Kin care – Understanding the dynamics

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In Aotearoa New Zealand many children, both Māori and Pākehā, have been taken in by whānau and extended family when there has been a need for care. When my mother died at my birth, extended family immediately took on the caring role, and anecdotal evidence shows that this experience is common for many reasons. The need for mandating this in child welfare legislation is reflective of the alienating effect of past child welfare practices, both here and internationally. The New Zealand Children, Young Persons, and Their Families Act (1989) was a forerunner in international child welfare legislation in enabling families to make decisions about the care of their kin children. The concept of 'family continuity' and the sustaining of family links and identity for children unable to live with their biological parents is now internationally seen as good child welfare practice, and there is exponential growth in the social phenomenon of kin, particularly grandparents, assuming custody for a child (Child, Youth and Family Evaluation Unit, 2003; Worrall, 2007).

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This article briefly explores the international literature relating to kinship care, and then reports on a New Zealand study that has focused particularly on the experiences of carers when assuming care of children from within their family. Issues for policy and practice are then considered.

The international literature

A review of the literature presents conflicting evidence regarding the benefits and difficulties of kin taking custody of children who have suffered abuse and/or neglect. Importantly, there is much evidence to show that compared to children in stranger foster care, those placed with relatives are more likely to experience placement stability, a key factor in attaining good outcomes for children living away from their biological parents. They are also more likely to have contact with their parents, remain with siblings, and sustain schooling as they remain in the same neighbourhood (Rubin, Downes, O'Reilly et al, 2008). They are able to retain their identity and be surrounded by their family group. While this is encouraging, the research also shows that issues exist across the personal and sociopolitical milieu that could place both carers and the children in their custody 'at risk'.

- While children experience a greater level of stability in kin care compared to foster care, there is often unmonitored movement within the extended family itself (Worrall, 1996, 2005; Chapman & Hannah, 1999; Testa & Slack, 2002).
- The physical and psychological needs of children who have suffered abuse and neglect are considerable and children in kinship/whānau care are less likely to receive treatment than those in stranger foster care (Butcher, 2004; Billing et al, 2002; Worrall, 2005; Rubin et al, 2008).
- Caregivers describe stress and health problems, particularly when the caregiving is cross-generational (Worrall, 1996; Rubin et al, 2008).
- Legal issues around permanency planning for children placed with extended family are complex and ongoing legal challenges are common (Worrall, 2005; Crumbley & Little, 1997).
- Unresolved issues for birth parents place stress on relationships in the kinship network that are exacerbated by the placement (Worrall, 1996; Chapman & Hannah, 1999; Sykes et al, 2002).
- Abuse allegations occur in both kinship and foster care (Hunt, 2003; Worrall, 1996, 2001; NZFFCF, 2008).
- Financial and housing stressors are experienced and often exacerbated by the changes in employment status brought on by the assuming of care (Sykes et al, 2002; Harden et al, 2004; Worrall, 2005).
- Parental drug use is a common factor in kinship care situtions and has an adverse affect on the children and inter-family relationships (Hunt, 2003; Worrall, 2005).
- Payments for kin placements are usually less than for stranger foster care placements (Leos-Urbell et al, 2002; Connolly, 2003; Worrall, 2005).

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Experiences of kin care in Aotearoa New Zealand

There has been very little research undertaken on the lives of kin carers in New Zealand. Small qualitative kinship care studies have shown that carers experience both personal and familial stress (Smith et al, 1999; Worrall, 1996; Frengley, 2007). However, in 2005 the Grandparents Raising Grandchildren Trust (NZ) commissioned a large postal survey of their membership (n=700) in order to accumulate data to make their lives visible (Worrall, 2005). Demographic and experiential data was collected from 323 caregiving families who responded, representing 526 caregivers, 492 children and their biological parents. The sample yielded an under-representation of Māori and Pacific Island respondents and therefore cannot be taken as representative of the total New Zealand kin carer population.

Causative factors

Respondents were asked to name all major contributing factors that resulted in the need for care. Neglect, cited in 46.13% of cases, was associated with most other variables although, in some instances, it was cited as a sole reason. Excluding neglect, drug abuse was identified as the major contributing factor, being cited by 40.25% of respondents, followed by alcohol abuse (29.10%), child abuse (27.86%), mental illness (26.93%) and domestic violence (26.83%). Abandonment was cited in 72 cases (22.29%) and this was frequently abandonment at birth, although some respondents described how the children were taken for a short agreed period of time and the parents absconded or failed to collect the children. Imprisonment was cited by 8% of respondents. Death of a parent accounted for 7.12% and this was described variably as due

to drug abuse, domestic violence, suicide, illness, or intellectual disability.

The reasons for care affected the grandparents emotionally. Grief, anger, shame and remorse were described. However, the task of caring took precedence and the grandparents stated that they had no opportunity to resolve these feelings.

> *I stopped work to take the children who were abandoned because both parents are drug addicts. My daughter is now dead of an overdose and the children's father is in prison for 10 years for making drugs. The children have foetal alcohol syndrome, ADD, Conduct Disorder, are aggressive and constantly absconding from school and here. The children only have contact with their father if I take them to the prison. The children are angry, and to tell you the truth, so am I, and sad!*

Physical and emotional wellbeing of the children

It was identified by 274 out of the 323 respondents that their children experienced some form of physical illness or disability either currently or in the past, some severe and ongoing, such as blindness, foetal alcohol syndrome, severe multiple disabilities, and Down Syndrome, as well as soiling, wetting, and severe asthma. Forty percent of respondents stated that the children in their care exhibited severe aggressive and/or destructive behaviour. Autism, conduct disorder, Attention Deficit Disorder and Attention Deficit Hyperactive Disorder were some of the other conditions listed. The majority of respondents stated that they had not been given financial aid to pay for professional assistance and had to meet the costs themselves.

Siblings

While the majority of respondents (62.85%) were caring for just one child, several in this category had previously cared for siblings. Some of these children had returned to their parents, some had been placed with other extended family members, while others had moved to independence. Some had been placed in statutory care because of behavioral difficulties. Seventy-nine caregivers had two children; 22 caregivers had three; 11 caregivers had four; 3 caregivers had five and one grandmother cared for six grandchildren from two different families. Twins accounted for 3.72% of cases (12 sets of twins).

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Duration of care

Attachment research literature over decades strongly confirms that relational security is central to ensuring positive outcomes for children across the developmental trajectory of childhood (Whitelaw Downs et al, 2004). Almost one-quarter (24.84%) of the caregivers had cared for the children since birth. Some caregivers described being called to the hospital to collect a child they had not known existed until that point. Drug abuse, mental illness, abandonment, parental incapacity or incapability have been cited in these cases. The mean length of time in care to date for the children in the sample was 5.4 years and the median 5 years. Evidence would suggest that the children in this kinship care study experienced a far greater measure of stability than children in the New Zealand foster care system at the time (Saunders, 2005). Seventy-five out of 492

children (15%) were taken by carers within three months of birth and 80 children were below one year. One grandparent took three children, all at birth, eight took two, and 56 took one. A grandmother took at three weeks a baby that was born eight weeks premature, another took the child within two hours of birth.

Demographics

Age

Eighty-one percent of the caregivers were over 50 years of age, the largest representation being the 50–59 cohort followed by those aged 60–69. Seven caregivers were great-grandparents. The effect of age on energy levels and physical fitness was commented on by the participant grandparents.

> *Sometimes I feel so very very weary, it is my age, I suppose, but it could be the stress of it all.*
>
> *As grandparents, we are unable to meet the physical demands the child needs, or play sport with him.*

Carers also talked about generational differences in knowledge bases, particularly in regard to school curricula, sexual knowledge and behaviour, and technology.

The mean age for the biological mothers was 26.14 years and for fathers, 28.7 years. The minimum maternal age at the time of the child's entry to care was 13 years and the maximum maternal age was 50 years. The minimum paternal age was 15 years and the maximum 59 years of age.

Table 1: Numbers of children in care placements by care type and ethnicity

Fiscal Year	Ethnic Group	Number			Proportion		
		Non-kin	Kin	Total	Non-kin	Kin	Total
at June 2007	NZ Māori	1,143	1,234	2,377	48%	52%	100%
	NZ Pākehā	1,512	633	2,145	70%	30%	100%
	Pacific Islands	136	175	311	44%	56%	100%
	European	12	11	23	52%	48%	100%
	Others	81	42	123	66%	34%	100%
	Not Recorded	49	21	70	70%	30%	100%
	Total	2,933	2,116	5,049	58%	42%	100%
at June 2008	NZ Māori	1,008	1,158	2,166	47%	53%	100%
	NZ Pākehā	1,306	582	1,888	69%	31%	100%
	Pacific Islands	113	165	278	41%	59%	100%
	European	22	13	35	63%	37%	100%
	Others	81	19	100	81%	19%	100%
	Not Recorded	2	1	3	67%	33%	100%
	Total	2,532	1,938	4,470	57%	43%	100%

Source: Child, Youth and Family

The mean age of the children in the study was 8.8 years and the median 9 years.

Ethnicity

Goodman and Silverstein (2002) found in their study on caregiver wellbeing that the cultural lens through which grandparenthood is viewed has a marked impact on the adaptation to custodial caregiving. In this study 72.2% of respondents identified as New Zealand European, 20.7% as Māori, 2.8% as Pasifika and 3.7% as other (Dutch, English, South African, and Australian). The high Pākehā/New Zealand European response is representative of sample bias, as Māori children are, in fact, disproportionately represented in care statistics. The 2001 Census figures showed that Māori children aged 0–16 years comprised 24.4% of that age group (Melville, 2003) and 48% of children in the care of Child, Youth and Family as at June 2004. More recent statistics indicate that this overrepresentation continues (see table 1).

Marital status of carer

Fifty-eight percent of the caregivers were partnered, and 37.4% were raising the children single-handedly. Of the latter, 17.9% were divorced, 10.5% were widowed, 6.5% were separated and 2.5% had never married. Several persons in the study stated that they had separated since taking custody of the children. This fact is also noted in the international literature, where the stress of raising traumatised children has resulted in one partner leaving (COTA, 2003). In some instances of a second marriage, the children cared for are not biologically related to one of the caregivers. However, taking custody can result in remarriage as noted by this carer:

> *My ex-husband, aged 75 years and I married over 41 years ago … I am now 61 … we divorced 23 years ago and now have remarried to secure a home for our grandchild and her mother, when she recovers.*

Income levels

The low mean income level of the participants could be reflective of the age distribution of the carers and the high number of beneficiary carers. Not including any benefits received for the children, total family income for 37% of the participants (the largest grouping) was under NZ$20,000 per annum; 18.8% was NZ$20,000–29,000; and 10.5% was NZ$30,000–39,000. Seventy-one of the 323 respondents were supported by a benefit of some type, including Sickness and Invalid's Benefits, but excluding Superannuation. Low incomes placed strain on family finances as noted by one of the carers:

> *I am on an Invalid's Benefit and care for two special needs step grandchildren. It is pretty hard to manage on what I get.*

Frengley (2007) found an even lower income level in her recent study of 33 kin carers, 50% of whom had incomes of under NZ$20,000, the median being just above NZ$15,000.

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Well over half (58.55%) of the respondents were employed full- or part-time. Many retirees commented on the difficulty of managing financially and that they had to now work part-time as casual labourers to have enough money to keep the family.

> *My husband had retired, he is 72. Now he works at the gas station pumping gas three days a week and also mows lawns to make ends meet.*

Of those who were employed, 52.6% have had changes to their occupation to accommodate their grandchildren. Women were most affected,

many stating that they had been forced to retire from their employment because of the caregiving demands or having to move from full- to part-time work.

> *Since taking the children I have gone from working 42 hours a week and earning $650.00 weekly for just myself, to $200.00 per week to keep three of us.*

Across the broad spectrum of kinship care, kin carers have been treated differently financially by virtue of relationship compared to foster carers when the trauma of abuse and neglect results in the same difficult behavioral and physical problems. Recent policies have gone some way to lessening this inconsistency for those whānau/kin who care for children previously under legal custody of Child, Youth and Family. Financial support caused tensions for some of the carers in the sample. In situations of informal custody, some carers feared that the parent may take the child back if they received financial aid.

> *To allow our daughter's benefit to go towards her cost of living, we have never been able to claim any financial assistance and our pensions have been sorely eroded.*

Some caregivers felt helpless in the face of bureaucracy, and described how they had been denied financial support for the children, particularly if the carer was receiving another benefit.

Legal issues

It must be recognised that many kin/whānau carers intervene and take their whānau/kin children without reference to the New Zealand statutory service in order to secure their safety. Over one-third of the caregivers who participated in the study (38.39%) were in this category. One-fifth (20.12%) of respondents assumed care through the drawing up of a formal family/whānau agreement through Child, Youth and Family, which prevented the need for court involvement. The remainder took care by means of a formal family group conference under the Children, Young Persons, and Their Families Act, or a court order to establish custody and/or guardianship.

The establishment of legal status for kinship caregivers is seen by most international commentators as complex and problematic. It has been suggested that the commitments of family members to care for their own should be honoured and not forced to fit within narrow legal definitions established by the white dominant culture (Minkler & Roe, 1993; COTA, 2003). However, against these arguments is a need to secure safety, stability and permanency for the children and their caregivers, particularly when challenged by capricious biological parents. Many respondents in the study expressed their need for legal protection, but commented on the fact that they found the legal system frustrating, confusing and unaffordable. More than one-fifth of the caregivers (21.05%) had no formal legal status. More than half of those who began care with an informal family agreement later assumed formal legal status. Those who had informal agreements stated a variety of reasons. Some grandparents felt that the children were safer this way, and if the grandparents sought formal custody or reported their concerns to statutory services, the parents may contest the issues thereby endangering and the safe haven for the child.

Termination of care

Sixty-three respondents (20.19%) stated that children had left their care and the majority of these were still caring for other siblings or other kin children. Of those who had left (73 children), 18 returned to their mother, 6 to their father, 5 to both parents and 11 to other extended family. Ten children moved to Child, Youth and Family

care, 2 to institutional care, and 21 had gained independence.

Conclusion

Children in kin/whānau care and their carers fall between the public domain of state responsibility to ensure the ongoing safety of abused and neglected children and their caregivers, and the private domain of family. The research illustrates well the pressure of responsibility that many carers experience in caring for children. The stresses of child behavioural issues, the pressure this exerts on family relationships, and the additional financial burden of care can all weigh heavily on the carer. That said, carers talked about the rewards of looking after the children, and it is clearly a positive experience that counters the pressures of caring.

Ensuring that carers receive all that they are entitled to is clearly important both with respect to financial and social support, such as respite care. Responding sensitively to carers in ways that acknowledge the turmoil of kin/whānau experience is an important aspect of social work in the context of supporting kinship placements. Kin/whānau carers are not immune from allegations of abuse, and providing respectful and culturally responsive induction training for carers will help them provide a strong and safe care environment for their child.

When grandparents take custody there are issues of their impending morbidity and mortality (Crumbley & Little, 1997) that are not frequently discussed. These are, nevertheless, important issues for the family to consider when making decisions relating to the ongoing care of a child. It is important that practitioners help families to explore these issues and to consider the appointment of a testamentary guardian for the child who is then able to ensure that the child's best interests are preserved in the event of death or the grandparents no longer being able to care.

Although kinship care has its frustrations and is undoubtedly demanding for many carers, it is also clear that it can have significant rewards.

> *This isn't the life I would have chosen or the road I would have wished to travel. It's not the dream I had but I am amazed to see where I have come, where I am going, where I am from! My grandchild makes life so worth waking up for. So we walk this journey together and dream new dreams together. Together life will be different.*

A key role for professionals in this context is to support carers in ways that contribute to good outcomes for both the carers themselves and the children in their care.

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