Placing the at-risk child – issues and challenges

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Abstract

It is the role of the state to promote the establishment of services and policies that ensure the safety of children who are in need of care and protection. The decision to remove a child from parental care is not undertaken lightly and it is well known that placement with strangers cannot guarantee either stability or safety. It is well determined and internationally agreed that stranger foster caregivers should not be approved until stringent assessment procedures and training have been undertaken. The assessment, preparation and on-going oversight and support of kinship caregivers is a more contentious issue, however, and one that is further complicated by cultural difference. This issue gains media attention when children placed in either foster or kinship care suffer abuse or die at the hands of their caregivers. Evidence from early New Zealand foster care research and more recent outcomes of international comparative studies of kinship and foster care are discussed in this paper and practice principles arising from these ideas are offered.

Introduction

Deep regret is felt when yet another child dies at the hands of its caregivers. The onslaught of criticism that is directed at both workers and managers of Child Youth and Family at these times must be dispiriting.

It seems there will always be those family situations that are wrongly assessed or children whose level of high risk is missed. Removing a child from parental care must be a last resort and there is always a risk of over or under assessment of potential danger. Internationally, there is evidence of poor outcomes for children in state care (Hunt, 2003; Child Youth and Family Services, 2003). These difficulties have been articulated for many decades, the major issues noted being loss of family and cultural identity, lack of stability, abuse in care, maintaining parental and sibling contact while in care, family reunification and lack of support for young people when reaching independence (Whitelaw-Downs, Moore, McFadden, Michaud and Costin, 2004; Schwartz, 2002; Worrall, 2001; Greef 1999).

It is now 14 years since the Children Young Persons and their Families Act was passed. An innovative piece of legislation, it aroused international interest and has been emulated in many countries since that time. However, apart from a few small qualitative studies, there has been almost no research on outcomes for children who have been the subject of a care and protection order under the 1989 Act, or, indeed, for their families/whanau (Smith, Gollop, Taylor and Atwool, 1999; Worrall, 1996). There is no longitudinal data, although many thousands of children in Aotearoa/New Zealand are or have been in this position.

Previous New Zealand research undertaken of outcomes for children who were placed in stranger foster care showed that most children did not achieve permanency and were subject to ‘foster care drift’ (McKay, 1981). McKay found that for every five years in care, children
experienced an average of 6.5 placements. Although there has not been any recent large-scale research of outcomes for children placed in foster care in New Zealand since that time, anecdotal evidence shows that there is no room for optimism that any improvement has occurred.

The New Zealand 1989 Children Young Persons and their Families Act dictates that the first placement option to be sought for children in need of care and protection is within their own family/whanau systems. This has not been a reality for the majority of children needing care, however, who are placed in ‘stranger’ foster care. In March 2000 it was reported that 45% of all Maori children and 22% of all Pakeha children in care were with family (New Zealand Herald March 27th, 2000). More recent figures now show that only 32% of all children in care are in kinship placements (Statistics New Zealand, 2002).

As Family Group decision making processes must occur for these children, these figures point to the difficulty of caring for children who have suffered abuse and/or neglect and the inability of many extended families to sustain care. At the same time, the number of children placed in foster care over the last few years has continued to rise. This could be due to one or more of the following factors:

- breakdown of kinship placements;
- increased levels of difficulty of those children for whom guardianship is sought;
- a heightened community awareness of abuse, or
- more children in need of care and protection because of increasing social problems or lack of professional support for either kinship or stranger foster care placements.

There has been a recent flurry of international research on kinship care. However, there is little comparative research to establish the relative merits of kinship or foster care. Methodological difficulties arise because of the many different variables that exist in the two types of care (Hunt, 2003) and the fact that they are seen and treated by professionals as different (Worrall, 2001). However, Dubowitz (1994: 556) stated that if the primary purpose of removing children from their parents was to ensure adequate protection and child wellbeing, then it follows that researchers should focus on critical child outcomes.

It is likely that the numbers of children in both foster care and formal kin-based care will continue to increase both nationally and internationally in the foreseeable future. The numbers of children requiring alternative care are increasing internationally as levels of substantiated abuse and neglect rise (Worrall, 2001). However, family/whanau placements will continue to have precedence because of the following:

- An internationally perceived need for culturally sensitive and relevant child welfare systems (McMahon, 1996).
- The philosophy of family involvement (in the widest sense) is increasingly becoming enshrined in child protection legislation internationally (McFadden and Worrall, 1999).
- In many countries, the practice of kinship care is seen as ‘cost effective’ and therefore likely to continue to be supported (Greef, 1999).
- Over the last decade, recruitment and retention of ‘traditional’ foster parents has become increasingly difficult (Worrall, 1996; Wilhelmus, 1998; Chapman and Hannah, 1999). A United States report stated that without kinship care, there would be insufficient foster homes for all the children currently needing care (Task Force Of Permanency Planning, 1990: 2). Consultation with caregiving agencies in New Zealand provides evidence that this is also the situation in New Zealand.

**Kinship care – a double-edged dilemma?**

While it is argued that the use of kin usually affords the least disruptive environment for children, research has identified several risk factors that may affect their health, stability and safety. Over a decade ago, kinship care was described as a ‘double-edged dilemma’ (Task Force on Permanency Planning, 1990). The dilemma still exists and is one of family autonomy and empowerment versus statutory and social responsibility to keep children safe and, therefore, to
what degree the state should intervene when families take responsibility for their own abused
kin children. The small qualitative studies undertaken in New Zealand (Smith, Gollop, Taylor
and Atwool, 1999; Worrall, 1996), along with overseas research (Chapman and Hannah, 1999;
Dubowitz, 1994), show that these children and their families are an ‘at risk’ population.

Specific concerns raised in the kinship literature are:

- Health and educational status of children in kinship care (Kortenkamp and Ehrle, 2002;
  Smith, Gollop, Taylor and Atwool, 1999; Worrall 1996).
- Stability of kinship placements and inter-family/whanau drift (Worrall, 1999; 1996; Portengen
- Caregiver stress and health problems (Worrall, 1996; Minkler and Roe, 1993).
- A lack of permanency planning for children placed with extended family (Hunt, 2003; McLean
- Less active work with birth parents and therefore a slower rate of reunification (Hunt, 2003;
- Unresolved issues in the family of origin, with a subsequent effect on relationships in the
  kinship network, that are exacerbated by the placement (Worrall, 1999; O’Brien, 1999;
  Chapman and Hannah, 1999).
- A lack of caregiver/extended family screening, standards setting and monitoring with a
  reluctance of many kin families to accept these interventions (Grief, 1999; Ingram, 1996,
  Worrall, 1996).
- Abuse allegations in both kinship and foster care (Worrall, 2001).
- Substantially less support, resourcing and monitoring of kinship homes than foster care
  homes, even though, in terms of the trauma the children experienced prior to placement, there
  is no difference (Ehrle and Green, 2002; Greef, 1999; Smith, Gollop, Taylor and Atwool, 1999;
- Placement of a child in the same family that reared a parent who has now been deemed
  incapable of parenting (Whitelaw-Downs, Moore, McFadden, Michaud and Costin, 2004;
  Dubowitz, 1994; Worrall, 1996).
- Kinship caregivers do not view themselves as foster parents and often want support rather
  than mandatory training (Mills and Usher, 1997).
- Legal issues and custody contest-ations (Worrall, 2001; Chapman and Hannah, 1999).

Characteristics of children in care

Children who have suffered any form of abuse and/or neglect are highly likely to have moderate
to severe health problems, both physical and psychological. Recent comparative studies have
found that children placed in the care of stranger foster parents and children placed with kin had
similar levels of health and behavioural difficulties. Specifically, the children suffered from
failure to thrive, asthma, eczema, attention deficit syndrome, (ADD; ADHD), hyperactivity, bed
wetting and many behavioural problems (Kortenkamp and Ehrle, 2002; Worrall, 1999).

Children who have suffered sexual or physical abuse have complex needs and often exhibit
sexualised, bizarre or unacceptable behaviour. Caregivers find these behaviours stress provoking
and without training and casework support, inexplicable and unmanageable. The kinship
dynamic further complicates the issue. The effect of having an allegation of abuse laid against
one or several members of a family is devastating on the whole family system, even if that
allegation is subsequently disproven or, as is more likely, remains unsubstantiated (Worrall,
1999).

Sawyer and Dubowitz (1995), studied a sample of 372 children in an urban public school
system, who had been formally placed with relatives by the state, to assess their educational
attainment. The children had comparable levels of difficulty to children in foster care, as shown
in other studies, however, they were significantly worse than their similarly disadvantaged peers
in the comparison group. Forty-one per cent of the children and sixty-three percent of the adolescents in kinship care had repeated one or more grades. The study identified the children in kinship care as appearing to have serious school performance difficulties.

**Caregiver stress**

The well-being of children in state care is well researched, however, caregiver stress, a key factor to ensuring child safety, is an issue often overlooked by both researchers and social workers. Caregiver burn-out, overloading, lack of respite and insufficient support are well-known to be risk-factors in stranger foster care (Whitelaw-Downs, Moore, McFadden, Michaud and Costin, 2004).

Kinship care studies have identified that apart from the children’s difficulties, other stressors, such as poverty, age of caregivers, overcrowding, problems of the biological parents and the complexities of relationships within the extended family network can lead to caregiver burnout and placement breakdown (Worrall, 1999, 2001; O’Brien, 1999; Minkler and Roe, 1993). Conflict within the caregiving family itself, the workplace, the school and the neighbourhood have all been identified as contributors to caregiver stress and subsequent ill-health (Billing, Ehrle and Kortenkamp, 2002; Worrall, 2001).

Many kinship researchers have found a relationship between a decreasing level of caregiver health (Minkler and Roe, 1993; Worrall, 1999, 1996; Greef, 1999). Minkler and Roe (1993) examined the physical and emotional health of participants as well as their perceived changes in health status since the onset of caregiving. Many of the women had quite debilitating and severe health problems. Some stated that their emotional health was good, but then admitted to frequent feelings of rage, sadness and depression. Research shows, however, that support, both formal and informal, along with peer education, reduces risk and leads to a higher retention rate and better outcomes for all (Whitelaw-Downs, Moore, McFadden, Michaud and Costin, 2004; Greef, 1999).

**Economic issues**

Most studies noted that families caring for related children were usually poor and economic vulnerability was already a fact of life. Low income families caring for kin children complained of severe hardship. Without adequate financial support they were unable to meet the costs of another child, especially when that child was abused and neglected, with a host of special needs (Hunt, 2003; Worrall, 2001; Worrall, 1999). Minkler and Roe (1993: 40) stated that 78% of the caregivers in their study reported that their income had decreased since assuming caregiving, and 69% said that they had managed financially before the children came, but since assuming care, could not. It has also been identified that in many informal kinship placements, caregivers do not claim state allowances for the child as this will affect the benefit status of the biological parents. In many countries, as in New Zealand, allowances for children placed with kin are considerably less than foster care payments, which are seen as reimbursement for expenses, not a wage.

**Support**

Three different sources of support are discussed in the literature: informal support from family and friends, formal support from social service agencies and financial support. As most children require alternative care because they have suffered neglect and abuse, the behaviours and difficulties described by their caregivers are not surprising. What is surprising is the fact that some agencies believe children will be less affected because they are placed with relatives, and, therefore, neither they nor their caregiving families receive the training, services and support needed to assist recovery from the trauma that led to care (Waldman, et al., 1999; Worrall, 1999;
Smith, Gollop, Taylor and Atwool, 1999).

It is universally agreed that children in kinship care had equal, if not greater, service needs than their counterparts in traditional foster care and were less likely to receive the services they need. (Whitelaw-Downs, Moore, McFadden, Michaud and Costin, 2004; Greef, 1999, Worrall, 2001).

In New Zealand, Child Youth and Family have instituted a national caregiver training programme that is offered to both kin and non-kin caregivers. However, anecdotal evidence suggests that many of the dynamics of kinship care are unable to be discussed in a mixed forum.

Much of the caregiving literature highlights the role of support in sustaining both the caregiving status and the general well-being of caregivers (Briar and Caplan, 1990; Opie, 1992; Minkler and Roe, 1993; CWLA, 1994). Kinship care support groups are now proliferating internationally and are surpassing the number of Foster Care Associations. In New Zealand there are 36 Grandparents Raising Grandchildren groups. These have been cited by members as their primary source of strength (Worrall, 2001, Worrall, 2003). ‘Peer training’ was a valuable model arising out of these support groups as caregivers exchanged experiences and coping strategies. Many kinship caregivers stated they felt isolated, and through the groups they offered each other assistance in the giving of respite care and formed a community coalition that advocated for legislative and policy change.

Practice principles

Some useful practice principles can emerge from this review.

Assessment and training
• Children placed with kin frequently move within the whanau/kin circle. Therefore, wide assessments of kin/whanau systems should be made, identifying both risk and support factors.
• Caregivers should be strongly encouraged to attend training opportunities. Specific kin based programmes should be provided.

Support
• Recruitment of specialist ‘respite care’ caregivers can assist in the prevention of long-term placement breakdown.
• Respite care should be part of the care plan in kinship and other long-term care placements.
  - The use of ‘volunteer’ support workers to assist in kinship care placements, where required.
  - Social workers should ensure that both foster and kin caregivers are given information about all financial support available, even for short-term placements. The substitution of board payments with food vouchers is not acceptable practice.
• Information about the nearest Grandparents Raising Grandchildren Group should be given to kin caregivers and the local Foster Care Association to Foster Parents.
• Kin caregivers should be informed of the particular legal situations they face when taking guardianship.

Conclusion

It is now internationally agreed that policies of family continuity should underpin social work practice for children in need of care and protection, be they placed in stranger foster care or with kin. (Whitelaw-Downs, Moore, McFadden, Michaud and Costin, 2004; McFadden and Worrall, 1999, Child Youth and Family Evaluation Unit, 2003). The 1989 Children Young Persons and their Families Act is a culturally sensitive, community minded and internationally acclaimed piece of legislation. However, it must be acknowledged that it is not a cost saver and if it is to be effective
in protecting children, it is, in fact, resource intensive. It is also imperative that a longitudinal research plan be implemented so we can see how well we are doing and what could be done better. A literature review such as this shows that while many of the same concerns and practice principles are common to both foster and kinship care, there are variables in both forms of care that must be examined, so that research results can inform practice and policy.

References


