addition, children in kinship care are more likely than other children to live in a family that spends more than half their income on rent, has difficulty sourcing adequate food and does not own a car (Children's Defense Fund 2000). In a study of 300 kinship children in America, it was found that the majority of kinship families were poor but stable, hardworking families (Child Welfare League of America 1994). Children in kinship care often live in poverty and kinship families do not receive the services they need to overcome this hardship (Ehrle et al 2001). Poverty exacerbates the deficits already experienced by children living in kinship care. Worrall (2001) makes a noteworthy suggestion that child welfare should be exempt from economic constraints and that sound practice should never be compromised.

Research suggests that additional financial support is a primary service need of kinship families (Child Welfare League of America 1994). The implementation strategy for changes to formal kinship care created by Victoria's Department of Human Services states that families may require income maintenance as a result of the child's special and complex needs that place considerable financial pressure on the carers (Department of Human Services 2000b). Likewise Bridge (2001) suggests that financial support is an important part of support for kinship carers in Australia. Joslin and Brouard (1995: 7) note that "...adequate financial benefits, including kinship foster payments equivalent to non-kinship payments, are justified.. " .

■ Legal Matters

Assistance with legal matters is a fundamental need of kinship carers (McLean & Thomas 1996). Internationally, courts, communities and child welfare systems are recognising and formalising the legal status of kinship families as primary caregivers (Crumbley & Little 1997).

Kinship carers are often concerned over their lack of legal relationship with the children in their care and fear that a drug-dependent birthparent can take back custody of their children at any time (Kelley et al 2001). Without legal custody, kinship carers may not have the authority to make medical and educational decisions on behalf of the children and they may continually fear that the children will be returned to their birth parents (Hochman 1996).

The Mirabel Foundation (2001) suggests that the law can be very confusing and expensive for kinship carers. Kinship carers are often ineligible for Australia's legal assistance program Legal Aid due to their perceived financial status. An audit of formal kinship care in Victoria found that high financial costs prevented kinship carers from utilising the Family Court system (Department of Human Services 2000a). Existing laws and the legal system need to review current processes in order for the system to be clearer and to avoid further disadvantaging the growing number of kinship families.

■ Interventions to Support Kinship Care

While most kinship carers who offer to care for children in their extended family are committed to their care, many cannot provide the care required without support and tailored assistance (Cashmore 2001). Australia's family support system appears to neglect the needs of kinship families, concentrating on traditional family structures and foster families. In a study of 600 carers, it was found that non-related carers were more likely to receive the services they needed compared to kinship carers (Child Welfare League of America 1994). In addition, the study found that 62 per cent of foster parents had access to support groups in comparison to

only 15 per cent of kinship carers. Bridge (2001) suggests that this may be due to the fact that kinship families are often reluctant to ask for assistance but that when consulted they usually want and need information and support.

Child welfare advocates suggest that kinship care should be recognised and encouraged as an arrangement for supporting and strengthening families while protecting children and meeting their needs (Child Welfare League of America 1995a). Advocacy and lobbying on behalf of carers is necessary to raise awareness of the issues relating to kinship care and to ensure the ongoing provision of support for kinship families. Crumbley and Little (1997) list several activities that may be part of the advocacy process, including: revising existing legislation, developing new policies affecting kinship families, developing community networks and advocating for practices and policies by agencies that are specific to kinship families.

Gleeson et al (1997) and The Child Welfare League of America (1994) advocate for the increased availability and access to services for kinship families that are comprehensive, coordinated, culturally responsive and community based. Kinship carers require access to casework in programs that specialise in kinship care in the non-government sector "... as this has the greatest chance of being accepted by the family, and has, over time proved itself capable of innovation and flexibility" (Voigt 2001: 14). Bridge (2001) advises that it is essential that agencies assisting kinship families remain involved with the family as the needs of such families typically change over time. Similarly, Mathias (1996) suggests that young people who appear resilient at one stage of their development may not remain so as their circumstances change.

Worrall (2001) suggests that the practise of kinship care requires a high level of social work skill to cope with its complexities. Similarly, O'Brien et al (2001) report that practitioners need to understand and respect the complexity of kinship care and acknowledge the goodwill of kinship carers as well as the strain and burden they experience. Crumbley and Little (1997) caution that the benefits and challenges presented by kinship care require professionals to adjust their approaches with these children. Children in kinship care and their carers have varying experiences, resources and needs and therefore require different levels of support (Cashmore 2001). O'Brien et al (2001) suggest that practitioners should recognise the expertise and knowledge kinship carers have on their strengths, resources and how they have solved difficulties in the past.

In their interventions with kinship carers, Kelley et al (2001) found that the most common referral needs for families related to childcare, early childhood education, housing, public benefits and financial benefits. In making referrals for kinship carers, they found that many carers only required the name and contact person of an agency so that they could initiate the contact themselves. At other times it was found that the bureaucratic institution made it difficult for carers to navigate the service system independently and required a more active role from the worker involved. This certainly seems to be the case with the bureaucratic child welfare system in Victoria where kinship carers are faced with an daunting and overwhelming system to negotiate. Advocacy for children and kinship carers is needed to assist families to access resources for the child and family (Child Welfare League of America 1994).

In 1994 the Child Welfare League of America made recommendations regarding the interventions required to meet the complex needs of kinship families. In 2003 such interventions have not yet been recognised as necessary by Australian government and policy makers. The Child Welfare League of America's (1994) recommended interventions include: assessing and responding to the emotional and practical support needs required to maintain the kinship care arrangement; assisting kinship carers in the provision of a nurturing environment that meets the child's physical, developmental and emotional needs; assisting kinship carers in

obtaining the services they require, including health care, child care, respite care, transportation, counselling, guidance and stress management; supporting kinship carers to address the impact of both drug abuse and child abuse on the children in their care; providing assistance in applying for benefits from federally funded programs; working with kinship carers to prevent crisis by linking them with intensive support services; assisting kinship carers in identifying and using self-help resources; and forming links with supportive referral agencies. Similarly, the Children's Defence Fund (2000) suggest that kinship carers require respite care, childcare, health and mental health services and assistance accessing education. Joslin and Brouard (1995: 7) suggest that "Multi-level strategies are needed which include adequate respite, child care/baby-sitting and transportation to provide immediate support to grandparent caregivers". In another of its publications, the Child Welfare League of America (1995a) advocate that services for kinship carers should include legal, financial and medical assistance as well as counselling for both children and carers.

In an audit of kinship care, it was found that Victoria's Department of Human Services was only able to assist 13 per cent of its kinship care clients with provision of respite care (Department of Human Services 2000a). The availability of respite care is particularly important for older kinship carers due to physical and emotional limitations, stress and healthcare needs (Crumbley & Little 1997). The lack of availability of respite and emergency care contributes to the stress and burnout experienced by kinship carers (O'Brien et al 2001).

Targeted outreach and education are important components of support for kinship families (Joslin & Brouard 1995). Brooks (2000) suggests that kinship carers and their substance-exposed kinship children may benefit from more contact with support workers, parenting classes, therapeutic childcare, respite care, family therapy, support groups and material aid such as transport vouchers. O'Brien et al (2001) found that many kinship carers were without access to the transportation necessary to take children to appointments or recreational activities. Voigt (2001) advocates that the service system needs brochures about how to access financial assistance, written information and courses on how to deal with the change in family relationships and a forum for exchanging information. Likewise, the Children of Alcoholics Foundation (2000) state that kinship carers need information to help them cope with the effects of substance abuse and to prevent the cycle of abuse repeating itself. Assisting kinship carers to increase protective factors for high-risk youth can protect adolescents from the effects of their earlier circumstances. Protective factors span multiple domains including family, school, peers and community (Mathias 1996).

A study of grandparents found that there are a range of services needed but not always available to kin including: legal assistance; parenting programs; health care; counselling; support groups; and assistance with understanding and coping with the issues related to drug addiction (Child Welfare League of America 1994). In an innovative, exploratory study that produced positive outcomes, Kelley et al (2001) provided kinship carers with home visits by nurses, social workers and legal assistants as well as monthly support group meetings. They experimented with the provision of ongoing assessments of the kinship carers' health and provided information on the development of children, nutrition, immunisations and the emotional needs of children. The underlying goal of the intervention was to use multimodel, home-based interventions designed to empower grandparents to make confident decisions regarding their grandchildren.

O'Brien et al (2001) found that kinship carers want access to ongoing support groups where they can share information about resources and addressing children's needs. Crumbley and Little (1997) suggest that support groups for kinship carers may want to include information on accessing financial systems, accessing medical and mental health systems, managing special needs of children, respite and mortality planning, acquiring legal rights and accessing childcare or

educational services. The provision of regular support and discussion groups give kinship carers the opportunity to address the common situations that they encounter (Child Welfare League of America 1994) and decreases the feelings of social isolation (Kelley et al 2001). O'Brien et al (2001) suggest that it is beneficial to allow kinship carers to determine the support meeting's agenda and arrange guest speakers on pressing topics; adding that the provision of childcare and transportation to meetings is also helpful. Likewise the University of Wisconsin Extension Cooperative (1999) advise that grandparents are more likely to attend support groups meetings if their kinship children have a concurrent activity they wanted to go to.

Kinship carers require comprehensive information and support in order for them to be able to benefit the children in their care. The Child Welfare League of America (1995a) suggest that kinship carers can assist children to cope with the separation from their parents by helping the children to create and maintain a book about their life, presenting children with a positive view of their parents and helping children to keep their positive memories alive through story telling and shared experiences. Children can also be helped to deal with the transition to kinship care by the provision of age appropriate information about the reasons they are moving, where they are moving to and the expected duration of their stay (Child Welfare League of America 1995a). It may be helpful for the child to identify and gather familiar objects such as toys, clothes and photos to provide them with security during the transition (The Mirabel Foundation 2001).

The Mirabel Foundation (2001) and The Child Welfare League of America (1995a) advise that children will need help to understand that what happened to them in the past was complex and that it does not mean that they are not loved by their parents. In addition, they suggest that it can be helpful for children to be told that they are not to blame for their parents' death, abandonment or maltreatment. The Child Welfare League of America (1995a) advocate that access visits with parents can help children to build positive attachments with their parents and heal past traumas. It can assist children if they have the opportunity to discuss their feelings before and after visits with their parents. Facilitating contact between siblings who have been separated due to the death or abandonment of their parents is also vital in providing constancy for children (Child Welfare League of America 1995a).

Children may benefit from exploring possible explanations that they can give to other people about their changing life circumstances (Child Welfare League of America 1995a) and sharing time with children who share a similar history. It is recognised that recreational activities are part of the total living experience of children that offer children and adolescents the opportunities to develop peer relationships, build self-esteem and learn social skills in a safe community (Child Welfare League of America 1995a). O'Brien et al (2001) suggest that planned activities be available for kinship children in order to meet their needs for peer support and recreation.

In some communities in the United States, comprehensive resource and service centres are available to offer support to kinship carers (Ehrle et al 2001). Organisations have begun to emerge to support grandparents who are raising grandchildren in an effort to respond to their unique needs and the sparse support available to them (Hochman 1996). Holmstrom (1999) describes an initiative in the United States where public housing has been designed specifically for the needs of low-income grandparents who are raising grandchildren. Support for kinship carers needs to include assistance in accessing existing services within their communities and advocacy for the development of new community-based services catering for the needs of kinship families (O'Brien et al 2001). There are some examples where community and other grassroots organisations have set up support groups and published self-help manuals in recognition of the enormous gap in service for kinship carers (Children's Defense Fund 2000). The Mirabel Foundation, a children's charity in Melbourne, is the first service of its kind to

respond directly to the needs of children in kinship care who have been affected by parental drug use. The Mirabel Foundation has taken the lead in Australia, providing a range of services for kinship families including in-home support, a recreation program for children, monthly support group meetings, grief counselling, play therapy, liaison with other services, advocacy and a resource book for carers (The Mirabel Foundation 2001).

Assisting kinship carers in the development of socially supportive environments may decrease their sense of isolation and increase their ability to meet the demands of caring for young children (Kelley et al 2001). Crumbley and Little (1997) suggest that it is time for a targeted investment in research to establish a knowledge base to inform all levels of government and to assist in the development of resources to train and prepare workers serving kinship families. Joslin and Brouard (1995) state that the well being of kinship families can only be promoted through aggressive federal policies. A service system to support kinship families would capitalise on the benefits children gain from kinship care and ensure that resources are available to promote the well being of children (Ehrle et al 2001). Hampton et al (1998: 260) notes, "If we invest our primary prevention resources unwisely, we will at best have lost an opportunity and at worst may have contributed to the problems we sought to prevent". It is imperative that support systems are in place to ensure kinship families and this group of children are given the support and assistance they deserve.

■ Conclusion

The literature considered in this paper indicates that kinship care is a growing area of concern both in Australia and internationally. Research suggests that a positive environment can compensate for the effects of prenatal drug exposure (Hampton et al 1998). The literature discussed examines both the advantages and disadvantages of kinship care, suggesting that the positive aspects of kinship care usually outweigh the negative characteristics. Noticeably, it implies that the child welfare system's greatest contribution towards children who have been affected by parental drug use will be ongoing efforts to improving their post-natal caregiving environments (Brooks 2000), coupled with adequate support for their kinship carers. Proactive efforts are required to ensure kinship carers are fully supported in their provision of a stable and nurturing environment for children. The way in which our nation addresses the needs of kinship families may determine the opportunities and future for some of our nation's most dependent children (Crumbley & Little 1997).

Supporting children in their kinship environment is a community responsibility that falls largely into the hands of kinship carers. The research reviewed in this paper details an extensive list of supports and interventions required to adequately assist these kinship families. Clearly further research is needed to examine the impact of support services for kinship carers (Kelley et al 2001). Joslin and Brouard (1995: 7) summarise the interventions required to assist kinship families when they state that "Efforts to assist these families must strengthen the capacity of community agencies to care to the physical and psychological problems of both the old and the young". The way in which we do this remains a measure of our nation's commitment to our future (Crumbley & Little 1997).



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