This paper outlines the results of a literature review about the issues relevant to kinship care in Australia, with special reference to policies and practices in New South Wales. The importance of kinship care is highlighted as a result of current state and territory reform processes and the increasing prevalence of kinship care placements across Australia. Review findings identify many key issues that indicate a need for changes to be made to the processes and supportive functions of kinship care.

**Definition of kinship care**

Kinship care, as a statutory arrangement, generally refers to children and young people who have been placed with relatives, friends or local community members by child protection agencies. Kinship care is one option among various alternative arrangements within the out-of-home-care system for children and young people who are unable to live at home due to abuse and neglect (Ainsworth & Maluccio, 1998; Australian Institute of Health and Welfare [AIHW], 2010; Bromfield & Osborn, 2007; Dunne & Kettler, 2006; Mason, Falloon, Gibbons, Spence & Scott, 2002). Kinship care is a noticeably less formal arrangement than other statutory care options, such as foster care and residential care, due to an increased focus on the family system. In other forms of out-of-home-care, children and young people are much less likely to be placed with people or in communities they already know.

Informal kinship care arrangements, in contrast to formal kinship care, are voluntary arrangements made between family members that do not normally require the intervention of child protection authorities. Nevertheless, it is difficult to accurately define formal kinship care due to the complexities surrounding kinship care arrangements. These complexities are contextual and include: whether kinship care placements are formally or informally arranged; the multiple legislative frameworks that exist across Australian states and territories; government polices and agency procedures; the triad that exist between birthparents, kinship carers, and children and young people; and the cultural significance and relevance of kinship care to Indigenous and culturally and linguistically diverse (CALD) populations.

**Kinship care: A growing phenomenon**

Kinship care placements have greatly increased across all Australian states and territories and are the fastest growing form of out-of-home-care in Australia (Paxman, 2006; Smyth & Eardley, 2008). According to data from the AIHW (2010), the rate of children and young people being placed in out-of-home care has been showing a consistent pattern of increase within Australia and has increased from 4.9% to 6.7% between 2005 and 2009. Nationally, 47.1% of children and young people in out-of-home-care were in foster care and 45.4% in kinship care. Within NSW, the proportion of
Although kinship care has occurred on an informal basis throughout history, kinship care is now recognised as having many advantages within the formal structures of child protection, most notably the preservation of family, promotion of cultural identity and reduced separation trauma (Paxman, 2006). Of critical importance to the success of an out-of-home-care placement is whether or not the child or young person experiences a sense of being loved or belonging. In their study about stability, “felt” security and after-care outcomes, Cashmore and Paxman (2006) recognised that the level of “felt” or perceived security of children and young people is of considerable importance. These advantages have been recognised in recent decades by statutory authorities; for example, all states and territories have legislation or policies guiding practice about ensuring Indigenous children and young people who are not able to live with their birth parents are placed with relatives, kin or community members as a first option. This is known as the Aboriginal Child Placement Principle (Mason et al., 2002; McHugh, 2003; Smyth & Eardley, 2008).

However, other factors, in combination, have also influenced the growth in kinship care placements. A significant increase in the number of children and young people being placed in out-of-home-care has increased the demand for out-of-home-care placement options. Data from the AIHW (2010) reveal that there was a consistent pattern of increase in the rate of children and young people in out-of-home care across all Australian states and territories between 2005 and 2009. This, coupled with an insufficient supply of foster carers, has further constrained out-of-home-care placement options, and has led to a greater use of kinship care. McHugh et al. (2004) identified two main factors that contribute to a shortage of foster carers as, firstly, the lack of people volunteering to become foster carers and, secondly, the difficulty in retaining foster carers who are recruited.

It can also be hypothesised that the increased reliance upon kinship care placements could also be due to the dominance of a neo-classical economic approach to current economic and government policies within Australia (Ainsworth & Maluccio, 1998; Cashmore, 2001; Paxman, 2006). This approach maintains a belief that government spending on any form of welfare is an impediment to economic growth, and therefore to economic health. This has created a crisis in the Australian welfare state due to a reluctance of governments to spend money on social support services (Ife, 1997), including kinship care programs. The attraction of kinship care placements is that they represent a relatively inexpensive option for governments, due to their perceived capacity to reduce levels of human and service sector support provided to children, young people and their kinship carers (Ainsworth & Maluccio, 1998; Paxman, 2006). This lack of government involvement essentially shifts government responsibilities from the public sector to the private sector.

In response to the rise in kinship care placements and associated pressures, many Australian states and territories have begun, and in some cases recently completed, review processes (McHugh, 2009; Smyth & Eardley, 2008). McHugh noted that Victoria was revising their kinship care policy and service delivery model to better reflect the increasing use of kinship care as an out-of-home care placement option. As part of the revision, a new model was introduced in regional areas from July 2009. The NSW State Government is currently implementing major child protection reform as a result of the initiative Keeping Them Safe: A Shared Approach to Child Wellbeing (Department of Premier and Cabinet, 2009). This initiative was developed in response to the Report of the Special Commission of Inquiry into Child Protection Services in NSW (Wood, 2008), which was requested by the NSW Governor following the deaths of two children in 2007. This report made a series of recommendations, including the increased role of non-government organisations (NGOs) in providing services to children and young people placed in foster care and kinship care (Wood, 2008). Given these reform processes and the growth in kinship care placements, a review of literature that draws together issues relevant to kinship care is timely and forms the rationale for this review.

**Kinship care is now recognised as having many advantages within the formal structures of child protection, most notably the preservation of family, promotion of cultural identity and reduced separation trauma.**

### Review process

This review involved an analysis of literature, mostly from Australian sources, including journal articles, government and departmental reports, and welfare association reports. Search terms were used to identify relevant literature from journal databases and the Internet, and included any combination of the following key words: kinship care, out-of-home care, child protection, foster care, substitute care, and relative care. Documents directly related to kinship care in Australia were located through, for example, government websites, including those of the Australian Institute of Family Studies (AIFS), and state and territory government child protection departments; welfare association websites, including the Australian Council of Social Services (ACOSS), Brotherhood of St Laurence, and...
Australian Centre for Child Protection; non-government organisation websites, including Anglicare Australia and The Mirabel Foundation; wide-scale internet searches using the Google search engine; relevant databases, including Family & Society Plus, Factiva, and SocINDEX; and library catalogues, including the Charles Sturt University (CSU) catalogue.

These documents were used to undertake a thematic analysis as a way of identifying concepts in the literature and constructing a systematic record of information gathered. The process began with an open exploration of data; for example, by using broad search terms in relevant databases. The categories and codes were then developed during the review of documents, and central themes were identified when commonalities and differences were found between the documents.

Review findings and discussion

From the review, eight key themes were identified as being pertinent to kinship care. These themes highlighted issues relevant to kinship care and are indicative of the urgent need for change to the processes and supportive functions applied to kinship care arrangements.

Marginalised status of kinship carers

Although kinship carers are not a homogeneous group, the literature consistently highlights commonalities between the characteristics of kinship carers, which contrast with the characteristics of foster carers. International literature reviews reveal that kinship carers are more likely to be older, single and female. They are also more likely to experience poorer health, have lower incomes and have completed lower levels of education than foster carers (Connolly, 2003; Paxman, 2006; Smyth & Eardley, 2008). The structural nature of this disadvantage, including the female status of most kinship carers and the traditional views of the role of women in the family (Ainsworth & Maluccio, 1998; Cashmore, 2001; Mason, 2005) causes concerns for the potential vulnerability of this group.

Although Australian research is limited, these characteristics have also been identified in two Australian studies. An audit in Victoria found that 52% of kinship carers were over 50 years of age, 47% were on income support and 38% were single (Department of Human Services, 2000). A further issue identified in the literature is the high proportion of grandparents who care for their grandchildren (Baldock, 2007; Baldock & Petit, 2006; Council of the Aging [COTA] National Seniors, 2003; Smyth & Eardley, 2008). Data from the Australian Bureau of Statistics (ABS, 2005) reveal that, in 2003, 47% of grandparents caring for grandchildren were single and, of these, 93% were women. These grandparents became kinship carers through various avenues, via the Family Court, child welfare system or voluntary arrangements.
proceedings in order to receive financial support, which further exacerbates conflict with other family members (Baldock, 2007).

Kinship carers also encounter complex legal issues that are costly, timely and complicated (COTA National Seniors, 2003; Yardley, Mason, & Watson, 2009). Legal documents relevant to the child, such as birth certificates, are expensive to obtain, and kinship carers may experience difficulty with obtaining services for the child, including school enrolment, if they do not have formal custody arrangements. Differences between state and federal legal systems can also be confusing; for example, payment to kinship carers if under the jurisdiction of a state Children’s Court is a non-means tested, non-taxable payment, whereas payments under the Commonwealth Family Court are means tested (COTA National Seniors, 2003). Court processes can take considerable amounts of time to finalise, often involve conflicting relationships, and can require substantial finances if advice and support is required due to ongoing disputes (COTA National Seniors, 2003; Yardley et al., 2009).

Kinship carers also experience poorer health compared to their foster care counterparts. Kinship carers often have pre-existing health conditions that can be exacerbated under the extremely stressful circumstances of caring for a child who also usually has specific health and behavioural challenges (COTA National Seniors, 2003; Yardley et al., 2009). Kinship carers are likely to be older than foster carers, and the requirements of caring for a child—such as night feeding young babies—can be strenuous, resulting in exhaustion and tiredness (Baldock, 2007). Kinship carers also experience grief due to their loss of relationships with their own child and other family members, and loss of finances, freedom and plans for their future (COTA National Seniors, 2003). They may also become socially isolated as a result of their busy child rearing schedule, and may have to sacrifice their leisure and social activities, consequently losing contact with friends and community groups (Yardley et al., 2009).

Kinship carers also experience extreme financial difficulties due to the immediate increase in household expenditure as a result of the costs associated with caring for the child, including medical expenses, legal fees, set-up expenses, and day-to-day requirements (Yardley et al., 2009). Kinship carers usually come from lower socio-economic backgrounds, which places them under financial strain when having to pay for these additional expenses related to the child’s needs. Kinship carers also are often required to pay for the child’s parents’ debts in order to receive ongoing services for the child, may have to sacrifice employment due to the demands associated with child rearing, and report using their retirement savings for the added expenses of kinship care (COTA National Seniors, 2003). Benefits and payments for kinship carers are closely associated with legal processes and depend on how their kinship care arrangement is classified, resulting in much ambiguity and disparity in rates of payment (COTA National Seniors, 2003). This effectively places the child into poverty.

These issues are unique to kinship carer experiences and suggest there is an urgent requirement to respond to their needs and disadvantages. Failing to do so potentially places many kinship carers in particularly burdensome and vulnerable situations and negates a holistic approach to supporting children and young people placed in kinship care.

**Voices of children and young people placed in kinship care**

Research regarding children’s and young people’s perspectives of being placed with their relatives is limited. This is partly due to ethical reasons involving the trauma already experienced by children and young people in care, and the possibility of re-traumatisation through research activities and intervention. Also, there are existing power imbalances between adult and child relations due to the adult being older and acting as “researcher”. This creates unequal relationships, which potentially inhibits information gathering and research outcomes (Mason, Urquhart, & Bolzan, 2003). Nevertheless, available research reveals a mix of positive and negative experiences, which when taken together suggests that the development of a structured framework that responds to the individual needs of children and young people in kinship care would improve their placement experience and wellbeing (COTA National Seniors, 2003; Higgins, Bromfield, & Richardson, 2005; Hislop, Horner, Downie, & Hay, 2004; Mason et al., 2002).

It is clear that children and young people are able to identify positive experiences of living in kinship care, such as the familiarity of extended family members, general happiness and feelings of safety and belonging (COTA National Seniors, 2003; Higgins et al., 2005; Hislop et al., 2004; Mason et al., 2002). This indicates that the strengths often associated with kinship care, such as reduced separation trauma and preservation of family, are acknowledged by children and young people.

However, the disadvantages of kinship care, such as the ill health and stress experienced by kinship carers, are also recognised by children and young people (Hislop et al., 2004). Children and young people have also highlighted issues such as: not being able to communicate with their grandparents (COTA National Seniors, 2003); the parenting styles of grandparents (Hislop et al., 2004); not being able to undertake normal family activities (COTA National Seniors, 2003); and their grandparents’ ill health and lack of money and energy (COTA National Seniors, 2003). The identification of these issues by children and young people suggests that it is important to involve them in the development of strategies to address their specific needs. This approach would also promote a child-focused approach to kinship care by enabling their voices to be heard through active participation.

**Perspectives of kinship carers**

It is clear from the literature that kinship carers share similar stories and report similar issues and needs (Baldock & Petit, 2006; COTA National Seniors, 2003; Higgins et al., 2005; McHugh, 2009). Of concern is the seriousness of issues and the multiplicity of needs that are common among kinship carers.

Kinship carers report the need for having increased support for various factors associated with their role as kinship carers. These include practical support with parenting and behaviour management, access to respite and child care services, and advice about services relevant
to the child’s needs. The need for assistance with complex legal processes, and support of strained relationships with family members, such as mediation and supervised contact arrangements, have also been highlighted by kinship carers (COTA National Seniors, 2003; Yardley et al., 2009).

McHugh (2009), by conducting interviews with kinship carers, also highlighted a multiplicity of issues, including: a lack of information provided to kinship carers about their entitlements and service availability; lack of access to a case worker; lack of kinship carer training; respite care issues; having to give up paid work to care for children, despite access to child care services; and not having knowledge of or the opportunity to participate in the family group conferencing processes. For Indigenous kinship carers, these issues are further compounded by a lack of cultural appropriateness and historical disadvantage, including racist welfare practices, and socio-economic disadvantage (Higgins et al., 2005).

Interestingly, it was identified in these studies that, in contrast to the traditional family barriers to engagement with family services, kinship carers are willing to receive intervention services, and expressed their enthusiasm and need for formal recognition and support. Even Indigenous kinship carers—who might be expected to resist service involvement due to previous experiences of oppressive and culturally inappropriate forms of service support—voiced their need for formal intervention and support services that fit with their cultural needs. Indigenous kinship carers have identified the need for more culturally appropriate recruitment, assessment, training and support processes, such as ensuring they have an Indigenous worker or appropriate cultural service to work with them, and access to training about specific needs and behaviours of Indigenous children (Higgins et al., 2005; McHugh, 2009). The failure to respond to the specific needs of kinship carers neglects a child-focused approach, and serves to further subordinate children, young people and kinship carers who already suffer extreme disadvantage.

Kinship carers report the need for practical support with parenting and behaviour management, access to respite and child care services, and advice about services relevant to the child’s needs.

Characteristics of kinship care placements

Much literature refers to the unique circumstances of kinship care placements, especially when compared to foster care placements. This suggests the need in kinship care for different processes of support and management.

Kinship care placements usually occur in situations of great urgency when children and young people are assessed as no longer being able to live at home due to a serious risk of further harm from abuse and neglect. Alternative placements are sought for the children and young people, and relatives are considered as the first placement option (Mason et al., 2002). Often kinship carers are recruited out of need and not because they have initiated independent and informed decisions to become a kinship carer. Kinship carers are therefore usually unprepared for having to care for their extended family, and have not participated in any recruitment, assessment and training processes (McHugh, 2009; Yardley et al., 2009). Kinship carers also often continue their caring role out of a desire to prevent their extended family from entering alternative forms of care. Despite expressing their love and commitment for their extended family, kinship carers often report feeling obligated to care for them and are often motivated by family ties and responsibilities (Mason, et al., 2002; Paxman, 2006).

As a consequence of the expediting factors, and although preliminary checks occur in some states and territories, assessment processes for kinship carers often do not take place until after children and young people are living in the homes of kinship carers. These frequently do not take account of the specific needs and circumstances of the placement and most assessments are based on traditional foster care models (Higgins, et al., 2005; Mason, et al., 2002; McHugh, 2009). Kinship carers also generally receive no training, which restricts their ability to understand and respond to difficult situations, such as conflict with other family members and difficult behaviours expressed by the children and young people (Mason et al., 2002; Smyth & Eardley, 2008). They receive little (if any) ongoing monitoring and support, which is in contrast to foster carers, who receive, at least in principle, continuous human services support within a well-defined framework (Mason et al., 2002).

Issues involving Indigenous kinship care

All Australian states and territories have legislation or policies guiding practice about ensuring that Indigenous children and young people who are not able to live with their birth parents are placed with relatives, kin or community members as a first option (Smyth & Eardley, 2008). This is known as the Aboriginal Child Placement Principle and is aimed at facilitating culturally appropriate placements for children and young people to preserve their Indigenous culture and identity. However, McHugh (2003) points out that the level of adherence to the Aboriginal Child Placement Principle appears to vary between states and territories. In addition to this, the level of support provided to Indigenous kinship carers, such as with financial support and training, is often comparatively less than the support provided to non-Indigenous carers (McHugh, 2003). Also, Bromfield, Richardson, and Higgins (2006) noted that processes attached to Indigenous kinship care do not take into account culturally specific customs, such as communication styles, parenting practices, physical environment, community relationships and household composition.

The number of Indigenous children and young people placed in out-of-home-care is nine times the rate for non-Indigenous children and young people (AIHW, 2010). McHugh (2003) suggested that such figures, which have been consistent over previous years, indicate that out-of-home care systems are failing Indigenous carers, children and young people. The exact number of Indigenous children and young people in kinship care is not clear due to the ambiguity that exists between distinguishing kinship care and non-relative care within a cultural context (Higgins et al., 2005). However, according to AIHW (2010), 83.6% of Indigenous children and young people in out-of-home-care in NSW were placed with Indigenous relatives, other Indigenous caregivers or in Indigenous residential
and young people who have experienced abuse or neglect, undergone training about issues associated with children under-resourced relative to foster carers, and have not care. Given that kinship carers are already disadvantaged unique characteristics of kinship care relative to foster care. The issues this creates for kinship carers relate to the increasingly complex.

people in out-of-home care are multifaceted and becoming that issues contributing to the needs of children and young people in out-of-home care found that two-thirds of children had significant conduct disorder problems, more than one-third suffered from significant depression or anxiety, and just under a third had an intellectual disability. Families were typically struggling with poverty, poor housing and violence, and children had been exposed to up to four years of significant abuse or neglect before being placed in alternative care arrangements. Also, a study by COTA National Seniors (2003) recognised the increasing incidence of children and young people being diagnosed with attention deficit hyperactivity disorder (ADHD) and other behavioural problems, and associated this with the level of damage caused to children and young people who, prior to their removal from parental care due to abuse, neglect and/or domestic violence, have been exposed to parental substance issues. This implies that issues contributing to the needs of children and young people in out-of-home care are multifaceted and becoming increasingly complex.

The issues this creates for kinship carers relate to the unique characteristics of kinship care relative to foster care. Given that kinship carers are already disadvantaged and under-resourced relative to foster carers, and have not undergone training about issues associated with children and young people who have experienced abuse or neglect, they may not be equipped to cope with the demands and complexities associated with difficult behaviours, mental health issues and disability. Kinship carers also receive limited ongoing support compared to foster carers (Mason et al., 2002). These factors strengthen the argument for developing a structured framework specifically for kinship care. It is in the best interests of children and young people placed in kinship care to provide kinship carers with appropriate support to manage and respond to the complex needs of children and young people.

The role of non-government organisations

Non-government organisations have played a critical role in delivering services to children, young people and families at all levels, including the provision of universal, secondary and more targeted services (Spence, 2004; Woods, 2008). While most states and territories contract out services to NGOs for the recruitment, assessment, training and support of foster carers, the inclusion of kinship carers via this process is often not distinguished. Rather, most kinship carers come into contact with NGOs and other organisations through generalist and specialist family services. Spence noted that both generalist and specialist services provided by NGOs are increasingly responding to the emerging needs of kinship carers. Support programs have included therapeutic groups, individual case work, education groups and the development of resource kits that provide information about financial assistance, legal issues and support services.

In NSW, the role of NGOs in providing management and support services to kinship carers has recently changed with the implementation of the Keeping Them Safe initiative (Department of Premier and Cabinet, 2009). This approach involves a formalised and increasing role for NGOs in the support of child protection and child welfare issues. In particular, all out-of-home care services have been transferred (or are in the process of being transferred) to NGOs, including foster care and kinship care services. These reforms represent significant changes for out-of-home care in NSW and signify major changes in the role of NGOs in providing services to kinship carers and the children and young people placed in their care. On one hand, these changes provide the foundation for the development of a new integrated practice framework for kinship care. On the other hand, a critical issue identified among these changes is the lack of distinction between kinship carers and foster carers. While the Wood report (2008) was specific about distinguishing between kinship carers and foster carers, there was no reference to distinguishing between specific processes for working with these two groups. Additionally, the NSW State Government's response was even less explicit than this and made generic reference to "carers", which implied that foster carer and kinship carer issues could be rolled into one (Department of Premier and Cabinet, 2009). The transfer of out-of-home care services to NGOs leads to a diverse range of organisations with different philosophical backgrounds being responsible for supporting kinship carers. This further supports the argument for a statewide or national practice framework that provides consistency in standards of support across these organisations, and support in the form of funding to facilitate this process.
Kinship care without a practice framework

Analysis of the literature indicates that there is limited guidance in the form of structured frameworks that is provided to child welfare workers who are working with children and young people placed in kinship care. Mason et al. (2002) drew this conclusion when looking at legislation, departmental procedures and practice guidelines for kinship care across Australia. While NSW, Victoria, South Australia, the Australian Capital Territory and Tasmania have departmental guidelines for various aspects of kinship care, these were limited, especially in comparison to foster care documentation. Other states and territories—Western Australia, Queensland and Northern Territory—had no policies or procedures specific to kinship care at the time of research. In their analysis, Mason et al. identified several issues that need to be addressed, including: variation in recruitment processes, with even the most developed guidelines having a foster-care-derived approach; limited case management and intervention that usually occurred on a case-by-case basis; variability in financial support, even within the same jurisdiction; and uncertainty around the extent of statutory responsibility for children and young people at specific times during their kinship care placement, for example at the inception and conclusion of a kinship care placement.

Similarly, by examining kinship care practice, McHugh (2009) pointed out the lack of practice guidance for child welfare workers and called for an evidence-based approach to developing an organised and specific approach to supporting children, young people and their families in kinship care placements. McHugh highlighted the need to develop key elements for a practice model, including: an assessment process that is specific to kinship carers; training for kinship carers that is focused on their specific needs; support and supervision of kinship carers; training for child welfare workers; improved consultation processes with Indigenous organisations; and skilled intervention in resolving conflict in relationships.

Analysis of this research indicates that support provided to child welfare workers who are working with children and young people placed in kinship care is not suited to the placement type. Policies to guide practice and assist decision-making generally do not exist, and when they do they are usually rooted in traditional foster care frameworks that often do not translate fundamental differences between foster care and kinship care into appropriate kinship care practices. Child welfare workers are therefore potentially being forced to support kinship care placements and make decisions regarding children and young people in kinship care without a structured framework to guide those decisions.

Conclusion

This paper considers the issues pertinent to kinship care in Australia, with special reference to NSW, by conducting a review of Australian literature. Several issues were identified, which are indicative of the need for changes to be made to the processes and supportive functions applied to kinship care arrangements. The issues include: the lack of structured frameworks to guide child welfare workers when working with children and young people placed in kinship care; the disadvantaged position of many kinship carers due to the prevalence of poverty, poor health, financial hardship and low education; providing opportunities to listen to the voices of children, young people and kinship carers, who can articulate their specific needs and issues; the complex needs of children and young people in out-of-home care; issues relevant to Indigenous kinship care; the uniqueness of kinship care placements compared to other types of formal care arrangements; and the increasing role of non-government agencies in providing support to kinship care placements. Analysis of the literature indicates that support provided to kinship carers appears to vary and is limited. Structured frameworks and processes to guide decision-making for child welfare workers generally do not exist, and when they do they are usually based on traditional foster care frameworks that fail to account for differences between kinship care and foster care arrangements. Child welfare workers are therefore potentially being forced to make decisions regarding children and young people in kinship care without a structured framework to guide those decisions.

Given the disadvantaged position of many kinship carers due to the prevalence of poverty, poor health, financial hardship and low education, child welfare workers need to be concerned with the vulnerability of both kinship carers and the children and young people placed in their care. Additionally, the structural nature of this disadvantage, including the female status of many kinship carers and the traditional view of the role of women in the family, causes concerns for the potential vulnerability of this group.
Based on this analysis of issues identified in the literature, distinguishing features related to a proposed practice framework for kinship carers need to at least include (but are not limited to) specific processes for the initial phase of the kinship care placement, including the identification of potential kinship carers, assessment and preparatory support. Kinship carer participation in initial agency procedures, such as case conferences, is important, and the provision of supportive functions during assessment rather than a focus on risk would assist kinship carers in making early adjustments to their role. The provision of ongoing training and support for kinship carers is also a key component to a proposed practice framework, including the provision of access to services and formal support structures, and education and training about children’s health, behaviour and special needs. Other elements need to address family relationship issues, including conflict resolution, particularly within family relationships, the opportunity to deal with grief and loss issues, and support with contact procedures between birthparents and the child or young person. Practical support is needed in the form of respite care, medical support for kinship carer health needs, access to information and support with legal procedures, and financial support, including the payment of birthparent debts that affect the child or young person. A practice framework that accounts for cultural structures, and education and training about children’s health, behaviour and special needs. Other elements need to address family relationship issues, including conflict resolution, particularly within family relationships, the opportunity to deal with grief and loss issues, and support with contact procedures between birthparents and the child or young person. Practical support is needed in the form of respite care, medical support for kinship carer health needs, access to information and support with legal procedures, and financial support, including the payment of birthparent debts that affect the child or young person. A practice framework that accounts for cultural practices, including improved consultation procedures and recognition of connections between family, community and culture is also important.

Failing to address the needs of kinship carers neglects the needs of the children and young people placed in kinship care, which stands in opposition to a child-focused approach and serves to further subordinate children, young people and kinship carers who already suffer extreme disadvantage. Developing a practice framework for kinship care would take a significant step towards addressing these needs.

References


Heather Boetto is a lecturer at the School of Humanities and Social Sciences, Charles Sturt University.