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Because We're Family

A Study of Kinship Care Of Children in New Zealand

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ABSTRACT

Since 1989 child welfare policy and practice in New Zealand has been guided by the Children, Young Persons, and their Families Act (1989). This Act mandates placement with kin as the option of first choice for children in need of care and protection.

However, there is an absence of New Zealand research on this practice. The few recent overseas studies showed that children placed in kin-based care have similar levels of physical, emotional and educational difficulties as children in stranger foster care and that the personal consequences for caregivers and their families are significant. The 1989 Act defines family in the widest sense and includes members of the extended family. Definitions of family serve different political interests, and this thesis compares the current structure of New Zealand families with the ideological constructs of family/whanau inherent in the 1989 Children, Young Persons, and their Families Act.

This qualitative study describes the experiences of five families who have cared for abused and/or neglected kin children. The thesis develops an understanding of the transitions occurring in kinship care for the children and their families through both ecological and feminist theories, and focuses on the gendered, economic, and political environment in which kinship care is performed in New Zealand. The feminist caregiving literature comments on the social expectation that women will assume the caregiving role, and the effect that this has on their lives. This study shows that the task of caring for a kin child who has suffered abuse and neglect is taxing on both caregivers and the whole caregiving family, and not made easier by virtue of a biological relationship.

Children placed with extended family and children placed in foster care with strangers are treated as two distinct populations in terms of both practice and policy, kinship care families being considerably under-resourced. This thesis shows that such a dichotomy is not justifiable, and that the knowledge gained from foster care research should be transferred to the kinship population. The 'invisibility' of kinship care allows the particular needs of this group to remain unaddressed. Data is urgently required in regard to numbers of children placed with kin, and the longterm outcomes for both the children and their families.

A reconstruction of kinship care, using a critical theory framework, concludes the thesis and provides recommendations for policy, social work practice and future research.

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CONTENTS

Acknowledgements i

Abstract ii

Chapter One Introduction : Siting the Study 1

Organisation of the Thesis 5
The Researcher 9

Chapter Two **The Historical, Cultural and Social Context of Kinship Care** 11

Introduction 11
The History of Child Protection Law in New Zealand 12
Social Attitudes and the Legal Response 13
Towards a New Act 17
State Control versus Family Rights 20
The Influence of the Economy 22
The New Zealand Family in Reality 24
Family Responsibility - Concepts and Constructs of the 1989 Children, Young Persons, and their Families Act 29
Summary 31

Chapter Three **A Review of the Literature** 32

Introduction 32
Sent to Live with Strangers: The Foster Care Literature 33
- Lack of stability 33
- Abuse in Care 34
- Return to Biological Parents 35
- The Importance of Family to Children in Care 35

Sent to Live with Aunty: The Kinship Care Literature 38
- Early Studies 39
- More Recent Studies 40
- Stability of Placement 42
- Contact with Biological Parents 43
- Characteristics of Children in Kinship care 44
- Characteristics of Caregivers 45
- Support 47
- Formal and Informal Support 48
- Financial Support 49
- Practice Issues 50
- Assessment and Training of Kin Caregivers 50
- Permanency Planning and Legal Status 52

Summary 53

Chapter Four **An Ecological and Feminist Integration** 55

Introduction 55
An Ecological Analysis of Kinship Care 57
- Ontogenic Influences 59
- Microsystem Influences 60
- Mesosystem influences 62
- Exosystem Influences 63
- Macrosystem Influences 66

A Feminist Analysis of Kinship Care 67
- Women's Work 70
- Women and Welfare 71
- Women, Power, Money and Class 73
- Is There a Caregiving Crisis? 75

Summary 76

Chapter Five **Methodology - Hearing the Voices Tell the Stories** 79

Introduction - The Research Question 79
The Role of Feminist Methodology 80
The Participants 81
Data Collection 83
The Interview Process 84
Data Analysis 87
Validity and Reliability 88
Ethical Issues 89
Summary 91

Chapter Six Within the Microsystem and Mesosystem - Family Matters 93

Introduction 93
Relationships witin the Extended Family and the Route to Caregiving 94
Making the Decision to Care 96
Profiles of the Children 100
Contact with Parents and Siblings 104
The School Environment 108
Moving within the Extended Family 110
Moving back to Foster Care 112
The Caregiving Families and the Personal Cost 113
Lifestyle Changes 114
The Physical Cost 116
The Emotional Cost 118
The Cost to Family Relationships 121
Support within the Micro/Mesosystem 123
Family support 124
Friends and Neighbours 127
Mutual Support 129
Summary 129

Chapter Seven	**Exosystem Influences**	131
	Introduction	131
	Exosystem Supports and Risks	132
	The Children and Young Persons Service	134
	Family Assessments and Preparation for the Task	137
	Caring for Abused Children - The Risk	139
	Kinship Care and the Law - Issues of Permanency	140
	The Financial Cost	142
	Caring and Working	149
	Housing	152
	Macrosystem Risks	154
	Summary	154
Chapter Eight	**Implications for Policy and Practice**	156
	Introduction	156
	A Theory of False Consciousness	158
	A Theory of Crisis	161
	A Theory of Education	164
	A Theory of Transformative Action	167
	Recommendations for Policy	168
	Recommemdations for Practice	171
	Alternative Models of Kinship Care	175
	Limitations of the Study	176
	Future Research Needs	176
	Conclusion	178
Appendices	1. Glossary	180
	2. Letter to Caregivers	182
	3. Information Sheet	183
	4. Consent Form	184
	5. Interview Guide	185
	6. Standards of Approval for Kinship Caregivers	187
Bibliography		189

List of Tables

Table 1.	Proportion of Children with Mothers working Full or Part-time - Two Parent families, 1991	26
Table 2.	Comparative Table of Unsupported Child and Foster Care Allowances	143

List of Figures

Figure 1.	Ecological Multi-level Analysis of Influences Impacting on Kinship care for Pakeha Families.	58
Figure 2.	Kinship Care Stressors.	179

CHAPTER ONE

LOCATING THE STUDY

My sister was dead. We had to consider what was going to happen to the children. ....The police dropped them off at my brother's in the middle of the night, so the family automatically congregated there....We were just trying to cope with what had happened.... I took three...while my brother and sister-in-law considered and decided they would have one, the baby, and the baby went to them.... I ended up with four after the court case. Then one went back to my sister (Maryanne).[1]

The eldest one we had...just turned fifteen now...he actually went back to his mother's at Christmas, and I knew it was a bad thing to do, but I really didn't know what else to do and he went back and within weeks he was an intravenous drug user and a skinhead. And now I can't have him living here - I signed him over to Social Welfare for a while, but they didn't do anything effective....He's staying with my mother now....He hasn't been going to school much this year , my mother won't send him.... My mother is nearly seventy with a bad heart. She's also got the oldest one, seventeen, and they fight, boy do they fight. So it's hell. I know it's going to end up killing Mum, but there's nowhere else to turn, I've been everywhere (Helen).

There has been a major shift from conventional foster care for children and young persons in need of 'care and protection'[2] to placement with extended family. Section 13 of the 1989 Children, Young Persons, and their Families Act[3] makes it clear that the primary role in caring for children and young persons lies with the family, whanau, hapu and iwi, and family group[4] who should be given all assistance necessary to do this. This change in child welfare policy represents a significant value shift that invests the family, in its widest sense, with responsibility that was previously held by the State.

Several factors influenced the philosophy of family empowerment that underpins the 1989 CYPF Act. First, research evidence from the previous two decades showed that

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1 Pseudonyms are used throughout for those interviewed for this thesis.

2 See glossary

3 The Children Young Persons and their Families Act will be referred to alternatively as the CYPF Act.

4 See glossary

children in foster care did not experience the stability and security they needed, and that Maori children were particularly disadvantaged (Stirling,1972; Prasad, 1975, 1988a; McKay 1981; Puao-Te-Ata-Tu 1986[5]). Second, the disproportionate number of Maori children in the care of the State provoked Maori leaders to call for a Maori perspective in the institutional arrangements of New Zealand. The Report of the Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare (1986), 'Puao-Te-Ata-Tu', had a central influence on the philosophy and intention of the 1989 CYPF Act. Third, the 1984 Labour Government began a process of economic and social reform, carried on by successive governments, that has led to a down-sizing of the Welfare State. I argue that kinship care is ideologically driven and can be placed in the context of a progressive lessening of State responsibility for the dependent members of New Zealand society and an increase in the placement of responsibility on families.

This thesis examines the reality of kinship care for five Pakeha women and their families. In particular, it seeks to question political ideologies and definitions of family, and assumptions about how contemporary New Zealand families are structured and function. It seeks to identify the effects of recent economic reforms on the caregiving families and those for whom they care. Gender is a critical issue in kinship care, and this thesis questions ideologies that assume it is the role and duty of women to be caregivers of their kin children. The value placed on that role, in terms of its economic worth, is also discussed.

The invisibility of kinship care has been made apparent as I have undertaken this research. This is the first qualitative study undertaken in New Zealand and overseas material is sparse. A further objective of the study, therefore, is to make visible the true nature of the task, and portray the effect of caring for a traumatised child on both the caregivers and the whole family ecosystem. It also seeks to test the belief that kinship care will offer the child a greater chance of stability than that afforded by foster care. Finally, it seeks to examine the policies and practices that determine how kinship care is experienced, and offers suggestions for reform.

Both ecological and feminist analyses inform this thesis. Women's unpaid caregiving supports, like an infrastructure, the current financial stringencies of state social service provision for those in need of care. Opie (1992) discussed the effect of caregiving on women and stated that any study of caregivers must take cognisance of both the assumptions about the role of women embedded in social policies and the gendered, economic, and political environment in which that everyday care is performed (Opie

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5 The Report of the Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare, (1986) hereafter referred to as ' Puao-Te-Ata-Tu'

1992:1). Baines, Evans and Neysmith (199:29) suggested that the relative invisibility of womens' caring; the implicit assumption that it is natural for women to care; the lack of attention paid to the complexities involved in caring and the contradictions caring poses for women must all be considered if we are truly to understand what that means for the women concerned.

The number of families caring for kin children in New Zealand is not known. Data about placement outcomes for children who have been the subjects of a formally arranged Family Group Conference[6] (FGC) has not systematically been collected by the Children and Young Persons Service. While the more serious care and protection notifications are responded to by holding an FGC, many cases are resolved without progressing to a Family Group Conference and children are placed with extended family as a result of an informal family/whanau meeting[7] (Department of Social Welfare 1995:77). In some instances, extended families resolve their own care and protection issues and the Children and Young Persons Service is not involved. Figures gathered in 1990, in regard to Family group conference outcomes, showed that 23% of the children who had a change of caregiver post conference were placed with extended family (Maxwell and Robertson, 1991:19, 20). Maxwell and Robertson (1991) noted that many childen were removed from the original caregiver and placed with extended family before the conference, so it was highly probable that the actual numbers were considerably higher. Goodnow and Pateman (1985:15) stated that data on frequency are often critical both to our understanding of events and to the development of policies. While the extent of kinship care remains invisible it is not likely to be given priority attention by politicians or their policy makers.

The move toward placing children in need of care and protection with kin is an international trend. In the United States for example there has been an exponential rise in the number of children in out-of-home placement and in the majority of States kinship care is the preferred option. In New York, within a brief time span, the number of children has increased from 151 in April 1985 to 24,228 in 1992, surpassing those in unrelated care (Child Welfare League of America,[8] 1994). In Philadelphia, Chicago and Michigan, kinship care is well in excess of 65% of all cases and increasing daily. The Child Welfare League of America (1994) stated that this has caught many child welfare agencies off guard, with no substantive knowledge base, or policy, programme and practice guidelines to assist them in developing and implementing quality kinship

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6 Hereafter referred to as FGC (See Glossary).

7 See glossary .

8 Hereafter referred to as CWLA

programmes. The Task Force on Permanency Planning[9] for foster children (1991) stated that if relatives were not available, there would be insufficient foster homes for all the children currently needing care in the United States (TFOPP 1990:2).

It is likely that the numbers of children in formal kin-based care in New Zealand will also increase in the foreseeable future for the following reasons: the numbers of children requiring alternative care are increasing as levels of substantiated abuse and neglect rise;[10] the practice is enshrined in the 1989 Children, Young Persons, and their Families Act; the practice is seen as 'cost effective' and therefore likely to continue to be supported, and many agencies are finding it increasingly difficult to recruit and retain 'traditional' foster parents.[11] These same reasons have been cited to explain the rise in kinship care in the United States (Takas 1991; McFadden,1993; Dubowitz et al 1993; Dubowitz,1994; CWLA, 1994). It seems timely, therefore, to gain an understanding of the dynamics of extended family caregiving in New Zealand and the power structures that determine how it is experienced.

Kinship care has been described as a 'double edged dilemma' (TFOPP, 1990). While it has been argued that the use of kin usually affords the least disruptive environment for the child, overseas commentators have identified several risk factors that may affect placement stability and safety. Major concerns stated were: a lack of permanency planning for children placed with extended family; a slower rate of reunification with birth parents, a lack of both caregiver family screening and standards setting, and substantially less support and monitoring of kinship homes (Dubowitz et al 1993, Dubowitz, 1994). Placement of a child in the same family that reared a parent who had now been deemed incapable of parenting was also questioned (Takas 1991; McFadden 1993; Dubowitz et al 1993; CWLA 1994; Dubowitz, 1994). As previously stated, there has not been any in depth qualitative study undertaken in New Zealand of kinship care but anecdotal evidence shows that many of the same concerns are being voiced in this country.

A comparison is drawn in this thesis between the policies and practice principles in regard to placing a child in foster care with strangers and those existing for extended family care.

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9 Hereafter referred to as TFOPP

10 In 1988 there were 10,600 notifications of child abuse; in 1991/2 fiscal year there were 24,800 notifications. In West Auckland an increase of 49% was noted when comparing 1992 and 1993 monthly notifications. 28,756 notifications were received in 1993, and 30,552 in 1994. Newly defined intake categories resulted in a seeming decrease in 1995 to 24,290. 4,944 FGCs and 3602 Family/whanau meetings were held in 1994 (DSW Annual Report, 1995:77)

11 Information sought personally from Child and Family Support Services for the purpose of this study.

Some commentators believe that children placed in foster care and children placed with extended family care are two distinct populations and therefore cannot be compared in terms of outcomes (Dubowitz; Feigelman and Zuravin,1993:154). Having now completed the study, I conclude that such a dichotomy is not convincing. Research evidence, including that from this study, showed that, in terms of the trauma the children experienced prior to placement, there was no difference (TFOPP 1990; Dubowitz 1994: 554). It could be argued that the current practice of widely seeking extended family, stated in the 1989 CYPF Act, further lessens difference between the two populations because children could be placed with kin they do not know and who are virtual strangers. I argue that ideologies in regard to family and family responsibility have resulted in a different set of values dictating the conditions for kinship care, when many of the same risk factors exist for the children and the families concerned.

This qualitative study reflects 'the view from below', that is the perspective of those who are the targets of policy rather than those who make it - a critical and questioning perspective (Finch, 1986b). In each case in the study, the children had come to the notice of the Children and Young Persons Service and a care and protection issue existed. The families tell of the difficulty of caring for a traumatised child in the current social, economic and political contexts. The lack of attention given by policy makers and service providers to the special difficulties of caring for a child who has experienced abuse and/or neglect, and the consequent impact of this on the caregiving family is an issue raised by both overseas commentators and this research.

The caregivers' stories form the essence of this thesis - stories of conflict, pain, love and commitment. Stories in themselves are powerful research tools. Witherell and Noddings (1986:280) stated that the indifference often generated by samples, treatments and faceless subjects is banished by pictures of real people in real situations, struggling with real problems.

> Stories invite us to speculate on what might be changed and with what effect...and remind us of our persistent fallibility. Most importantly, they invite us to remember that we are in the business of teaching, learning and researching to improve the human condition. Telling and listening to stories can be a powerful sign of regard - of caring for one another (Witherell and Noddings 1986:280).

Organisation of the thesis.

Kinship care in New Zealand is placed in context in Chapter Two. The historical, cultural, political and economic factors that contributed to policies for children in need of

care and protection since 1840 are discussed. Changes in social attitudes toward these children and their extended family/whanau are traced. The philosophical and legal shift from State control of children to family empowerment is discussed. The structure of the contemporary New Zealand family is examined and the question of how much responsibility Pakeha families feel for other family members is raised in relation to the expectations of the 1989 Children, Young Persons, and their Families Act. In order to locate the political underpinnings of the 1989 Children, Young Persons, and their Families Act, contemporary ideologies in regard to relationships between State and family are examined.

The literature on the placement of children who need care and protection is reviewed in Chapter Three. While the practice of foster care with strangers is well researched, there is a paucity of data in regard to the placement of children with relatives. The first section reviews the foster care research literature, in particular, those issues relevant to children placed away from parents, whether it be with strangers or kin. Stability of placements, abuse in care, relationships with biological parents and siblings, relationships between caregivers and biological parents, and return to parental custody are some of the pertinent issues. Kinship care research is reviewed more fully, and both early and recent studies are examined. Differences in attitude and practice between stranger foster care and kinship care are discussed, and current concerns raised.

The two theoretical strands that inform this thesis are discussed in Chapter Four. Ecological theory moves away from explanations of individual pathology, focusing instead on the person in the total environment and the reactive and adaptive consequences of that interaction. The ecological perspective provides a framework for systematically examining the various levels of influence in a manner which ensures no connection goes unnoticed.

Feminist theory offers an explanation of the gendered nature of caregiving and how ideologies about family and the role of women conspire to constrain women's lives. In particular, a socialist feminist perspective draws attention to the market value of women's caregiving and the reasons for the invisibility of kinship care. The two theoretical perspectives, ecological and feminist, together highlight risk factors for the continued well-being of children and their kin caregivers, and offer a basis for reconstruction. The reconstructive intent of this thesis also lends itself to critical theory. Fay (1987) has made a systematic attempt to understand the circumstances in which social science can contribute to the critical assessment and transformation of social institutions. This is briefly discussed in preparation for the reconstruction offered in the final chapter.

Chapter Five describes the purpose of the study and the methodology used to 'illuminate the lived experience' of the caregivers (Minkler and Roe, 1993:15).

> Since qualitative researchers deal with multiple socially constructed realities or qualities that are complex and indivisible into discrete variables, they regard research as coming to understand how the various participants in a social setting construct the world around them. To make their interpretations, the researchers must gain access to the multiple perspectives of the participants (Glesne and Peshkin, 1992:6).

The way in which these perspectives were accessed and the difficulties and dilemmas of the process are discussed in this chapter, as is the epistemology of qualitative feminist methodology. The ideals of feminism were inculcated in the research process - a feminist analysis that allowed risks, roles and relationships of power to be brought into focus and made transparent. Furnow and Cook (1991:2,3) have suggested that four interpretive themes structure feminist research: an emphasis on researcher and textual reflexivity; an action and praxis orientation; an attention to the affective, emotional components of research and concrete grounding in immediate situations (Furnow and Cook, 1991 in Denzin and Lincoln 1994). These themes are present in this thesis.

Chapters Six and Seven discuss the research findings and these are located within the ecological framework of analysis. Chapter Six describes the experiences of the caregiving families. The stories begin at the innermost setting, the microsystem - that network of activities, roles and relationships in which the family is embedded. The relationships within the extended families, the factors that precipitated the need for care and the decision making process about who should provide care are discussed. The caregivers describe the children and their behavioural, emotional and physical problems. Parental contact and the incidence of placement disruption is discussed. The women tell of the physical and emotional cost of caregiving to themselves and their families. The changes in their lives since assuming care are described - changes in health, family relationships, work, marriage and leisure. The caregiving literature emphasised the relationship between the availability of quality support networks and how the caregiving role is experienced (Minkler and Roe, 1993; Opie, 1992). There is an implicit assumption in the 1989 Children, Young Persons, and their Families Act that extended families will collectively ensure the well-being of their kin children. The amount of support given to the caregivers from the extended family is examined in order to test that assumption.

Chapter Seven examines influences external to the immediate actors: work, exosystem institutions, policies and the macrosystem ideologies that underpinned these. The effect of current cost cutting economic policies on the lives of the caregivers and their families can be seen, and they have described how such cutbacks have affected their ability to care. The economics of caregiving are discussed and the wide variation in financial support given to the families is highlighted. The expected role of the Children and Young Persons Service in regard to children placed with kin, social work practice, and pressure on caregivers to assume formal legal status is discussed from the view point of the caregivers. Dual standards in welfare policies and practice existed for foster care and kinship care and women and their families were often penalised financially for being related to the children they were struggling to raise. This exploitation is not peculiar to New Zealand but has been noted by international commentators (Task Force on Permanency Planning 1990; Dubowitz et al 1993; Minkler and Roe, 1993).

> In a society that assumes families have a duty to care for their own, they [kinship caregivers] are penalised for being related to the children in their care, and denied the very supports and adequate financial aid that would assist them in fulfilling this often difficult and demanding role (Minkler and Roe,1993:3).

Macrosystem influences, those widely held ideologies and beliefs about families and the role of women, State dependency and individualism have underpinned the expectation that extended families will care, and this expectation is held by the families themselves.

The final chapter, brings together the multiple factors that impact on kinship care and the way in which it is experienced in New Zealand. Critical theory is used to assist in the interpretation of the social and political reality, bringing to light the power structures that support oppression. Brian Fay (1987) has constructed a critical theory framework and this is used together with knowledge from research, ecological and feminist theories, and evidence from this study, to offer an ideological critique.The nature of the current caregiving crisis is explained and a pathway of transformative action is mapped. Advice to policy makers and social work practitioners from the caregivers themselves is given and as the researcher, I outline recommendations for policy and practice and indicate future research needs. Theory and practice are synthesised to offer an emancipatory reconstruction.

The Researcher

It can be argued that it is essential to 'place oneself in the text' in any piece of research in order that the social, cultural and political bias may be exposed and the experience and bias of the writer be placed in context (Kondo,1990). Kondo writes of the Eye/I and the historical and 'cultural specificity of selfhood' that impacts on the research process (Kondo:1990:37). The impact of one's own socio/political context on the interpretation of what one sees and hears must be recognised. The self, however, is not static and I have recognised the effect of the research process on how I now view that context. The hearing of other people's stories has helped me to make sense of my own. Mary Belenky, Blythe Clinchy, Nancy Goldberger and Jill Tarule found that hearing the stories of women during their research 'drew us back into a kind of knowing that had all too often been silenced by the institutions in which we grew up and of which we were a part. In the end we found that in our attempt to bring forth the ordinary voice, that voice had educated us' (Belenky et al , 1986:20).

Extended families caring for kin children is not a new phenomenon, existing across time and across cultures. When a child's parents are unable to offer care and nurture, it is the extended family or kin group that most often takes responsibility (Bahr:1994). Laird (1981) identified the sense of kin responsibility as coming from a human need to maintain genealogical continuity.

> Extended family caregiving is a natural phenomenon that has existed since time began. Human beings are profoundly affected by the family systems of which they are a part. Kin ties are powerful and compelling, and the individual's sense of identity and continuity is formed not only by the significant attachments in his intimate environment, but also is deeply rooted in the biological family - in the genetic link that reaches back into the past, and ahead into the future (Laird, 198:98).

I am a Pakeha woman, and my interest in kinship care arises from several life experiences that influence my perspective. My own experience of having my mother die at my birth and being raised by extended family allows me to know the effect of that on the self and the wider family circle, realising this is particular to time and circumstance. I have observed the importance of biological family to children in care, irrespective of surrounding circumstance, from the vantage point of both foster parent and social worker. I have felt frustration, sorrow, and ethical compromise at the inadequacies of a system that in the past has disregarded family and culture, and in the process, has alienated children from their roots and those who would understand them best. As a

social worker, I have placed children with extended family caregivers and observed that in some circumstances children thrive and in some circumstances caregivers are put under intolerable strain. Serving on the Executive of the New Zealand Family and Foster Care Federation brought into sharp focus the effect of too few resources on both caregiving families and the children for whom they care.

Drawing on the work of Paulo Freire (1970), participatory researchers regard research as praxis, or reflection plus action. The ideals that guide the process are to develop the critical consciousness of those concerned, and to transform societal structures and relationships (Glesne and Peshkin 1992:11,12). My hope is that these stories will be a small window into the phenomenon of kinship care that will identify the need for more comprehensive research and stimulate a commitment to collaborative policy review. It is with this intent the thesis is written.

CHAPTER TWO

THE HISTORICAL, CULTURAL AND SOCIAL CONTEXT OF KINSHIP CARE

Introduction

The Children, Young Persons, and their Families Act came into effect in November 1989, representing a major shift in legislation, policy and practice. The general principles of the Act (Section 5a) state that families/whanau should participate in decision making about the welfare of their own children who are in need of care and protection. Section 13 makes it clear that the primary role in caring for children lies with the family/whanau; hapu; iwi who should be given all assistance necessary to do this. Under previous legislation, the power of decision making lay firmly with the professionals, and children who could not safely live with their biological parents were usually placed in foster care with strangers. The law has traditionally defined the family as a patriarchal nuclear unit, in which the rights and responsibilities for children were vested in the parents. Now, it is economically expedient to widen both the definition, and the incumbent responsibilities to extended family/whanau (Henagan and Tapp, 1992).

This chapter traces the historical, cultural, political and economic factors that contributed both to laws and policies for children in need of care and protection since 1840, culminating in the passing of the 1989 Act. In order to set the 1989 Children, Young Persons, and their Families Act in context, the English bias of previous laws, and the effect of that on the tangata whenua is first discussed. The current prescription of family responsibility now found in the Act is, in part, a response to concerns voiced by Maori in regard to the numbers of their children in foster care with Pakeha, and the blatant disregard of whanau structures and traditional Maori child welfare concepts. This is followed by a discussion on how child protection laws, at any time, reflect the social perspective on how children are viewed. Judgemental attitudes toward all families of children requiring care stood in the way of placement with kin, irrespective of race.

The concept of family in the 1989 CYPF Act, paying respect to a wider Maori definition, has embraced kith and kin. It is to the family, thus defined, that the State has now turned for care provision. The extent to which Pakeha extended family constructs can meet the expectations of the Act has not been researched, but is a question I address in this chapter. The structure of the contemporary New Zealand family is examined, in terms of marriage, employment and child rearing patterns, to gain a better understanding of the capacity to care for kin children. The chapter concludes with a discussion about State intrusion into the lives of families, when

children are in need of care and protection. This has always been contentious and now is further complicated by how 'family' is politically defined.

The History of Child Protection Law in New Zealand

The role of the State in the provision of care for dependent and neglected children has reflected, until recently, the Pakeha monocultural philosophy undergirding the law and welfare services in New Zealand. At no time were Maori people involved in the establishment of the child welfare system, and in no way were the cultural values or social needs of Maori respected (Walker,1990:67). There was a failure to recognise social systems and institutions that were integral to the structure of Maori society. As stated in Puao-Te-Ata-Tu (1986),

> ...the central State's chosen administrators supplant traditional leaders; the State's agents impose new structure; legal-judicial processes replace the traditional tribal law; and most significantly, permanent government forces enforce the new rules....Weaving a fine bureaucratic net about traditional society, they impose regulations, restrictions and obligations upon the people....For the Maori, political modernisation resulted in a systematic and unrelenting assault on their traditional society (Puao-Te-Ata-Tu 1986:7,8).

Traditional Maori society was based on the organic solidarity of kinship and tribal autonomy. The whanau[1] was the most basic of kinship levels and was responsible for the support, education and rearing of its members. A child was seen, not as the child of its biological parents, but as a child of the whanau - a communal responsibility. Jackson (1988) described the strength of the whanau system,

> The kinship ties of the large family unit implied a sharing of support, discipline and comfort for all members of the whanau. Its structure provided young people with their feeling of well-being, their security and their sense of a group good greater than their own. It provided them with a sense of their place in the scheme of things and ensured rules of behaviour and cultural transmission was maintained (Jackson,1988:76).

When parents were under stress, children were cared for within the extended family, often to the mutual advantage of all concerned. Contact with parents was usually assured, and placements were usually seen as a temporary arrangement. 'Maori children knew many homes but still one whanau' (Puao-te- Ata-Tu, 1986:23).

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1 See Glossary

> When I was a child, I never saw my family as only father, mother, brothers and sisters. My childhood experiences involved interactions with grandmothers, aunts, uncles, cousins, great uncles and great aunts, and so on. These relatives gave me as much attention as my own parents gave me....My parents, like others in the village, expected my relatives to have parental responsibility over me. If they failed to do so, they were considered 'bad' relatives (Ritchie and Ritchie 1979: 27,28).

Walker (1990:86), in her historical review of kinship care in New Zealand, found no evidence of policy with regard to placing Maori children in need of care and protection within their whanau. She cites early departmental letters that clearly illustrate racist practice and little understanding of whanau systems. Although Walker found evidence of policy that Maori children should be placed with Maori foster parents, it was not always adhered to and, when it was, a lower board rate was paid. It can be evidenced that Maori children were taken into care with Pakeha from the beginning of State intervention, and were disenfranchised from all that was familiar to them (Walker 1990, 71-72). Child protection law was seen as part of the assimilation process (Puao-Te-Ata-Tu, 1986).

Social Attitudes and the Legal Response

Mc Donald (1978) has divided the dominant attitudes to children in New Zealand into four separate time periods, namely : the child as chattel, 1840-1899; the child as social capital, 1900-1944; the child as psychological being, 1945-1969; the child as citizen from 1970. Tapp, Geddis and Taylor (1991:A-12) state 'To this must now be added 'The child as a member of a family, whanau, hapu, iwi and family group, 1989 - '. New Zealand laws concerned with care and protection of children and young persons during these periods reflect these changing views with regard to the status of the child and the role of the family.

The Elizabethan Poor Law Act (1601), which laid responsibility for indigent children with families and the church, was the basis of legal response to children in need of care and protection in early New Zealand. The Destitute Person's Act (1846) clearly stated that responsibility for those who had no means of support lay with 'relatives and putative fathers.' English law, on which New Zealand law was founded, traditionally classified family relations toward the private end of a private/public continuum. A child's welfare was the business of the family (Tapp, et al 1991:12).

Until the late 1860s, care for neglected and destitute children was provided by the churches and private schools, with some financial assistance from the provincial governments of the time. There was, however, public concern about children who

were deemed to be out of parental control.

> There are a number of children running around the streets of Dunedin, some possibly without parents, others without the control of parents, and others suffering from the vicious example of parents. If the government does not take them in hand, I fear they will become trained as members of the criminal class. It is of the utmost importance that these children should be educated in a proper manner, and if they have already fallen into crime, there should be some means of reformation in the grasp of the state... (Otago Daily Times, 1864, cited in Walker,1990).

In 1867, the Neglected and Criminal Children Act was passed. This authorised the establishment of Industrial Schools and followed British and American models of institutionalisation. By 1880, six schools had been established throughout the country. Designed to give shelter to children in need of care and protection, no discrimination was made between those seen as 'neglected' and those deemed to be 'criminal'. The 1867 Act also allowed children to be returned to parents, relatives, or friends. According to the 1881 Annual Report to Parliament of the Industrial Schools, 70 of the 241 children admitted to the schools in 1880 were returned to the care of relatives or friends. The report described numerous instances of family and friends pleading to have the children returned to them before the term of committal expired (Walker 1990). Walker asked why the children that were returned were admitted in the first place and states that it is a question which has been asked many times since.

In 1882, the 1867 Act was replaced by the Industrial Schools Act, administered by the Education Department. Section 55 of this Act empowered school managers to place out suitable children with respectable families. In 1885 it was reported to Parliament, by the Auckland Medical Officer of Health, that the number of children in institutions was very much diminishing and the boarding out system seemed to be working well for the children (McKendrick 1983). However, that rosy view was denied by other observers who stated that conditions in many foster homes were appalling, though few children were removed from their unsavoury surroundings. Walker (1990) has observed the pragmatic influence of economy in determining policy and practice throughout the history of Child Welfare legislation. Such fiscal determination may have been primarily responsible for turning a blind eye to what was happening to many children.

The attitude to 'children of the State' was that while they may not be personally responsible for their plight, they undoubtedly came from suspect parental stock - 'hereditary pauper immigrants' - 'degraded creatures from the Home Country', as an

Industrial Schools Report described them in1875 (McKendrick 1983). Public reaction to incidences of severe child abuse and infant deaths, especially those associated with the practice of 'baby farming', gave rise to the Infant Life Protection Act in 1893. In the early 1900s public opinion was still most judgemental of neglectful parents.

> The easier men and women find it to shift their responsibilities as parents on to other shoulders the more likely we are to see a spread rather than a contraction of the habit. People who neglect their children should be made to know that such conduct carries certain risks, not the least of which would be enforced labour for the support of the young wards of the state (New Zealand Times, 2 October 1909).

Once in the care of the State, children had little encouragement to see their families, whose influence was considered detrimental. The New Zealand Herald of November 7,1905, poignantly described the relocating of 105 boys from Caversham (Dunedin) Industrial school to a new home in Levin.

> More than half the squad are North Islanders, and there were a large number of relatives of the youngsters on the railway station to speak with them for the little time available. Fathers, mothers, brothers and sisters reached their arms through the carriage windows to hold for a moment a small member of the family they had not seen probably for a couple of years. Faces were held up to be kissed, and there were tears from the women. They were all poor people, very poor they looked, in ill assorted clothes (New Zealand Herald, Nov.7th, 1905).

A concern with the health and productivity of the future citizens of New Zealand was engendered by the two world wars (Tapp, Geddis and Taylor 1991:A-13). The State began to take an investment interest in the health, education and welfare of children, and the complete autonomy of parents began to diminish. The Child Welfare Act of 1925 first reflected this and was an important milestone in the law affecting children in need of care and protection. Children's courts were established and children could be placed under the guardianship of the Superintendent of Child Welfare, or under the supervision of a child welfare officer . An amendment to the Act in 1927 required the court to consider 'the child's parentage, environment, history, education, mentality, disposition, and any other relevant matters' (Tapp et al 1991 A-13). The 1925 Child Welfare Act did not have universal approval, however, and in 1930 there was much correspondence in the press relating to the separating of both Maori and Pakeha children from their families.

> Why do the public and the Government of New Zealand allow the Child Welfare officials so much power and scope? Why are they allowed to practically ignore the appeals of many parents for the return of the children, who are forcibly kept away for such long periods? (Auckland Star, 30 October 1930)

An entirely different attitude prevailed towards parents and families of those children who were British evacuees during World War 2. The importance of the children's families was stressed to the caregivers, and all attempts to keep constant contact made (McKendrick 1983). The venture was deemed to be a success by all concerned, and McKendrick wonders why we did not learn from this practice.

1943 saw the first moves toward preventive legislation with the introduction of "Needy Family Assistance". This, together with the improving economy and full employment, saw a rapid decrease in the numbers of children committed on the grounds of family poverty. That was true only for the younger children, however, for at the same time there was a rise in the number of older youth coming to notice. Child Welfare policy of the 1950s and 1960s, influenced by Bowlby's (1951) theories of attachment, stated clearly that efforts should be made to keep children within their kin group. Practice frequently did not reflect this. Walker suggested that a negative view of parents held by social workers carried over to include the wider family network, thus acting against kin-group placements (Walker 1990:3). A Welfare Officer who was questioned about the Department's attitude to kin-based placements reflected,

> It didn't encourage it - at times I can remember my thoughts were that the department sees all the relatives like the ones where the breakdown occurred - it didn't differentiate, it classed them all the same so there wasn't any encouragement to place them with family because it's only 'that bloody lot' - comments like that would be made (Walker 1990:104).

According to Walker, the concept of client confidentiality, combined with the concept of client self determination, led to a disregard of kin as caregivers. Families refused to let social workers involve the wider family, perhaps for reasons of shame, with the result that the wider family was often unaware that the child was in care. Another social worker stated,

> I can't remember ever placing children with kin - I think, especially with Maori and Pacific Island kids, I would be even more aware...who the kin might have been - because I used to see them very much as a family unit just based on who was in the house.

> When I think of some of the families I worked with, they must have had extended families in the area and I had no idea - it never occurred to me to ask - I never even thought there would be such systems operating....where kids did go to kin it was always organised by the families - I never had any part in that (Walker 1990:105).

A wider analysis may point to the fact that social workers, both within the department and without, were usually Pakeha, and frequently did not have specific social work qualifications, but were drawn from other professions, such as teaching or nursing. Lack of training was commented on as early as 1935 when John Beck, the then Officer-in-Charge of the Industrial Schools and Boarding Out division of the Education Department, was asked what sort of people were Child Welfare officers. He stated that only people of outstanding personality and good education were appointed, but asserted that there should be a specific university social work degree (McKendrick 1983:10,11). Lack of training was acutely felt by the social workers themselves, who, according to Walker (1990), frequently admitted to 'floundering and a strong sense of inadequacy' (Walker 1990 :52).

Towards a New Act

The provision of child welfare services during the sixties and seventies was influenced by several schools of thought : Bowlby's ideas of the early fifties, which stressed the importance of both the quality and continuity of maternal-child relationships; the 'discovery' of child abuse in the sixties; and the growing appreciation of the influence of environmental stresses on families. The 1974 Children and Young Persons Act moved towards preventative work with children and young persons, promoting the welfare of the family and assisting parents to discharge their responsibilities. The 1974 Act clearly stated, however,that the interests of the child were to be given 'first and paramount consideration'. Mason, Kirby and and Wray (1992)[2] concluded that this led to a prevailing attitude that the Department of Social Welfare knew best how to look after children without reference to family (Mason Report 1992:8). There is no evidence that the family was seen as anything other than nuclear, nor is extended family given any mention as being a care option for children.

Research undertaken both overseas and in New Zealand in the mid-seventies began to show large deficits in a system designed to provide safety and security for children in need of care and protection (Prasad 1975; 1984). Prasad's (1984) review of foster care research drew attention to poor communication between social workers; insufficient levels of expertise and an absence of both foster parent training and

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2 The Review of the Children, Young Persons, and their Families Act 1989, hereafter referred to as 'The Mason Report'.

planning procedures for children in care. From the early seventies, however, foster parents and social workers had been critical of the discrepancies that existed between the needs of children in care and their families and social work practice. Many foster parents denounced cross-cultural placements and networked to restore contact between displaced siblings[3].

The Foster Care Federation, formed in 1976, called for the Government to examine the practice of foster care and pushed for longitudinal research with regard to outcomes for State wards. The results, published in 1981, showed an even worse picture than expected. There was a high level of placement breakdown for the total foster care population. Children, originally classed as needing short term care, were separated from their families for years. Children in the sample had an average of 6.5 placements over the five year period of the study. There was a lack of planning, little work with the families, and little commitment to returning children home (McKay,1981). Fifty-three percent of children in care were Maori, when Maori represented only 12.3% of the population of 0-14 year olds. Maori children were more often than not placed with Pakeha families. Puao-Te-Ata-Tu (1986:23) claimed that Departmental foster care was frequently seen as insisting on unrealistically high standards, which not only excluded Maori families, but resulted in Maori children feeling dissatisfied with their own homes on return.

Margaret Craig, Education Officer of the New Zealand Foster Care Federation, speaking at the National Symposium on Child Abuse stated,

> For many children in care, foster home placement has been a miserable soul destroying experience....When the State takes absolute responsibility for the care of children whose parents have been deemed 'bad' or 'socially inadequate' then subjects these children (albeit unintentionally) to multiple placements with the result of an aggravated sense of insecurity and rejection, the problem becomes one of institutional abuse, and could be seen as worse than the situation from which the children were removed (Craig, 1982:105,6).

During the eighties, both overseas and New Zealand research and pressure from the Foster Care Federation, impacted on social work policy and practice in this field. In 1981, influenced by the principles of permanency planning, a policy of planning and review for all children in care was introduced. In 1982, 'special purpose' Family Homes were established, the purpose being to keep large family groups together. In 1984, the New Zealand Foster Care Federation advocated strongly for the necessity of specialist training for all individuals working in the field of foster care,

[3] As a foundation member of the Auckland Foster Care Association I was involved in this.

and a training package for both foster parents and social workers was produced.

While the findings of research were contributory, the development of the 1989 CYP&F Act was influenced by a complexity of inter-related factors. First and foremost, the heightened voice of the tangata whenua during the 1970s was part of a 'world-wide phenomenon of ethno-regional politicisation and self determination' (Pearson 1984:205). As Maori concerns grew, so there was also a beginning willingness for the Pakeha population to listen. Presenters at a national conference of Maori leaders in 1981 (Hui Whakatauira) commented on the negative effect of urbanisation on whanau kin-based systems, noting among other things, the disproportionate number of their young people in the care of the Department of Social Welfare who were institutionalised or placed with Pakeha foster parents (Wilcox et al 1991; Bradley,1994). The Maatua Whangai scheme, established in 1983, was an outcome of this partnership - a committed attempt to place Maori children and youth in need of care and protection with hapu / iwi. However, by 1985, it had become clear that the scheme was not working, one of the primary reasons being that Maori were treated as homogeneous, and the genealogical principles of whakapapa were not observed (Bradley,1994:187).

Along with this, in 1978, a specific allegation of ill-treatment of children in residential care of the Department of Social Welfare led to a private investigation by the Auckland Committee on Racism and Discrimination (ACORD). A complaint was laid with the Human Rights Commission who upheld the findings. This led, in 1982, to a Departmental Commission of enquiry, chaired by Archbishop Johnson. Known as 'The Johnson Report', it identified a lack of recognition of cultural values and set forward a list of recommendations to address the issue. In 1984, the Womens' Anti-Racist Action group laid claims of institutional racism within the Department of Social Welfare and made strong recommendations that this be addressed immediately by positive action towards bi-culturalism in policy and practice. It was confirmed by the Department's Maori Advisory unit that, indeed, the Department was monocultural and therefore institutional racism was inherent in its policy and practice (Wilcox et al 1991).

The aforementioned reports received considerable media coverage and underpinned the necessity for the Department to examine its own practice. As a consequence, the Minister of Social Welfare, Ann Hercus asked for an Advisory committee to recommend on a Maori perspective for the Department. Chaired by John Rangihau, their report, 'Puao-Te-Ata -Tu,' was pivotal in the development of the 1989 Children, Young Persons and their Families Act and the Family Decision Making model of practice. The Maori Advisory Committee strongly stated that no child should be placed in a State foster home without a committed search for a suitable whanau placement and advocated for a place and status of Maoritanga in institutional

arrangements (Puao-Te-Ata-Tu, 1986:23) Monoculturalism was not easily surrendered however, and the initial drafts of the new Act still had an emphasis on professional power and intervention and a disregard of Maori models of kinship and community (Barbour,1991).

State Control versus Family Rights

The debate that surrounded the proposed reform of child protection and youth justice laws during the 70s and 80s was polarised into two camps. On the one hand, there were those who favoured a high level of State control and more professional influence in the deciding of matters of child abuse and neglect. Such opinions were exemplified in the report of the 1984[4] working party charged with reviewing the 1974 Children and Young Persons legislation. Recommendations included: Child Protection Teams with investigatory and executive functions; case conferences of experts and community members; mandatory reporting of suspected abuse; a national register of at - risk children, and a National Committee for Child Protection. On the other hand, Puao-te-Ata-Tu advocated whanau decision making and placement of children within the wider family/whanau (Hassall 1994). Hassall sees Puao-Te-Ata-Tu as a reaction against the proposed model of professional intervention (Hassall 1994:6).

The question about how the State should act with regard to the protection of children, while at the same time respecting the rights of the family, is an immensely complicated one, and is influenced by how the State is viewed (Archard 1993). In a society of 'significant structured inequalities' the enforcement of an impartial law would be a mistake. This view, Archard (1993) claimed, is particularly espoused by both socialists and feminists. Archard described a 'liberal standard' that exists in democratic societies, and identified three elements that commonly comprise that standard: a commitment to the paramountcy of the best interests of the child; parents being entitled to autonomy and privacy to raise their children without unsolicited supervision, and a clear understanding of when the State should intervene. This is usually upon the complete breakdown of family structures, or the occasioning of significant harm, either actual or probable, to the child.

As previously discussed, the 1925 Child Welfare Act and the 1974 Children and Young Persons Act had the protection of children and not preservation of the family unit as the main emphasis (Cockburn 1994:87). Child protection legislation has, in the past, sought to protect children from abusive, neglectful parents and given the State power to take responsibility. Fox (1982) concluded that there were two major schools of thought representing two opposing value positions, with regard to child protection, namely, 'society as parent protagonists' and 'kinship defenders'. In 1973, Goldstein, Freud and Solnit (1973), and Kellmer Pringle (1974) argued that

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[4] Review of Children and Young Persons Legislation : Public Discussion paper (The Red Book) Department of Social Welfare, 1984.

psychological bonds were, in fact, the most important, and that the biological bond was given too much importance. Opposing this view, the' kinship defenders' stated that biological ties were of primal importance, and that the role of the State should be to uphold and support the family in any way possible (Fox 1982:266). The 1989 Act represents a shift from one end of this value continuum to the other. A document to Children and Young Persons staff concerning the new process of family decision making identified the new roles of State and family.

> A central feature of this new Act is the emphasis it places on the role of kin in making decisions for children. The kinship group is seen as not comprising just the nuclear family, but an extended family group, including the child's uncles, aunts and grandparents. The procedures established in the Act are based on the belief that, given the resources, the information, and the power, a family group will make safe and appropriate decisions for children. The role of the professionals such as social workers and doctors, should not be to make decisions, but to facilitate decision making, by providing information, resources and expertise which will assist the family group. Professionals will have a crucial role as resource people (Department of Social Welfare Circular Memorandum 34; 1989).

The stated philosophy of kin autonomy to make decisions about the care and protection of their relative children that exists in the Act and the subsequent withdrawal of State control except in instances of obvious family defection may go some way to solving this dilemma of state intrusion versus family autonomy.

State intrusion into the lives of families when children are in need of care and protection occurs on three levels: intervention, support and supervision. How closely the State should monitor a child who has been previously neglected or abused, when this wider definition of family exists and the child is replaced within it, is still open to debate. In the past, family/whanau structures were considerably more intimate than they are today. In Polynesian cultures the whanau lived, to all intent and purpose, under the same roof and therefore exerted a measure of authority and control over its members. Placing the child within an extended Pakeha family usually means placing it into another nuclear family, where the extended family are not continually present, and where some of the same child rearing norms and imperatives may exist.

An underlying premise of the 1989 CYPF Act is that the family, in the wider sense, collectively knows best what should or should not happen for their kin children and will be collectively responsible. It is believed that the long term protection and welfare of children and young people is more assured by plans formulated by the whole family. Underpinning this belief is a recognition that whilst, paradoxically,

most abuse of children is intra-familial, families will also protect children when charged with doing so (Ryburn 1993). Unless it is clearly stated in the plan, extended family placements are not monitored as of right, in the belief that families will keep their own children safe. Only if the family requests help, or another care and protection issue arises, will the State again intervene.

Ryburn (1993) claimed that this model recognised the fact that the State had never been able to care for and cherish children in ways that, at best, the family could, and that the family was likely to have the highest level of commitment. He made the point that very often the professional view of the family was a deficit one, based on contact with its most problematic members. This view ignored strengths that may have existed in the wider family and that what might have been lacking was resources. Ryburn(1993) stated that narrow definitions of family can tend to regard the whole family as abusive, whereas *families* do not abuse, *individuals* within families do (Ryburn 1993:4,5).

Triseliotis (1993) commented on the British Children Act (1989) and its attempt to reconcile all these views, by providing for the protection of children with a minimum of interference in family life. He stated that such legislation focused on micro-system issues, and that the responsibility for failure of previous efforts to maintain children within their families was due to structural issues of unemployment, inadequate housing and insufficient income maintenance. Expecting extended families to shoulder the burden of children who are in need of care and protection will only work if these structural issues are addressed and families are sufficiently resourced to do the task properly.

The Influence of the Economy

While both the foster care research and the voice of the tangata whenua can be seen as primary determinants of the 1989 Children, Young Persons and their Families Act, the economic and political climate was most receptive to any cost-cutting measure. The 1984 Labour Government began a process of economic stringency that has been followed by National Governments since 1990. There has been a progressive lessening of State responsibility for family and child welfare. Previous responses to children in need of care and protection have been expensive. The 1989 Parliamentary debate papers quoted a figure of $300,000 per annum per child for institutional or foster care, a sum the State could ill afford. For several years previous to this, long-term foster parents had been encouraged to adopt, or assume legal guardianship of the children in their care. While research outcomes and principles of permanency planning were ostensibly behind such moves, the State was then able to divest itself of financial responsibility.

The fact that the 1989 Children, Young Persons and their Families Act and the Public Finance Act were passed in the same year has had an inarguable influence on the operation of the former. The Mason Report (1992:106) commented on the impact of government fiscal policies on the 1989 Act, and warned against a system that attempted to quantify social response in dollar terms. Economic constraints with regard to the welfare budget and the consequent placing of responsibility on families has a similarity to philosophies inherent in the Poor Laws. The Poor Law Act of 1930 (Section 14), reads,

> ...it shall be the duty of the father, grandfather, mother, grandmother, husband or child, of a poor, old, blind, lame, or impotent person or other poor person not able to work, if possessed of sufficient means, to relieve and maintain that person (Rustin, 1990:6).

The 1989 CYPF Act bears remarkable similarity to this in its statements of principles :

> S.13b)...the primary role in caring for and protecting a child or young person lies with the ...family, whanau, hapu or family group, and that accordingly -
> (1) A child's family, whanau, hapu, or family group should be supported, assisted and protected as much as possible; and
> (2) Intervention into family life should be the minimum necessary to ensure a young person's safety and protection.

The willingness of the State to support extended family caregivers, in financial and social terms, is variable, but most families are penalised by virtue of being related to the children for whom they care. This is exemplified by the fact that the financial assistance available to extended family caregivers is considerably less than that given to unrelated foster carers, although both care for the same category of children - those in need of care and protection, and most likely to be traumatised. Differentiating between 'deserving' and 'undeserving' populations and developing different policies and programmes for different subgroups in the population, according to particular categories in which they are placed, has been historically the case for most Western nations (Minkler and Roe 1993:192). Extended families, and in particular women, are now carrying financial and emotional burdens that in the past have been community responsibilities. Families are expected, in effect, to subsidise the State. The State, on the other hand, using the widest definition of 'family', rationalises such inequities by the belief that families ought to take responsibility for their own, irrespective of degree of relatedness.

The complementary relationship between the State's level of economic health and the degree of support it gives to families has drawn comment by social policy analysts

and historians. There is evidence that in periods when governments need to keep down costs they tend to place responsibility on families. Increasingly, kin are seen as the first line of assistance for most people with the State playing a residual role (Finch and Mason 1993:177). Baldock and Cass (1990) drew attention to the assumptive nature of such policies,

> Such official emphasis on the family as the provider of a private welfare system presumes that all individuals may call upon family support, and that all families have equal financial capacity to provide it (Baldock and Cass 1990: xi).

Ryburn (1993) stated that some critics may argue that the family survives most significantly as a construct of social policy. Its continued existence is largely as a convenient medium, where economic, or public, and social, or private domains meet, to transfer expenditure from one to the other. Ryburn stated,

> Definitions of the family do serve different ends in social policy, this is not to say that it does not exist independently of them. Narrow definitions of family, where family 'failure' can more easily be detected, have served for many years to justify the suppression of family roles by the State, and the hegemony of the economic over the social. Family responsibility does not mean letting families decide, it means letting families pay the cost, including the cost of failure, as this is decided by the State (Ryburn 1993:7).

The New Zealand Family in Reality

While the family is still deemed to be the single most important institution for the care and nurture of children, the concept of family in New Zealand is undergoing major structural change (Statistics New Zealand 1994). Social and demographic changes have transformed the traditional nuclear family from its dominance to a complexity of 'family worlds'. The family is now an extraordinarily differentiated concept, when all variables are taken into consideration. Households may include grandparents, aunts, uncles, cousins, boarders, step-children, foster children, nannies, married children and spouses, and blended families of different parentage.

The reality of what constitutes family must now be individually defined, because for many children the traditional family concept is not the reality (David 1991; Statistics New Zealand 1994). Swift (1993) stated that the nuclear family ideal performs the ideological function of concealing important features of modern reality. Over the last few decades there has been a sharp increase in divorce and remarriage, resulting in many children living in single parent families (Morgan and Righton; 1989). Changing social norms in regard to long term relationships, suggest a

reconceptualisation of the kin group is needed to accommodate those relationships not formalised by conventional marriage. The typology that can be constructed is most complex in terms of relationships created by marital or extra marital status, sexual orientation, biological parenthood, adoption, guardianship, divorce, remarriage, and/or reconstitution and now kinship care. When this typology is further combined with parameters of race, class and gender, the diversity becomes even more obvious.

A 'snapshot' of the complex and dynamic nature of family in New Zealand has been taken by Dayal and Lovell (1994). They observed that family trends in this country mirror international trends in similar countries. A review of family types showed that families accounted for 73.9% of all households in 1991, compared with 75.2% in 1986. The stereotypical family - a couple with at least one dependent child - represented only 38.5% of all families, and 29.1% of all households, in 1991. The numbers of couples without any children continued to rise, and 34.8% of families consisted of partners only. The traditional two child family (36.3%) has been overtaken by the one-child family (39%) as the most common type. One parent families accounted for 26.4% of all families, an increase of 5.2% since 1986. This increase was particularly evident in the Maori population, with 44% of all Maori families with children being one parent families. This compared with 32% of Pacific Island families, and 18% of Pakeha families.

It could be argued that different ideologies exist in Polynesian family structures, and just because families have one parent, this does not necessarily mean that they are isolated and have no familial supports on which to draw. Children are seen as belonging to the extended family/whanau group and this may result in a lesser burden of individual responsibility (Ritchie and Ritchie 1979). Statistics do not explain family relationships. Dayal and Lovell state that, within the population of solo parent families, Maori accounted for 29% and stood out as the most disadvantaged. Never married solo parents have increased from 10% of all solo parents in 1976 to 36% in 1991. Solo fathers account for 16% of this population. More than one in five children under fifteen live in one parent households, nearly double the proportion of a decade ago.

One of the greatest differences between one parent and two parent families is the level of household income, with the majority of two parent pakeha families earning two incomes and only 31% of solo parents in paid employment (Table 1).

Table One
Proportion of Children with Mothers Working
Full- or Part-time - two parent families, 1991. (%)

Age	Maori	Pacific Island	Pakeha	Total
Under 1	22	20	28	27
1-4	33	31	42	40
5-14	49	46	65	62
15-19	63	58	77	74

Source: Davey, (1993:41)

Factors associated with the participation of solo parents in the work force are education and age of youngest child. Gender differences in the number of paid hours worked are evident in both types of family, related to traditional sex roles and the particular difficulties faced by mothers in the labour force, such as lack of affordable child care, and occupational segregation. On average, a lower disposable income was recorded in all households where children were present.

Today, marriage is less frequent, occurs later, and is more likely to dissolve than a quarter of a century ago. The marriage rate in 1993, (19.4 per 1000 of the unmarried population over 16 years) was the lowest since 1965, and less than half of that recorded in 1971, when it was 45.3 per thousand. This decrease is indicative of the strong trend toward delaying marriage, the increasing numbers of New Zealanders remaining single, and the emergence of cohabitation before marriage as an important new lifestyle. In 1993, in 35.0% of all marriages, one or other of the partners was marrying for the second time (Dayal and Lovell 1994).

Such data force a reconsideration of stereotypical assumptions about families, gender, power and specific categories of kinship relations. This current picture of the family in New Zealand suggests that families are less integrated and that kinship networks are more complex due to remarriage. The decline in birthrate and the rise of the one child family have been linked over the decades to feminism, contraception, the rising demand for paid work among wives, women delaying childbearing, and higher education costs (Williams, 1993:104). The profile of the New Zealand family as drawn here cannot allow the automatic assumption that families are able to undertake care of dependent kin children.

It is assumed that the definition of family in relation to the above data are those in a heterosexual relationship as there is no mention of people in homosexual relationships being defined as family. Kath Weston (1991:34) took issue with the concept of kinship being consanguinally or affinally determined. She claimed that, for many in

Western society, biology is the defining feature of kinship. It is commonly believed that blood ties make certain people kin, regardless of whether those individuals display the love and enduring solidarity expected to characterise familial relationships. Weston argued that to read biology as a symbol is to approach it as a cultural construct and linguistic category, rather than a 'self evident matter of natural fact' (Weston 1991:35). The anthropological concept of 'fictive kin'[5] lost favour with the advent of symbolic anthropology, and the realisation that all kinship is in some way fictional, that is, 'meaningly constituted' rather than being concrete in the positivist sense. Weston argued, however, that the term may be very relative for those who chose their extended family constructs, such as lesbian and gay extended families. Lesbian and gay families may develop the same expectations of relationships and responsibilities as those people joined by genes and blood (Weston,1991:105-7). Definitions of 'kin' therefore should be subjective, and defined by the quality of a relationship and the commitment of all parties to it. Cochran, Larner, Riley, Gunnarson and Henderson (1990:267) found in their research on the ecology of kinship that the breaking down of traditional kin obligations has meant that some kin relationships are more like those with unrelated friends.

The value placed on family and family networks to support and care for each other, while being an ideal, is not necessarily a reality. The *tangata whenua* ideology of both children and elderly being a collective responsibility of the wider family is a cultural value to be prized. The question that must be asked, however, is whether that can hold across all other cultures, and across all families of any culture, when some extended family systems have been fractured by time, distance, and a history of broken relationships. There does not appear to be any recent New Zealand study with regard to the quality and extent of expected reciprocity within extended family relationships. I would also question whether families where abuse and/or neglect was an issue can be compared, in this regard, to families for whom this was not the case. It has been well documented that social isolation was often a factor in families where abuse and neglect was evident (Belsky,1980; Kagan and Schlosberg, 1989). It has been found that in these families relationships with kin were often inconsistent, difficult, and not accessed in times of stress.[6]

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5 Protagonists of open adoption have also used the concept of 'fictive' when arguing against the fiction of adoption. In terms of kinship responsibility and the current law, it may be that adoptive extended families do not always feel the same measure of responsibility for those children to whom they are not related genetically. I have had experience of instances where an adopted child is in need of care and protection, and adoptive kin have not offered care. The original biological family has then been approached by the Children and Young Persons Service for care, or even assumed joint guardianship. So far, adoption has been exempt from the philosophy of kin responsibility residing in the 1989 CYP&F Act, but if it were seen as a care and protection issue, which strictly speaking it is, then kin should be involved and given the opportunity of claiming and caring for their own kin children.

6 A fact I have perceived in my experience as a social worker.

Meyers, Kipnis and Murphy (1994) claimed that, families, more than any other social relations, exert a powerful and persistent emotional force. Discussing issues of moral contract, they claimed that in our society the family is seen as the prime locus of abiding affection and reliable mutual support Family members, who would never have elected one another as friends, nevertheless usually love one another and proffer aid of a magnitude they would begrudge a stranger (Meyers, et al 1994:14). Research undertaken by Finch and Mason (1993) sought to examine contemporary perceptions of family responsibility among English families, in order to gain an understanding of how significant kin were as a source of practical assistance, and whether this differed across degrees of relationship. They found that considerable evidence existed which suggested relationships within the wider kin group remained an important part of most people's lives. They concluded, however, that there were very few matters concerned with kin responsibilities on which there was clear agreement among a representative sample of the population. Most families saw themselves rallying around in a crisis situation, but a commitment to long term responsibility varied according to degree of relatedness and strength of family ties. The theory of intergenerational solidarity and norms pertaining to the intergenerational exchange of assistance was tested by Lee, Netzer and Coward (1993). They concluded that degrees of reciprocity are an important variable, as were the state of health, financial status, marital status and educational levels of the families. Minkler and Roe (1993:23) concluded that cultural attitudes and beliefs and the particular nature of extended family systems strongly impacted on expectations of interfamily responsibility, and consequently, the acceptability of intergenerational caregiving.

Marilyn Waring (1988) commented that the social exchange of services, that is, the giving and receiving of services within social networks of relatives, friends, neighbours and acquaintances, is regarded as economically unimportant, and remains unacknowledged as a contribution to the economy (Waring, 1988). A socialist feminist analysis of kinship care identifies State patriarchy using gendered relationships within the family to serve its own economic ends. The invisibility of kinship care does not allow its economic contribution to be appreciated.

The Welfare State assumes a functioning extended family to be not only an ideal, but also a reality. Responsibility for care may be laid with the wider family, but the actual care is still given in the context of a nuclear family. In Pakeha families, the burden of child care lies most predominantly with the mother, no matter whose child it is. Finch and Mason (1993:180) asserted that policies that rest on the assumption that people have a right to expect assistance from their relatives will not align with the realities of modern family life. Commitments are the product of human agency, not social structure.

Family Responsibility - Concepts and Constructs of the 1989 Children, Young Persons, and their Families Act

The 1989 CYPF Act is now in its sixth year of operation. It has been described as the first serious attempt by a New Zealand Government to take into account the cultural values and perspectives of Maori and Pacific Island peoples in trying to deal with issues of care and protection or offending (Mason, Kirby and Wray, 1992; Cockburn,1994). In simple terms, it seeks to find family solutions to family problems (Mason, Kirby, and Wray, 1992:4). Any intervention into family life should be the minimum necessary to ensure a child or young person's safety.

The first response, where a child is deemed to be in need of care and protection, must be to provide, where practicable, the necessary assistance and support to enable that child to remain within its own family/whanau. A child should only be removed from his/her family/whanau if there is serious risk of harm, and all efforts must be made to return the child as soon as possible, after ensuring the environment is safe. When the child's immediate family/whanau, hapu, iwi cannot offer permanent care, any care arrangements must be in the same locality in order that family links can be maintained (CYPF Act 1989; S.13). Any decisions made must take into account both the welfare of the child, and the stability of the family group.

Statistics gathered in 1990 showed that, in the first eight months of the operation of the Act, over 2000 family group conferences were held. Only in one or two cases did the Department have to exercise its statutory powers to disagree with the family plan because of concern about the safety of the child or young person (Angus, 1991). Many more cases than this went to court, however, because either the family could not agree as to who should have custody, or could not provide care and protection from within family/whanau resources.

Section Four of the 1974 Children and Young Persons Act made it clear that, except for issues of public interest, the child's best interests must be considered first. Section 6 of the 1989 Act stated that, where there was perceived conflict between the rights of the child and the rights of the family, the rights of the child must be paramount. In response to a stated concern that the best interests of the child were not given due weight in practice (The Mason Report, 1992), an amendment to the Act was passed in November 1994, which clearly states the paramountcy of the interests of the child before the interests of the whanau or tribe (Children, Young Persons and their Families Amendment Act, 1994). This centrality accorded the child is not in keeping with Maori tradition, where 'the childs interests are subsumed under the importance attached to the responsibility of the tribal group' (Puao-Te-Ata-Tu 1986:52).

Apart from this recent retrenchment, the 1989 Act takes heed of recommendations of the tangata whenua. This represents a shift from British models of legislative authority to intervene in the lives of families, as contained in both the 1925 Child Welfare Act and the 1974 Children and Young Persons Act, to an indigenous cultural construct of Family Decision Making. Now families/whanau have the chance to reclaim and nurture their own children. Cockburn (1994) described the Act as a legislative conceptual product of the cultural and social experiences of New Zealanders in the late 1980s.

Cockburn (1994) stated that the deepest significance of the Act lies at a symbolic level. The legislative intention, articulated in the long title, in fact invests the concept of family with a cultural and symbolic reverence never previously enacted in New Zealand legislation. The inclusion of the words 'children and young persons as members of families' in the long title and 'and their families' in the short title of the Act releases a depth of meaning in the New Zealand context that may not be apparent to outsiders. As cultural symbols, 'children and family' are representative of the whole life world, tapping into the basic Maori mode-of-being-in-this-world. Cockburn argued that they are not solely legislative or demographic categories (Cockburn,1994:87).

Summary

A review of the history of care provision for children in need of care and protection, brings into sharp focus the monocultural Pakeha ideologies which formerly underpinned law, policy and practice, and the validity of tangata whenua claims of institutional racism. Commentators have noted a pragmatic influence of economic determinism in policy and practice over the decades. An historical disregard of the importance of family/whanau relationships, not only for the tangata whenua, but for all families of children for whom the State assumed guardianship, is seen in judgemental attitudes, and misguided principles of confidentiality and self determination. The role of the state in intervention, support and supervision of families where abuse is identified has shifted from one of state control to one of family decision making. Principles of the 1989 CYPF Act reveal a strong ideology of the importance of family, and a reluctance of the State to disrupt family relationships. These principles apply to all families, Maori, Pakeha, or any other ethnicity. Recognition must be taken, however, of demographic changes in the profile of the New Zealand family. The strength of Pakeha family structures, and the extent to which a commitment or ability to care for members of the extended family exists, is untested.

Although the practice of kinship care has not been widely discussed in child welfare literature (Dubowitz,1993), a few studies have been undertaken overseas, and common issues of concern have been identified (Dubowitz,1994). Apart from

Walker (1990) who has undertaken an historical review of kinship care, it would appear that there have been no New Zealand studies at time of writing. Comparisons have been drawn between foster care and kinship care by some commentators, although others state that these are distinct populations, and therefore cannot be compared (Dubowitz 1994). I feel, however, that they are more alike than different, particularly when the common denominator is caring for a child who has suffered abuse and/or neglect. The outcomes for abused children placed in foster care with strangers have been well researched, and clear practice principles have emerged. In the next chapter, I briefly review the foster care literature that has particular relevancy for kinship care, and then move on to examine the current concerns and debates with regard to the practice of placing children with relatives.

CHAPTER THREE

A REVIEW OF THE LITERATURE

Introduction

In 1993, a group of women caring for extended family children under the terms of the 1989 Children, Young Persons, and their Families Act presented a workshop at the National Conference of the New Zealand Foster Care Federation. They told the conference how the task was unexpectedly difficult. Their kin children were showing extremely disturbed behaviour as a result of previous abuse and neglect, their own children were finding that untenable, and some of their marriage relationships were affected as a consequence. Relationships within the wider extended family were also affected, with members taking sides and relationships with the parents of the children becoming strained. To complicate the issue, they found it difficult to gain assistance from the Children and Young Persons Service, who believed that problems were to be solved within the family. The women themselves felt they were then being judged as incompetent. The stories of the women were remarkably similar to those of other foster parents at the conference. It was obvious, however, that both policy and practice for the two groups were different, and kin-based care was seen as needing less service provision. Overseas researchers have, in the past, also seen the two groups as distinct populations and unable to be compared, although more recent research has refuted those claims (Dubowitz et al 1993; Dubowitz, 1994).

Over the last two decades we have learned much from the foster care research about the special difficulties of caring for children who have suffered neglect and/or abuse and, as a consequence, have been separated from their biological parents. This is also the case for many children placed with kin under the 1989 Children, Young Persons, and their Families Act. I have, therefore, reviewed research from the fields of both foster care and kinship care in order to draw from that knowledge. While there is a vast amount of literature in the field of foster care, kinship care is less well researched, and qualitative studies, in particular, are minimal. The primary issues of concern raised by the foster care research were: the child's need for stability and the inability of foster care with strangers to guarantee that; the importance of maintaining contact with birth parents, and the relationship between parental contact and return home; the difficulties of caring for an abused child, and the need for training, assessment and preparation for the task. These issues all have relevance for kinship care and are therefore addressed in the review of the kinship care literature .

I have briefly reviewed a number of studies undertaken of the placement of children with relatives. Some of the earlier research is from the United Kingdom, while the most recent material is from the United States, where kinship care is becoming the most common care alternative (CWLA 1994). Although cultural differences must be recognised, the issues raised are relevant for Pakeha families caring for kin children in New Zealand. I was particularly interested in the quality of care afforded by the extended family, and the question of placement stability. The ability of foster families to sustain care of abused children is, in my experience, dependent to a large degree on how that affects the whole family system, not least the caregivers themselves. In order to gain an understanding of how undertaking care affected the whole family system, I have focused on the characteristics of children in kinship care; characteristics of the caregivers and their families and how caregiving affected their lives; assessment, training and support given to the caregiving family and the question of legal permanency.

Sent to Live With Strangers - A Foster Care Literature Review

The practice of placing children in need of care and protection in foster care has been policy since the beginning of this century in Britain, the United States and Europe, where large numbers of children have been placed in the care of strangers. Although there were both protagonists and antagonists of this practice (Kadushin 1980), it was 20 years before any research was undertaken to establish the effect of foster care on its recipients. Prasad (1988) comprehensively reviewed the foster care research and extracted the practice principles arising from this evidence. He cited follow - up studies of adults who had been in care as children that were undertaken by Theis (1924) and Baylor and Monaschesi (1939), which showed that the great majority of these children survived the experience, growing up to be worthwhile citizens. However, methodological problems with both studies have thrown some doubt on the validity of these conclusions (Prasad 1988). Prasad reviewed later studies that concluded many persons who had been in foster care as children had strong negative feelings about their experiences, and did not reach their pre-placement developmental potential (Van der Waals 1960; Gil 1964; Meier 1966; Rest and Watson, 1984). Murphy (1964), in Prasad (1988), stressed that, although eventual outcomes were influenced by factors external to the placement, children were at risk of a deeply felt stigma, an impaired self image, consequent difficulty in establishing emotional intimacy and an unresolved sense of loss. This had an effect on their own child-rearing ability (Prasad 1988).

Lack of Stability

The most common issue of concern isolated by international studies during 1970s and 1980s was the lack of stability afforded by foster care. These studies all showed that, although initial plans were for return home, children stayed in care and suffered many

moves. Some studies showed over 50% of all intended long term placements ended prematurely (Prasad 1988). New Zealand studies showed a much worse picture. Stirling (1972) and Prasad (1975) found a disruption rate of 87% and 66%, respectively. As mentioned in Chapter Two, the large scale study undertaken by the Department of Social Welfare showed that, for every five years in care, children experienced an average of 6.5 placements. Of those placements intended to be long term, 24% lasted only three months and 83% less than one year (McKay, 1981). Fanshel and Shinn (1978), and Fanshel, Finch and Grundy (1990), claimed that considering most children suffered several moves before coming into care, more than two moves in foster care were unacceptable. Prasad (1975) showed a relationship between cross-cultural placements and breakdown. He found that where children are placed cross-culturally, or in a locality where the dominant culture is different to their own, placements were less likely to be sustained. In her study of placement breakdown, Cleaver (1994) found that, where foster mothers were over the age of 40 years, had attended preparatory training, and were experienced foster parents, the placements were more likely to be successful. Aldgate and Hawley (1986) found a correlation between the amount of social work support and placement and stability. In summary, research has shown that placement in foster care can be quite unstable for significant numbers of children, but risk predictors have been identified that, if addressed, should lead to a greater likelihood of placement stability.

Children traumatised by abuse, neglect and separation from their biological parents need a stable and permanent caring environment. Thoburn (1994) cited recent research that indicated this was still a problem for a considerable number of children placed in foster care with strangers. She claimed that there was still a need to address the effects of separation, often forgotten in the crisis of admitting children into care.

Abuse in Care

Some children were removed from their own families because of abuse and neglect only to suffer the same again in foster care. McFadden (1984) quoted the Vera Institute Study that showed an average of eight per thousand children were abused in foster care compared to four per thousand of the general population. McFadden argued that the reasons for this were diverse, some relating to the child itself, and some being the same as those underlying violence and child abuse in families in general. Both Dawson (1983) and McFadden (1984) made the point that while foster families were subject to all the stresses of daily living, selection processes should screen out any families that were particularly vulnerable. McFadden (1984) emphasised the fact that involvement in foster care added significant stresses to family life and foster children brought many problems for which the foster family was, perhaps, unprepared. Some children who witnessed

parental violence, even though not physically abused themselves, manifested severe conduct disorders (Silvern and Kaersvang, 1989). Those children who suffered previous abuse, multiple placements, or were state wards, were at high risk of further abuse (Mc Fadden, 1984; Dawson,1983; Ryan and McFadden, 1986). A New Zealand study found that 71% of a sample of fifteen year old State Ward had experienced sexual abuse, and of those, 40 % were abused after the guardianship order. In a sample of two hundred and thirty nine girls, nineteen were abused by members of the foster family, nine of those by foster fathers, eight by foster brothers, one by a foster sister and one by a foster grandfather (Von Dadelszen, 1987).

Mc Fadden (1984) identified risk factors contributing to abuse in care across the whole ecosystem of the caregiving milieu. The following practice issues were cited as being contributory : a lack of foster parent training; inadequate child and family assessments; failure to examine disciplinary practices; failure to carry out home visits; the non-involvement of foster fathers and failure to decertify deficient homes. Risks also existed when foster parents were placed under stress by the placement of too many children in the home, emergency placements, or the placement of special needs children without adequate training, resources or support (Dawson 1983; Ryan and McFadden, 1986).

Return to Biological Parents

Prasad (1988), in his comprehensive study of research outcomes, found that both cross sectional and longitudinal studies identified crucial factors in relation to the children returning to their biological parents. Most children returned home during the first year, and whether they did or not was closely related to the quality and quantity of parental contact while in care. Biological parents received the least amount of service in foster care, but when social work was centred around them, return home was much more likely. It was also found that the social workers' experience and training were related to the discharge of their cases. Prasad (1988:52) concluded, as did Gambrill and Wiltse (1974), that the entry of a child into care should be contemplated only after a careful intensive assessment to ensure that removal was necessary and that the provision of services to the family in their own home could not avert such a placement.

The Importance of Family to Children in Care

There are a number of studies in foster care that emphasise the importance of maintaining links between children in care and their biological parents. Prasad (1988a) cited studies, some undertaken 30 years ago, that showed where a child in care had positive links with his/her biological family and primarily identified with them, and a positive relationship existed between foster and natural families, a greater degree of security was felt than when the reverse was the case (Van der Waals 1960; Weinstein

1960). These studies were replicated by Thorpe (1974) and Holman (1975) with the same results (Prasad, 1988). Morgan and Righton (1989) stated that the increasing evidence of the extent to which children find family break-up a highly disturbing experience should bring about the realisation that placement in foster care may be most difficult and could fail.

Milham, Bullock, Hosie and Haak (1989) identified that contact with natural parents enabled children to create a more satisfactory picture of their family background and the reasons for entry into care. They argued that parents and children have a reciprocal relationship, and the development of each is interrelated, therefore children resented their parents' roles being usurped (Milham, Bullock, Hosie and Haak, 1989). Rowe, Cain, Hundleby and Keane (1984) found that some adults raised in care wished they had been able to be more assertive about maintaining more frequent contact with parents, or in their absence, grandparents. Laird (1981) stated that where a child needed an alternative family, kinship ties must be preserved and protected. Rowe, Cain, Hundleby and Keane (1984) commented that kinship resources were insufficiently tapped. They claimed that when children were placed in stranger foster care, the needs of children, the wishes of the foster parent and the rights of the natural family were often at variance. Whatever the circumstances, the child was anxious to keep in touch with parents, brothers, sisters, and close extended family members (Berridge and Cleaver, 1987; Rowe, Cain, Hundleby and Keane, 1984). This fact drew comment, more recently, from Bluml et al (1989), who stated that the social worker should work systematically to engender positive relations between the child's family and the foster family for the benefit of all parties.

Evidence of the importance of the need of a child for his/her own parents and family led Goldstein, Freud and Solnit (1979a) to comment that, whenever family integrity was broken or weakened by state intrusion, the child's needs were thwarted. The belief that parents were omniscient and all powerful was shaken prematurely and the effect on the child's development process was detrimental. Goldstein, Freud and Solnit (1979a) expressed a belief in the importance of the blood tie, and claimed that State intervention should safeguard family ties (Goldstein, Freud and Solnit 1979a:133). Eight years before the 1989 Children, Young Persons and their Families Act, Laird (1981) maintained that it was difficult, expensive and wasteful of valuable resources to locate and support substitute families, and kin should be sought as the first substitute resource (Laird 1981).

Goldstein, Freud and Solnit (1979b) argued that the unavoidable conflict that arose when relationships with natural families were maintained was detrimental to the children.

However, recent commentators took an opposite viewpoint and believed that children were able to manage these links (Berridge and Cleaver 1987; Fein, Maluccio and Kluger, 1990; Fanshel, Finch and Grundy, 1990; Kufeldt, Armstrong and Dorash, 1989, in Thomlison, 1991). Maluccio and Whittaker (1988) claimed that a continuum of involvement should exist for biological families and extended families should be involved. Hazel (1989) stated that children and young persons in care normally connect with their families of origin on leaving care and therefore links should, where possible, be maintained.

Cornish and Nelson (1991) stated clearly that there was a need for policy and practice to increase the responsibility of all persons in the child's ecological system. Morgan and Righton (1989), when discussing the philosophy of partnership between foster parents and natural families, stated that sharp divisions of being in or out of care should not exist. Shared care, where children remained in the legal custody of their parents, while living temporarily or intermittently with other care givers, was conducive to child well-being and decreased the risk of placement breakdown (Barth and Berry, 1987; Morgan and Righton, 1989; Thomlison, 1991) However, Lee and Nisivoccia (1987) stated that, although partnership was a component of many care plans, it was a chimera. Other commentators also identified a discrepancy between the stated belief of social workers in relation to an inclusive model of care provision, and their actual practice (Berridge and Cleaver, 1987; Kufeldt, 1989; Kufeldt, Armstrong and Dorash, 1989; Kufeldt, 1991). The difficulty seemed to be that social workers struggled with the need to preserve blood ties and the need to protect the child, a debate discussed in the final chapter. Recent commentators have stated that foster care needed to be reconceptualised to be totally inclusive of family, with the family being the focus, not the child. This was considered to be the most likely way to restore family relationships and contribute, both psychologically and physically, to the well-being of the child. Caregiving families who had suffered deprivation themselves at some time, were able to do this best (Kufeldt 1991; Cornish and Nelson, 1991).

A literature review of sibling relationships concluded that, after parental attachment, the most important secondary source of reference and support was the attachment between brothers and sisters. Sibling relationships may, in fact, be more enduring than parental ties, especially in adult life (Hegar 1988). Many researchers found that co-placement of siblings, be it either in foster care or adoption, resulted in greater stability of placement (Berridge and Cleaver, 1987; Thomlison, 1991; Tresiliotis 1983; Thoburn, 1989).

In summary, research and professional commentary has increasingly shown the importance of keeping the natural family involved with the child. Return home is much

more likely if a model of shared care is feasible, and biological parents are given early attention by social workers. Inclusive, rather than exclusive, foster care should be the practice goal. Programmes that foster whole families, not just children, in an effort to keep children within the realms of their natural families is a new practice model which takes inclusive care a step further (Cornish and Nelson, 1991).

The knowledge afforded by these studies has informed policy and practice in foster care. There is, as yet, no such comparable body of knowledge that informs kinship care. As previously signalled, children who have suffered abuse and neglect need nurture, environmental constancy, stability and security. They also need contact with their biological parents and siblings in order that important blood ties are not broken and that likelihood of return home is enhanced. In order that both the children and their caregivers are kept safe, caregivers need comprehensive assessments, training for the difficult task of caring for children who have suffered abuse and neglect, and adequate and ongoing support services. This knowledge can, I believe, equally inform kinship care practice. I have, therefore, primarily focused on these indicators in the kinship care literature.

Sent to Live with Aunty: A Kinship Care Literature Review

Many child welfare professionals now agree that the use of relatives as substitute care providers is the most desirable placement option. Such a move minimises the trauma of family breakup, avoids a precipitous placement in an unfamiliar environment, and maintains essential family ties - the same indicators reviewed in the foster care literature. Relatives may also have a special investment in one of their kin (McNally, 1992; Dubowitz, 1994). The Child Welfare League of America, in their recent report on kinship care, stated,

> When appropriately used, kinship care can provide the best opportunity for children and youths in protective custody to have continuity in family relationships. Kinship care reinforces the social status that comes from belonging to a family of ones own, and the sense of identity and self esteem inherent in knowing ones family history, and culture. As individuals are strengthened, so are families, and ultimately, so is society (CWLA 1991:94).

Dubowitz (1994), drawing on recent research, stated that in contrast to non-relative family foster care, children in kinship care were more likely to maintain contact with their biological parents; the relative caregivers appeared to be have more investment in working with parents toward family reunification; and children's racial and ethnic identity

were more likely to be preserved. Children in kinship care suffered less moves and therefore enjoyed greater stability than children in non-relative foster care. Kinship care was more likely to accommodate siblings and congruent with the emphasis on family preservation. It avoided the formal placement of children in the welfare system, by offering respite and short term care until parents could resume custody (Dubowitz 1994:554). Kinship care therefore seemed to afford the answers to many of the criticisms directed at stranger foster care.

The TFOPP (1990), however, described kinship care as a 'double edged dilemma'. They claimed that for every positive aspect, potential negatives existed (TFOPP, 1990). Some of these 'dilemmas' are discussed in this review. A number of studies found that children in kinship care took longer to return to parents than those in foster-care (Duer-Berrick et al in Dubowitz, 1994). Dubowitz (1994) stated that some studies questioned the wisdom of placing children with relatives, especially grandmothers, who had raised their incompetent parents. Questions have also been raised about the different screening procedures for relative and non-relative caregivers, the latter usually being more stringent in nature, and whether kin families needed or should be given the support afforded children in stranger foster care (CWLA, 1994; Dubowitz, 1994).

Early Studies

Early studies undertaken during the 1970's tended to show such placements had more negative than positive aspects. A small study, undertaken in 1970, in the United States concluded that, for most children, placement with relatives did not provide insulation against the trauma of separation from their primary caregivers. Liddy (1970) mentions that relative caregivers often had 'destructive and degrading attitudes' toward the natural parents (Liddy 1970, in Rowe et al, 1984). Adamson (1973) conducted a study of kinship care in a mining district in Northern England. Kinship ties were very strong in the area, and a higher number of relative placements were found than elsewhere. In the sample of thirty-six, twenty carers were aunts of the children, ten were grandmothers, five were brothers or sisters, and one was a great aunt. Large families were common, and children grew up among their relatives, often not conscious of relationships. Sisters, in particular, readily took responsibility for each other's children, as if it were the natural thing to do, even when they themselves were hard pressed. In some placements, however, the caregiver was hardly able to cope, very often being the eldest sister in the family, and still young herself. Often living standards were very low, and caregivers poorly educated and unskilled, and all had very low incomes. More than half of the caregivers said they had trouble managing financially, although a few received a boarding allowance from the State. Very few of the recruited non- relative foster parents lived in such poor conditions.

Some of the relatives took children thinking they would return home shortly, but most saw the placement as a long term arrangement. Contact with the children's parents was expected, and although sometimes not very frequent, occurred more frequently than with recruited foster parents. The relative foster mothers did no outside work, socialised little, except family visiting, and, Adamson stated, were of lower intelligence than recruited foster parents! None went to church, whereas a high proportion of the non-relative foster parents did (Adamson,1973). When one caretaker died, became ill, or was unable to provide care, informal arrangements were made within the extended family to take over the caring role, which usually worked well. Adamson found that social workers of the time tended to rate placement with relatives as less satisfactory than those with 'recruited' foster parents.

A United Kingdom working party on foster care (1976) found that related foster placements called for many adjustments to family life. The working party did not comment favourably on the practice of kinship care. They claimed that the motives for families taking care were not always child-centred. Some families resented agency intrusion and placement failure was often hard to detect. The study concluded that children were exposed to much interfamily conflict that could result in serious emotional damage. The children were often subject to jealousies, disputes and tugs of love, and their physical and emotional needs were not met. (Department of Health and Social Services, 1976).

These studies must be placed in the philosophical context of the time. As discussed in the last chapter, judgemental attitudes towards incompetent and/or abusive parents were carried over to the wider family, and may have affected research bias. Emphasis was on child protection rather than family preservation, and the evidence, some of it gathered 20 years ago, has since been disputed.

More Recent Studies

Studies in the 1980s began to show a more positive picture. Fein, Maluccio, Hamilton and Ward (1983) found, in their study of outcomes of permanency planning for children in care, that children in relative placements did better than those fostered with strangers. They stated that their results underscored the importance of relatives as a potential resource for long or short term care, and that relatives could play significant roles in supporting parents and helping children to maintain their identity.

Rowe, Cain, Hundleby and Keane (1984) drew the same conclusion - a total contrast from the earlier studies. In their study of 145 foster placements, fifty-five children were placed with relatives. Thirty-nine of these children were placed with grandparents;

eleven with uncles and aunts; two with great aunts; three with siblings and two with cousins. In one small metropolitan district in England, 44% of children were placed with relatives. The reasons for placement varied, but there were fewer cases of mental illness and neglect, and more where divorce, separation or death were reasons for care. Some had been in care of relatives before the agency became involved. The average age of children placed with relatives was older than those placed with strangers, over half being teenagers. The children fostered with relatives achieved better at school, even though their carers seemed less interested in school activities. The relative carers were, on the whole, older than non-relative carers, 60% being more than 40 years older than the child, and only 11% having a gap of less than 20 years. Rowe et al (1984) concluded that children placed with relatives did better on most counts than children placed with strangers. Rowe's more recent work on placement outcomes found that related and non-related placements did as well as each other, apart from the fact that relatives appeared to be caring for children with greater difficulties (Rowe, Hundleby and Garrett, 1989).

Berridge and Cleaver (1987), while researching the incidence and reasons for foster care placement breakdown, found that placement of children in need of care and protection with relatives in the United Kingdom, decreased one - third between 1979 and 1984. This decrease also drew comment from Rowe et al (1984). Berridge and Cleaver (1987) believe, however, that the actual number of relative placements was probably much higher than recorded, as they were not always recorded as foster care, but subsumed under some other category. Legislation passed in 1975 in the United Kingdom emphasised children's rights to permanency, and gave foster parents a right to adopt, perhaps reflecting how the extended family was viewed.

Thornton (1987) undertook a study of kinship placements in New York. He used an exploratory descriptive design to examine the nature of the kinship home through the perceptions of social workers and kinship foster parents regarding role expectations and support offered. Data was collected from 86 social workers, 20 kinship care mothers, and records of 95 kinship care families. The findings indicated that while both social workers and kinship caregivers perceived problems, overall, social workers felt kinship care was beneficial for the children, and caregivers appreciated agency support.

Minkler and Roe, (1993) undertook a qualitative study of 71 African-American women, over a two year period, who were caring for kin children of parents addicted to crack-cocaine. The study, which has significant relevance for this thesis, focused on how the caregiving families were affected by caring for a kin child who had suffered neglect and/or abuse. The women, who ranged in age from 41 to 79, shared their lives and experiences, enabling an in-depth examination of the nature, dynamics, and health and

social consequences of the complex and challenging role of kin caregiver. The data came from in-depth interviews, observations and field-notes. Respondents had been caring for the children from six months to five years at point of interview. A feminist analysis o the findings showed the complex and often contradictory roles of women in today's society and how child welfare policies and practices affected how those roles were experienced.

Stability of Placement

As previously stated, one of the major concerns about stranger foster care was its inability to guarantee the stability and security the child most needed. Kinship care has not suffered the same criticism. Rowe et al (1984) found that children placed with relatives experienced a higher degree of stability than those placed in foster care, even though they were more difficult. The overall 'disturbance' rate for kin placements was 17% compared to 30% of those in unrelated placements. Children placed with relatives had experienced fewer previous moves than those in non-relative care and were more likely to have spent the first two years with their mother. In many cases, if the original caregiver became ill or died, care was assumed by other relatives. Most did not see the children as 'foster children', but just as family members. The children seemed easier to care for and less upset than those fostered outside the family, only 8% showing any difficulty, compared to 39% of the unrelated placements. Adolescents, in particular, proved easier to handle than those in ordinary foster care. The children felt more secure, less anxious, and far less stigmatised about their status of foster child.

Berridge and Cleaver (1987) also concluded that placement with relatives offered many advantages, in particular, stability. Their research revealed that differences in placement breakdown rates across boroughs could be attributed to differences in ratios of extended family placements, the latter affording a greater degree of stability. In their sample, over the period of a year, no relative placements broke down. Berridge and Cleaver (1987) omitted kinship children from their research results on placement breakdown because they believed that children placed with relatives are in a quite different situation than those placed with strangers, and cannot be compared, an argument that is still current (Dubowitz et al 1993). However, a Berkeley study compared children in kinship care with those in unrelated foster care. Of the children who entered California's foster care system in 1988, only 23% of those placed with kin experienced another placement during the following three years, compared to 58% of those placed in foster care (Berrick; Barth and Needle, 1993).

Contact with Biological Parents

Rowe et al (1984) found that the children fostered with relatives saw more of their natural parents than those fostered with strangers. At least one parent was seen by 64% of the children, compared to 21% of those in unrelated foster care. The fact that the child was not always the focus of the visit made things easier. Whether the child saw more of their father or mother, depended on whether they were fostered with maternal or paternal relatives. Although more 'shared care' existed, some natural parents felt less able to resume the care of their children because of the intensity of relationships arising between the child and their caregivers. Rowe et al (1984) refuted Liddy's 1970 study, and stated that children were not used as pawns, nor did deliberate denigration of the parents occur. Some children in the Rowe et al (1984) study felt that family cover-ups existed, and 50% felt there were more things they would like to know. However, they were much better informed about their parents than those placed with strangers.

More recent studies have raised the issue that bad or inadequate parenting may be self perpetuating in certain families (TFOPP, 1990:9) and that family abusers may be protected to the detriment of the children (Malos, 1991). Conversely, it has also been suggested that some relatives were over condemning of the natural parent, prohibited parental access, and worked against return home (Malos,1991). Malos (1991) concluded, however, that extended families usually provided a stable loving environment, and allowed links with the natural parent. Where extended families were accepting of the parent, child and parent were sometimes able to live together prior to reunification (CWLA, 1994).

The Task Force on Permanency Planning (1990) also found, in their study of kinship care, that relatives were more willing to care for larger sibling groups than recruited foster parents. In some instances the children were divided up between several members of the extended family, and this was the best solution. These children were less likely to suffer alienation and separation anxiety. Where children were split up between relatives and agency foster homes, visiting was a problem, as it was when children were divided between maternal and paternal relatives.

The studies researched confirm that, by its very nature, kinship care has a different dynamic regarding parental visiting. While parents felt free to visit because of the familiarity of the environment, problems arose when the abusive parent had access to the child and the family could not guarantee its safety. Worse still, if the extended family was, perhaps, part of family cycle of abuse, safety could not be guaranteed (TFOPP, 1990:1; Takas,1991; Dubowitz et al 1993). Where the parents' behaviour was difficult, especially in cases of alcohol and drug addiction, visits were not welcome and

consequently the parent/child relationship suffered. Very often it was the effect of the visits on the children that was most upsetting. Some caregivers struggled to keep the contact going between their children, grandchildren and themselves in order to keep open the possibility of reunification (Malos,1991; Minkler and Roe, 1993:165).

Characteristics of Children in Kinship Care

Recent kinship care 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, hyperactivity, bed wetting, and many behavioural problems (Dubowitz, 1993; Dubowitz,1994; Hegar and Scannapieco,1995). Dubowitz et al (1993) claimed that many children in kinship care had unmet health needs. The TFOPP (1990) study revealed that little effort was made by workers to assist caregivers to gain access to support or remedial services. However, the caregivers seldom sought help from social workers on this issue, not seeing them as a resource. Minkler and Roe (1993) made particular comment on how difficult it was for the grandmothers in their study to care for drug exposed infants, those who had been born prematurely, or had suffered severe neglect. In the TFOPP (1990) study more than half the children were below five years of age, and included many drug-exposed newborns. Dubowitz, Feigelman and Zuravin (1993) found that, in direct contrast to Rowe et al, the average age of children in kinship care studies was younger than those in studies of children in foster care, with fewer adolescents. Their study found, however, that the older children had more mental health problems, including some very difficult acting out behaviour. This was seen as lessening the chances of relatives offering, or being able to sustain, care.

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 median age of the children was 9.4 years, and the median length of time in care was 2.3 years. It was found that many children in kinship care appeared to have serious school performance difficulties, compared to their peers. While the children had comparable levels of difficulty to children in foster care, as shown in other studies, they were significantly worse than their similarly disadvantaged peers in the comparison group. Forty-one per cent of the children in kinship care and sixty-three percent of the adolescents had repeated one or more grades. Children placed with extended family as teenagers however, had significantly higher scores in reading and maths than those placed as preschoolers. While the researchers were not able to offer an explanation for this, they did point out that ninety-one percent of the sample was predominantly African-American, and other variables, such as gender, race, and social

class were not matched. The study identified the children in kinship care as high risk in terms of educational achievement. It must also be noted that most studies have found that a higher percentage of children in kinship care were of ethnic minority origin than those in foster care with strangers (CWLA:18). This may have affected educational attainment if the education system was eurocentric.

As many children require alternative care because they have suffered neglect and abuse, the behaviours and difficulties described are not surprising. What is surprising is the fact that some agencies believe that children will be less affected because they are placed with relatives, and therefore neither they nor their caregiving families receive services and supports they need to recover from the trauma that led to care (CWLA,1994:49). Dubowitz (1994:556) warned that if the primary purpose of removing children from their parents was to ensure adequate protection and their wellbeing, then it follows that researchers should focus on critical child outcomes.

Characteristics of Caregivers

The predominant kinship foster parent in Thornton's (1987) study was African-American, protestant, female, single, the average age being 54.7 years. Most had less than a high school education and were grandparents of the placed child. In the TFOPP(1990) study 95% of the caretakers were female - the 5% of males all being maternal grandfathers. The caregiver mean age was 45.9 years. In their study of relatives caring for children whose parents were affected by crack-cocaine, Minkler and Roe found that kinship caregivers were mostly grandmothers or aunts of the children (Minkler and Roe, 1993). In all studies examined, maternal relatives were more likely to offer care than paternal relatives, although the number of paternal relatives offering care was surprisingly high according to the TFOPP (1990:31). Concerns were raised for the primary caregivers, often single minority grandmothers, who struggled under very difficult circumstances (Thornton, 1991; Dubowitz et al 1993; Minkler and Roe,1993; Dubowitz,1994). All studies commented on the low education levels of the caregivers, and in the Dubowitz et al (1993) study, more than half were unemployed. Minkler and Roe (1993) stated that the caregivers in their study had substantially lower incomes, and less formal education than unrelated foster parents.

The significant life style changes the women experienced as a result of assuming care, was emphasised in Minkler and Roe's (1993) study. The women were at different stages in their life cycles, and so the transition to caregiving meant different things, but usually an abrupt disruption of mid- or late-life activities. Some talked about being cheated by their adult children - 'I raised my children, why can't they raise theirs?' 'We used to travel a lot, and now we can't.' For some it was the last straw in an already

troubled marriage that eventually broke under the strain of caregiving (Minkler and Roe 1993:61, 102).

Minkler and Roe (1993) found that the motivations for assuming the caregiving role were various. In some instances, the caregiving occurred out of economic necessity, as parents were unable to support their children due to youth, abandonment, unemployment, poverty, drug addiction, incarceration, or too many other children. For some caregivers, it was a second chance to raise a child and ease the guilt they felt over how their own children had turned out, a sentiment earlier identified by Rowe et al (1984). For some it was a repetition of family history, as they themselves had been raised by their grandparents. The primary motive, however, was to provide a safe environment for the children. For some, entry into caregiving was a sudden unanticipated thrust, and for some it was carefully thought out and negotiated, either after an attempt to help the parent to cope, or when asked to assist by the state authorities.

Many of the caregivers in the Minkler and Roe (1993) sample had multiple caregiving responsibilities. Nine women were widowed and had cared for their husbands in ill health, eight cared for elderly parents or parents in law, and 55% still had at least one of their own children still at home, as well as caring for their grandchildren. Over 50% had taken responsibility for nieces and nephews as well and cared part time for other children in the family while their parents worked. Still others had become formal foster parents for unrelated children. The problem for these women was how to spread themselves thinly enough so that all got the attention they needed.

Minkler and Roe (1993) described the particular difficulties the women encountered coping with work and child care, such as rearranging work schedules and getting up at the crack of dawn, or before, to fit everything in. One-third of the women in the Minkler and Roe sample were in employment, and two-thirds of those worked full-time. Where both caregiving parents worked, it was more likely the woman rather than the man who was expected to give up work, should a conflict of demands arise. Many of the women went to work to get a break from the constant demands of caregiving, even though the jobs were of low status and low pay. Those whose employment was most closely related to caregiving were the most stressed. In many instances taking on the caregiving role meant, at best, passing up opportunities for promotion, or requesting a less demanding job for less pay, and at worst, having to give up employment outside the home.

Although these women believed that they had made the right decision to care for the children, they also knew that their own prospects for a financially secure future were diminished. Several of the women had received a short term disability allowance, or a

temporary lay off from work, because it was envisaged that the care would be temporary. When this did not turn out to be the case, the women either referred to their lives as being 'on hold', or saw their future plans as unable to be realised. The women most likely to have to give up their jobs were the least educated, those unable to access paid assistance, those with the lowest family incomes and the greatest degree of dependence on their earnings. The economic costs of being without work while acquiring more mouths to feed made for a precarious financial situation (Minkler and Roe 1993:140,141). Hegar and Scannapieco (1995:209), in their review of the kinship care research, found that in the United States, approximately 48% of caregivers were employed outside of the home, and many lived in poverty.

The well documented relationship between social class and illness (Briar and Caplan, 1990; Miller 1991; Minkler and Roe, 1993), together with research over the last decade on the health consequences of family caregiving, has led kinship care researchers to examine the issue. Many have made the relationship between a decreasing level of health and kinship care (Hegar and Scannapieco 1995:212). 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. A combination of qualitative and quantitative data offered an in-depth picture of the participant's health. Approximately half of the women reported that they were concerned about their health. Many of the women had quite debilitating and severe health problems, but just kept going. "I just use my asthma pump, bandage my leg and keep going". The most common complaint was exhaustion. Those who were employed reported less health problems than unemployed caregivers and than other caregivers of the same age. However those employed were on the whole younger than those unemployed.

Overall, the caregivers exhibited an intense desire to appear that they were coping. For some, their health improved when they stopped contact with their own children, most of whom were drug addicted. Some stated that their emotional health was good, but then admitted to frequent feelings of rage, sadness and depression. For some, as they saw their kin children improving, their own emotional health improved. Paradoxically, those without any particular person in whom they could confide or seek support, reported a definite improvement in their health since assuming the caregiver role. Further examination showed that these women had been isolated before assuming care, and now the child had given new meaning to their lives.

Support

Much of the caregiving literature highlights the role of support in sustaining both the caregiving status and the general well-being of the caregivers (Briar and Caplan, 1990;

Opie, 1992; Minkler and Roe 1993; CWLA, 1994). 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.

Informal and Formal Support

Most of the women in Minkler and Roe's (1993) study claimed that their main support came from husbands and partners, relatives and friends. Research has shown that caregivers seldom called an agency for help, but first looked within the extended family for assistance (Adamson,1973; Minkler and Roe 1993). Many of the women in Minkler and Roe's (1993) study, however, had no one to whom they could turn if the children needed care and, if working, had to take their own sick leave to care for the children. For some women, the support received from co-workers was invaluable and an important emotional buffer against caregiver strain. Support took the form of presents for the children, hand-me-down clothes, or covering for the caregiver when needed. For others, the isolation imposed by caregiving meant that contact with former work mates was lost, as was their own ability to render support to others.

Some women were part of an established kinship care support group, which was their primary source of strength. They offered each other assistance in the giving of respite care and formed a community coalition that advocated for legislative and policy change. Minkler and Roe (1993) commented on the cathartic value of such groups. 'Peer training' was a valuable model arising out of these support groups as caregivers exchanged experiences and coping strategies. Other caregivers were critical of these groups, feeling that they tended to dwell on the negative, rather than positive, aspects of care (Minkler and Roe 1993;108).

Rowe et al (1984) found that two distinct yet contradictory messages emerged in regard to formal social work support of kin placements. The first was that kin placements were given low priority and received less attention than unrelated placements, and second, that the caregivers valued and benefited from their relationship with social worker. This fact was also confirmed by Thornton (1987). In Rowe et al's (1984) study, related placements were more often assigned an unqualified social worker, visiting regulations were often unfulfilled, the relationship with the child was less intimate, and the standards in the home less often scrutinised. Related caregivers were, however, far less critical of the social service agency than unrelated foster parents. These results have all been confirmed in the most recent studies. It was universally agreed that children in kinship care and their kinship parents had equal, if not greater, service needs than their counterparts in traditional foster care and were less likely to receive the services they needed. Social work support should continue (Thornton 1988; TFOPP, 1990; McNally,

1992; Dubowitz et al 1993; Dubowitz, 1994; CWLA,1994). The TFOPP(1990) stated that social workers feared that families saw visiting as intrusive. The researchers reasoned, however, that the system was in crisis and therefore supervision could not be a top priority.

Financial Support

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 (TFOPP, 1990; McNally, 1992:3; Dubowitz et al, 1993; CWLA, 1994). Minkler and Roe (1993:40) stated that 78% of the caregivers 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. Occasionally, other members of the extended family helped out financially, but this was not usually the case, and assistance came only in emergencies, if at all. Some grandparents were angry that the parent of the child was getting more from a sickness benefit than they were. In some cases, the caregivers did not tell the state that they were caring for the children, but allowed the parents to continue to receive their benefit, in order that the parent would agree to let the caregiver have the child and keep it safe. Dubowitz et al (1993:164) commented that although the families might lack financial resources, it was striking how willing they were to look after the children.

The issue of support allowances is a complex one, and several commentators claimed that the payment of normal foster care board rates stood in the way of family reunification, as return to parents resulted in a substantial drop in total family income and consequent financial disadvantage to the child. However, evidence of continual financial struggle, even when an allowance was received, discredited any theory that motivation for caregiving was financial (CWLA 1992; 1994; Dubowitz et al 1993; Takas 1991). Issues of equity arose in a system where children in the custody of the State and cared for by kin, were supported at a different level from those cared for by unrelated foster parents and where, even among children in kinship care, the levels of benefit differ. When foster care payments were taken into account, the average gross annual income for kin was $US 32,424, compared to $US 51,320 for unrelated foster parents (CWLA 1994). Both Takas (1991:6) and Minkler and Rowe (1993:93) stated that the less needy families received more. Some commentators argued that families have an obligation to care for their own and that a lower level of financial support was perfectly acceptable (McNally,1992; CWLA, 1994). This belief caused deep resentment among the relative caregivers in Minkler and Roe's study (1993). One caregiver, realising recruited foster

parents received a higher allowance stated,

> They would rather pay some stranger to take care of my grandchildren than pay their own grandmother. I'm kin! They are my flesh and blood! These children need so much love. Are they're telling me that a stranger can give that to them better than their grandmother? - No way! That's just plain crazy! (Minkler and Roe 1993:93).

The Child Welfare League of America claimed that children who have entered into the State Welfare system, for whatever reason, require the same level of support and services to meet their basic and specialised needs (CWLA 1994).

Practice Issues

Training, preparation and ongoing support of caregivers are key issues of concern in any alternative care of children. The research thus far has shown that the approach to extended family care is very different from that of approved foster parents caring for a child with whom they have no blood tie. Commentators concluded that extended families needed to be prepared for the dynamics of caring for an abused child and the fact that the child was related was irrelevant.

Assessment of Kin Caregivers

Commentators have noted a lack of uniformity in assessment, support, and scrutiny of kinship placements, and have emphasised that the safety of the child must be the benchmark (Dubowitz et al 1993; McNally, 1992; National Commission on Family Fostercare 1991; Takas, 1991). Twenty years ago, Adamson (1973) was of the opinion that relative foster parents should be given a different title to protect approved foster parents who have to meet higher standards. Concerns in regard to family assessment and the adaptability to the traditional configurations of the foster care system have been raised by McNally (1992). The CWLA (1994) recommended that,

> Child welfare agencies should use comprehensive, culturally competent assessment instruments to determine the ability of the kinship family to meet the needs of the child and to determine family's strengths and needs in relation to assuming responsibility for the child (CWLA,1994:46).

The need for cultural competence, and preferably, cultural compatibility between workers and families was stressed, in order that assessments were appropriate and lower income

ethnic minority families did not suffer any form of discrimination (Takas 1991; Dubowitz et al 1993; McFadden 1993). The standard accepted for relative foster homes was, in many instances, lower than that for approved care givers, because the benefits of placement within family were more important. Adamson (1973) went so far as to say that not only were material standards lower, but also moral and intellectual standards, and a criminal history would not exclude a family from being given the caring role, as long as the offence was not sexual. The TFOPP (1990:1) found, in their research involving 300 children, that although the majority of kinship families were poor, they were stable and hard working, and the problem parent appeared to be the only dysfunctional member. Several studies have identified some housing difficulties, with overcrowding and substandard situations (Adamson, 1973; TFOPP, 1990 Minkler and Roe, 1993:2). Discipline was also an issue that caused difficulty. Seligson (1991) stated that, although State policies did not permit physical punishment, workers turned a blind eye to grandparents spanking their grandchildren. 'I was spanked growing up, and I in turn spanked mine, and they in turn spanked theirs' (Seligson, 1991).

Barbour (1991) stated that a legislative assumption existed in the New Zealand 1989 CYPF Act that placement with extended families must be inherently better than extra-familial placement, and this could not be considered universally valid. Barbour (1991), in a critique of the New Zealand Family Group Conference and Family Decision making model, stated that in some families there was no functional extended family. This concern was also raised by Paterson and Harvey (1991) who stated that families characterised by intergenerational abuse, extreme violence or psychiatric problems were not always capable of making decisions about their children.

> Sexual abuse is difficult to deal with in an FGC situation, where family is unsupportive and blaming of the child. All too often the family protects its men to the cost of its women and children. This cuts across all cultures (Paterson and Harvey, 1991:59).

Barbour (1991) claimed that the issue of abuse can tend to split families and leave the child isolated Barbour stated that some families were a disparate group connected by blood ties, but otherwise strangers, who had problems working together for the welfare of the child, especially where the disconnectedness was a result of maladaptive family patterns and/or conflict. Barbour claimed that family placement was not always the best strategy, and thorough assessment was necessary.

Murphy (1988) stated that relative caregivers might lack the skills and ability to understand a confused child. However, Malos (1991) found that relative caregivers

showed a high degree of sensitivity towards the children and their parents. The TFOPP (1991) stated that negative assumptions about the child caring potential of relatives needed to be carefully questioned, an issue discussed in the previous chapter. Family dynamics should be assessed on an individual basis. Gray and Nybell (1990) reported on the results of a training project for social workers to enhance effectiveness in serving African-American families, and prevent unnecessary placement of children. The most profound impact of the training was the altered view of the strengths of the kinship network. Before the training, workers removed children from the entire extended family network, believing problems to be intergenerational.

Permanency Planning and Legal Status of Kinship Care

A study of children entering care in New York city in 1988 found that 88% of those in kinship care were still there two years later, compared to 50% of those placed in unrelated placements (Thornton, 1991). It was found that the permanency goal for most children was 'return to parent' and that this goal was reiterated year after year. In many cases this was not a reality and there was no evidence of work towards parent/child reunification. In Thornton's (1988) sample, the predominant plan was discharge to independent living (88%), while that was the plan for only 42% of unrelated children.

Research has suggested that children cared for by kin tend to remain in care longer, and that kin do not seek adoption. The caregivers saw adoption as entirely unnecessary, likely to cause conflict with the child's parents, and confusing in terms of identity (Thornton, 1991; CWLA, 1994). The fact that assuming a legal status affected board payments was often good reason for relatives not pursuing the issue, although Thornton (1991) stated that, even where payments continued, families did not see adoption as appropriate. Malos (1991) saw the issue as one of commitment, and stated that the caregivers were all very committed to the children, irrespective of financial support received. The Task Force on Permanency Planning (1990) noted that, while the most important issue was that the child felt secure, the intervention of the State into family affairs called for legal definitions and created situations that were difficult to address. The CWLA (1994) questioned the appropriate ongoing role of the State when the placement with kin was safe, stable, and likely to last until the child reached adulthood. The establishment of legal status for kinship caregivers was seen by most commentators as complex and it was suggested that permanency options, such as adoption, custody or guardianship, distorted natural family relationships (Rowe et al, 1984; Thornton,1991; Malos, 1991; Neal, 1992). Takas (1991) stated, however, that legal guardianship could provide an appropriate balance between family autonomy, and the need to support and monitor the child's situation. McFadden (1993:6) felt that, most importantly, the views and commitments of family members should be honoured, and not forced to fit within a

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narrow legal definition established by the dominant white culture.

Summary

The State provision of care for children who are unable to live with their biological families does not have a rosy history, either in this country or overseas. Although early research evidence appeared to show that most children survived the experience without any lasting trauma, studies undertaken in the 1970s and 80s showed that foster care was unable to provide stability for children and deprived them of their culture and their families. The effect of such impermanence left children at risk of an impaired self image, and an acute sense of loss. This knowledge led to the development of policy and practice that espoused family continuity, inclusive models of foster care, and placement of children within the extended family where at all possible.

The Child Welfare League of America (1994) stated that kinship care could meet the safety, nurturance and family continuity needs of children. It avoided separation trauma, by placing the children with people already known to them and with whom they shared a meaningful relationship. It also allowed the children to have contact with their siblings, and enhanced the possibility that they would stay within their own communities. Most of the American research is of African-American populations and it was commented that kinship care avoided the racial and ethnic dislocation likely in foster care (Dubowitz 1994). The child's sense of identity and self esteem was reinforced through knowing their family history and culture (CWLA 1994). Children placed with kin were much more likely to experience stability of care, than those placed with strangers.

In spite of the aforementioned positive factors, kinship care has been described as a double dilemma. The literature reviewed showed that many questions have not been answered. Certain risk factors existed that, if not addressed, could lead to the best interests of the child not being met. Some workers felt concern that an intergenerational inadequacy of parenting skills may have existed (Dubowitz 1994). Children in kinship care in the United States typically remained there longer than those in non-relative foster care. If kinship care provided stability that foster care could not, then the issue of permanency may need redefinition for this group. The literature raised issues of concern in regard to, first, the inability of caregivers to legally protect children from capricious, unstable parents; and second, when the care was initially seen as temporary, but continued because no work was done to assist reunification with parents because the child was seen as already being 'at home.'

The literature showed that, as a general rule, extended families were neither assessed nor trained as nonrelative foster parents were, for the task of caring for an abused and

traumatised child. Dubowitz (1994) concluded that monitoring and support of kinship placements was less than non-relative foster care, and sometimes non-existent. Unfounded assumptions existed that children were faring well. Kinship care cost considerably less than foster care, and kin caregivers were not given the ancillary or financial support that was offered to nonrelative foster parents. There was no evidence to suggest, however, that the children were any easier or less deserving of assistance.
We have much research evidence from the field of foster care that directs child welfare practice, yet there seems to be a reluctance to relate this knowledge to kinship care. Children in foster care and children in kinship care are treated as two different populations: those with families, and those without. It is my contention that their needs are the same and caregiving families should be assessed, trained and given the same support as foster families. What is strikingly absent in the literature is any analysis of race and class differences in the way kinship care is experienced. There is also a noted absence of any New Zealand research on kinship care.

An ecological framework is utilised in the next chapter to make visible and organise the many factors that impact on kinship care and link the private troubles of families and the public world of government policy. As discussed in the previous chapter, ideologies about the ideal family and kinship responsibilities are not always congruent with reality. The research has shown that the responsibility for caregiving is still largely placed on women and that this role often stretches across generations. The 1989 CYPF Act now extends that expectation laterally to care for kin children. Aunts and grandmothers who take this responsibility face unexpected and difficult life changes, changes in family dynamics and economic vulnerability. When women also need to contribute to family income, the task of balancing work and family responsibilities is stressful. Given this evidence, it is apparent that the caregiving role of women needs to be investigated. Feminists have brought to light the social and economic exploitation of women as the predominant primary caregivers of children, old people, people with disabilities, and chronic or fatal illnesses (Croft, 1987). Janet Finch (1984a) argued that without fundamental social, economic and cultural change, gender bias in both paid and unpaid caring is likely to continue, and affect women's lives. Feminist theory is used to offer some explanation of the political assumptions and expectations about family care that are inherent in the 1989 CYPF Act by exposing its patriarchal and economic aetiology.

CHAPTER FOUR

AN ECOLOGICAL AND FEMINIST INTEGRATION

Introduction

The placement of children with extended families involves a complicated set of factors. These factors interact in dynamic ways to determine the quality of the experience for the children as well as for those providing the care. This thesis is informed by two major theoretical strands, which together provide an understanding of this complexity and a practical perspective for social intervention. First, ecological theory enables practitioners to to gain a comprehensive view of people and their socio-cultural-physical milieu (Pardeck, 1988:102). It brings to light connections and influences, both positive and negative, that otherwise might go unnoticed (Garbarino,1982:18). Second, any discussion of caregiving must address the role of women. Feminist theory provides an analysis of kinship care and how it is politically and ideologically constructed. The first half of this chapter therefore explains the nature of ecological theory and then uses it to construct a conceptual framework of analysis for kinship care. A feminist perspective is woven through this, where appropriate, and a more in depth feminist analysis forms the second half of the chapter. Such an 'integration links an understanding of power relations at the personal level to those at the political level', an holistic analysis that aims to link theory with practice (Munford and Nash, 1994 : 239).

The theoretical underpinnings that shape substitute care services to families have evolved over the years, with resulting implications for social work practice. As discussed previously, since the beginning of State intervention, children in need of care and protection were placed in institutions, foster care or moved into adoption. The discovery of child abuse in the early 1960s resulted in a strong emphasis on child protection and the numbers of children in foster and institutional care escalated. Families, in particular mothers, were judged irreparably incompetent and scapegoated for problems that were the consequences of macro phenomena, such as poverty and institutional racism. Research undertaken in the late 1970s showed that once the child was removed, biological families received little or no service and reunification was a little pursued goal. McFadden (1991) claimed that it was increasingly apparent that the vicissitudes of life in foster care - separation from parents, multiple placements, or maltreatment by foster parents, possibly engendered more psychological problems than did the original maltreatment that first exposed the child to the welfare system.

Hartman (1993:xv), in a review of child welfare practice, identified a major revolution in professional thought about the definition of good child welfare practice (Hartman1993:xv). She claimed that the new vision of child welfare focuses on reunification and maintenance of children within their biological families. There has been a strong move toward family-based restorative services and renewed recognition and application of the concept that, when child development, child safety, and human relationships are at issue, *the family* should be the service unit, and the family's *ecological system* should be the service context (Bryce 1988:178,179). Holistic appraisal of families and their problems has continued to find favour with social work practitioners working in diverse fields (O'Neil McMahon, 1990).

Ecological systems theory, as used in social work practice, allows such an holistic appraisal. The interactions and interdependence between the organism, be it individual or family, and the environment are seen as crucial for the survival of both (O'Neil McMahon 1990:10). Ecological theory engenders a deeper understanding of the complexities of any setting, bringing to light multiple contributing influences within any client system. It provides an adaptive, evolutionary view of human beings in constant interchange and reciprocity with all elements of their environment (Bronfenbrenner, 1979). Such a perspective avoids locating problems entirely with individuals, families or the environment, focusing instead on the transactions that occur between them. Reciprocal adaptation can be a positive life engendering force, or it can be maladaptive, and produce physical, social and environmental pollution (Germaine and Gitterman 1980).

Particular theories only deal with parts of a family's problem, whereas the need is to view a family holistically and respond to the diverse needs (Payne 1991:37). O'Neil McMahon (1990), stated that the notion of theory and theory building may be seen as the pursuit of truth, and the conception of individual theories as pieces of the puzzle called 'truth'. When the pieces are juxtaposed or merged, a greater understanding may be acquired. O'Neil McMahon (1990) claimed that numerous theories have emerged that could be considered relevant and the large amount of contemporary literature could become overwhelming. She stated, however, that all theories could be seen in relevance to the person, the environment or both in interaction and that the three categories were not mutually exclusive (O'Neil McMahon, 1990:16). Bersani and Chen (1988), when discussing family violence, suggested that the kind of questions that needed to be asked to fully understand the problem were more likely to appear if several levels of social reality were recognised as contributing sources. A perspective is needed, therefore, that embraces the microscopic, as well as the macroscopic, levels of analysis: the person, interpersonal relations, social groups, and a structural analysis of society, culture, and

the process of socialisation. Ecological theory provides a conceptual framework that organises knowledge and identifies those areas needing social work intervention. The need for such a framework is supported by the wide range of issues emerging from both the former discussion of the historical and social context of kinship care in New Zealand and the research.

An Ecological Analysis of Kinship Care

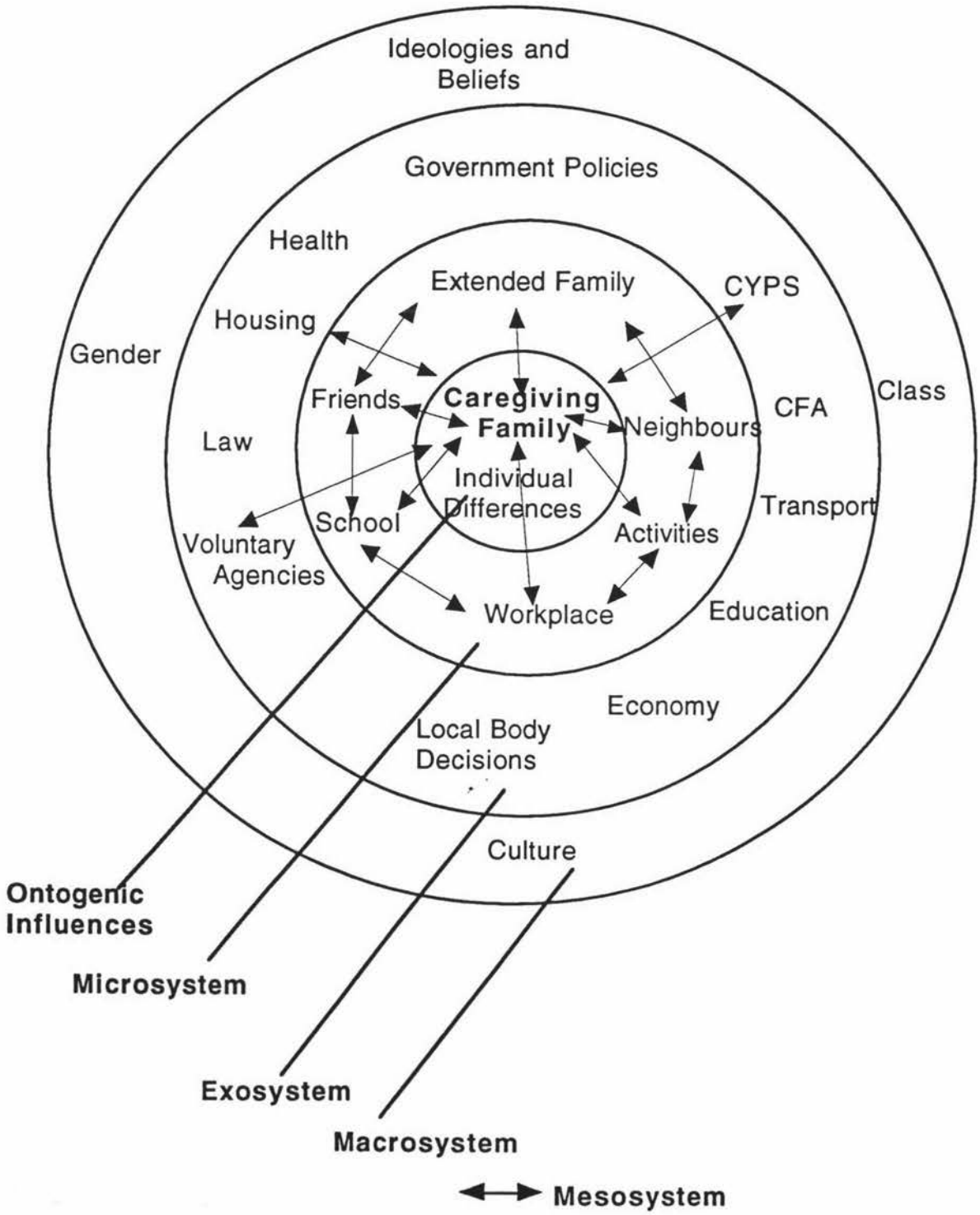
Kinship care cannot be abstracted from the social world which produces it. Most commentators would now subscribe to a multi-factorial explanation of social phenomena (Parker et al 1993), child abuse and placement within extended family being the case in point. Ecological child welfare practice identifies these factors and attends to, nourishes and supports the biological family, and kinship ties (Laird 1981:98). Prasad (1984:28), justifying the use of a framework on which to base foster care practice, quoted Maluccio and Sinanoglu (1981),

> Formulation of a comprehensive framework capable of providing useful foster care practice guidelines is especially urgent in child welfare. In case after case crucial decisions are based on the social workers(sic) individual bias or opinion rather than documented knowledge and empirically based principles (Maluccio and Sinanoglu,1981:23).

Such a comprehensive framework is a useful guide for practice under the Children, Young Persons, and their Families Act. It is particularly so when making decisions to place children for whom a care and protection issue exists, with extended family/whanau.

Jay Belsky (1980), used the ideas of Tiorbergen (1951) and Bronfenbrenner (1979) to construct a conceptual framework based on ecological theory, that allowed an integration of divergent aetiological and theoretical explanations. I have adapted Belsky's four - level framework to examine the complexities of kinship care, and identify how the many factors that contribute to it are inter - related. The ecological systems framework I have utilised has *five* levels of analysis, namely, the *ontogenic system, microsystem, mesosystem, exosystem* and *macrosystem (see figure 1 overleaf).* The caregiving family is the central point of reference and each of these levels is discussed and illustrated by results from research. The analysis takes account of roles and relationships existent both within the family and between the family and its wider environment, making the relationship between private troubles and public issues more apparent. The values, ideologies and organisation of social institutions common to the family's culture that support kinship care are discussed (Bronfenbrenner 1979:7). Such an analysis allows sources of risk to the wellbeing of kinship families at each of these levels to be identified.

ECOLOGICAL MULTI-LEVEL ANALYSIS OF INFLUENCES IMPACTING ON KINSHIP CARE FOR PAKEHA FAMILIES



The framework is used to organise and analyse the results of this research in Chapters Six and Seven.

Ontogenic Influences

Ontogenic influences that impact on family functioning can be defined as those concepts and ideas that each parent brings to the family, that they have internalised from their own families of origin. Many of these concepts exist across extended family structures. Intergenerational attitudes in regard to how families function, and expected gender roles, relationships and responsibilities can be very pervasive. Hartman (1981) claimed that much of the impact of the family system exists outside of its awareness, because it is so much of the self (Hartman, 1981: 123).

> That which is constantly experienced as neutral to awareness, being so immersed in the identity, so egosyntonic, is rarely open to observation or challenge (Duhl 1969, in Hartman 1981).

Bronfenbrenner (1979) would see ontogenic influences as being ideological in nature, and therefore part of the macrosystem. I interpret ontogenic influences as those ideologies that are family - derived, rather than those more generally held by a particular culture or society, although they may be both. Like Belsky, I have categorised them separately, and discuss them first because of their importance in this particular debate.

Assumptions about ontogenic influences have been used as an argument against the use of kin as substitute caregivers in the past, as previously discussed. In fact, Belsky (1980) stated that the one characteristic that child abusers have been found to share is a history of maltreatment in their own childhood (Belsky 1980:322). Clarke and Clarke (1989) also identified this fact as the the single most consistent finding appearing in child abuse literature. Both social learning theory as postulated by Bandura (1976), in Hudson (1993), and psychodynamic theory (Brearly,1993) can offer some explanations of transgenerational abuse. Unresolved problems that relate back to a parent's own childhood can become reactivated and shape present behaviour, especially where extended families are closely involved and there is a low level of differentiation (Aspen, George, Piper, and Stevens, 1989). It should be noted, however, that this argument was refuted by Laird (1981:110) over a decade ago. Laird felt this standpoint arose out of a serious misinterpretation of Bowen's family theory (1966), and that children may well represent different meanings for grandparents or other relatives, who therefore may relate to them differently.

Viewing the family as the seat of socialisation is valid, however, and an ontological analysis takes account of influences, attitudes and learned behaviour transmitted intergenerationally. Belsky (1980) argued, however, that because many parents who were abused in childhood did not abuse their children, it is doubtful that a parent's experience as a child is sufficient by itself to account for abusive and neglectful behaviour as an adult. It must also be recognised that individual personal, social - situational and cultural factors may temper the longstanding effect of early experience. Egeland, Jacobovitz and Papaloa (1987) undertook prospective research on 267 high risk mothers in the last 3 months of pregnancy, and followed them until the children went to kindergarten. Seventy per cent of the mothers who had suffered serious abuse also abused their children. Those who were seriously abused themselves but who did not abuse their children had: at least one parent or foster parent who provided love and support; husbands or partners who were supportive; a stable source of income; and healthy babies. This emphasises the fact that not all parents who were mistreated in their own family subsequently abuse, but rather that this, or any other attribute associated with child abuse, may interact with additional personal, social-situational, political and cultural factors to increase the likelihood of its occurrence. Such evidence has implications for social work practice in regard to the need for a comprehensive assessment of extended family structures, and support given to women where kinship care is being considered for a child who has suffered abuse and neglect.

Microsystem Influences

Kinship care is a family-based phenomenon, occurring in and having an effect on all parts of the family microsystem. Bronfenbrenner describes the microsystem as a pattern of activities, roles and interpersonal relationships which are experienced by the developing individuals in a given setting, with particular physical and material characteristics (Bronfenbrenner 1979:22). These activities, roles and relationships are highly influenced by gender expectations, discussed later in this chapter. Family members both contribute to, and are influenced by, this microsystem, forming a mutually influential ecosystem (Germain and Gitterman, 1980:5). Connell (1994) stated,

> The interior of the family is a scene of multi-layered relationships folded over on each other like geological strata. In no other institution are relationships so extended in time, so intensive in contact, so dense in their interweaving of economics emotion power and resistance (Connell, 1994:30).

At certain times families experience stress that is derived from discrepancies between needs of individuals and the capacity of the family to meet those needs. These stressors

are in three inter- related areas of living - life transitions, interpersonal processes and environmental pressures within the micro-system (Belsky,1980; Germain and Gitterman, 1980; Garbarino 1982). Garbarino (1982) suggested three areas of risk in the micro-system: its size, whether interactions were balanced or imbalanced, and whether the emotional climate was negative or positive (Prasad 1988:25). The entry of an abused or neglected child into the kin family is likely to place stress on all these areas, as is evidenced in the literature and demonstrated by the results of this research.

Normal expected life transitions are disrupted for many women and their families who take on the caregiving role and significant lifestyle changes may be required. Children may also experience many transitions in the course of kinship care: moves within the extended family, moves in and out of foster care, new schools, the loss of important relationships and the forging of new ones.

Inter-personal processes, particularly the quality of those roles and relationships that exist within the kin family group, are contributory to the emotional climate and how the family experiences kinship care. Children who have suffered abuse and /or neglect are often attention seeking and manipulative, and affect relationships within the whole family microsystem. While in the past attention has been focused on parental deficit when abuse occurs, commentators have reconceptualised the traditional unidirectional theories and identified the potential contribution of children to their own abuse, with the recognition that it may sometimes be an interactive process (Belsky 1980; McFadden 1984; Hetherington and Parke 1986; Bersani and Chen 1988; Starr 1988). A higher than normal incidence of birth anomalies, physical and intellectual deviations, irritability, excessive crying with a peculiar and extremely irritating cry, fussiness, negativism, non-responsiveness and other behaviours that irritate parents are found in many children who have suffered abuse (Hetherington & Parke, 1986:501).

A focus on the contribution of environmental pressures to child abuse is now well recognised (Hetherington and Parke 1986; Bersani and Chen 1988; Clarke and Clarke 1989). Child abuse is more likely to occur in large, closely spaced families, and to children under the age of three (Hetherington and Parke 1986: 501). As mentioned in the previous chapter, McFadden (1984) has emphasised how children who have suffered abuse previously exhibit learned behaviour that is abuse inductive.

Other components of the kinship family microsystem that may contribute to environmental pressures are: the preschool or school, other members of the extended family, work, neighbours, friends, church, and other sites of activity such as sports, or clubs. The entry of an abused child into the family may have an affect on these sites and

the ability of the family to engage with them. Many risk factors exist within the microsystem that affect the physical, psychological, economic and social health of the family, and its ability to manage the kinship care task.

Such an analysis raises several implications for social work policy and practice. Relatives who care for abused kin children must be given both support and education to enable them to cope with the particular demands of this task, in order that the children, and indeed, they themselves, are protected from the likelihood of an abusive incident. Caregivers should also be assisted to manage and inform other parts of the microsystem to bring about and engage support.

Mesosystem influences.

Families participate in several microsystem settings, either as individuals, or as a collective. Mesosystems are formed by the links between microsystem settings in which an individual participates, and are mutually influential. The families in this study all spoke of their relationships with these other settings and how they contributed positively or negatively to how kinship care was experienced. An analysis of the quantity and quality of these links provides an indication of the risk potential that exists for the family (Bronfenbrenner 1979:210). When the mesosystem consists of many strong and diverse links between settings, it has a powerful influence on the development of the family (Garbarino 1982:23).

Belkin (1984), used the example of communication theorists such as Satir (1967), Hayley (1972) and Jackson (1975) to show that interaction between various parts of the microsystem is central to understanding the personal and dynamic process of its members. How families communicated, the degree of reciprocity experienced, whether all members valued each other, whether parents were excessively controlling or too permissive, were all claimed by Belkin to have a far reaching effect, as patterns of communication were carried across generations (Belkin, 1984:349). Additionally, issues of power that exist in family settings could affect motivation for assuming care and how that care is experienced.

The quality of the relationship and extent of contact between the biological parents and the kinship caregivers will impact on outcomes for all concerned. Research has shown that relative caregivers were more likely to maintain contact with birth parents than those not related and, perhaps, had more investment in working toward reunification (Dubowitz et al 1993; Rowe et al, 1984). Where the relationship is good, relative caregivers could possibly model good parenting and enhance reunification prospects. Conversely, when the relationship is conflictual or non-existent, the child's self-esteem and sense of identity

may be damaged. The extent to which the caregiving family is supported by the whole extended family and the cohesiveness and quality of those relationships will also be highly influential on how care is experienced.

Bronfenbrenner identified several markers of family analysis that had a wider application to the extended family system: numbers of links; goal consensus; shared values between settings; knowledge of one about the other; sharing of information; positive trusting relationships with frequent interaction and positive reinforcement. Many of the families that come into the orbit of social service agencies can be identified as having poor quality mesosystems and lacking trust over generations (Kagan and Schlosberg,1989). Social isolation has been identified as a highly contributive factor to abuse occurrence (Belsky 1980; Hetherington and Parke 1986; Bersani and Chen 1988).

Exosystem Influences

The 'social conditions' of families are determined by a complex interrelationship of economic, political, and social determinants, over which they have little influence. Bronfenbrenner (1979) described these factors as the exosystem, being outside the immediate environment of the family, not containing them, but exerting an influence over them. How kinship care is experienced in New Zealand today is determined by these relationships. Prasad (1988:24) identified that exosystem risks came from two major sources - those that indirectly placed stress on families, and those that were anti-child.

The influence of the economy on both the genesis and operation of the 1989 Children, Young Persons and their Families Act has been discussed in Chapter Two. The adoption of a market philosophy for social service provision, has had a far reaching effect on service delivery in both the health and welfare sectors (Armstrong, 1992; Kelsey and O'Brien, 1995). Armstrong (1992) commented,

> We stand poised on the brink of transition from the welfare state to the enterprise state. In this transition, the model of the state positively intervening in the economy and providing welfare services is being replaced by a model which views the state as 'artificially' protecting the nation from the international market place, and encouraging welfare dependency (Armstrong 1992:224).

The current thrust to reduce the size of the overseas debt by reducing the size of the Welfare State initiated by the fourth Labour Government in 1984, and continued by the National Government since 1990, has resulted in less money for social services. 'User Pays' policies in regard to health and education provision have a widespread effect on all

families, but on kinship families in particular, who are likely to be on limited incomes, and where economic and personal resources are unexpectedly strained. It has been well established that a majority of children coming to the attention of social service departments are children of the poor (Sinanoglu, 1981; Rowe et al 1984; Voigt, 1986; Prasad, 1988; Smith, 1991; Tresiliotis, 1993). Prasad (1988) made the point that this section of society is easily disenfranchised and still blamed personally for their position. They have a right, he claimed to competent services which intervene at whatever level solutions to problems lie. Society should not always expect the poor to adjust to the unjust policies and practices that contribute to the maintenance of their position (Prasad, 1988b:28).

The Department of Social Welfare in all its business units, namely, the Children and Young Person's Service, Income Support and the Community Funding Agency, has both a direct and indirect effect on how kinship care is experienced. The intervention of the Children and Young Persons Service, their policies in regard to kinship care, the manner in which the family was engaged, the level of economic support afforded the family; and the level of funding allocated to agencies in the community who offer counselling and other community services, determine not only how the care is experienced, but often whether it is viable. Angus and Gray (1995), presenting a DSW policy perspective on the rights and responsibilities of family and society, confirmed that the State has been progressively moving towards a residual model of service provision and a reduction of the role of government as a direct provider of social services, contracting out social work to the voluntary sector. While Angus and Gray (1995) state this is supported by both practitioners and academics, the economic expediency of such a move cannot be ignored. The State only subsidises actual agency costs, and this has resulted in a lessening of available services to families and children in need. Agencies, dependent on the Government for funding, are only able to offer services deemed appropriate by the Community Funding Agency. Such policies have resulted in the closing of smaller culturally specific agencies, who have been unable to sustain large fund raising programmes and find pakeha monocultural bureaucratic requirements inappropriate. A climate of competition and distrust both between the State and the private providers, and between the providers themselves has arisen.[1]

Families caring for kin children not only receive less financial support than stranger foster families,but in order to gain any respite from the task, have to demonstrate that they are under stress, both financially and psychologically. In 1993, day-care subsidies to at risk families were reduced from 30 to nine hours per week. Caregiving is awarded no

1 I state this as a result of my personal experiences as a social service agency manager in the private sector, and in consultation with colleagues.

economic value, as allowances are seen as reimbursements only. The expectation that kin women will care for children in need of care and protection, for no reward, can therefore be seen as exploitative of women.

How kinship care is defined, recognised and supported in law is an exosystem influence. Issues in regard to extended family inclusion and responsibility, custody, access and guardianship are legally prescribed. Less directly, the Privacy Act, the State Sector Act, and the Public Finance Act, recently passed, affect both the enactment of the Children, Young Persons, and their Families Act and social work practice (Cockburn, 1994). The Public Finance Act, in particular, measures social work intervention with families in terms of purchased 'outputs' and has consequently defined what is/is not affordable social work (Cockburn, 1994:97).

The stress placed on families by the nature and availability of work is well documented (Belsky 1980: 327). As previously evidenced, women are increasingly combining caregiving and employment. The Employment Contracts Act (1991) has abolished national award coverage and compulsory unionism. Individual employment contracts are now negotiated between a worker and their employer, and are confidential (Kelsey and O'Brien, 1995). The conditions of that employment and whether employers are supportive of children and families, potentially has a bearing on the ability of a family to offer care to kin children. Child care, sick leave transferability, maternity/paternity leave and shift work conditions may well affect the quality of kinship care. Research has shown that, where women are employed in jobs akin to the caregiving role, pay levels are low and stress levels are higher than those employed in totally different fields (Minkler and Roe 1993:76). Belsky drew a relationship between unemployment and abuse, and while some may downplay the importance of this relationship, the fact that this is stress inducing is obvious.

The belief that every New Zealand family should be afforded reasonable housing has been an established criterion for Governments since the 1930s. However, recent economic restraints have been responsible for the introduction of 'fair' rent policies that have hit hardest on those who can least afford them. When an extended family takes in kin children, their housing needs very often exceed their current situation. There is no adequate provision for extended families to receive economic assistance to meet those needs, and therefore overcrowding is a possibility.

The State exerts a measure of control on kinship families through its laws and social and economic policies. These affect how the family experiences life and sanction the 'political roles', those relationships of power that exist within the family itself. The role of the state

in the creation or perpetuation of wider structural inequalities faced by disadvantaged families is evident. Exosystem influences are themselves often the by-products of changes taking place in the larger social milieu. Social isolation arising out of increased mobility of the population and global influences affecting employment are two such factors. Parker, Ward, Jackson, Aldgate and Wedge (1993) commented that what happened to families, in particular, women and children, as a result of social work interventions, was not easily disentangled from the effects of other influences that lie outside the power of social service agencies themselves (Parker et al,1993). Kinship care is embedded in a multi-layered, complex web of causation and influence. The final layer of cultural and ideological determinants enclosing the family is next examined.

The Macrosystem

The Macrosystem can be described as the shared assumptions held about society, the blue-print upon which our society is constructed and social policy formed (Prasad 1984:38). Policy has ideological, cultural, historical and institutional roots. Notions of what should and should not be, whether responsibilities are collective or individual, and where resource priorities should lie, flow from the shared belief systems of a society and form the culture, which enforces and reinforces its fundamental ideology (Garbarino, 1982: 212). Daley (1988) used Faller's (1961) broad definition of ideology - 'that part of culture that is actively concerned with the establishment and defence of belief and value.' The dominant ideology, albeit contestable, hegemonically overrides others interests, and buttresses those ideologies which it underpins (Dalley 1988:20). Social values and ideologies translate into cultural norms and institutions, which assume, and endeavour to ensure, that roles and practices in society adhere to fundamental cultural values. Culpitt (1992) proposed that, because agencies are the factual expression of social beliefs, this created the potential for, and possibility of, major structural change.

The primary macro-system factor influencing kinship care is the belief that families must care for their own. Extended families who, because of this familist ideology, are bearing the burden of care, often already suffer inequalities of class, gender and race. Now, having to take responsibility for dependent members with little or no support, they are further economically marginalised, Culpitt (1992) claimed that western governments are no longer ethically driven by the social needs of their citizenry, but by the economic imperatives of survival. Deinstitutionalisation and community care policies, under the philosophy of 'normalisation', have hit hardest on families who are already disadvantaged, and have served to keep women in the home and families under resourced. The ideology of familism is, however, contested by the ideology of 'possessive individualism', which allows people to pursue their own self determination,

free from dependence on the will of others (Dalley,1988:28). This contestation, signalled previously in chapter Two, affects extended family commitment and availability to care for kin children, and is unrecognised in community care policies based on assumptions that women will care.

Ideologies continue to exist, in New Zealand, that support racism and sexism, 'placing large numbers of the population in inferior positions, restricting participation in the community and affecting their development' (Prasad 1988:26). The disproportionate numbers of Maori and Pacific Island families who form the clientele of the Children and Young Persons Service bear testimony to the effects of institutional racism in our society. The 1989 Children, Young Persons, and their Families Act is, in part, a response to a growing awareness of this state of affairs. The ideology of familism intersects with an ideology of cultural sensitivity, and results in Maori families now being asked to care for their own kin children without the required material support.

It can be argued that women form the linchpin of community care and kinship care policies, supported by a 'female ethic of care' (Dressel and Clark,1990; Opie,1992). The kinship care research, examined in the last chapter, emphasised the role of women and how taking the caring role affected their lives. It is essential therefore to understand kinship care from the perspective of women themselves, and the socio-political forces that place them in the caregiving role and affect how that role is experienced. Feminist theory provides such an analysis. Recurrent themes of the invisibility of womens' caring; the implicit assumption that it is natural for women to care; the lack of attention paid to the complexities of the task, and the contradictions caring poses for women in terms of duty and the need for individuality are found in the caregiving literature, which is drawn on. (Baines et al 1991; Abel, 1991; Minkler and Roe, 1993). All these issues have been raised both in the kinship care literature and by the subjects of this research.

A Feminist Analysis of Kinship Care

Contemporary feminist theory can be classified as a critical theory (Smith and Noble-Spruell, 1986; Fay, 1987). It is devoted to achieving profound and broad change in society, based on altered self understandings that arise from examination of the origin and nature of power relations between men and women. It does not argue that all women, as a group, are victims of men, but rather focuses on patriarchy and its effect on the lives of women. Patriarchy, the social manifestation of male domination over women, implies that men hold power and women are deprived of equal access to that power. Chodorow (1978) saw kinship as the seat of socially organised gender and sexuality, and women, as mothers, pivotal in the sphere of social production (Chodorow 1978:9). Munford and Nash (1994:238) stated that there are a number of feminist theoretical positions that

identify different sites of women's oppression, and therefore there is no single feminist analysis. Mason, Noble and Campbell argued,

> The concept of the universality of women's oppression is accepted wisdom, and there is general agreement that central to the feminist critique is the extent to which the landscape of women's lives is shaped by patriarchy and capitalism, power and gender (Mason, Noble and Campbell, 1994:15)

Differences of class, race and gender impact on how kinship care is experienced. Feminists have been challenged to examine the relationships between class, race and gender, in order to provide a more comprehensive analysis of the nature of women's oppression (Munford 1995). The family has been identified as the most significant site of that oppression. Mainstream western social and political thought has, over the last two centuries, taken the structure and functioning of the family for granted, deeming its importance and inevitability as self evident (Delphy and Leonard 1992). The family, and the gender roles within it, has, however, been viewed by feminist writers as the seat of social, political and economic subordination of women and the central arena of economic and power relationships. The primacy of family - that is, family in its broadest sense - is now clearly stated in Section 13b) of the 1989 CYPFAct, which firmly places responsibility for the care and protection of children with family, whanau, hapu, iwi. No recognition has been made of the fact that, by and large, the actual caregiving task is undertaken by women and that this may well change their lives.

Kinship care can be likened to community care in several ways. First, the family is now carrying a responsibility once seen as belonging to the State. Feminist writers have recognised that the current emphasis on community care really means family care, and family care translates into care by women (Opie, 1992; Bornat; Pereira; Pilgrim and Williams, 1993; Snaith 1993). Kinship care translates into young women caring for younger siblings, or nieces and nephews, older women caring for grandchildren, or even great grandchildren, and women in mid-life, caring for grandchildren, nieces and nephews, as well as aging parents. These women are courageous women, weary women, women who see it as their duty. Some women are enlivened by the caregiving challenge, and some women are just waiting to pick up the threads of their lives once again. Abramovitz (1992) states that a pervasive 'family ethic' exists that governs the sexual division of labour, is reinforced by our social welfare policies, and is indicative of societies commitment to women as caregivers (Abramovitz 1992). It can be seen as an example of control of women by the State and raises issues of balance of power.

Second, kinship care, like community care, is seen as the most preferable option. Opie (1992:7) stated that it has been widely asserted that care for dependents at home is preferable for those needing care and those doing the caring. She pointed out, however, that feminists, in unpacking the ideological implications of words such as 'family' and 'care,' have identified the gendered politics of community care, and highlighted its problematic and potentially exploitative nature. This contradiction can also be seen in kinship care in that on the one hand, kinship care is seen as being superior to stranger care, keeping children within their own familiar environment but, on the other hand, it can bring with it oppression for the caregivers. It is also the most preferable option in economic terms, costing much less than alternative forms of substitute care. The economic rationale that makes such policies popular, and which keep women in certain relationships of power and class status, are brought to light by a feminist analysis.

Why women assume care of kin children and how that role is perceived is a question posed in this research. Kinship obligation is only part of the reason. Second-wave feminist thinkers have shown a growing interest in this issue. Fisher and Tronto (1990:35) state that three main images have emerged: the selfish carer, the androgynous carer and the visible carer. Those who take a 'selfish' viewpoint see caring as a burden for women that does not enable them to put their own needs first. Fisher and Tronto (1990) feel this is a limited conception, because caring is central to human existence. As a response to this, feminists have taken an 'androgynous' viewpoint that sees caring as a positive facet of women's lives that has been devalued by the capitalist/patriarchal order and the dominance of male value systems. If men equally shared the caregiving role it would be deemed to be as valuable as other activities. Chodorow (1978) proposed that the transmission of the ideology of women as caregivers occurred, not through physiological determination, but through social, structurally induced psychological mechanisms that serve to keep women in their place (Chodorow 1978:211). According to Fisher and Tronto (1990), this view overlooks the construction of sexuality itself. It has been argued that all that needs to change is recognition of the true worth of caregiving, and that it be made more 'visible' (Gilligan,1982). Other commentators have focused on the ethics of, and motivation for, caring (Noddings, 1984), and yet others have stated the necessity of recognising caring as being dichotomised between love and labour (Graham 1983; Ungerson, 1983). Fisher and Tronto (1990:56) state that all these explanations are incomplete, and what is needed is a 're-envisioning' of society's institutions that allows a feminist *ideal* of caring. Caring should be a central value in our society and women should remain central to the caring process, being able to draw on their relationships with kin, neighbours, and friends (Fisher and Tronto,1990; Opie,1992; Munford,1995).

Women's 'Work'

The present day nuclear family has been seen as oppressive for women by its structuring of gender identities and regulation and exploitation of women's (unpaid) labour through the roles of housewife, mother and caregiver. The invisibility of kinship care has been noted by Minkler and Roe (1993) and in New Zealand this is evidenced by a lack of literature or research on the topic. This is because caregiving has traditionally not been viewed as work at all, but seen as a natural state of womanhood, hence its unseen and undervalued nature (Baines et al,1991). Caring for a child who has suffered abuse and/or neglect demands much patience and skill. The 'craft' of caring - in other words the skills involved - stays unrecognised because it constitutes a fundamental part of female socialisation and women's paid, and more particularly unpaid, work experience (Baldock & Ungerson, 1991:142).

Although divisions of labour still exist within most families, who ascribe roles of caregiver to women and economic provider to men, there is an increasing need for women to also contribute to family income (Dayal and Lovell, 1994). This has resulted in a growing number of women meeting the caring needs of at least two, and sometimes three, generations, providing economic support for their families, as well as trying to meet their own personal needs. This is not a new phenomenon. Chodrow, almost twenty years ago, described the unrealistic expectations placed upon women,

> Women today are expected to be full-time mothers, and to work in the labour force, are considered unmotherly if they demand day-care centres, greedy and unreasonable if they expect help from husbands, and lazy if they are single mothers who want to receive adequate welfare payments in order to stay home and look after their children (Chodorow 1978: 213).

Assuming care for a kin child potentially compromises both earning capacity and chances of promotion. It relegates women into the part-time work force, and necessitates a juggling act as they try to meet their various responsibilities. The family ethic, which locks women into a subordinate family role, has also rationalised women's exploitation in the workplace. By devaluing women's position in each sphere, the ideology of what is women's work has overflowed to the market place. Women occupy the lowest positions in labour hierarchies, and are ready at the whistle to satisfy capital's need for good cheap labour (Abramovitz 1988).

A Socialist feminist analysis explains how women's oppression is located in the material, historic, and ideological relations of both production and reproduction. Caregivers'

unpaid domestic labour supports, like an infrastructure, the wages, structures and profits of industrial, capitalist economy. It increases both relative and absolute surplus value. Unpaid caregiving therefore serves two purposes. It legally 'occupies' women, keeping them out of unemployment statistics, and it increases the value of workers wages. Were kin caregivers paid at their true market value, higher levels of taxation would be necessary. Because this is not so, wages have greater commodity purchase power and allow a greater margin of profit to the capitalist.

This thesis seeks to examine the effect of kinship care on the primary caregiver. A large body of literature exists that discusses the effect of the burden of caregiving on the well-being of female family members who care for the young, the disabled and the elderly (Briar and Caplan, 1990; Opie, 1992; Minkler and Roe, 1993; Hegar and Scannapecio,1995). Caring is mentally, physically and emotionally demanding. At home it is unpaid and under-valued, and in the workplace it is poorly paid and undervalued. Recent commentators have found that around the clock demands have a deleterious effect on the physical and psychological health of caregivers, placing both parties at risk, and necessitating a need for respite care outside the family (Briar and Caplan,1990). Opie, (1992: 178) identified a common pattern of relatives being reluctant to use alternative care and putting it off until it was a matter of survival. Socialisation of women's caring roles is all pervading and produces feelings of 'ought', disallowing women to take what they need to survive without feeling a burden of guilt. Affordable, high quality alternative forms of respite care are difficult to access and rationed to the 'deserving'. An understanding of the complexities of caring, and its inherent costs and benefits, is not reflected in current social and economic policy in New Zealand. The recent reduction in child-care subsidies, and the policy of closing residential facilities for the severely disabled 'reflects just how strongly entrenched is the moral imperative for women to care, and the cost it imposes upon them ' (Baines, Evans and Neysmith 1993).

Women and Welfare

The public policy debate in Britain has been described as assiduously ignoring feminist issues where gender is central, if not crucial (David 1991). The same can be said of New Zealand, and in particular the 1989 CYPF Act, where the role of women as caregivers is not explicitly stated, but is taken for granted and subsumed under the concept of family. Social Welfare policy and practice should reflect principles of social justice, fairness and equity, yet because they have not, by and large, explicitly incorporated gender, the experience of women is unrecognised (Baines et al 1993). Voigt (1986) stated that an analysis of gender was critical in child welfare because the child welfare system is about care for children, a role central to the definition of women.

Mason, Noble and Campbell (1994:94) reflected that it was surprising feminist theory had only made limited inroads into child welfare practice, as women are over represented both as workers and recipients. A sexual division of labour exists within the social services, as in other domains, with women predominating as face to face social workers, and men predominating as managers and policy makers (Hearn,1985; Acker 1992; Hasenfeld,1993). The interpretation of knowledge and consequently, the making of policy, is typically shaped by a male perspective. This androcentric view has marginalised and rendered invisible women's experience, and a shift in theoretical perspectives, research methodologies and agendas is called for (Martin and Chernsky, 1989; Baines et al, 1993). This analysis may also partly explain the invisibility of kinship care, and the lack of research in this area.

Family Decision Making, and the consequent placing of children in need of care and protection with extended family, has been hailed as a reformative and empowering legislative process.[2] Feminist theory can offer some explanation of how ideologies in regard to the role of women are fundamental to the process and, in fact, underpin and allow policies based on family responsibility. The economic rationale that makes such policies popular, and which keep women in certain relationships of power and class status, are brought to light Some practitioners fear that the model of family decision making could reinforce the power of patriarchy since in many families, in many cultures, though men are not the primary carers, they are the primary decision makers. Such practitioners are quick to point out that the traditional power of men over women and children is at the root of much abuse. The introduction of this model could be seen as the replacement of one form of oppression, State paternalism, by another, patriarchy, whose only dubious merit is that it is more family focused (Ryburn 1993:6).

Ryburn (1993) stated that the family, as it is socially constructed, often serves to reinforce the dominance of male interests. He proposes, however, that the family decision making model can challenge this domination. It can create an opportunity for women across generations to establish new coalitions in formulating plans to protect children, and the support and sanction of the professionals (mostly women, parenthesis mine), can increase their power and responsibility. In my experience, Ryburn's proposal is idealistic. The actual caring is still done by women - individual women. The circumstances that brought the children into care have very often had an effect on extended family relationships that preclude opportunity for coalition. It is my opinion, it is likely that professionals are still seen as carriers of State power, who can withhold necessary resources, and withdraw support once the extended family takes responsibility. Even though the professionals are very likely to be women, the fact that they wear the

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2 See Glossary for description of FGC

mantle of State authority places a barrier between them and the women in the family, minimising any coalition that could potentially arise from the shared oppression of womanhood.

Women, Money, Power and Class

A relationship between poverty and admission to care has been established (Sinanoglu, 1981; Rowe et al 1984; Voigt, 1986; Prasad, 1988; Smith, 1991; Tresiliotis,1993), and this thesis has sought to establish the effect of caregiving on the financial status of the kin families. Minkler and Roe (1993) found that kinship caregivers in their sample struggled to financially support their kin children, and often went without themselves. Smith (1991) provided a socialist feminist analysis of foster care, which can be applied to the placement of children with the extended family/whanau. Such an analysis examines class and gender and raises questions about cross-class relationships, money, power and the State. Smith viewed foster care as being largely about relationships between women and the State, and between women of different classes. Children of the socially stigmatised, poor and disadvantaged are cared for by mostly upper working class foster mothers, and supervised by middle class social workers (Smith 1991:176). In kinship care, however, children of the socially stigmatised and disadvantaged are cared for by extended family who may be likewise, and both parties may feel exploited and disempowered. Kinship care is also about middle class social workers and policy makers dictating conditions for lower class families. Kinship care therefore serves to keep people in particular relationships of power and class, particularly women.

Smith (1989) also cited powerful ideological forces that identify these women as 'good' or 'bad' mothers, in ways that militate against the possibility of having interests in common. Placement with relatives may overcome barriers of class and race, but still allows judgments of good and bad mothers within the family itself. Smith identified that the ideology of motherhood was alive and well, and various forces combined to put pressure on women to conform to their natural roles of wife and mother - roles, she claimed, that 'render women dependent and powerless, with a limited influence on the public sphere' (Smith 1989:176).

Smith (1991) stated that resources to help women with the often difficult task of child rearing were least available to those who needed them most. The State has failed to provide realistic supports for the sustained individual success it expects. The actual cost of caring for abused and traumatised children is far greater than any reimbursement paid, and caregivers support the State out of their own pockets. As from March 1995, the quarterly clothing allowance paid to foster caregivers in New Zealand was discontinued, and a voucher system was reintroduced. This system immediately classifies children in

care and their caregivers as the deserving poor, and identifies them to retailers.[3]

Although Smith's analysis was related to stranger foster care, it is even more applicable to New Zealand women caring for kin children. As previously stated, these women are penalised by virtue of being related to the child for whom they care. Extended family caregivers may claim the Unsupported Child Allowance, which is substantially less than board payments given to unrelated foster parents. Foster parents also receive additional payments for education, medical and clothing costs and Christmas and Birthday present allowances. These extra costs are not claimable for those receiving the Unsupported Child Allowance. It must also be remembered that foster care allowances are seen as reimbursements, not payment for service. A Social Welfare Department manager I questioned about this discrepancy, responded "Why should they get the same? They are family." A class analysis reveals that families of lower socio- economic status, with the incumbent problems that often exist at that particular level, are caring for often traumatised and difficult children and paid at a much lower rate than stranger foster families. This can be seen as a contradiction in that extended family care is stated to be in the best interests of all concerned, yet the economic stress it places on families could place the caregiving family itself at risk also. Minkler and Roe (1993:82) quoted Hilda Scott (1984) who stated that 'the personal is not just political, it is also economic.' The high costs of caring are particularly pronounced when the basic family income is low. Minkler and Rowe stated that contrary to political arguments that caregivers profit from the board payments, none of the grandmothers in their sample could report that their economic situation had improved since they had become caregivers, a fact also evidenced in this research.

The recent economic crisis has been reflected in severe cut backs to welfare spending. Placing a child with extended family is the cheapest care option. The extended family subsidises the cost of caring for a child whose care and protection needs may well have arisen as a result of the stresses imposed on families by the capitalist mode of production. Women provide a reserve army of labour that facilitates the adjustments of employment necessary in uneven capitalist development. When such employment opportunities arise, caregivers feel tempted to seize them to augment a family income that is stretched by the addition of a kin child. This results in compromise at all levels, not least being the well-being of the women themselves. The 1989 CYP&F Act is therefore economically sound in terms of the current budget restraints. This welfare thrift is further encouraged by policy that gives to Department of Social Welfare staff, in particular Care and Protection Coordinators, salary bonuses up to $4000 per annum if they can show that they have

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[3] In terms of the Privacy Act, I wonder if this is legal !

saved expenditure in Family Group Conference outcomes[4]. District managers have also been offered such incentives. This can be directly translated as economic disadvantaging of women, serving to keep them disempowered.

Is There a Care-giving Crisis?

Placing kinship care under the umbrella of the move toward community care locates it politically and economically. Fiona Williams (1993) writes that it is now a common observation that the invisible threat in government reports and policy documents that ties the notion of 'community' to that of 'care' is, by and large, women. I would add that it is dependent upon women for its continuation. Historically, women have provided the only cradle to grave caregiving services. Family caregivers, mainly women, are often providing multiple episodes of caregiving, across several generations, during their lifetimes (Briar and Caplan 1990:1).

There is an increasing expectation that families will assume care for dependent relatives in New Zealand. This assumption does not take into account either the changing form of New Zealand families, or the current economic stresses that force women into the work force. Several social and economic trends point toward the loss of women available to provide care for dependents. First, demographic trends toward increased longevity and delayed childbearing will result in rising median ages for the both the population and the labour force, and in even greater conflict among obligations to work, family, and caregiving. The greatest increase in women entering the work force is found in those between the ages of 45 and 60, and it is to this group of women that society looks for care (Neil, Chapman, Ingersoll-Dayton and Emlen, 1993). This will mean women may be forced to make choices about who they will care for - all kin, some kin, close kin or no kin.

As women try to meet both the intergenerational care needs of families and whanau and the demands of the workplace, a crisis is becoming obvious. The continuing and increasing complexity of womens' expected roles has resulted in women being unable to meet caregiving requests, either within the family, or outside it. Those agencies who offer respite and foster care are finding it increasingly difficult to recruit families willing to undertake these tasks.[5] They also tell of not being able to place foster care referrals from Children and Young Persons Service, and children staying in foster care for extended periods of time, because extended families are not able to offer care.

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[4] Children and Young Persons Service National Office Memo June 1994

[5] Information gained from a selection of managers and social workers of Child & Family Support Services.

In conclusion, Smith (1991) stated that consciousness raising about the expected roles of women in the community and the difficulties of child rearing is a key task. The family caregiver's cause should be at the heart of debates about private versus public responsibilities. An agenda for reform is needed to reduce the likelihood of impoverishment, stress, and inequities both in the work and gender roles of caregivers (Briar and Caplan, 1990:1). In extended family caregiving this is even more imperative because of its invisibility and lower status. It is right that, wherever possible, children should find care and support within their own extended family. A feminist analysis of those principles within the 1989 Children, Young Persons and their Families Act raises questions, however, about ideologies and assumptions in regard to families and the role of women as caregivers; roles that are biologically, culturally, economically and historically determined. The argument should be, perhaps, not whether women should have the role of primary caregivers, but that caregiving be promoted as an esteemed undertaking, the necessary skills required recognised and the full capital value recompensed. 'The hand that rocks the cradle rules the world' is not borne out in terms of power and esteem afforded it.

Summary

According to Kurt Lewin, 'there is nothing so practical as a good theory' since 'it is theory which provides for our way of looking at the world, and guides action toward a vision of the way things ought to be' (Pardeck, 1993:92). In this chapter I have argued that both ecological and feminist theories contribute to an understanding of kinship care, and how it impacts on the lives of women and their families. As with other forms of caregiving, the phenomenon of caring for children from the extended family can only be understood within a broad social, cultural and economic context.

Using the ecological framework enables a comprehensive systematic risk analysis, and directs and informs appropriate social work intervention on all levels. An holistic appraisal of the total ecological environment of the kinship group must be made. Such an appraisal must take into account the components of the family microsystem, and look for mesosystem markers of analysis : quality and extent of integration; shared goals and value systems; and strong supportive relationships. An examination of the exosystem and macrosystem has identified the effects of recent economic policies on kinship care, and its cultural and ideological determinants.

My primary intention in taking a feminist analysis of kinship care has been to make women caregivers visible, and to bring to light issues of state and family patriarchy that determine their life chances and ways of being. Such an analysis has brought me closer to understanding the feelings of powerlessness and anger expressed by the women in this

study. The dual analysis has identified the sites of that oppression, in order that any reconstruction undertaken can be comprehensive and appreciative of the power relationships and their complexity. Prasad (1988) made the point that sources of risk also contain opportunities for positive development. Only by recognising the complex relationships of the many factors impinging on kinship care can a new model of practice be considered. Key practice principles emerge that must be addressed if we are to honestly strive for the well being of the children and their kin caregivers, and these are discussed in the final chapter.

While the integration of ecological and feminist theories has been useful, it has not produced a framework for an emancipatory reconstruction. In the final chapter, I move to critical theory, and use the framework of Fay (1987:31) to bring together the evidence and construct an emancipatory model. Fay (1987:130) raised the question that, given that power is essentially dyadic in the sense that it depends on the self understandings of the powerless as well as the powerful, and given that power manifests itself in relationships of empowerment as well as those of domination, how can the opressed - newly enlightened by a critical theory - confront and overcome their oppressors? Does the truth always set us free? Fay placed high value on the ecological perspective that values those situations in which each part of a system is permitted to play it's proper role, and therefore values the elimination of those situations in which, because of domination, some group is prevented from being what it can and should be. Ecological thinking is marked by a deep sensitivity to the interrelatedness of all things to each other, and the care that must be taken in interacting with any member of the system because of the reverberations such action will have throughout the rest of the system. It is wrong, Fay stated, to hope that humans can be totally independent and self-determining. If humans are to be fully participating, they must be made aware of all the influences that determine their lives - the ideologies, economic, and social determinants of current beliefs and practices, in order that alternative understandings can be reached and new ways of working can be constructed.

Shirley (1982) stated that the critical tradition is based on emancipation of the oppressed. Interpreting social and political reality, it critiques the power structures that support oppression, synthesising theory and practice (Shirley, 1982:285,6). By translating personal troubles into public issues, consciousness formation - a process of reflection and action, becomes the methodology of critical practice (Shirley, 1984:287). Such a process also reflects the methodology of this research. This study has addressed both the 'private troubles' of the five families concerned and the 'public issues' that have affected their lives (Mills 1959). Both ecological and feminist theory clarified the areas I needed to explore in gaining evidence for this thesis. A feminist perspective demands that an

enquiry such as this gives primacy to the voices of those for whom kinship care is the lived experience and daily reality. It also emphasises the need to make sure that neither the research process nor the results in any way invalidate the life meanings of the women and their families. The next chapter explains how I did this and the principles of feminist methodology I used.

CHAPTER FIVE

METHODOLOGY - HEARING THE VOICES TELL THE STORIES

> Analysis of stories, giving women the opportunity to name the moment has been one way for women to make sense of their lives (Munford and Nash, 1994:238).

Introduction - The Research Question

This qualitative research seeks to examine the experiences of five Pakeha families caring for children of relatives, where a care and protection[1] issue existed. The voices heard are those of the women caregivers and in some instances, their partners. I have endeavoured to accurately record the effects of caring for the children on the caregiving families and, in particular, the primary care-givers. As a backdrop, I have collected information about the characteristics of the caregiving families, the children for whom they cared, the social circumstances of the natural parents that led to the need for care and the decision making process that followed in regard to who took caregiving responsibility.

Ideas and facts that emerged from both the literature review and the theoretical analyses have informed and directed the research process. The sets of relationships that existed in the extended family group and any changes that have occurred over the time of the placement have been explored, because they are central to the concept of kin-based care. Researchers have claimed that kin-based care is likely to offer a higher degree of placement stability than foster care with strangers (Berrick et al 1993; Rowe et al 1994; Berridge and Cleaver, 1987). In order to gain an appreciation of the stability afforded the children in these kinship placements, the length of time the children have spent with the families and the factors that contributed to some children moving on have been examined. Overseas literature has indicated that permanency planning and the legal status of children in kinship care are issues that need further research because, if unaddressed, the best interests of the children could be compromised (Dubowitz, 1994; CWLA, 1994). The experiences and opinions of the families have been sought about this. The caregiving literature has emphasised the necessity for both personal and social support if the general well-being of the caregivers and those for whom they care, is to be maintained (Briar and Caplan 1990; Opie 1992; Minkler and Roe 1993; CWLA 1994). The level of support offered by extended family, community and the State to the kin

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[1] See glossary.

caregivers is explored.

This research is not a comparison between outcomes for children in foster care and those in extended family care. Children in need of placement cannot be randomly assigned to kinship or foster care, and there are likely to be important differences leading to each form of placement that complicate such a comparison (Dubowitz et al 1993:165). Research has identified factors that affect outcomes for children placed in foster care. Recent studies have also established that children placed in the care of stranger foster parents and children placed with kin had similar characteristics, resulting from their past abuse and/or neglect (Dubowitz, 1994; Hegar and Scannapecio, 1995). It can be hypothesised therefore that factors that affect outcomes for children placed in foster care are also applicable to children placed with kin. The quality and extent of contact with biological parents; quality of relationships between caregivers and parents; behavioural difficulties of the children; the number of moves the children have experienced; the effect of increased demands on family resources; collaboration and goal consensus between all parties, and training and assessment of caregiving families, are, therefore, issues that have been examined. The effect of recent social policy reforms on the lives of the women and their families is explored. This research is in the deductivist tradition, in that knowledge from the field of foster care has been tested against this sample of children placed with relatives, yet inductive as the outcomes for children in need of care and protection who have been placed with relatives is, as yet, unresearched in New Zealand

The Role of Feminist Methodology in this Study

A feminist methodology has been chosen to underpin this investigation for several reasons. Caregiving is central to the role of women, and an examination of family will necessitate a strong focus on their roles, expectations and life experiences. As a woman and a feminist researcher, the principles of equality, empowerment, collaboration, non-exploitation and ownership are ethical imperatives for me (Oakley, 1981a; Spender, 1983; Mies, 1983; Smith and Nobell-Spruell, 1986).

I have endeavoured to hold to the tenets of feminist methodology throughout all aspects of this enquiry - the epistemology, underlying agenda, theory, research design, method and ethics. The primary aim of this thesis is to tell the truth about the womens' lives, not reinterpret them through any theoretical straitjackets, or beholden to any traditional scientific methods. Fay (1987:114) stated that a fluid dialectical relationship exists between theory, evidence and practice in feminist research; a truly educative process. I argue that the underlying agenda for all feminist research must be the enlightenment of women and society to the sociopolitical context of women's experience, the ideologies that sustain their exploitation, and the identification of emancipatory action.

> A methodology that allows for women studying women in an interactive process without the artificial subject/object split between researcher and researched ...will end the exploitation of women as research objects.... The theory and practice of a woman's experience is not split (Duelli Klein, 1983:95).

Denzin (1994:510) describes a post structural feminist interpretive approach that is multi-voiced, reflexive, open-ended, emotionally based, and action or praxis focused. In my research this demands that the voices and feelings of the caregivers be heard, that structural and cultural conditions be captured and that the women themselves contribute to change. I have therefore asked the families to identify issues of policy and practice of particular concern to them. Finch (1986a) stated that such collaboration is imperative if the 'assumptive worlds and social constructions' of the policy makers are to be enlightened. Many feminists believe that the portrayal of women as oppressed and victimised leads to apathy and resignation and seek instead to find a feminist social science that acknowledges women as active agents in their own lives, even if not within conditions of their own making (Thompson, 1992:6). The use of a feminist method of research has enabled the commitment, strength and resilience of these caregivers to become visible.

The Participants

The participants in this study were five Pakeha families who were caring for children of the extended family, as a result of a care and protection order. They were chosen by a non-probability method. The sample is purposive in that it was drawn from a group of extended family caregivers who were known to a representative of the New Zealand Family and Foster Care Federation. As concepts of family have very different meanings across cultures, I have restricted the sample to my own culture. Families and women of iwi descent, for example, have additional issues of oppression and different concepts of family which could not be dealt with adequately in a study of this size (Selby, 1994; Bradley 1994; Ruwhiu 1994).

My contact from the New Zealand Family and Foster Care Federation initially telephoned the families and provided them with information about my research. If they were willing to consider participation, they were sent my letter of introduction and information sheets, which clarified the intent of the project (Appendix 1). The participants were asked to sign and return a consent form if they agreed to participate in the research project. I also gave my contact phone numbers and home and work addresses, in order that the prospective participants could ask further questions, should they so desire. In order to maintain confidentially, no identification of caregivers was made to me until they agreed to take

part in the research. For ethical reasons, I could not include any families with whom I have had a professional relationship in this research project.

As noted above, the respondents were self selected. Six caregivers in total agreed to be interviewed. One family was not included in the analysis, even though the caregiver kindly gave of her time and shared her story with me freely. The principle of kinship can be extended beyond the strict boundaries of biological or affinal relationship (Dalley, 1988:64). In the excluded case, however, not only did neither of these relationships exist, but, moreover, the parent and caregiver did not know each other well. Although the caregiver felt the situation was more similar to kinship care because of the way it came about, it was in fact long term, unrelated foster care, and was therefore excluded from the sample. The sample is not confined in any other way in regard to any particular characteristic, except ethnicity.

The five families consisted of four married couples, and one female solo parent. The caregivers ranged in age from 43 to 66 years. They had an average of three biological children who, except for one, had left home. Most caregivers had frequent contact with their biological children. The grandparents had twelve other grandchildren, and three of the other couples had one grandchild each. Only one of the women was employed - the solo mother - and that was part time. Two of the husbands were employed, one a tradesman and one a clerk. Two of the families were beneficiaries. Annual household income ranged from $16,000 -$32,000.

The families had cared for a total of fourteen kin children over a period of eight years. The longest care period was eight years, the shortest three months. One family had cared for five children, one family had cared for four, two families had two children, and one family had one. The children were all related to the women caregivers except one, who was a niece of the husband. The youngest children in the sample were grandchildren to the caregivers, the rest were nieces and nephews. There were seven male children and seven female children.Their ages at time of interview ranged from 4.5 years to 15 years. The children were all under seven years of age when they first came to live with the caregiving families. Several of the children had spent an initial period of time with the caregivers, moved home or to other extended family members, and then returned to the caregiving families again. All had suffered abuse and/or neglect. Two of the children's biological parents were deceased.

At the time of the first interview, four of the children had left the kinship families within the preceding twelve months. Another left over the research period. Two went to live with other extended family members, and the rest were placed in Children and Young

Persons Service Family Homes. The children who left had all been with the caregiving families for seven years. All the children had been in the care of either the Children and Young Persons Service, or a voluntary agency, at some time. Several of the children had siblings living with other extended family members.

Data Collection

A semi structured questionnaire (Appendix 2) guided the interview and at the same time allowed open interaction and the sharing of information important to the caregivers themselves. The questionnaire contained items that were adapted from other studies, in particular that of Minkler and Roe (1993) and Thornton (1987). Other items were included on the basis of my attendance at the Foster Care Federation Conference workshop, my experience as a foster parent and social worker, an extensive review of the relevant literature and issues arising from explanatory theories. Demographic information in regard to the caregiver and the family that is pertinent to the study was collected.

As caregiving is central to the role of women, this study was originally designed to capture the stories of the women caregivers only. However, every one of the married women in the study encouraged their partners to be present for part, if not all, of the interview.

> *It would be good for you to talk to him too, you know. I'd like him to tell you what has happened to him because of all this- Well, what has happened to all of us really (Elaine)*[2]

Although having the men present had not been my plan, I was committed to allowing the women to control the interview in their terms (Reinharz 1992), and I believe this has resulted in a richer flow of data, as a process of open communication flowed between men and women, a process they had, in regard to some issues, not engaged in before. This could be seen by some as an inability on my part to control the research relationships. Reinharz writes, however, that this kind of criticism implies 'an unwarranted assumption that the researcher can control his/her stance', and a dishonesty in not talking about problems that arise (Reinharz, 1992:59). Feminist research is not restricted to the female gender, but also tells the stories of men. Men have pointed out the oppressive nature of being excluded by women.

> Feminist critical discourse has raised the epistemological question of whether one must be a woman to contribute to an authentic sociology of women....Although a man cannot experience what it means to be a

2 To preserve confidentiality, pseudonyms are used throughout this study.

> woman, this does not preclude making a contribution to the sociology of women....Oppression seems to me to have trans-gender aspects which those who have experienced it can communicate (Kandal,1988).

I believe that, in this instance, allowing the male caretakers a voice, gave me the advantage and privilege of observing first hand how the couples negotiated their relationships and different roles and had different primary concerns. The interview was catalytic to that process, facilitating frank discussion of issues affecting the family. The voices of the husbands are here also, and in terms of understanding the women in context, important. The male contribution to the research enriched the data.

> The very process of doing research can begin the process of enlightenment for the families themselves, as power relations that they experience on a daily basis are revealed (Munford, 1989).

It so happened that all but one of the follow-up interviews were with the women only because, except in one case where the husband was at home on sick leave, the men were not at home. Only in one instance did a woman share with me information that perhaps would not have been forthcoming had her husband been there.

I sought the permission of the women and their partners to record the interviews. This was granted, although some diffidence was expressed by two of the women. In these instances, I offered to turn the recorder off, but it was agreed that it should remain on. The women clarified that it was not the content of what they would say that concerned them, but rather, the effect it had on the flow of conversation. Interestingly, information of a more personal nature was sometimes given after the recorder was turned off, at the end of the interview. This caused a dilemma, as I wondered if it would then not be seen as 'usable' data. The families knew, however, that nothing would be used without their prior approval. I also had pencil and notebook, and recorded a minimum of factual and impressionist information during the interview, as long as this did not interrupt the flow. I wrote up this in the evenings.

The Interview Process

The families were initially asked to participate in two interviews, each of approximately two hours duration. Two interviews were planned, in order to increase validity of the data (Minkler and Roe 1993). Each interview lasted two and a half to three hours. The interviews took place over a period of two separate weeks, four weeks apart. Personal circumstances beyond my control meant I was unable to conduct a second interview with two of the families. In the second interview, I repeated some questions asked previously

and, as in Minkler and Roe's (1993) study, a high degree of consistency of response was found. The second interview also allowed me to probe areas needing further discussion, and seek clarification of any previous information. The families were also told they could, on reflection from the first interview, add to or change anything they had said previously.

The interviews took place in the homes of the caregiving families, either in the lounge, or around the kitchen table. In most instances, some of the children were at home. Although, for most of the time, they were occupied in another room, occasionally the interviews were interrupted while the caregivers attended to the needs of the children.

> Participant observation is a commitment to adopt the perspective of those studied, by sharing in their day to day experience (Denzin 1970 ;185).

Oakley (1981a) stated there is no intimacy without reciprocity, and the researcher is put in the position of sharing communal ties of experience to enhance not only the relationship, but also the flow of data. This involves a sharing of stories that reduces distance, and allows the commonality of experience to increase empathy and a feeling of being understood. Duelli Klein (1983) commented that a dialectical relationship between the researcher and the researched allows the participants to recognise connections between their different lives. My experiences of being raised by extended family, being a woman, a mother, a foster mother, and a social worker were shared appropriately and allowed me to identify with the participants in a manner not available to every one. So many of the stories told had elements of my own experience. I identified closely both with the children and the caregivers as parts of their stories mirrored my own. Locating the stories in their particular social and political context has enabled me to maintain a 'conscious partiality', however, that allows critical and dialectical distance, and enables any distortions of interpretation to be corrected (Mies 1983:122).

Glesne and Peshkin (1992) comment on the establishment of rapport, and its function in qualitative research, describing it as a 'distance reducing, anxiety-quieting, trust-building mechanism' that primarily serves the interests of the researcher. Although my personal experiences of kinship care, and foster parenting may have reduced distance from the women, I was concerned that identifying myself as a social worker would create barriers arising out of connotations of power and authority that are perceived to exist in that role. That particular fear was unfounded. My personal experience and understanding of the difficulties of caring for children who have suffered abuse and neglect was a common bond. The way in which the participants responded led me to believe that I was seen

primarily as a foster parent and advocate.

Feminist researchers have identified that the process is as important as the content, and the researcher must continually reflect her contribution to the research data (Nobell and Spruell 1986:142; Reinharz 1992). Finch (1984:74) claimed that the structural position of women, in particular, made it likely that they would welcome the opportunity to talk with a sympathetic listener. Glesne and Peshkin (1992) stated that rapport was present when the interviewee benefited from the interview. The opportunity to tell the story, and begin to make sense of it in the telling was openly appreciated by some of the research participants. The male participants, particularly, commented on this,

> *Sometimes you feel taken for granted just because you're family. .....at last someone is listening to how it is for us. We don't seem to have had much success in being heard up till now (Ken).*

> *Well this has been good. Not at all what I was expecting it to be like (Stewart)*

> *It has been really helpful to talk things through with you like this. Some one who isn't closely involved in the situation (Les).*

I was aware of using the skills and values inherent in the social work role, in the research process. The value base of my profession was my watchword: namely, accepting people's integrity and worth, treating them with respect, genuineness and honesty on my part and allowing them control and self determination. I also imparted knowledge when I had it and they did not. Listening skills, reading body language, seeking clarification, paraphrasing, and showing empathy meant the process was interactive and positive for all concerned. In some instances where both partners were present, I felt the questions were a catalyst to communication between them that perhaps had not taken place before. Sensitive issues were concretised, given form, and responded to by both parties. Differences of response gave not only me the opportunity for clarification, but each of them an opportunity to hear how the other perceived the situation, for example,

> *Stewart : This has meant that we have had to work on our relationship.*
> *Me : And how has that been?*
> *Josie: Hard.*
> *Stewart : Good.*

Glesne and Peshkin (1992), when discussing the issue of reciprocity in the research relationship, described this sort of encounter as the opportunity to give back something to those who have shared so much.

> Good listening, with its attendant reinforcement, catharsis, and self enlightenment are the major returns researchers can readily give to interviewees.....Although researchers do not wittingly assume the role of therapist, they nonetheless fashion an interview process that can be strikingly therapeutic (Glesne and Peshkin 1992:123).

Self-reflections can produce pain where least expected. Understanding the therapeutic nature of such interviews meant I endeavoured to deal sensitively and constructively with unresolved feelings, without taking the role of therapist or analyst (Glesne and Peshkin,1992:123). The sensitive nature of our discussions meant that those women who so willingly shared with me were sometimes moved to tears. Depending on the circumstance, I sometimes referred them to other appropriate people and/or organisations I thought would be helpful. I also followed up with telephone calls and a second, and in three cases, third visit to keep in touch, in order to assist them to feel comfortable with having disclosed so deeply.

Feminist research starts with the experience of the researcher, as it has in this case. This affects both the choice of topic and the outcome, bearing in mind that the researcher is intrinsic to the process (Oakley 1981a; Stanley and Wise, 1983). Janet Finch (1991:201) presented a strongly evidenced case for feminist interviewers to use their own experiences as a key resource in the research process, both in the interviewing process, and in the construction of theory. She argued that women social scientists have to draw upon their own experiences and understandings of their world in order to reshape social knowledge.

Data Analysis

A schedule for assisting with content analysis was developed. As interviews were conducted, the qualitative analysis began; as core themes were identified and important quotes captured, case study notes were developed and further information requirements were noted. Following every interview I wrote field notes, from the notes taken at the time, that recorded my impressions of the interview, observed relationships between partners, any particular emotional affect in regard to particular topics, and my

own feelings and emotions. All tapes of the interviews were transcribed.[3] The transcripts were analysed sentence by sentence and, using content analysis, categories and sub-categories were developed. Using an ecological framework for this analysis, I began with micro-system issues in regard to the caregiving families, the children's biological families, and the children themselves. Mesosystem variables, namely, relationships existing among varying members of the families and relationships with professionals were identified. Exosystem influences, such as the Law, the Children and Young Persons Service, the Housing Department, Income Support Service, Voluntary agencies and schooling have been discussed. Macrosystem variables, in particular commonly held beliefs about family construction and responsibility and policies arising from these, have been noted, along with suggestions from the families about policy reform. Within these broad categories, further sub categories were identified. Some quotes fitted into several categories. It was difficult to constrain the analysis to a manageable size.

> A process of analysis is a simultaneous experience of suppression and expansion - suppression because conceptualisation is grounded in data, which by representing it in terms of that concept, itself then becomes unavailable; expansion, because exploring the ways in which data can be conceptualised and further theorised, moves the argument beyond previously reached points. The challenge for me, as writer, was to explore the theoretical and conceptual possibilities of the data, while at the same time remaining grounded in the texts themselves (Opie 1992:41,42).

I tried to choose quotations that were representative of the feelings of the group on particular issues. These have not been edited, except to change names of people and places. In addition, where individuals could possibly be recognised despite these changes, I have sometimes also changed gender. I found it necessary, once I had decided to use a particular quote, to return to the whole text again to place it in context, to recall the whole interview, the feelings expressed, and ensure such an interpretation was accurate. The quotations used represent only a tiny proportion of the rich data gained.

Validity and Reliability

Janesick, (1994) claimed that validity, generalisability, and reliability in qualitative research, all terms from the quantitative paradigm, were a trinity to be questioned. 'If

[3] The transcriber, who has undertaken this task numerous times for other researchers, felt emotionally moved by the content of the tapes, and shared with me that she was reduced to tears more than once. She agreed to let me report this, as it helped me locate my own feelings of sadness, compassion, and anger at the exploitation of these people.

psychometrics are allowed to rule our research, we decontextualise individuals' (Janesick,1994: 216,217). Oleson (1994) stated that feminist empiricists working in the qualitative mode were particularly vulnerable to positivist's criticisms about credibility. She supported the development of new criteria for adequacy, namely, being sure the subjects voices were heard, accounting for the investigators as well as those participating, and revealing those conditions that determined how the daily lives of the participants were experienced.

Minkler and Roe (1993) note that assessment of the validity of qualitative data requires the incorporation of a rigorous process of checking facts, accounts, and interpretations throughout all phases of the research. I visited all the families to share with them what I had written, checking for accuracy, gaining their approval, and checking to see how they were and what had happened since I last saw them. It eased anxiety and concerns I felt about 'taking' from them, and further secured our relationship. The criteria by which Minkler and Roe(1993) measured the validity of their qualitative data were coherence, resonance, and usefulness to the participants, practitioners, and policy makers. The stories told to me during both the pilot study and this research had identical elements of exploitation powerlessness and isolation. The caregivers wanted to tell their stories, even though they were painful.

> *If this helps someone else get a better deal, then that would be good. Not that I would have it any other way, having the kids I mean, but its damn hard at times (Helen)*

In this particular piece of research, reliability is also confirmed in that the facts emerging from the data bear a marked similarity to those iterated in overseas research (Strauss & Corbin 1990:52).

Ethical Issues

Approval was sought and gained from the Massey University Human Ethics Committee prior to undertaking this research. As a feminist, there were several ethical questions that were of concern to me from the outset. I was aware of the sensitivity of the issues that exist in extended family care. There is very often a conflict of loyalties, as relatives have no wish to expose the faults of their kin, feeling protective about the reputation of their family, but they also desire the best for their kin children. Even though anonymity has been preserved as far as possible, the publication of the 'family story' may be painful to the participants. I am aware that Family Group Conference proceedings are confidential to the parties concerned, and therefore I have only asked questions in regard to process, not content.

The question of exploitation, or using the informants for my own ends, began to arise for me as I became immersed in the research and the families shared with me on an intimate level. Because of both the commonality of experience and the feminist approach of equality and empowerment, I felt more like friend than stranger. I feared I may have gained some information in the context of friendship that I would not have gained otherwise. Discussion of sensitive issues and 'telling the story' resulted in some emotional distress for the respondents. My training and personal experience enabled me to, hopefully, recognise this and respond appropriately. A member of the New Zealand Foster Care Federation agreed to be supportive of the respondents, and contact numbers were given. I have visited three of the families three times and two families twice. I have also telephoned the families in between visits. Glesne and Peshkin (1992:125) state that the degree to which research is or is not ethical, depends on the researchers continual communication with the research participants. The final visit was made to personally share the quotations used, check their accuracy , and gain permission to print them. I have submitted what I have written to the families to read and sought their approval, in order that nothing gets printed that may cause later concern.

Strict procedures were put in place to ensure the identity of the families remained confidential. Any identifying information on the tapes was erased at time of transcription and pseudonyms used. The transcriber signed a declaration of confidentiality. Tapes, transcriptions and thesis material have been kept in a locked filing cabinet. Tapes were transcribed onto a disc which was locked up, and will be destroyed. No information will be held on the hard disc. Glesne and Peshkin (1992:119) state that, to maintain confidentiality, the researcher may have to partially deceive the readership (p119). I have, as mentioned above, changed names, places, and in some instances, gender.

Should any research material be misinterpreted or misconstrued, policies and practice could be changed, or not changed, against the best interests of the collective of kinship caregivers. Should this occur, I will advocate for the kinship caregivers both through the New Zealand Family and Foster Care Federation, and my professional body, the New Zealand Association of Social Workers. Glesne and Peshkin (1992) emphasise that researchers have a responsibility to spread the message and become advocates. Do researchers, they ask, as welcomed but invited outsiders, enter a new community, mime words and behaviours, and then withdraw to process those words into a product that serves themselves and, perhaps, their professional colleagues? I assured the participants that their statements about policy and practice will be incorporated in the concluding recommendations.

Summary

This study has been undertaken using the principles of feminist research, a participatory, collaborative process. Although the caregivers' stories highlight their strength, resilience and dedication to the task of nurturing their kin children, every woman in the study has described the experience, in some way or another, as one of struggle. They have shared their feelings of frustration, anger, despair and loneliness, as well as those of love and compassion for the children, and pride in their achievements. It seemed to me, as listener, that telling their stories was part of the process of making sense of the situations in which they found themselves, a reflective process, that I felt would go on after I had left.

> A story saves a little at a time by making us see and hear and taste our lives and dreams more deeply. A story does not rescue life at the end, heroically, but all along the road, continually. I do not make the story; the story makes me (Stafford 1991:28).

Writing this chapter again projected me into what was a very moving experience that affected me more than I had anticipated. As a social worker, I know how essential it is to have supervision that enables one to locate emotional affect, and having done so move on. I had the same need to do this after undertaking this research. What has emerged for me is an awareness and concern for the vulnerability of the caregiving families and those for whom they care. This vulnerability presents itself on several fronts to do with both practice and policy.

> It is to the role of transformer - in the sense not of reformer but rather of catalytic educator - that writers of qualitative research rightly aspire. As others read your story, you want them to identify with the problems, worries, joys, and dreams that are the collective human lot....by reflection on themselves and their families and friends, they acquire new insights and perspectives on some aspect of human interaction. ..... Although not the primary goal, this process of learning about the self through understanding others is a gift of qualitative research well done (Glesne and Peshkin 1992:155).

Recurrent themes visible in the feminist caregiving literature : the invisibility of womens' caring; the implicit assumption that it is the role of women to care; a lack of understanding the complexities of the task, lack of financial recognition, and the contradictions in terms of duty and a need for individuality can be seen over the next two chapters. Women and

families caring for kin children who have suffered abuse and neglect experience stresses in three related areas of living - life transitions, interpersonal processes and environmental pressures (Bronfenbrenner 1979). The evidence over the next two chapters is discussed at the different levels of the ecological framework. The complexity of relationships such an analysis brings to light has meant that some issues could be discussed at several levels. I have endeavoured to move from the innermost level of influence, the ontogenic, to those macro-system ideologies of gender, culture and class that affect how care is experienced.

CHAPTER SIX

WITHIN THE MICROSYSTEM - FAMILY MATTERS

Introduction

The next two chapters record the reality of kinship care, as it was experienced by the caregiving families. The women's voices tell us how their personal lives and the lives of their families were affected by assuming care. The issues and themes found in both the feminist caregiving and kinship care literature are also those voiced by the families in this study. The ecological framework is used to organise the results, which are tested against ecological and feminist explanations. Munford (1995) stated that any discussion about challenging the issues around caregiving must of necessity address all participants in the relationship. The social, political, economic and cultural context of the caregiving relationship must be examined, and the ideology of care disentangled from the reality of care. Both micro relationships within the family and macro relationships with the state and civil society must be examined (Munford 1995 :19).

This chapter focuses on the principal actors, the caregiving family and the kin children. Their stories begin at the innermost setting, the microsystem - that network of activities, roles and relationships in which the family is embedded: the immediate environment of the caregiving family, the kin children, the extended family, friends, neighbours, school, recreational activities and workplace. An analysis of the quantity and quality of the links between each of these sites, the mesosystem, provides an indication of the risk potential that exists for the family (Bronfenbrenner 1979:210). As discussed in Chapter Four, when the mesosystem consists of many strong and diverse links between settings, it has a powerful influence on the development of the family (Garbarino 1982:23). These links are seen when discussing parental contact, relationships within the extended family, and existing support systems.

The increasing concern felt for the children and their parents by the whole extended family, the effect of family trauma on the children, the effect of giving care on the caregiver and the caregiving family are discussed. The caregiving literature emphasises the relationship between the availability of quality support networks and how the caregiving role is experienced (Minkler and Roe, 1993; Opie, 1992). There is an implicit assumption in the 1989 Children, Young Persons, and their Families Act that extended families will collectively ensure the well-being of their kin children. The amount of support given to the caregivers from the extended family is examined, in order to test that assumption. As the women's and their partners' voices are heard, I will tell you a little

of their particular circumstances, observing the need for confidentiality. As stated earlier, the caregivers were very willing to tell their stories, because they have felt invisible, unable to be heard, and as Maryanne put it, *'ridden over by the bureaucracy'.*

This is followed in chapter seven by an examination of influences external to the immediate actors - exosystem institutions and policies and their supporting macrosystem ideologies. Women and families caring for kin children who have suffered abuse and neglect experience stress in three related areas of living - life transitions, interpersonal processes and environmental pressures (Germaine and Gitterman, 1980). As the women shared their stories with me, I became increasingly aware of stressors in all these areas. The stories were ones of struggle and powerlessness, frustration and grief, weariness and love. I felt trusted with what were painful, but precious, family stories.

Relationships Within the Extended Family and the Route to Caregiving.
The 1989 Children, Young Persons, and their Families Act emphasises the importance of family, and turns to it first when a child is in need of care. As discussed in Chapter Two, families exert a powerful and persistent emotional force, and are expected to be the prime locus of reliable support (Meyers; Kipnis and Murphy, 1993). Finch and Mason (1993) described the variable nature of commitment to extended family. Family assistance is gendered in nature, and who offers to do what is often dependent upon the nature of the task. A theme of concern for other extended family members, especially the weak and vulnerable runs through this collection of family stories. In all five families, there was concern for the welfare of the kin children long before they were assessed as needing alternative care. Support had been given in terms of food, clothing and respite care, the extended family at times removing the children from their parents in order to ensure their well-being. For most, the fact that their kin children needed care came as no surprise.

> *My sister spent all the holidays with Mum and Dad, not only holidays, but many weekends - it was more the norm than the exception that she spent time at Mum and Dad's. They and my other sister used to take food through to feed them, that was for really bad situations. We breathed a sigh of relief when the marriage split up. I don't know which was worst (Maryanne).*

The activities, roles and relationships existing throughout the microsystem are highly influential in the developmental outcome of its members. When genuine reciprocal interaction between family members takes place, the risks to the wellbeing of the family unit are lessened (Prasad 1984). Even though the physical and emotional climate of the child's nuclear family may be deficient, other parts of the microsystem, in this case the

extended family, can ameliorate this. When extended family members see it as their role to protect their most vulnerable members, and their activities are directed towards that end, the risks for the children are considerably lessened. When mesosystem links are numerous, strong, emotionally positive, have common goals, and information is shared, risk potential is minimised. Minkler and Roe (1993) found that, when extended families (usually women) were aware that their kin children were at risk, they did all in their power to support the family and keep the children safe. Sometimes they felt powerless to intervene directly in what they deemed to be dangerous situations for their kin children, and alerted the authorities. The families in this study had, in several instances, reported their concerns to the Children and Young Persons Service, the Police, or both.

> *We started noticing things. He was hitting her, and then one day one of the little girls came out with all this big story, about him getting into bed with them, so that was it ! The mother blamed the girls, and said they weren't having a Christmas. Well we weren't having that, so we got the girls and took them to the Police station and the police pressed charges. So we got one of them, we had her over the holidays till her Mum calmed down a bit..... He lived in the house ...for another year before the mother persuaded us to take them....All their stuff was dumped on the back lawn. And that was that. They stayed with us from then on (Helen)*

I was constantly aware, as I spoke with the women, of a continuing concern for extended family members. There was a 'kind of knowing' (Belenky et al 1986), an awareness of family 'troubles', and a desire to 'do something'. Two of the women said they spoke with their mothers and sisters daily, and Helen told of how she spends regular time once a week with her mother and sisters.

I remember the relationships that existed in my extended family in my childhood, when the women, by and large, did no paid work, communicated with each other frequently and regularly, and cared for each other's children if there was a crisis. A supportive solidarity existed, that was outside men's experience. Oakley (1981: 271) claimed that the paradoxical conclusion can be drawn that birth control and gender symmetry has, from the point of view of women's solidarity, been counter to women's interests. This notion was supported by the women in this study, who more than once excused the lack of support from other extended family women by the fact that they 'all worked'.[1]

1.It is interesting to note that when the women used the term 'work', they invariably meant *paid* work.

The parental factors that led to the need for care were various, and the same as those that underlie many care and protection issues: alcohol and drug use, parental violence and spouse abuse, expected and unexpected death, psychiatric illness, or imprisonment of one or both parents. Consequences of these for the children were abandonment, sexual and physical abuse, neglect, failure to thrive and emotional trauma. In the Minkler and Roe (1993) study, the most common route to caregiving was a gradual disillusionment with the parents and a growing concern for their relative children. This is how it was for Ngaire when, with mounting concern for the situation of her grandchild, she visited first thing in the morning.

> *The child was sitting on a potty watching pornographic - a little wee one - first thing in the morning, about eight o'clock, watching pornographic.....she's only a baby for God's sake, it was disgusting! I don't know whether the good Lord sent me round to be there and let me know. I actually instigated it, the whole thing (Ngaire)*

Making the Decision to Care

Being aware of the children's plight and alerting authorities is one thing, offering to take responsibility for care is another. While the 1989 CYPF Act encourages kin to take responsibility, there is no formal sanction, and whether they do or not is an individual matter. I wanted to find out what motivated these extended family members to care for their kin children. Ideologies about gender and the role of women as caregivers are very pervasive. I felt, however, that, although the women in the study all dearly loved the children for whom they cared, the decision was not always easily reached. There was a sense of duty mixed with the love, and a sense of conflict about what caring would mean in terms of life changes and opportunities. Noddings (1984) captured this mix of feelings.

> There are moments for all of us when we care quite naturally. We just do care; no ethical effort is required. 'Want' and 'ought' are indistinguishable in such cases. I want to do what I or others might judge I ought to do. But can there be a demand to care? There can be, surely, no demand for the initial impulse that arises as a feeling, an inner voice saying 'I must do something' in response to the need.... But even if I feel the initial 'I must,' I may reject it... by shifting from 'I must do something' to 'Something must be done,' and removing myself from the possible set of agents through whom the action should be accomplished (Noddings, 1984:81).

Feminists have emphasised the importance of understanding both the material and emotional aspects of care (Munford 1995), and just because a woman cannot care 'for' it does not mean she does not care 'about' (Ungerson, 1983; Graham, 1983). Munford (1995) quoted Stehlik (1993), who argued that patriarchal ideology assumes the two will naturally go together, and it will be women who will do the caring work. Ngaire's grandchildren were placed in a Children and Young Persons family home. When the children first came into care, Ngaire felt she could not take the children. She explained,

> *I didn't want the responsibility at that stage...I was doing some training for myself! I didn't actually approach them (CYPS) at the time and I was only on the DPB [2] so I was pretty hard up...I mean financially I couldn't. I had a son at school at the time .*

She was always interested in the children's welfare, however, and regularly visited them and took gifts.

The tragic death of a sister brought one family together to deal with the crisis. The police dropped the children off in the middle of the night to the nearest family member. The decision as to who should take the children was not easily reached. Maryanne stated,

> *We were all in shock.....There was a bit of dissension in the ranks. I suppose you could put it, very bitter, as to who should have the children.....we all felt we should, and that sort of stuff . We needed more space to make the decision, we needed more options. The children needed to be in a safe place so we could think. The children weren't placed with the person they had the major psychological attachment to, there was too much risk (Maryanne).*

Some families felt a sense of pressure to make what was a very serious decision, and felt they needed more time to consider .

> *Mind you, we didn't have enough time to think it through, only about a week. Suddenly, here we were, and we had to decide whether we wanted him. You don't think realistically in times of stress (Josie).*

Although, in each case in the study, the Children and Young Persons Service was involved at some point, the decision to offer care for the children came from the extended family itself without prompting from social workers. In two instances the families

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2 Domestic Purposes Benefit

concerned had to ask to be invited to the Family Group Conference, one learning of it from the children's foster family. For one couple, there was initially a resistance from social workers for them to be involved. They lived in another city from the rest of the family and, while visiting, heard that the children's father and stepmother had separated. Having parented one of the children for two years previously, they called to see the family, and to suggest that the child visit for a holiday. They found that he was in the care of the Children and Young Persons Service. He had been in care for three or four months, and had experienced three foster homes in that time. Feeling some concern for his welfare, they rang the Children and Young Persons Service and asked if he could come and stay, as it happened to be the school holidays.

> *Not realising that the relationship between his social worker and his father was really strained, we asked (the social worker) and she immediately just said 'you can't have him and that's it. Just leave him where he is'. And so, I think it was one week after, we got a ring from the Care and Protection Coordinator to say that she was aware that we knew about it and had been in contact with the father and she wasn't very impressed about that, and I said 'now hang on a minute, all we have done is visit once and called in really to take him home because we were concerned' . So she came down off her high horse and just said 'well this is what is going to happen, there's going to be a family group conference and we want someone from the family to take him and the decision will be made then' (Josie).*

Several families felt the decision was made in an atmosphere of hostility and anger and there was not a great deal of choice as to who could take responsibility. Elaine felt under pressure from her mother to take the children, in fact she felt the whole extended family expected it of her. She indicated that her husband felt some reluctance. *'He wasn't very fussed about having them here to start off with'.* Several of the caregivers expressed a sense of duty - an obligation to take responsibility for these kin children needing care. Ngaire eventually did assume care of her grandchildren. Four and a half years later, a proposed adoption of the children fell through, resulting in yet another set of caregivers. Ngaire was most concerned, and several times requested a Family Group Conference be held. Although this did not happen, either before the adoption proposal or since, the children have now been placed in her care. She explained,

> *Well, there was nobody else. Well, there was the family home mother, she wanted to go for custody, but that didn't work out for other reasons...We didn't want these children split up (Ngaire)*

The families who were caring for more than one child all stated that they did not want the children separated, and this factor has also drawn comment from Minkler and Roe (1993), who give several examples of caregivers' desire to 'keep the family together'.

As discussed previously, attitudes as to how families should function, and expected gender roles and responsibilities are pervading ontological and ideological influences that cross generations. The caregiving families in this study were asked whether there was a history of caring for kin children within their extended families. Maryanne said *'I come from a family where we cared for grandparents, nephews, nieces, etcetera'* before the question was asked. Two of the caregivers stated that cousins had been raised in their families, and two others stated that their mothers had fostered children. The motivation to be a foster parent and the motivation to give care to a kin child are, however, very different. To become a foster parent is a planned decision, based on altruism or the desire to extend one's family (Dinnage and Pringle 1967). The families in this study did not plan to have more children, in fact they had completed their families. The decisions were made as a result of a caregiving crisis for kin children. Maryanne, a solo mother, said,

> *They needed someone to care for them. It never occurred to me not to. I felt I missed out as a child and I wanted to help these kids. I had always been interested in kids rights and stuff like that....I would have taken the four if I'd had to (Maryanne).*

Minkler and Roe (1993) found that a diversity of motivations underpinned the decision to assume care of relative children. In their study of African-American grandmothers, economic necessity, the need to prevent the child's adoption out of the family, and in that particular culture, the status and respect that such a practice brought within the family, were reasons given. For many, caring for the children provided an amelioration of the grief, helplessness and guilt they felt in regard to the life circumstances of their adult children. For some, it provided a second chance to raise a child and perhaps do better the second time around. For others, the decision to care arose out of a sense of obligation, either to their own sons and daughters in need, or because as children, they themselves had been taken in by their grandparents (Minkler and Roe 1993:56). The above reasons and motivations for the assumption of caregiving were also given by the families in this study, but for each, the primary motivation was to provide a safe environment for the children.

Both ecological and feminist theory contribute to an understanding of extended family dynamics and the motivation and decision to assume care of kin children. Prasad (1988b:7), quoted Germaine (1979), who stated that the ecological perspective sees

people as active, goal-seeking, purposive beings who make decisions and choices and take actions guided by the memory of past experiences and anticipation of future possibilities (Germaine, 1979:10). Mesosystem links, inter-personal processes, roles, relationships and expectations that exist within the kin family group affect the FGC process and care outcomes. Feminist commentators draw attention to the socialisation of women to assume the caregiving role. However, feminist research should analyse events and understand their subjective meanings, not only their causes (Boyles,1994). For the women in this study, their primary consideration was the safety and well-being of their kin children. In most cases, the effect it had on their own lives was of secondary consideration. This evidence supports the philosophy within the 1989 CYPF Act that families will endeavour to protect their kin children.

Profiles of the Children

The stress inherent in the task of caring for children who have suffered parental deprivation, abuse and/or neglect, although identified in the foster care literature, is often unrecognised and therefore unaddressed in kinship care. It is well known that, when children are separated from their families, a number of unfortunate consequences can follow: their education and longterm health can be disrupted, their links with parents can wither, and their sense of confidence and self worth may deteriorate (Ward, 1984:185). It is thought that, when children are placed with relatives who know them, this will not be the case. Dubowitz (1994 :554) stated that children in foster care have far more than average health and educational problems, and that children in kinship care face similar difficulties.

The common factor in the background histories of the children in this study was that all the children had suffered sexual, physical or emotional abuse and/or neglect, and some all of these. Several of the children had lost a parent, or significant other, and appeared to have unresolved grief issues. Every child in the study had exhibited what their caregivers described as difficult behaviour at some time or another. When asked how the child was when she first arrived, one caregiver said, *Emotionally a mess, academically a mess, and very insecure (Josie).*

Several of the children had soiling and wetting problems when they arrived, which were difficult to resolve. The severity of emotional disturbance resulted in caregivers having to cope with children urinating under beds, and smearing faeces. For two of the children, both sexually abused, some of these problems were still present seven years later, causing problems for both themselves and their caregivers. In the case of one seven year old boy, these problems were the final straw for his caregivers. He moved within the

extended family to his Aunt, Maryanne.

> *He was living with them for about eight months. The last time we went through to pick him up and she had smacked him and he had given her a mouthful of abuse, that's what he does.... so she smacked him again and he needed to go to the toilet and went everywhere and she said ' a seven year old wetting everywhere all through my carpet'....We don't have carpet so it doesn't matter.... I was luckier really that I didn't have those material things. Needless to say I've got even less material possessions now! (Maryanne)*

The findings of overseas researchers in regard to the likelihood of children in care suffering health problems is borne out in this study. Although some of these might be attributed to normal childhood illnesses, some would seem to be psychosomatic in origin.

> *When we first got her, every morning she would have a headache, or she had a sore stomach, or she had this wrong or that wrong, and we would say to her you are going to school. And then we said to her if you don't stop having these fantasies about being sick then you will really be sick one day and we won't believe you (Josie).*

Asthma, ear and chest infections, abdominal pain, diarrhoea, deafness, speech impediments and hyperactivity have had to be dealt with by caregivers.

> *The children seem to be always sick. I had the eldest one sick for three weeks, she hardly went to school, so it was constantly attending the doctor, it was awful, she was so grizzly the whole time. She had glue ear and colds, and all the emotional stuff. The doctor said it was all this grief the child was going through. .....The little one is always sick. She hasn't been to Kohanga for a month now..... She was always tired too. She has improved out of sight being at home with me (Ngaire)*

While physical ailments were able to be treated, the emotional suffering and sense of insecurity the children demonstrated was wearing, and not so easily dealt with. Fear of separation is a very potent fear for all children (Harper 1990.) For these children it had become a a reality. Harper (1990) states that thoughts, feelings, concepts, sensations and memories are all inextricably woven, and thought takes place on several planes at once. Feelings are absolute, and any emotion, while it is present, holds the whole field of consciousness, so that reactions may appear to be exaggerated, and out of proportion to

the 'real ' situation as viewed by an adult (Harper 1990:33). Irrespective of age, the children seemed to experience fear and anxiety that their present caregivers would disappear. One caregiver said of her teenager,

> *She was constantly with us everywhere we were, she was two paces behind me, I'd turn around and there she was and I found that hard (Josie).*

Two of the children, aged four and six, had spent nearly all their lives in a Children and Young Person's Family home. Recently placed with grandparents, they were grieving the loss of the family home caregiver, the most significant person in their lives. They constantly sought reassurance that their grandparents would not leave them.

> *Even now, the youngest one, she said when I dropped her off to Kohanga 'You will come and pick me up, won't you Nana? Even the oldest one, one night, we were looking at a movie about orphans, she says 'You could die Grandpa, and Nana could die and then I'd be on my own again'. She's just six! (Les)*

Another of the children came to his extended family after several foster care placements. Even though he was six at the time, he showed acute attachment anxiety that would normally be expected of a child of a much younger age.

> *I couldn't go to the toilet and shut the door on him. He had to come too. He was just so insecure. I couldn't go out anywhere, he had to come too. We went out for our first wedding anniversary, and they had been with us six months then and he was so upset because I was going out at night. He didn't think I was going to come back - he thought I was going to leave him - and we were only out for about an hour and a half, we cut it short because he got so upset, and he had howled the whole time. When we got home he just threw himself at me screaming and then he spewed all over me! (Helen).*

Two of the children who had suffered a significant loss in terms of their previous caregiver, were welcomed with a little ceremony.

> *The oldest one was very emotional when she was left here.....We got them down here and explained the whole thing to them, and put a couple of candles on the floor and they sort of went out, and I was explaining*

how we have a little light inside us that needs to be kept going, the soul, and they know about the soul, so she put her hands around mine, and just then the candle went shrewee (explaining with his hands and sounds) - Lit up! and her little face lit up, with a big smile (Les).

The inner world of children in care is made more complex by two sets of irrefutable circumstances which vividly colour their perceptions. First, the maltreatment that preceded placement and whether that is denied, repressed or suppressed, and second, the separation from their family that looms large as the key marker in a child's life (McFadden 1991:1). As previously discussed, children in care are twice as likely to have suffered abuse than those in the normal population (McFadden 1984; Von Daldeszen, 1987). One teenager became emotionally withdrawn as a result of her past experiences.

She shuts herself off, she literally shuts herself off in the bedroom. She stays up there. She comes home from school, she gets something to eat, she'll go up to the bedroom and sit in there the whole time, and she'll come out, have her tea, go back up to the bedroom, come down and say good night and go back to bed. That's her activity for the night (Elaine).

McFadden (1984) found that children who have suffered abuse are likely to exhibit behaviour that is socially unacceptable and therefore socially isolating. Several of the caregivers expressed concern in regard to sexualised behaviour of the children. Helen said,

The second eldest has this real problem with girls because they reckon they have all been abused but they have just buried it. The youngest one still has very sexual games - he goes straight for your crutch. We have had to make him get dressed in the lounge, because he won't leave the others alone. He has lots of problems with anger.

For two caregivers, the issues of concern centred around an accelerated knowledge of sexual matters and an immaturity in handling this information. A six year old who knew about condoms and drugs and a young woman whose attention seeking from members of the opposite sex rendered her particularly vulnerable to further abuse, were mentioned. Another young person had been threatened with expulsion from school on account of unacceptable behaviour related to past abuse. The trauma of this had a devastating effect on another young person and the family who cared for her.

She has now said she was abused when she first went to school at five. She's remembering, but that doesn't help us. We should have known that. She should have been assessed. I reckon that's been the problem all along (Elaine).

She eventually received psychological help, but only after the family had felt no longer able to cope. She left them, after 'seven years of struggle,' and was placed in the care of the Children and Young Persons Service. Numerous research studies show that children who have suffered physical, sexual or psychological abuse exhibit behavioural, social and emotional problems that have both short and long term effects . Difficulties in learning and cognition, developmental delay in motor skills and co-ordination, problems with aggression, tantrums and impulse control, and difficulties in making attachments, trusting, self esteem and expressing emotions have been noted (McFadden, 1984; Starr, 1988; Wolfe, 1988; O'Leary, 1988); McFadden, 1991).

Kinship care is favoured as the most preferable placement option. It is said to reinforce both the social status that comes from belonging to a family of one's own and the sense of identity and self esteem that is inherent in knowing one's family history and culture (CWLA, 1992:7). Ecological theorists stress the importance of the microsystem and its potential to provide the developing person with the sense of 'belongingness' essential for healthy development. Bronfenbrenner (1976; 1981), has been quoted as saying,'somebody has to be crazy about the kid...and be there, doing something, not alone, but together with the child....irrationally committed'. (Prasad, 1984; Kufeldt, 1991). It would appear, however, for the children in this study, that both the separation from birth parents and the trauma leading to care affected their sense of identity, their self esteem, and both their physical and psychological states. The fact that the children were in the care of extended family members, who were known to them and totally committed, did not prevent severe behavioural and emotional problems. As I watched the caregivers interact with each other and with the children, I was impressed by their mutually caring relationships even though the behaviour of the children was, at times, extremely challenging.

Contact with Parents and Siblings - Mesosystem Indicators

The third level in the ecological framework of this analysis is the mesosystem. Bronfenbrenner (1979:209) described the mesosystem as 'a set of interrelations between two or more settings in which the developing person becomes an active participant'. Cochran (1990) criticises Bronfenbrenner's definition stating that it does not emphasise the importance of the relations between *people* (Cochran, et al 1990). The importance of the mesosystem has been stressed by Garbarino (1982:23), who stated that the central

principle is that the stronger and more diverse the links between settings, the more powerful the resulting mesosystem will be as an influence on the child's development. As discussed in chapter three, the importance of children in care maintaining contact with their natural parents and siblings has continuously been shown in research and is well documented (Prasad, 1984; Berridge and Cleaver 1987; Kufeldt, 1991; Thornton 1991; Galaway, Nutter and Hudson 1994). It has also been shown that contact with natural families is one of the key indicators of successful return to parents (Prasad, 1984; Galaway, Nutter and Hudson 1994), and this is even further enhanced if the relationship between caregiver and parents is positive (Prasad 1988; Cornish and Nelson 1989). Kinship care supposedly enhances the likelihood of this happening (Thornton 1991; Dubowitz et al 1993; Dubowitz 1994).

In this study, I found that contact with the children's biological parents was infrequent, and even where the parent lived reasonably close, not encouraged. It would appear that, on the basis of overseas studies, this is different than would be expected. Only one parent lived in the same town as her children. Two of the natural mothers had died. Three of the fathers were allowed supervised access only, but as two lived in other parts of the country, this rarely occurred. In one case, the children were allowed to see their mother but not her partner. This caused difficulties because the mother did not agree with this restriction, and allowed her partner to be with the children. Access thereafter was supervised. The whereabouts of three fathers was unknown, and one teenager saw her father, but not frequently or regularly. Caregivers and teachers associated parental access with behavioural problems for most of the children, and in two cases contact was stopped because of this.

> *They both used to see their mother until the eldest was continually soiling and wetting, and she stopped access, and it stopped. And when she started seeing them again, it started again. The school will say 'They're playing up. Have they been to see their Mother? '(Elaine).*

Two of the caregivers stated they were in fear of meeting the fathers of the children, because of a history of violent behaviour. None of the children saw their parents regularly. The attitudes of the caregivers toward access seemed to be affected by the circumstances of the care and protection issue. One grandmother worked hard to keep a positive image of her daughter and son-in-law in the minds of the children. She said,

> *Not seeing their own parents makes a difference. They talk about them. I have photos of the mother, and all that, when they were babies, so they talk about it quite a lot. They say 'Will we see our Mummy one day? and*

we say' you may do.' We don't promise because you never know. They know she is in hospital, and they know it is because of glue and drugs. It's quite open (Ngaire).

Access was affected by family relationships and emotions of resentment and fear. The reasons the children did not see their parents were various, and had some similarity to the reasons given for lack of contact between children in foster care and their parents - judgementalism; a feeling of being superfluous or threatened (Milham; Bullock; Hosie and Haak 1989). I was reminded of Smith's (1991) description of ideologies about motherhood allowing definitions of 'good' and 'bad' mothers, discussed in Chapter Four. It can be argued that all children need contact with their biological parents, as previously discussed. Not seeing them can result in confusion as to roles and relationships within the extended family and these need to be sensitively handled. Josie poignantly described the emotional confusion of her niece,

She said 'I have tried the whole year to fit in with your family. I just want to be your daughter.' One of our children refers to her as 'my sister', and one as 'my cousin' I think she is a wee bit hurt. I just said to her 'we can't replace your Dad'. It's hard for all of us..... but I did say to her 'yes, you are part of us, we love you, we care for you, but,' I said,' you can't actually say that it is like you are our daughter You are our foster daughter and you are very special to us.'... We ended up both crying.

When asked if the children saw her as mother, Maryanne stated that they did and they didn't, but went on to say

There is no problem in having two Mums. It's the feeling, not the name or the word. Mum is just a label. They wanted to call me Mum after six months. It came out naturally one day. My boys objected to that (Maryanne).

When placement with her caregiving family disrupted, one teenaged girl returned to her biological mother. While in care, access with mother had been infrequent and supervised. Living with her mother was not successful, and she moved in with another extended family member. Another young woman also sought contact with her mother when her placement disrupted. These cases bear testimony to the fact that when children do not see their biological family they will connect with them when they leave care (Rowe et al,1984; Hazel, 1989). It is interesting to note that the children in this study tended not to see their parents, and it was not planned that any child should return home.

While the children in this study tended not to see their biological parents, they did see their brothers and sisters. Children placed in foster care with strangers have identified separation from siblings as extremely traumatic and, in some instances, of greater impact than separation from their parents (Rowe et al 1984; Berridge and Cleaver 1987; Hegar 1988; Maclean 1991). Research has identified that siblings are more likely to be kept together when placed with kin, than if placed with strangers (Dubowitz 1994). All the families in this study, except one, were caring for several brothers and sisters, however, all the children had either full or half siblings living elsewhere: with other extended family members, friends, or in the care of stranger foster parents. Some extended families had regular contact and the siblings all saw each other regularly. For others, however, this was not the case, due to distance, or difficult relationships within the extended family. While siblings may obtain valuable nurturance and stimulation from each other, they may also abuse one another (Wiehe 1990; Dubowitz et al 1993:558). Several of the caregivers in this study stated they felt the more disturbed of the children affected their less disturbed siblings, and that it was not necessarily a good thing that the children be placed together.

> *The eldest one was beating up the next one and I've got him in there (a caravan) and I've put these two together, and the little one, while he's asleep, there is this 13 and 14 year old belting him up while he's asleep, and the other one is just so hyperactive, he doesn't sleep so he's always on the go. He would just want him awake when he was sleeping with the youngest. He would throw pillows or chuck stuff at him or jump out of bed and jump on him when he started to fall asleep, so that didn't work (Maryanne).*

The need for individual and family assessments of the children was an issue raised by all the caregivers....*We didn't know what we were in for ...We should have known; we should have been told!' (Elaine).* Each child in a family has individual needs, and careful planning, a collaborative approach, and regular review are required in order to maintain sibling and extended family contact.

Mesosystem markers, identified in Chapter Four, allow an analysis of developmental potential. Where trusting and positive relationships exist between settings, links are strong, and interactions frequent; where there is goal consensus and shared values, and where negative comments in one setting about the other are discouraged, then the developmental potential for the child is enhanced (Prasad, 1984:36). It has been thought that kinship care would minimise the likelihood of separation from biological parents, as has been experienced in stranger foster care and be a more inclusive model. This

research has not been able to support that belief. It has shown, however, that kin are committed to ensuring sibling contact. The mesosystem markers have, however, not been positive.

The School Environment

The school is another component of the microsystem in which activities, roles and relationships are key indicators of quality. Children who have been affected by abuse and neglect often find the school environment hostile. They enter into a cycle of self defeating behaviour that leads to alienation from both teachers and peers. Sawyer and Dubowitz (1995) in their study of the school performance of 372 children in the care of relatives found that, compared to their peers, they had high rates of being kept back a year and participation in remedial programmes. Significant academic difficulties and cognitive and language deficits were found. The children manifested similar problems to children in foster care and other abused children who are still at home.

The children in one of the families had witnessed marital violence from an early age, and had themselves suffered physical and sexual abuse. They exhibited aggressive and violent behaviour constantly, harming each other, themselves, the caregiver and their peers at school. Still at primary school, they were suspended several times and eventually expelled for beating up other children and attacking teachers. Maryanne reflected,

> *The hardest part is the schooling battles and struggles. I would say that has been the worst, that's made me choose between my job and the children. They attack the teachers, they attack the children, and me. It's inappropriate behaviour - when cornered they go crazy. The eldest one has had violence problems at school, but he's also been very bullied.... He used to soil everywhere at the end of the day. He doesn't talk much and is very withdrawn in comparison to the others (Maryanne)*

The effect of this has not been resolved by counselling or time. Helen told an almost identical story. She said,

> *The eldest had big problems at school right from the word go....She was almost expelled from school a few months after she came to live with us - I knew it was all stemming from her being abused ..... She has had problems all her life, she has always pushed, pushed, and fought - can't accept authority and almost expelled at (primary school). At (secondary school), we were always being called up because of this*

Helen stated that this child had *'never had a chance from the word go'*. She had witnessed her parents' marital violence from a very early age, and I was told how, at two years of age, the child took to her father with an ashtray to try to stop him hitting her mother. When this relationship ended, the mother entered into a series of equally violent relationships. In every family, concern was raised about the children's inability to achieve academically. The degree of this differed both within families and across the whole sample.

> *He's very uptight a lot of the time, the seven year old is, but just can't seem to learn anything. They've actually put him back a class because he can't seem to learn. ...They are going to have a specialist come down and test him because he seems to have a plateau and that's it. And around here if you want him to do anything you've got to repeat it.....even then quite often he's forgotten (Helen).*

While behaviour in class may not be a problem, some children had learning difficulties that stemmed from an inability to concentrate in class. Emily -Jean Mc Fadden (1991) described the fantasy world of children who have been abused and/or separated from their parents. My practice confirms that many children may not exhibit behavioural problems, but spend their school time hours daydreaming, trying to make sense of their lives, lost in their own private world.

> *...and so virtually from the age of ten she has been a mixed up little girl and never learnt, never taken it in. She can't retain anything long term. Sit her down to study today and give her a test tomorrow she's fine, she's got the ability but she can't retain it . The teachers said, when we've gone for interviews, they said it goes right over her head, they know that she's sitting in the classroom, and it's not even going in. She has the ability but her mind is somewhere else (Josie).*

As would be expected, the characteristics of the children, as described above, did not endear them to teachers, and impeded their ability to make and keep friends. Several caregivers commented on the inability of the children to socialise with children of the same age, and described the children as isolated.

> *The eldest has had a lot of problems fitting in with children her of own age group. Fortunately for her, down here at the school it goes from new entrants through to Form 2. She actually, when things got tough with the 13 and 14 year olds, she could whip off into the new entrants where she*

felt a lot safer and a little bit more accepted. .....but when she went to high school at 13, everything blew apart for her and she couldn't run back to the new entrants, so they think that's where mainly a lot of her problems at school come from (Elaine)

When Maryanne was asked what she most wanted for the children in her care she said *'Just one friend. If only one of them could make and keep a good friend.'* The families had, in more than one instance, gone to great lengths to offer socialising experiences for the children and help them develop social skills, even when they were hard pressed for money. One family had become very involved in the scout and cub movement so the children could enjoy a healthy interest and make friends. The caregiver became a scout leader, and his daughter Akela to the cub pack. The whole family went away on camping trips with the groups regularly. The same family delivered pamphlets after school as a co-operative venture to increase pocket money and do things together. Another teenager played touch rugby and soccer, was fully involved in school activities, and attended the church youth group. However, all these childen still suffered from the traumas that necessitated care, and, in the opinion of their caregivers, needed ongoing counselling. The caregivers spoke of the time it took for the children to begin to trust and to develop the beginnings of self esteem.

Pardeck (1988:96) described a transactional framework that advanced a social work practitioners understanding of the relationship between the ecosystem and social functioning. The underlying assumption of this model is that contact between organism and environment is a transaction in which each is altered by the other. This has been applied to the understanding of relationships between child abuse and emotionally troubled children. Quoting Sameroff and Chandler (1975), Pardeck pointed out that, often, negative behaviours exhibited by the child influence the process of abuse. The child judged to be the most disturbed is the one who arouses disturbed reactions around him/her in more than one setting. The adaptive actions of the children, the caregivers and the school can be seen in the above accounts. If the well being of the child and his microsystem is to be achieved, intervention must focus on enhancing the quality of the mesosystem links of child, family and school.

Moving Within the Extended Family

Overseas research on kinship placements has indicated a much higher degree of placement stability than in foster care (Rowe et al 1984; Berridge and Cleaver 1987; Dubowitz et al 1993). It is envisaged that extended family will be more committed to caring for their own (Ryburn,1993:3). However, what is not addressed in the literature is moving around within the extended family. Where mesosystem links are strong, it could be

hypothesised that the effect of this on the child is minimal. If family links are not strong and contact not frequent, children could feel rejected and insecure. The child him/herself, however, can have an effect on the family mesosystem. The caregivers' ability, or inability, to manage disruptive behaviour can place stress on family relationships. Maryanne described how the children have been shared around her extended family. The children have been seriously traumatised by their life experiences, and extended family members have struggled to share the load.

> *Originally, the eldest and the two youngest came to me, and the second eldest went to one of my sisters. Then the youngest went to my brother and sister-in-law. When things got tough, the youngest was shared between them and my mother. Then the youngest came back to me. Then the second eldest went to his paternal grandmother for a bit. Then they all ended back with me. Then the second eldest went back to my sister (Maryanne).*

As they live in different parts of the country, moving about could still have an effect on the children. Most of the children in this sample have moved around within the extended family, and in all but one case, siblings of these children are being cared for by other family members.

> *We haven't got Suzie living with us now. A lot of things have happened over the years, and she's now living with my mother. The second youngest one has only just come to stay with us three or four months ago, because she wasn't getting on with my sister's daughter, because she is at puberty and wants her own space.*

When children were moved within the extended family, they were very often placed with siblings, and with people they already knew. One could hypothesise that, although the children are not raised in a constant environment, they do not suffer the same sense of rejection as those drifting within the foster care system. The child only feels rejected when it moves out of the extended family system. One caregiver who has a lot of contact with other kin caregivers, felt that a lot more moving around the family happens than people are willing to admit.

The procedure to be taken when the decisions agreed to at Family Group Conference are not adhered to, or changed, is not clear. Whether families see moving within the extended family as 'breakdown' depends on individual concepts and definitions of family. Tapp et al (1991 :A-103) stated that the failure to provide specific statutory provisions for review

of conference decisions may mean there is no check on whether plans are being implemented, promised resources provided, and the needs of children and families met. The reluctance of families to re-engage the Children and Young Persons Service, the desire to keep problems within the family and lack of monitoring raises questions of accountability and safety.

Moving Back to Foster Care

Hilary Graham writes, 'Caring ... is experienced as a labour of love in which the labour must continue even when the love falters' (Graham 1983:16). The families shared with me the highs and lows of the caregiving relationship. It was evident that, even though the children's behaviour was at times exceedingly testing, they were committed to giving care. Some extended families had to face the fact, however, that they could not continue to care, the task was beyond them, and the only option left was foster care with strangers.

Any placement that is disrupted just as a child is beginning to trust again may destroy, with long term effects, a child or young person's ability to form relationships (McFadden 1991:4). One young woman, who had several placements within the foster care system before entering kinship care, was then cared for by several different members of the extended family, on account of her extremely testing behaviour. She was quoted as saying *'When a foster family chucks you out it's 'so what ' But when your own family asks you to leave it's the pits'* (Worrall 1993:15.) Four children in the study group have left their kin placements and moved into foster care with strangers. The caregivers of these children all told of feeling a failure, and wished they had been able to carry on. They spoke of feeling burnt out and unable to cope with the difficult behaviour. When I met with Maryanne, two of the three children were in respite care. She shared her feelings,

> *They are due back in two weeks, and I know I can't cope. I'm afraid the Department will force the issue.....I know my family won't come to a family Group Conference...it would be too threatening. To tell you the truth, I am afraid of a Family Group Conference! I feel such a failure (Maryanne).*

Elaine was also disappointed, bitter and angry that she had to admit defeat.

> *Now she is in foster care, she is getting the help she needs. Perhaps we could have coped if we had had it. It makes me so mad! I went to the Department so many times.....She should have been assessed (Elaine).*

Elaine felt that kin caregivers were less likely to seek support as they themselves did not want to be seen as part of a dysfunctional family. They sometimes saw themselves as part of the problem.

> *In - family caregivers try to fix things up themselves without seeking help - they want to keep their problems hidden (Elaine).*

Although overseas research indicates that children placed with relatives are less likely to experience drifting from place to place, this evidence indicates that, when the children are severely traumatised, caring for them is difficult, and cannot always be sustained. Caring for these children placed stress on every family unit. When children are not the biological children of the caregiver, the ability to tolerate or explain this behaviour is often less (McFadden 1984). This is evidenced by the fact that step-children, adopted children, or those suffering from a physical or intellectual disability are most at risk of abuse in any family (McFadden 1984; Starr 1988; Wolfe 1988). It is of the utmost concern therefore, that kinship families are not offered either preparatory or on-going training. Pardeck (1985) has identified the training and selection of foster parents to be a critical variable in placement stability, especially for children with emotional problems. The provision of preparation for the task serves several ends. It normalises difficult behaviour for abused children, offers strategies for behaviour management, and encourages caregivers to seek help when they feel they are not coping. The caregiving family is also at risk. Full family assessment, education and higher levels of support are imperative if kin placements are to be maintained. These along with other exosystem variables, will be discussed in the following chapter.

The Caregiving Families and the Personal Cost of Care

As described in the last chapter, four of the women caregivers were married, and one carried the burden of care alone. All the biological children of the caregiving families were independent, and only one still lived at home. The women caregivers were all in their forties and fifties. The eldest husband, a grandfather, was sixty-six. Only two of the husbands were employed full time, and two of the husbands had suffered periods of unemployment. Only the solo caregiver worked outside the home, and that was part-time. In all instances, the women were identified as the primary caregivers, although in one instance the husband now undertakes the heavy physical tasks, because of the wife's deterioration in health.

Gender issues and the political nature of caring has been discussed in chapter four. As Opie (1992) points out, tensions often exist between the social prescriptions of gendered

behaviour and individual behavioural practice. One husband cared full time for the family, who were related to him by marriage only. Generally, except for the solo mother who undertook both 'gendered' roles, the role of full time caregiver was ascribed to the female partner. Studies in care of the elderly have routinely identified gender differences in quality and quantity of caregiving. Although male partners may be supportive, feeding, washing, and other day to day time consuming tasks have usually been done by the women. When caregiving and work roles conflict, it is usually the woman who compromises and cuts back (Abel 1991; Minkler and Roe, 1993). In two of the families, the children were related to the spouse, not the primary caregiver. I asked one of the women, who was finding the caring relationship difficult, if it would have been easier if the child had been her relative and not her husband's. She thought long and hard before answering and then said *'Well, now you say it, - probably.'*

Caring has a cost - a financial, physical and emotional cost. Birkel (1991) reflected on the fact that no two caring contexts are identical, and the affect on the carers themselves is contingent upon their own individual life meanings.

> It is critical to view caregivers primarily as individuals with their own agendas. Individuals are not born into caregiving relationships, nor do they give up control of their lives easily. Thus, the caregiver's history and direction, his/her goals and ambitions must undergird any understanding of the meaning and the experience of caregiving in their lives (Birkel,1991:106).

The aunties, uncles, and grandparents who shared their stories were caring for their kin children willingly, but for each of them the decision to care meant changed lives, unattained dreams, and changed family relationships. They told how at times they had felt weary, resentful and sad. For those who had cared for some years, the passage of time did not mean the task became easier. Different family demands and life expectations, different attitudes of professionals and ever changing Government policies resulted in stress and uncertainty. The commitment to the children, however, was constant, whatever the cost, and the caring role only relinquished when no longer sustainable.

Lifestyle Changes.

Graham states that 'feeling concern' and 'taking charge' both have psychological and material implications, and that 'the experience of caring touches simultaneously on who you are, and what you do' (Graham, 1983:13). Opie (1992) states that whether carers interpret the duty to care as onerous, an obligation, or more positively as a commitment,

is influenced by a number of factors. These factors include gender, positioning in the life course, social 'knowledge' as it defines and reinforces caring obligations, the quality of kin relationships and family dynamics, and additional caring or career commitments (Opie 1992:53). I would add to that the resources and support afforded by the community, an exosystem variable which is discussed in the next chapter

Minkler and Roe found that three patterns in regard to lifestyle changes emerged from their study of grandmother caregivers. These were to do with disruption of normal activities, lifestyle and plans for the future, and ability to enter or continue employment (Minkler and Roe 1993:60). The caregivers in this study found that the onset of caring meant an abrupt change to their everyday and expected lifestyle in terms of their positioning in the life course. They had moved through the caregiving phase of their lives, and at mid-life were either looking forward to, or had already experienced, a taste of self determination. Reflecting on the lifestyle changes that caregiving had brought led to expressions of ambivalence, thoughts about what might have been, a realisation of reduced energy levels and a determination to see it through. Josie, in her early fifties with children who were independent, again revisited the stresses of caring for a teenager.

> *I really was not prepared for what it's been like - and I'm not meaning that horribly, but it's been a hard adjustment. Suddenly we were free, and then suddenly we were not free...To be honest, sometimes I have to think now if I had known all the pitfalls - why did I do it ? Particularly when we have hassles - emotionally as you get older you don't cope with them as well as you did....She was late home the other night - we were beside ourselves....You've got more responsibility when it's not your child, so that started a row, because I just got worked up and he got worked up, quite agitated, and quite worried..... I have to say I don't cope as well as I would have . At times I think why did I do it? That sounds horrible!.....I think of my age and I think it's going to be at least another five years.....and also it's the financial strain I suppose (Josie).*

The grandparents who had a very full life of retirement had different concerns. The step-grandfather to the children was concerned about the couple's ability to continue to remain involved in their common interest of music and entertainment, and also, how he and his wife were going to be able to manage financially.

> *It's a lot to take on at our age - and a lot of things to consider. You see I was never going to take on children again, but I hate seeing children*

suffer....because it's always the children who suffer, not the adults and I mean we had all this free time. I'm happy about it - I'm wanting to do it. It's probably one of the most worthwhile things I can do, but I want to make it so it's not stressful. I think , my God ,what have we done, and then what better thing can you do really? (Les)

Opie (1992 :138-41), discussing the social isolation experienced by caregivers of the elderly, sees this arising out of a lack of community understanding of the individual impact of caring and its wider social consequences. Several of the caregivers in this study also mentioned the fact that taking the children had affected their ability to socialise, as the places they could take the children were limited. Maryanne lamented the loss of old friends, who were now free from the ties of young children and had developed new interests.

Well, all but three of my old circle of friends have disappeared because we've got nothing in common now because my whole life is kids. I've given up all my dreams and goals (Maryanne).

The fact that caregiving involves both labour and love makes for a conceptual complexity, where emotions of affection are sometimes mixed with resentment, and norms of family responsibility and obligation are intertwined (Finch and Groves, 1983). The caregiving act affected the women's life transitions, roles and interpersonal processes within the microsystem. This resulted, as ecological theory predicts, in personal cost to relationships, unmet expectations, effects on personal health and insufficient resources. I was left with an overwhelming respect for their commitment and courage.

The Physical Cost

The effect of the caring role on the health of caregivers has been well documented (Minkler and Roe 1993; Briar and Caplan 1993; Opie 1992; Munford 1995). The 1980s and early 1990s saw a dramatic increase in research directed at the health consequences of family caregiving. 'Caregiver strain' and 'the burden of care' are concepts that have been operationalised to measure the physical, emotional, social and economic costs of providing informal care. Although much of the research is related to care of the elderly, this study also addressed the health status of the caregivers, in an attempt to draw a comparison before and after caregiving. I was left with the overwhelming impresssion that the health of the women in particular had suffered as a result of their perceived stress. The most common complaint was a lowered immunity, with the resultant tendency to succumb to viral and other infections.

I come down with any sort of flu, I fly off the handle a lot quicker than I used to; I get frustrated a lot quicker. I used to cope with things a little better before they were here. I don't deal very well with, like, my mother was ill and I don't cope with her very well ....(Elaine).

My doctor keeps telling me - lower your stress levels, you've got to lower your stress levels. If I get an infection I just can't knock it. It took me a year to get rid of my infected sinuses....There's just no comparison to how I was before the kids came. Some of that would be age (43), but I forget. I have always been known for my brilliant memory and I can't even remember names now. I just forget dates so I write everything down because I just can't remember.....I have spent years knowing I was pushed to the limits, wondering what I would do (Maryanne).

Opie (1992) reflected that health affects performance ability and the ability to sustain and manage stress. Two of the women suffered from on-going chronic conditions, the course of which may or may not have been affected by the stresses of caregiving. However, they themselves perceived a relationship between their state of health, and their current stress levels.

They have found out that I have stomach ulcers and I know that is the worry, because my stomach has been in knots for months. My arthritis has taken a nose-dive, I was in remisssion, but I'm not now (Helen).

Josie saw the cumulative effect of the worries associated with the caregiving and her health. Her partner was hospitalised twice over the last twelve months with high blood pressure, but he disagreed with his wife that this was the result of increased stress in the family. Her extended family were not supportive of the decision to take her husband's niece. *'They say, 'You've tied yourself up. At your age you don't need more responsibility and hassles'.* When asked to identify the worst hassle, she stated that it was both financial and emotional and then went on to say...*'and when I am struggling pain-wise and money-wise, it all gets a bit much.'* The well established relationship between social class and illness should be noted (Minkler and Roe, 1993).

Caregiving studies have identified the fact that the physical and emotional problems of many caregivers tended to not be given the attention required (Opie 1992; Minkler and Roe, 1993:65). When Helen was asked how frequently she needed to attend the doctor, she replied,

My doctor says I should go and see him more often....I should go more, but I put it off, and then I'll say that I'm going to go this day, and then something else will come up and I'll do that instead, like with the school sports day.....

I have observed that the tendency for women to attend to the needs of others first can be observed in most cultures. The disappearance of free health care in New Zealand now renders kinship caregivers particularly vulnerable, when the Unsupported Child Allowance only augments the cost of caring for a traumatised child.

One couple described a deterioration of their health after an allegation of abuse was laid against the family. Even though it was unsubstantiated, the effect on their physical and emotional health has obviously been significant, as they described not being able to sleep, depression, and a tendency to get influenza and other infections.

The grandmother in the study felt that taking on the care of her grandchildren gave her a new lease of life. Her health, and that of her partner, was described as good. They both had very full lives, and joint interests. They were health conscious and interested in alternative medicine and spirituality. For the most part, they were able to include the children in their social lives. However, in this sample, there appeared to be an inverse relationship between years of caregiving and levels of good health. The oldest respondents had been caring for the shortest time, and described their health as good.Those who had been caring longest complained of chronic symptoms and feelings of being 'burnt out'. Minkler and Roe (1993) found that the most common complaint was that of constant tiredness and exhaustion, and several of the caregivers in this study also noted this, rather seeing it as emotional exhaustion. Minkler and Roe (1993) found that the greatest perceived decline in physical health status since caregiving began was reported by older women; those caring for a larger number of children and those with perceived financial stress. In this study the critical variable is the length of time of caregiving rather than age. Minkler and Roe(1994:68) also found that employed women were significantly more likely than unemployed women to rate their health as good. Interestingly, the only employed woman in this study did not rate her health as good. While this study is too small to draw any conclusions in this regard, it certainly is an area worthy of further research.

The Emotional Cost

Distinctions of caring *for* and caring *about* have been discussed in the literature (Graham 1983; Ungerson 1983; Baines, Evans and Neysmith,1993). While the notion of caring incorporates both labour and love, the assumption that they are inseparable can

call into question the integrity of a woman's caring *about* when she is no longer able to care *for* (Baines, Evans and Neysmith, 1993:15). Three of the five families in this study had cared for very difficult children for between six and seven years, and were no longer able to carry on. These caregivers were very committed, but for the sake of the total family unit, had to recognise the limits of their abilities to care for these children. Two of these families continued to care for the siblings. Nevertheless, the caregivers saw themselves as having failed. Noddings (1984) identified two emotions that exist in such situations: guilt and courage. She talks about the role of reciprocity in sustaining care, and how the need for self survival appears.

> But if the cared-for does not complete my caring by receiving and acknowledging it, I may examine myself and ask, 'do I really care?' In some cases the affirmative answer comes through clearly and honestly. I do care. I shall always care. The situation may be that I just have to wait for my caring to be completed in the other and, if it never is, I see clearly that the attempt to care will nonetheless go on. ....However a negative answer may come through. If it does I accept it honestly and study it, or I may reject it in horror. and begin to talk myself out of it. Lets say that I have the courage to accept it. My care for this other has turned into 'cares and burdens". When I see this... I know I have become the object of my own caring (Noddings 1984:46).

The reasons that the families were no longer able to offer care were various. In two instances allegations of abuse, one physical and one sexual, were laid against the caregivers, although neither allegation was substantiated. In the remaining case, the caregivers felt that the young person was completely out of control, and likely to self harm.

> *I get very depressed a lot of the time and I get weepy when I see the way she has gone. I really get upset, and I feel there is just nothing to do, you know, I get my stomach in knots, I just don't know what to do. You know you go round making apologies to every one....but what are you supposed to do? Lock her in her room and not let her out? There was no-one there to help (Helen).*

In each case the caregivers were left feeling burnt-out, internalising and externalising the blame. Feelings of incompetence, grief, anger and resentment were expressed. Help was sought from the Children and Young Persons Service and other social service agencies for many years before the children left. Although all the children received

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counselling and, in some instances, respite care, the resources were not sufficient to enable the caregivers to cope with the demands of the children. One aunty said reflectively,

> *She has now said she was abused when she first went to school at five. She is remembering, but that doesn't help us. We should have known that. She should have been assessed. I reckon that's been her problem all along . She was still soiling and wetting when she left at 14 .... She was completely off the wall about a lot of things. But what annoys me is that now she is in a family home, they are getting psychiatric help for her. They are providing all the right things she needs.....but when we said anything to the social worker about it, we were looked on as being the Uncle and Aunty who were overreacting to this behaviour.....(Elaine).*

The caregivers felt they had spent years trying to help these children with no-one really appreciating just how difficult the task had been. Berridge and Cleaver (1987), in their research on foster care breakdown, found that foster parents were deeply affected by both the events preceding the breakdown and the placement breakdown itself and suffered a high degree of emotional trauma. They also noted a remarkable lack of understanding or support from the agency. The foster parents were left feeling guilty, bereft and haunted by images of the children. Berridge and Cleaver (1987) concluded that this was indicative of the considerable emotional investment made in caring for the children, which was largely unappreciated. While I could find no literature on kinship breakdown, the anguish these kin caregivers expressed was considerable and in no way any less than that described by Berridge and Cleaver (1987).

One caregiver was worn out by the constant stress of caring for three very disturbed children for many years. On one occasion, they had been a problem in the morning before school and had smashed several items in the house, and one of the children had bitten her. Later, while at work, the school rang and threatened expulsion from school. Leaving work, she went to the school and pleaded that they be given another chance. When the boys showed no remorse, she lost control and felt she was going to strike one of the children. She rang the Children and Young Persons Service saying she was fearful for herself and them. First, she was asked to get help from her own family. When that was not forthcoming, the social worker suggested respite care with a voluntary agency. The children had been given respite care before with a voluntary agency, but after weekends with several different foster families, the agency could find no-one who would take them again. The crunch came when two weeks later the CYPS social worker called and reportedly said,

> *....I actually don't know why the agencies haven't reported this case before. Just because they don't go on weekend breaks with bruises doesn't mean abuse isn't happening.*

The caregiver, in tears, said, *'I was doing my very best and I was doing everything not to hurt them...I never would...I love these children....and I thought who needs this kick in the teeth. Just go, and leave this woman. And I did (Maryanne).* In each case the families continue to care for the siblings.

This evidence has major policy implications if the safety and well-being of all in the kinship ecological system is to be maintained. The relationship between the family and the State and the dilemma about how much supervision and support kin families should be given has been discussed in Chapter Two. The CYPF Act has a philosophy of empowering families to make their own decisions. It also states that all support should be given to enable the child to be protected and cared for within his or her own family (Sect 13d). Residual service provision by the State, together with a reluctance of kin families to reengage CYPS when under stress, as evidenced in this study, creates a situation that places both kin caregivers and the stability of their kin children at risk.

Cost to Family Relationships

Even without such allegations, the entry of a traumatised child, even if related, into an established family group has an effect on the whole family system. Ecological theory, in particular, an analysis of the microsystem, highlights two of the essential processes in the ecological model - transitions and adaptations. In kinship care many transitions occur, and each transition has the potential to influence the outcome for the persons involved, and the environment. Prasad (1984:44) stated that, where positive and trusting relationships exist between settings, the developmental risk potential is minimised. Several families noted feelings of jealousy and resentment in their own children. Some were opposed to the child coming, and therefore did not offer any support when things were difficult. Two sons (from different families) left home because they couldn't cope with the demands of the children and the subsequent changes in family life. However, attitudes differed within the same family, and in one case the eldest son left home, but the youngest son was a great support to his mother. Maryanne described this,

> *He could see if someone was getting stressed out. He would say 'Come on we'll go for a walk, and he would take the little one and go and do the gardening or something. The eldest one just took off and stayed out, coming back really late. He was 19, and that's the age they go anyway, but I said 'are you part of this family or not?' He said 'You don't care*

> *about me anyway, its all for those kids. It's always those kids.' I wasn't trying to be, just there's no other way around it.....and he had been so helpful before...we were a team (Maryanne)*

Children are protective of their own relationship with their parents and often cannot appreciate the fact that sharing a parent in no way lessens the parent's love for them. As mentioned previously, one young man felt resentful that his cousins wanted to call his mother Mum. His mother reported,

> *I heard one of my boys say to one of the kids 'You've taken everything else of mine, you are not taking my Mum.' He hated them calling me Mum. He said to me 'They could have been my brothers if they hadn't called you Mum '(Maryanne).*

One caregiver felt that her own children's progress at school failed after the kin children arrived. Because of the circumstances surrounding the need for care, her children did not feel safe, and suffered nightmares. Even older children who have left home and are married have resented the fact that their parents are caring for another set of children. Some caregivers felt that their children worried it would be too much for their parents, and others stated that the children and grandchildren were able to have less of their attention.

All the married couples have indicated that having the children had a deleterious effect on their relationship at times. One partner described the other as more 'grumpy' and stated that they had had to renegotiate their relationship. Three of the couples had, in fact, considered separation in the past, because of the stress of caring for such needy children. All described how the young women for whom they cared tried to sabotage their relationships, setting one partner up against the other. None of the couples could honestly say that their relationship had changed for the better since taking the children. Anecdotal evidence also would indicate a number of marital separations occur after taking the kin children.[3] This was also evidenced by Minkler and Roe (1993) in their study of caregiving grandmothers, although in that study, some said communication had improved as they had to talk about the children. Berridge and Cleaver (1987) found that marriage relationships had been particularly threatened when a placement breakdown occurred, and the caregivers in this study also described that as being a great strain on their relationship.

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[3] Evidence given at a workshop on Kinship Care, Otago University, June 1995

The Continuity of Caregiving.

Caring across the lifespan has been identified by feminists as the lot of women. Just when the nest becomes empty, and sometimes before that, there is a need to care for elderly parents. This is increasingly a responsibility for women in mid-life as the average life span increases. The phenomenon of elder care is of particular concern to those women who are at the same time caring for younger children. All the women caregivers in the sample had mothers in their seventies, some of whom were experiencing uncertain health. Elaine said,

> *I don't deal very well with all these (demands), like my mother was ill and I don't cope with her very well because she's got to the point where she doesn't remember things very well...*

All except one lived in a different town from their parents, and having the children meant it was not so easy to visit, nor was there room for elderly parents to come and stay, except in one instance. The caregivers, all in their forties or early fifties, had raised their own children to independence, were now in a second round of caring, and could see care of their elderly parents as a possibility in the future. 'Women in the Middle'[4] are caught in a multiplicity of demands - careers, older children reaching towards independence, their spouses, their aging parents, and now, for these women, kin children as well! The gendered division of labour assigns women the primary responsibility for caring for the elderly (Opie 1992; Minkler and Roe1993; Munford 1995) and, even though none of these women were actually caring for their mothers in the same house, it was obvious that they felt a burden of concern and the need to visit as often as possible. As discussed earlier, many of the women had health problems themselves, as well as limited energy. They were also limited financially, and because of their caring responsibilities, had a limited ability to work, as is discussed in the next chapter.

Support within the Micro and Mesosystems

The provision of comfort and nurture to kin children can be arduous work. Baines et al (1991:29) stated that caring is usually undertaken in a network of personal relationships, in which emotions of affection are mixed with resentment, and norms of family responsibility and obligation are intertwined (Baines et al 1991:29). The quantity and quality of the mesosystems in which people are embedded and the degree of support they give affects their ability to withstand crisis, their self esteem and life satisfaction generally. Support assists in maintenance of the caregiving role, alleviating stress and contributing to a sense of social integration and endorsement (Opie 1992; Minkler and Roe 1993:91). Opie (1992) noted that different levels of support may be offered by

[4] A term coined by Dr Elaine Brody (1985) and discussed in Minkler and Roe (1993:144)

family, kin, friends and neighbours in regard to tasks, commitment and obligation and these are not necessarily interchangeable. Frequency of contact must not be confused with support, and the quality rather than the quantity of interaction should be the measure. A small tight network may be better than a large diffuse one (Opie 1992:123).

Support came from several different sources for the study families. Within the microsystem: the nuclear family unit, the extended family, neighbours and friends, work mates, and within the exosystem: schools, counselling services, voluntary agencies and the Children and Young Person's Service. Taking on the caregiving role meant that previously existing networks were no longer available for some caregivers, as they now moved in different social circles.

Family Support

Several of the caregivers spoke of changing marital and family relationships and how very often expected support did not materialise, or conversely, support emerged from unexpected sources. The married women in the sample requested that their husbands be interviewed as well, as previously described, because the women saw their involvement as integral to the process of care. Helen stated that her husband was her main support and, without him, she could not continue to care. Several of the women inferred that they needed their husbands to give them more support than they did, especially where discipline was concerned. It appeared to me that when the children were related to the women they often expected less support from their husbands than when they were related to the husband. The caregivers, particularly those who still had their own children at home when the caregiving began, told how some of their teenaged children had offered support. Maryanne told how her own two sons had offered her considerable support before the children came. Only one of them, however, assisted with the new children. She spoke of her sons -

> *My youngest son took on the fathering role. He chose to do that. He was 14 going on 15 when they came. He was the practical one, he was my biggest help. He would help without me asking him, he's like me - .....I'm not trying to say that I'm really good, but he could see if someone was getting stressed out. He was the worker of the house, and the eldest was the MAN. He was like his grandfather, not practical, but kept up appearances (Maryanne).*

The eldest son left home earlier than expected because of the family stress. The youngest son left sometime later, leaving his mother to cope alone. Ngaire, a mother of five, cared for two grandchildren. Only one of her children offered assistance - her youngest son.

My son is very understanding. He is a special kid though! I gave him the practical skills, and he has got a heart of gold - my son. He and his girlfriend will help on a Friday night (Ngaire).

However, as discussed above, the arrival of another dependent child was threatening for some children of the caregiving family. This feeling was not confined to only the younger children; the older offspring who had have left home or married were often threatened by the inclusion of kin children in the family. Ngaire described how children from her husband's previous marriage did not support their father caring for little ones who were not related biologically. Caregivers described feelings of resentment, thinking their parents' energies should be directed to their own grandchildren; fear for their parent's health and ability to cope, and comments that their parents now deserved time for themselves. Where this was the case, the caregivers were unable to draw on their children for support. One son, who had left home, said,

Don't come to me with complaints - I wasn't keen on the idea from the start. I told you I don't think you should be doing this!(Josie)

It has been suggested that the obligation to share resources and to give assistance when it is needed, without thought of personal gain, is a distinctive characteristic of kinship (Fortes 1969; Meyers et al 1993). Fortes (1969) stated 'What I wish to stress is the basic premise: kinship is binding; it creates inescapable moral claims and obligations.' Against this is evidence that kinship relationships are no different than any others, and support given is based on reciprocity and material and economic interest (Finch and Mason 1993:8). Josie's example of extended family help was typical.

On the mother's side....they all wanted him to go down there for a holiday but no-one says 'Well here's the fare', or even 'here's some money toward the fare.' It would cost $40 in the bus and over $100 to fly. In the family group conference it was said that the family had to do their share in the holidays - but no-one's paying! Well, he is going down at Christmas, but it's two fold too; if he goes there on holiday, it gives us time to ourselves - that's the other side of it - if we send him down there. You desperately need that time (Josie).

All the caregivers in this study came from large extended family networks. None, however, identified extended family as being a consistently strong support. With the best of intentions, many extended family members promised support at the time of the family group conference, but in practice, for a variety of reasons, this was not

forthcoming. Ryburn (1993), when discussing the family decision making process, stated that families themselves are always likely to have the highest levels of commitment to caring for their children and their long term welfare. He stated that families are most likely to take responsibility for, and be committed to, the realisation of their own plans. What they may sometimes lack are the resources to do so effectively (Ryburn,1993:5). The evidence from this study suggests that the principle of kin collectivity inherent in the 1989 CYPF Act may be a chimera. This possibility is also offered by Minkler and Roe (1993 :89), who state that accounts that emphasise the effectiveness of the extended family as a mutual aid system are sometimes distorted because they under-emphasise the serious strains and problems that occur when members are unwilling or unable to contribute, or when certain segments of the network become a severe drain on already strained resources. Maryanne said,

> *My sister helps out as much as she can. I've got a brother who up until last year if he had an extra $20 would send it . That would only happen three or four times a year but he was still trying. Since then he has taken over the care of his his own son, and he is sort of wondering who he can hit up for the money now 'cos he is on a really low income (Maryanne).*

For some families, meeting the cost for large items was very difficult, and it was then that they felt they would like some help.

> *At Christmas time we decided that he didn't have anything of his own, so we bought him a mountain bike and only one on the mother's side gave us $60 toward it. They all knew we were buying it. Not one of them contributed.... but they are only average families too. They are struggling. But even $10 would have been helpful, but on his father's side - zilch! Their families have grown, and could have contributed - but nothing, they don't really want to know. We have got him - we are doing a wonderful job - out of sight, out of mind (Josie).*

The caregivers told stories of other stressors faced by extended family members; financial, emotional and physical. Where the caregivers' parents were still alive, grandmothers of the children were the most likely to give support, although sometimes in an indirect manner, such as a financial contribution now and again. Some grandmothers were caring for other members of the family themselves. Some grandparents continued to financially assist the natural parents of the children, a situation not approved of by the caregivers. The stress of the family situation had taken its toll on the health of the grandparents of one family. Maryanne described her mother's support,

Mum helps out a lot financially. I wouldn't have survived otherwise. I ask Mum 'Can you help me out? These camp fees are X number of dollars' But I owe her thousands of dollars as it is, on top of it. She sold half her section because of all this! But it's really taken its toll, it's aged her..... She still tries, but it's too much, and she takes it out on the kids at times (Maryanne)

Disappointment and resentment were expressed by the caregivers when matters of family support were discussed. *'My sister won't help. She won't take the kids' (Helen).* They obviously expected the load to be shared more when they made the decision to care. When the children were difficult, this resentment became more evident.

Friends and Neighbours

Support outside the immediate family circle came from different places for the caregivers. For one, work colleagues were a primary source of support, for most others good friends of the same sex were seen as indispensable. Minkler and Roe (1993:71) identified the importance of having a confidante or close friend with whom the caregivers could share their problems. Their research showed, paradoxically, that a small group of women who had no confidante prior to caregiving, were more likely to report an improvement in health status since taking the children, than were women who had such confidantes. The women in this study also spoke of the importance of having a good friend that understood and was willing to not only listen, but support in other ways.

We've got a neighbour across the road who comes over for a cup of tea, and she's used to the yelling and screaming, and the barrelling at her, you know. She's really good. If he's not around (indicating husband) she gets it! She looks after the kids when we go away for our two days anti-stress break down.....She just walks into the house and takes over, and I just walk out. Everybody needs someone like her.....She really keeps things in balance (Elaine).

I have a lot of friends that have offered support, baby sitting, and that sort of stuff. It is my friends, thats where I have had my help. Our friends say we are doing a wonderful job, and that makes it rewarding (Ngaire).

Fisher and Tronto (1990) state that the feminist ideal of caring is based on friendship between women, which draws on the classic notion of friendship as a relation between equals. Friendship based on choice poses an alternative to relationships based on bonds of kinship, which involve norms of duty. Supportive relationships within the church have

been what has helped other families get by.

> *Our pastors wife is a great support. I can go to her and let it all out, you know. She is great, and so is her husband. We shifted to town four years ago. It is difficult to make friends in the city, when you have lived all your life in a small town (Josie).*

A strong Christian faith and fellowship within the church also gave this family, as they put it, guidance and a spiritual source on which to draw, and without which they could not cope.

Caring for several children who have suffered severe emotional trauma meant that there were very few people Maryanne could ask to care or baby sit in order that she could go out occasionally. She found one young man who was able to cope, largely because of his size. She said,

> *He is actually six foot four, and I know that if anything happens, he can ring his Mum. He is very strong and young and can handle the situation when one takes to the other with a knife or something like that , like it happened the other week.....I can't afford a baby sitter at $10 an hour very often, so I don't go out! When he does come, he earns that money. He has had to deal with knives twice! Normal neighbours can't cope and they shouldn't have to, therefore I don't go out much (Maryanne).*

Support comes mainly from colleagues at work for this caregiver, and therefore work serves two purposes: financial and social support. She described the support of her colleagues,

> *They have been brilliant....They just keep me up. They provide me with clothes....it's actually embarrassing...every birthday I end up with an underwear set, always something that none of the others get (Maryanne).*

Minkler and Roe (1993:138) also found that, in most cases, knowledge of the caregiver's responsibilities resulted in wonderful support from bosses and co-workers. Several studies of the elderly have found that support from work can be a potential buffer against caregiver strain (Brody, Kleban, Johnsen, Hoffman and Schoonover 1987; Minkler and Roe 1993). The degree to which difficulties are shared with employers is a complex issue, however, as caregivers in no way wish to compromise their job security. In times

of individual short term employment contracts, employees feel less security of tenure and less employer commitment.

Mutual Support

The realisation that extended family caregiving has particular problems that set it apart from any other form of caregiving, prompted one caregiver to seek other families who were facing the same difficulties. With the help of the media and the New Zealand Family and Foster Care Federation, a support group was set up for 'in-family caregivers'. The current climate of fiscal conservation and the limited availability of professional support meant there were many current issues of mutual concern, but also meant that they were not able to access professional support for the group. Butler and Wintram (1991) stated that women facing a multiplicity of caring tasks cannot hope on their own to achieve lasting change and, although small changes may be made on the personal front, collective action is needed to bring about change on both the public and private frontiers (Butler and Wintram, 1991:152). After five years the group has now gone into recess, without achieving the reforms envisaged - a result of the stressors being faced by the group members together with the difficulty of identifying the larger population of kinship carers. In the United States, where in many States kinship care is now the most popular care option, kinship care support groups have flourished and those involved have found them to be an important resource (Minkler and Roe 1993:107). Every one of the families in the sample said they would welcome being part of such a group. Some qualified this as needing to have a positive focus, such as education, and the provision of an opportunity to socialise and voiced concern that it might just become a 'grumbling group' - something they did not have time for.

Summary

The data thus far has supported the theoretical arguments of this thesis. Ecological theory stresses the importance of the transactional nature of person and environment. The microsystem and the activities roles and relationships that occur within it is a major influence on human development. The microsystem's potential to contribute positively is enhanced when it provides a sense of belonging, but risk factors exist when the microsystem is too small, when transactions are not reciprocal or are negative (Garbarino, 1982). Mesosystem markers - the quality of relationships and frequency of contact between settings, and whether goal consensus and shared values exist - influences how kinship care is experienced. Feminist theory explains how the caregiving role ascribed to women affects their life chances and relegates them into an underclass.
All the extended families indicated that, at one time or another, they had felt concern for the kin children and their parents before the formal need for care became apparent. The injustice of not consulting extended families in the past is confirmed, and justifies the

principles within the 1989 Children Young Persons and their Families Act that family/whanau be involved in decision making and be the preferred care resource. The reasons behind the need for care were the same as those for children placed in foster care with strangers. The motivation for offering care was, however, different and based on the desire to ensure that their related children were given the care and security they needed, to keep siblings together, and to keep them in the family. Several of the children had experienced foster care with strangers before being placed with kin, some for considerable periods of time. The children in the study suffered as a consequence of their parent's circumstances, and this had an effect on their behaviour, their health; their education and their ability to socialise, making life difficult for all concerned at times. Some placements could not be sustained.

The decision to care has also had an effect on the caregivers and their families in terms of health, finances, family relationships and life chances. The stresses of caring for traumatised kin children has taken its toll. When asked if they would do it again, all but one of the women said that they probably would, but qualified that by stating the need for more support. The 1989 Children, Young Persons and their Families Act clearly states that children should be maintained and supported within the extended family system. In practice, however, it would appear that for the Pakeha families in this study, responsibility for care remained within a particular nuclear family group, and shared responsibility (either financial or caring) did not materialise, even though the caregivers may have expected this initially. Support came mainly from partners, where they exist, from other children in the family, although this was variable and not often sustained, and sometimes from neighbours and friends.

Children who are in need of care and protection are treated differently by the State according to whether they are placed with kin, or in foster care with strangers. Evidence from both the literature and this study would show, however, that in terms of their needs, and the needs of those who care for them, there is no difference. The CYPF Act has rightly moved from a stance of State power to family power in terms of making decisions about children. The Act also clearly states the State has a duty to support families in caring for their children and prevent them from harm (Sect 4b,c). The next chapter completes the ecological analysis, examining both exosystem and macrosystem variables. The influence of these on the caregiving role is seen as the families share their experiences. Government policies on benefits and allowances, housing, and funding of the voluntary sector are discussed, and the influence of recent economic policies on the families are seen. The law, community and State support the caregivers were able to access, and ideologies of family and the expected role of women have affected the life chances for all concerned.

CHAPTER SEVEN

EXOSYSTEM INFLUENCES ON THE KINSHIP FAMILY

Introduction

An ecological framework enables social work practitioners to become aware of and sensitive to the transactional nature of the many factors that contribute to the problems encountered by the children and their kin families and the transactional nature of these. The previous chapter discussed the effect of abuse, neglect and parental separation on the children. The new child entering the family system had an effect on both the microsystem, of which it became a part, and the ensuing mesosystem. I now move to a more distal, but nonetheless highly influential level of influence, the exosystem. Discussions about macrosystem influences, namely, the ideologies and beliefs that support the practice of kinship care and dictate social policy are woven through the text and discussed at the end of the chapter.

Exosystems can be defined as those settings in which the families do not directly participate, but which exert a very powerful influence on how kinship care is experienced. The families in this study were affected by both exosystem and macrosystem stressors. Government decisions, local body decisions, the economic status of New Zealand, employment conditions, legal statutes and such bodies as school boards of trustees all regulate the lives of families in this country. This chapter discusses the increased economic vulnerability of the caregiving families, their housing problems, and the double standard in welfare policies and practice that penalised caregivers for being related to the children for whom they cared. Policy changes in regard to benefits, boarding allowances, housing, the law and service provision have made the task more difficult.

Child Welfare has, over the last five years, moved more and more towards inclusive models of practice and philosophies of partnership with parents and families. Although the word 'partnership' is not used in the 1989 Children, Young Persons, and their Families Act, it is implied in the philosophy of family decision making inherent in it. In her discussion of the 1989 British Children Act, June Aldgate (1991) stated that, because of the multi-level analysis required in partnership models, the ecological model is most appropriate. She says the model offers scope for questions like 'Does a family's environment provide nutritious materials for growth, or is it polluted?'

> The intervention focuses on an individual's realistic potential, given his or her existing strengths and weaknesses, including health, and on the whole social environment, including the state of finances and housing and most importantly, emotional and physical support from kin and community. It recognises that environmental stresses can act as powerful pollutants on an individual's functioning. The aim is to strengthen both the individual and the environment....(Aldgate, 1993:92)

Exosystem Supports and Risks

The caregiving literature makes clear that support is of the utmost importance in the sustaining of care. The last chapter discussed the availability of support within the microsystem: within the caregiving family, the extended family, friends and neighbours. It was evidenced that, for the families in this study, assumptions cannot be made that microsystem supports will be available. The question must be asked therefore, if families under stress are able to access support from formal services. In describing the outcomes of the structural adjustment programme of successive governments over the last decade, Kelsey and O'Brien (1995) clearly show that families in New Zealand are now expected to rely on their own resources and/or those of their family. This is also evidenced by the experiences of the families in this study. They told stories of long waiting lists for specialist services, being unable to get help from the Children and Young Persons Service and being placed under severe economic stress as a result of benefit cuts and housing policy changes. Support from voluntary agencies in the community was also difficult to access.

> Since the early 1980s the role of central government as a direct provider of social services has been reduced, not only for fiscal reasons, but also because family or community-based services are seen to be preferable. If this trend continues the role of the state will increasingly be that of funder or purchaser, regulator, agency of last resort.....(Angus and Gray 1995:83).

As previously discussed in Chapter Four, the current thrust to reduce the size of the Welfare State in New Zealand has resulted in less money for social services and a residual model of service provision. The State contracts with voluntary agencies to provide services, but only subsidises actual agency costs because it purchases the outputs it feels the State requires. This has resulted in agency stress and, in many cases, a lessening of available services to families and children in need. As previously stated, all the children in the sample had suffered sexual, physical or emotional abuse and/or or neglect, and some had experienced all of these. Obtaining access to counselling services was

difficult, even though it may have been stated as a need at the Family Group Conference.

> *Although the Welfare said we could have counselling from the word go, we never got it. I actually went to the Minister (of Social Welfare) in the end. Then we had to wait months to get it.. Oh I did damage in that time because I had never done anything like this. I had done 101 Education at 'varsity, Child Development, but it doesn't teach you how to deal with problems like these, and so I did things wrong really, and the kids were just trying to cope with things the best they could. They (the counselling service) pulled out after eighteen months. That was two years ago (Maryanne).*

Another family caring for four very disturbed children also found services that catered for their needs were hard to find.

> *Trying to find a counselling programme for the children was impossible. I did eventually find one that would take the two girls - they had just opened, and they were the only one that would take children. Everyone else dealt with adults. I went through ACC 'cos the Social Welfare didn't want to know. They paid my taxi fares, because I had to go twice a week, and I don't drive. Then they closed down. They said they would arrange counselling for the boys when they opened up again. That was nearly a year ago, and there has been nothing. I got sick of ringing because the last time I spoke to the counsellor, he sounded as though he really didn't want to talk to me.....Maybe it was a bad day, but you know you get a tone in your voice when you don't want to talk, and that was the tone he had and I've never rung him again. They've all got ongoing problems.... I reckon they all need counselling, but they have just backed away from that, the Welfare (Helen).*

Several of the children in the sample had received financial assistance for counselling from the Accident Compensation Commission because of the severity of the abuse they experienced. For those for whom this was not the case, the objectives of the Children and Young Persons Act (Section 4) that state the family should be assisted to ensure the child does not suffer from neglect or deprivation, were not observed.

Minkler and Roe (1993) note that a curious paradox exists, because although the emotional burden may be the most difficult part of the caregiving experience, practical assistance is the best at alleviating it. Each and every one of the caregivers stated, without

being asked, the need for respite from the task. Maryanne felt the urgent need for a break, for the sake of herself and the children. She had previously sought the help of two voluntary agencies to provide the children with weekend respite care, but because of the level of difficulty of the children, the respite families no longer felt able to assist. This caregiver has struggled on for almost seven years, not wishing to ask the Children and Young Persons Service for assistance. When she did, they were at first reluctant to assist, suggesting she approach the extended family, who all live in other parts of New Zealand. The children are now in temporary foster care. In tears, Maryanne said *'I could have managed. What I needed was just regular breaks, regular respite care.'* To gain assistance, the caregivers have to show the child is at risk - something they are loathe to do.

Both ecological and feminist theories support the concept of respite care. The ecological model acknowledges the importance of continuity to promote growth, and sees the family, not the child, as the unit of service (Aldgate, 1993). Feminist theory highlights both the need for women to have their unpaid work valued and opportunity to discover the real self. Aldgate (1993) emphasised the important role of respite care in the prevention of long-term family breakdown, both in birth families and foster families. She identified the fact that respite care has been a normal part of family life for generations worldwide, as kin take the pressure off parents when they are under stress. When extended family is not able to provide this, alternative formal sources should be available and paid for by the State. Respite care, Aldgate argued, provides a clear opportunity to relieve parents of stress that may place their children at risk. Aldgate claimed that giving parents (women, parenthesis mine) the opportunity to put themselves first for a short time can do much to enhance their self esteem and values their role as parents.

The Children and Young Persons Service.

Government agencies work within the context of government's overall social and economic objectives, and the strategies it chooses to follow (Angus and Gray, 1995:79). The Children and Young Persons Service is such an agency, and an exosystem variable that has high impact on kinship care. The conditions that determine how it functions are constrained, but not totally determined by economics. Ecological theory, focusing on both the interrelationships between the many parts of the exosystem and the micro and mesosystems that it affects, makes clear the fact that workers within government agencies are constrained by economic policies. Anger and frustration around dealings with the bureaucracy were expressed by many of the caregivers in the Minkler and Roe (1993) study, and this was certainly the case here. Although, as previously explained, the relatives held concerns for the children before coming into care, they all became the concern of the Children and Young Persons Service. Of the many topics I discussed with

the women, few generated such a heated response as the involvement (or non-involvement) of the Children and Young Persons Service. The main issues that caused concern were that they felt a reluctance of social workers to be involved, a pressure to take legal custody, and the fact that the allowance received was so much less than if the children had been strangers.

In the last chapter, I discussed the circumstances surrounding the decision of the caregiving families to assume care and it was seen that, for two families, the initiative came from them rather than the Children and Young Persons Service. The families described the hostility and anger that was experienced at the FGC and how they were the only ones who offered to take on the caregiving role. Josie described how the issue affected the whole family and anger was directed at the Children and Young Persons Service.

> *By this time the family had got wind of it and were very angry, and I said to her 'who is going to run this meeting because there's a lot of issues at stake, and there is a lot of anger.' They assured us that everything would be run politely and they would have control of it and that was it, wasn't it. 'No' I said to her, 'that wasn't it - we have already talked about it. Her father said that he couldn't have her any longer,.....and' we said 'we were seriously considering having her.' Well the meeting was very poorly run, shocking. People were very upset and angry..... both families are large so there were a lot of people there.....Yes there was general consensus about who should have her, because we were the only ones who offered. One of the Aunties said that she would have her, but that she wasn't very keen on it, so we were the only ones that said yes (Stewart).*

Although the caregivers knew the children before they came to live with them, they did not expect the problems they encountered, not only with the children, but within the whole family unit. Not knowing whom to turn to, they went back to the Children and Young Persons Service for assistance, seeing that agency in the role of 'expert', a perception not shared by the Service itself. Families have been described as 'experts on themselves' (Wilcox et al 1991), and I believe this ideology allows a non interventionary stance to be rationalised. The families did not argue their right to make the decision, but expected the Children and Young Persons Service to take a more active role.

> *Six months to the day the Children and Young Persons Service said 'well cheerio, ta-ta, thats enough from us!' They said they would supervise, but*

what does that mean? That means there was no contact, it really does mean that. We talked to them about three times, and that was (initiated) from us. That was because the conference was in another town, and although they said everything was set up, nothing was. We got pushed all round the city from department to department. It was about eight weeks or so when they finally rang and said they were sorry it had taken so long, but they would send a social worker round to meet us. He was nice, really good. Of course his case load was very high, so we saw him three times, then that was it. We were then the official guardians (Josie).

Although the Children Young Persons and their Families Act takes cognisance of the importance of the child's environment, current social work practice does not reflect this. Ecological practice seeks to enhance the family environment by providing the resources and supports needed to obtain a healthy fit. When this is not done both family and child are at risk. Maryanne had struggled with three very disturbed and difficult children for many years. At her wits end, she knew she needed help,

I rang up Social Welfare and I said 'Look, I'm going to kill these kids!' and she asked me about the situation and said 'Can't you get your family to do something?' I said 'they are in (another city) they are working, they can't do it,' I said 'I've tried'. So she said 'well maybe you need one of the agencies to help you.....'(Maryanne).

The social workers agreed that the caregiver needed a break, and arranged for the children to go away for the weekend, but did not tell the caregiver until the following Tuesday - at which time the weekend in question had passed. Maryanne said,

She doesn't talk much back to you, so you don't know if she actually hears what you say. And then she came back and said, 'Well you are obviously not coping, so probably if I gave you a tracker to see if there really are problems.' Well that never eventuated. When I eventually rang to see what was happening a social worker turned up and said I should sign a Section 139, and the children should go into foster care! I didn't want that to happen. I suggested that what I really needed was a shared care arrangement, so that I can have them for the weekend, and some-one else can care after school, during the week. The Social Welfare has refused that (Maryanne).

In each of the cases it appeared that the families expected and would have liked a great deal more support from the Children and Young Persons Service than they received. Although the families willingly took on responsibility for the children, it seemed that they were not prepared for how difficult it was going to be. They expected social workers to be available to help them get the resources they needed to enable them to cope. They all stated without prompting, that they knew how busy the social workers were, but said social workers were so hard to reach that they would only persist when they were really desperate. The current policies of the Children and Young Persons Service that focus on short term intervention and re-referral obviously do not suit the special demands of kin-based care.

Briar and Caplan (1990:6) observed that caregivers of children are perhaps the most inhibited about disclosing stress, problems, remorse or disdain for the job. Ideologies about the pleasure that should be derived from raising children, the 'naturalness' of women's ability to care, and not wanting to be seen as failures may contribute to this reluctance. Butler and Wintram(1993) make the observation that women only find services coming their way if they can be defined in relation to someone else, usually a child, and then they must be seen to fail in their capacities as parents to qualify (Butler and Wintram 1993:34). In the last chapter, Elaine stated that kin families do not seek help until absolutely desperate because they feel they are seen as part of the problem and likely to be judged accordingly. Subsequently, they were loathe to appear incompetent in any way.

Family Assessments and Preparation for the Task.

It is the role of the State to promote the establishment of services and the adoption of policies to ensure the safety of children who are in need of care and protection (Angus and Gray, 1995:83). The importance of quality assessment procedures and training programmes for intending foster care givers has been well documented (McFadden, 1984; Prasad, 1984; 1989). Assessments need to be holistic, involve the whole family, and be undertaken by trained personnel. In order to become an approved Child and Family Service under the 1989 CYPF Act and secure Government funding, foster care agencies are required to give evidence that these are in place and well practised (CYPF Act 198, S.400). These standards are not required for kinship care. The revised standards of Approval for Child and Family Support Services (1995) under s.396 of the CYPF Act (Appendix 3) give recommendations for practice standards for selection of extended family caregivers. These standards are only 'desirable' and not mandatory. They do not suggest assessment of the whole family group, just the caregiver, and there is no suggestion of training, although some discussion of behavioural strategies is mentioned. Several researchers have commented on a difference in standards in this

regard between foster care and kinship care programmes in the United States (Takas, 1991; TFOPP, 1991; McNally, 1992; Dubowitz et al 1993, 1994; CWLA, 1994).

Tapp et al, in a critique of the Family Decision Making process, stated that the outlook for a seriously abused child is bleak because to question the decisions of the family is to question the basic principle on which the Act is founded (Tapp et al 1991:A105). Research evidence in regard to the difficulties and risks of caring for an abused child, cited previously and discussed in depth below, would indicate that a thorough family assessment is essential. It serves two purposes - to assist the family to analyse its own motivations, strengths and weaknesses, and to identify what resources and supports are needed to sustain the placement. Most of the kin families in this sample did not undergo any assessment process, although Ngaire and her husband were visited once before the children came, and two of the caregivers had a subsequent police check completed. One took exception to that as it happened after the children were placed. Maryanne felt very strongly that, in hindsight, she wished that they as a family could have talked through the pros and cons of taking the children. She stated that, although she had completed papers on child development at tertiary education level, she was not prepared for the difficulty of the caregiving task. She felt that her own children should have been prepared for what it was going to be like, because they had found it hard. Her eldest child left home earlier than he would have because of the stress in the family. No families were offered training, either prior to taking the children, or in the settling in period. When Elaine and Peter were experiencing difficulties with the children, they were invited to attend a training programme. They had been caring for the children for two years. Elaine said,

> *The whole family needs to be part of the discussion so that they know what to expect. For instance the children had no table manners and our kids felt embarrassed in front of their friends. We had no training, no preparation, and we needed it. It was a shock. They (CYPS)*[1] *think that you are family so you should know what to expect, but you don't. We went to training after 2 years, and wished we had known all that in the beginning for all of our sakes (Elaine).*

Ngaire and Les asked for help and were told they would be invited to training sessions held for foster families. At the time of this study this had not happened. This research has identified that some issues are particular to kinship care. The complexity of interpersonal family relationships and feelings of obligation, the issue of 'good' and 'bad' mothers within the same family and the difficulty of supervising access are examples of these. It is my contention that specialised training is required. While

[1] Children and Young Persons Service.

training might seem unnecessary when the caregivers know the child well and have provided care for him/her before, when the issue is one of abuse or neglect, training is imperative for the safety of all concerned (McFadden 1984). Neither relatedness nor previous caregiving is of consequence. In his paper on issues for further research, Dubowitz (1994:561) stated that policy was needed in regard to assessment and training procedures for kin caregivers. Ideologies about the rights of families and the intervention of the State into private domains has been previously discussed. The future well-being of the abused child must be the deciding factor, and training and assessment of families seen as a supportive measure not an interventionary one.

Caring for Abused Children - The Risk

Emily - Jean McFadden (1984) states that, while there is a large knowledge base on the abuse of children in families, there has been insufficient research on the issue of abuse in foster care. Dubowitz (1994: 553,554) has identified that research into kinship care is scarce, but small studies have shown that when compared to those in foster care, children in kinship care have the same problems, that services offered to those children are less, and that screening and assessment procedures for kinship families are less stringent and, at times, inadequate. The issue of allegations of abuse against kin-caregivers does not appear to have been dealt with in the literature.

While abuse is affected by micro and mesosystem variables, it is discussed here because of important exosystem influences that contribute to its likelihood. Mc Fadden (1984) offered a systems analysis of abuse in foster care and identified stressors, which can collectively contribute to abuse risk. Children who have suffered sexual or physical abuse, particularly by their parents, have experienced multiple placements, have special needs, developmental delay, or exhibit bizarre or unacceptable behaviour, and adolescents, especially those who have been abused, are in the high risk category. Mc Fadden (1984) stated that issues of loss and separation were played out in difficult behaviour. Without training and casework support or consultation, caregivers found these behaviours baffling or inexplicable. The dynamics set up by the child may be stress provoking to the caregiving family. McFadden (1984) stated that caregiving families were also subject to all the stressors of contemporary life and in addition had also to accommodate difficult children, often with unclear role expectations. Economic stressors of the placement and lack of necessary resources, such as training, social work support, counselling and psychological services, were all contributory. In addition, McFadden quoted Dawson (1983) who identified a possible burnout period after six or seven years of caring for a high risk child (McFadden 1984:15-24). It was interesting to note that, in this study, all the placement breakdowns occurred after six years.

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. Those families that I have worked with where this has been the case have reported changes in marital relationships and family dynamics that are far reaching.

Several of the families in this study have faced an investigation of this nature. None of the allegations were substantiated. In the words of one family *'We will never get over it. Life will never be the same again.'* The necessity for extended family assessments is highlighted by the evidence of this research, as is the need for policies of mandatory on - going support and review.

Kinship Care and the Law - Issues of Permanency

The Law is an exosystem variable that affects all kinship care participants, defining and dictating child welfare practice. As discussed in Chapter Two, it is based on ideologies about children and families that are held by society at any given time, (McDonald, 1978; Walker, 1990; Tapp, Geddis and Taylor, 1991) and, I would add, ideologies about the role of women. The question of who should accept ultimate responsibility for the children is an issue that has been raised in the overseas literature and for the caregivers in this study. The TFOPP (1990) raised the question of whether permanency planning was given the same consideration in kinship placements as in traditional foster care. A number of recent studies have shown that, although children placed with kin are more likely to maintain contact with their biological parents than children in foster care, they are also more likely to remain away from them for a longer period of time (Dubowitz 1994). The families in this study stated that the actual length of time envisaged was by and large not discussed initially. One aunt stated that she was asked to take the children for a 'short term' until things got sorted out.

> *When we asked how long was a short term, they said just a month or two at the most. Well ten months later they were still here, then it went to court.....That was just before the new Act. We were made shared guardians.....The eldest has just left (Elaine)*

The basic premise of the Permanency Planning principle is that every child should have a caring, legally recognised and continuous family in which to grow up. Exactly what constitutes family is not the issue, the primary concern being that of security, commitment and consistency. These children are living with their *own* family but 'state intervention into family affairs calls for legal definitions' (TFOPP 1990:22). Although, overseas, permanency is equated with adoption (Thoburn 1989), in New Zealand the assumption of

legal guardianship, whether it be under the Children Young Persons and their Families Act or the Guardianship Act, is the most usual response. Guardianship under the 1989 CYPF Act, with its inbuilt review, would perhaps suggest a more interim arrangement than the Guardianship Act where reviews are not mandated. It may, however, provide a legal basis for case review, and an opportunity for families to state their resource needs. The Guardianship Act is the most usual option and favoured by the State, perhaps for fiscal reasons (Worrall 1993). In every case except one, the caregivers in this study had assumed legal guardianship, either shared or sole, under the Guardianship Act. In every case, the families felt the Children and Young Persons Service wanted the families to assume legal responsibility as soon as possible. Josie explained,

> *We are now additional Guardians with the father. The Department are out, they've walked out . We actually asked them to stay in the background, because of the situation, but they said 'No, she is no longer under our care and protection. There is no care and protection issue now' (Josie).*

For one family the issue of permanency of the children was a contentious one. The children had been in the care of the Children and Young Persons Service for almost five years, since the youngest was born. The grandmother caring for the children felt that an adoption decision should have been made a long time ago. The children were still wards of the State, and it appeared that the whole family had not been consulted as laid down in the Act. The grandparents received the foster care allowance, and resisted taking legal guardianship.

> *....Even though they are good little kids, we just wouldn't be able to look after them, financially we wouldn't be able to, and even though it would break our heart, I think in the long run, it would have been better if they had been adopted out in the beginning. They need a stable home with stable parents, parents that are prepared to take them on. I think the Department owe these children something. I mean they knew the situation. Why have they left them so long in a Family home? Now they are here we haven't heard anything for three months(Ngaire)*

Giving a caregiver legal status protects the child from any capricious action of a natural parent which may not necessarily be in the child's best interests. However, legal responsibility also carries with it expectations of financial responsibility. The ability to meet this latter responsibility adequately seemed to be the greatest worry of the caregivers interviewed.

The Financial Cost

Financial stress is experienced within the microsystem, has an effect on the mesosystem, but usually arises from exosystem stressors. In New Zealand we are currently experiencing a rapid downsizing of the Welfare State. Successive New Zealand Governments have abdicated their responsibilities for the well-being of their citizens to the unregulated market place (Kelsey and O'Brien, 1995 :63).[2] In 1991, Jenny Shipley, the then Minister of Social Welfare, stated in the Budget document, *Welfare that Works* ,

> The Government's social and economic objective is to provide an environment where New Zealand families are able to take control of their own lives, freed from the dependence on State welfare that currently traps so many of our people, and most importantly, we must take steps now to encourage New Zealanders away from dependence on the State towards personal and family independence (Shipley 1991:1).

Where to draw the line between the responsibilities of the State and the responsibilities of the family for welfare provision has long been debated by politicians and policy makers. Recent cuts in benefits seem to be directly related to the current need for economic stringency. In New Zealand, levels of welfare provision by the State appeared to run parallel to levels of economic health and levels of employment. The recent economic recovery, however, has not led to increased funding for those in need. It is assumed a strength of family ties and a sense of kin responsibility will be sufficient to ensure people's needs are met, and it is to the family we should first turn when requiring assistance. Finch explained the political view of placing responsibility on families. She stated,

> In the eyes of some politicians, at least, the case for doing so is bolstered by an ideological commitment to strengthening family life, which - some people argue - is being eroded because some people have been able to rely too much on the state (Finch and Mason 1993:9).

Kinship care is, in fact, an 'output', to use government terminology, yet not accorded any economic value. Bunkle and Lynch (1992) described a free market ideology that imposes a commodification of social relationships. Human relationships are conceptualised as an exchange of goods and services - specialised forms of commercial transactions (Bunkle and Lynch, 1992:33). For some reason the commodity of kinship care is worth less than that provided by a stranger foster family (Table 2).

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2 For further commentary and critique of Social Development in Aotearoa see Kelsey and O'Brien 1995

Table 2.
Comparative Table of Unsupported Child Foster Care Allowances
(April 1995)

Age	Unsupported Child	Foster Care
0-4	$56.12	$71.00 + $13.45 clothing
5-9	$70.14	$87.27 + $15.25
10-13	$76.16	$99.46 + $ 18.82
14+	$84.17	$111.56 + $ 22.60

Source: CYPS Operations Information 1993/17; 1995/1

A comparison in allowances available for young people over 14 years in kinship care and foster care shows that a stranger foster parent receives $49.99 more per week than a kin care giver receiving the Unsupported Child Allowance, when clothing costs are taken into account. For a child under 5 years the difference is $28.33; 5-9 years, the difference is $32.38 per week; and 9-13 years the difference is $42.12. Children in Foster care also qualify for many other allowances that are not offered as of right to kinship placements, namely, a weekly pocket money allowance of up to $9.64 for those over 14 years of age, medical expenses, Christmas and Birthday money - equivalent to 1/2 a weekly board payment, all school expenses, i.e. fees, books, trips, uniforms, extra tuition (on approval), sports fees/memberships, and equipment, tuition for music et cetera, and camps.

Payment to caregivers, whether foster carers or kin, is regarded as remuneration for costs incurred and is not seen in any way as a salary or wage.[3] It does not take into account services rendered, or personal cost, even though these may be great. Research indicates that there is no difference in terms of behavioural and physical problems between children in foster care and kinship care (Dubowitz 1994). I can only assume, therefore, that the basis of this financial discrimination is a direct translation of the 'family independence' philosophy. An alternative explanation may be a transference of 'blame' on extended family for the incompetent parenting of some of its members. Some extended family members feel they are seen as part of the problem and are reluctant therefore to admit difficulty or ask for help. Being paid less reinforces this feeling.

[3] Communication to NZ Family and Foster Care Federation from Inland Revenue Department May 1992

I questioned several Children and Young Persons Service staff about their feelings on the issue of equity, and received different responses according to status. A Head Office employee of high rank stated that families should be responsible for their own relations and are not expected to seek further assistance. The families in this study did not plan to have more children, in fact they had completed their families. The decisions were made as a result of a caregiving crisis for kin children. This makes the policy decision that kin should receive less resources than foster parents even less rational. A senior social worker suggested that there should be a social disability allowance, equivalent to the physical disability allowance. He stated that more social / community support exists for those with physical disability than for those with social disability. A basic grade worker felt that, once a care and protection issue was found to exist, ideally, all supports and services needed to help the child rehabilitate should be available. That person admitted, however, that this was idealistic and difficult to obtain because of budgetary constraints.[4]

None of the families in the sample had a household income over $32,000 per annum, two were beneficiaries, one a part time worker with a minimal income, and two families had one income, neither of which was high. The caregivers partaking in the research were not treated equally by the State. Two families, at the time of interview, were receiving foster care board rates, but both had been told that they would be placed on the Unsupported Child Allowance in the near future. One of these families had initially received a higher foster care board rate in recognition of the level of difficulty of the children. This was reduced some years ago, even though the problems were still evident. The children in the other family came from long term foster care, and the board rate had not yet changed. The caregivers' response to being told that they would, in the near future, receive only the Unsupported Child Allowance was that, as beneficiaries, they could not afford to continue as caregivers. Two families who were in receipt of the Unsupported Child Allowance had some difficulty initially getting even that. Helen told how she and her husband had supported two children without financial help for two years. It was not until further children in the family came to notice and were also placed with the caregivers following a Family Group Conference, that a need for financial assistance was stated and payment began,

> *Then they started giving us the benefit and they back dated it for a few months, and God, that was great. My husband had trouble at work, they had been on strike, and there had been no money coming in and we were nearly going under, because we didn't even get family benefit, because their mother had capitalised. The Welfare put us on 'orphaned childrens benefit,' I think it was called, and that was marvellous because we were*

[4] Anecdotal evidence, sought in relation to the study.

just so broke, and we were only in a one bedroom flat when they came to live with us, and we had four kids and us in a one bedroom flat for a year (Helen).

The other family was initially told there would be no payment. It was not until it was discovered that extended family members caring for siblings in another city were receiving payment that it was agreed to. All families, however, felt under financial stress and worse off than they were before the caregiving began. Hilda Scott (1984) is quoted by Minkler and Roe (1993): 'The personal is not just political, it is also economic.' Glendinning's (1992) study of a group of caregivers in the United Kingdom found that adults giving significant amounts of support are likely to experience negative financial consequences and may well face longterm poverty and insecurity (Munford 1995).

For Maryanne, a single mother, the personal decision to care has had profound financial consequences. When the family crisis occurred that resulted in her taking responsibility for three more children, her own children were in their mid teens. She had just embarked on a new career, after taking university study, that should have guaranteed her financial security for the years ahead.

At the start, we got the orphans benefit, and when I dropped back from full-time work, they made up my money to a Domestic Purposes benefit for my (own) children and that was alright. We managed. When my own children left they made me up to an unemployment benefit with my money. But then somewhere along the line the budget cut that out, we are struggling now. With each budget they cut something else out.....The benefit cuts, and then they cut out the housing supplement. ....(Maryanne)

When she realised the difference between foster care payments and unsupported child allowance, she approached the Children and Young Persons service to get an explanation of this and was told that the rest of the family, and in particular the children's father, should be contributing.

I said ' hang on! Their father pays $2.50, and it doesn't come per child. It goes to the Department to offset the Unsupported Child Allowance'. So I put in a submission when they were questioning the maintenance, to say that Social Welfare admitted that you were supposed to get the rest of the money to support the children from the parents, or the rest of the family. My brother is the only one who could help, but he sees it as subsidising the father, he doesn't see it as helping me out or the kids (Maryanne).

The level of difficulty of the children and the constant stress she experienced resulted in Maryanne seeking respite foster care with the Children and Young Persons Service for two of the children she had cared for for many years. She was, of course, not receiving any allowance as they were not in her care, but she still had legal custody. The Children and Young Persons Service asked her to purchase new shoes for the children,

> *I couldn't believe it! I am not getting any money for them while they are in care. I am so behind now and have several big bills to pay. When I said that perhaps the social worker could ask the childrens' parent to pay, she turned round and said 'well if you can't pay for the shoes, how about paying for the taxi to take the children to school each day', which was more - would have cost me much more than the shoes. I was just speechless, and burst into tears (Maryanne).*

The ideology that extended family should be financially liable for its members, which pervades social service provision currently, 'encourages them to be personally independent of the State' (Shipley 1991). The belief that the extended family is a corporate body that takes collective and equally shared responsibility for its dependent members is not borne out by this research.

The reluctance of the state to provide hits hardest on women. Some supplemented the unsupported child benefit by part time work, in order to make ends meet. One had still fallen into debt. Several of the caregivers intimated that they willingly went without in order that the children could have their basic needs met. The caregivers neglected to go to the doctor as regularly as they perhaps should, several stated that they had not purchased new clothes for some time, and the ability to have, as one put it, 'a night out', was but a dream. Apart from Josie, who attended church regularly and had social contacts within the church family, the ability of the caregivers to make and sustain a social life for themselves was curtailed by economic constraints. Maryanne, a solo caregiver, explained,

> *I can't afford a baby sitter at $10 an hour too often, so I don't go out. I only get them (baby-sitters) so I can go to meetings if I have to, but mostly I get the committee to come here. After I've paid $10 an hour, I can't afford to pay when I am out, like pictures or dinner, or anything, so I just don't even think about it!*

Oakley (1982) discussed the 'feminisation of poverty' as it affects women in single parent families and identified the forces that propelled them into poverty as being the reasons

why women on the whole do not have economic equality with men. Inadequate financial support penalised them for motherhood, which was in contradiction to prevailing ideologies that singled out motherhood as the very proper pinnacle of women's achievement in the field of labour (Oakley, 1982:293).

For two of the families in the study, social welfare benefits were the only source of income. One couple described the increasing struggle they had to keep their heads above water. The husband, who was the sole income earner, became redundant three years ago. On account of his wife's failing health, he had to assume the role of caregiver for her and the family. They survived on an invalids benefit, a caregivers allowance, and the unsupported child allowance for the children. Helen stated,

> *Money-wise, we've got nothing. We get a bit for the kids, but they are bottomless pits. We were on the fostering allowance, and it was much easier, because we got the clothing allowance. We could even afford camping holidays then. Last Christmas it all went down by $2,000 a year. That's a lot of money when you are trying to get a bit of a holiday and get four kids the clothes they need. The youngest eats shoes, he's so bad on shoes. I buy him a pair of shoes and two weeks later the toes are out. The boys, they grow so fast, you can tell by the shoulders on them they are going to be big boys. We didn't realise it was going to go down that much. You don't really realise these things till after the event, and then it's the kids who end up paying because they suddenly wonder why they don't get as much as they used to get. You've got to say no to things. You just can't afford to send them on all the school trips anymore. Every day just about there's money for something to do with school. Or you are moaning about money and they can't have McDonalds once a month like others because you have to buy new shoes and you just don't have that money there - it has to come out of the food money.....We are at the stage now that if we want to go out, one of them has to go over the back in the station wagon, and that's illegal. We haven't got any money to replace the vehicle. Soon we won't all be able to go out together. ....(Helen).*

The decision to care for another child came for one family at a time when they were faced with other expenses, such as two daughters' weddings and probable redundancy. After spending six months in several Children and Young Persons Family Homes, the teenager arrived with wornout clothes, and needed outfitting. '*The day she came it cost us a*

thousand dollars! ' School Uniforms and School fees accounted for a good part of this. This family was also faced with a bill for legal fees in regard to taking Guardianship, something they were asked to do by the Children and Young Persons Service. They applied for Legal Aid, but were turned down because they owned their own house!

> *It is costing a lot of money and her father doesn't want to know about it. He says he pays $60.00 to Income Support, but we don't see it. We had a battle with the Children and Young Persons Service, and they did pay for the initial clothes in the end... You see when they rang us to tell us about the Family Group Conference, they told us there would be allowances. When we went to the Family Conference the allowances were cut down and all we were given was the Unsupported Child Allowance, and a clothing allowance, and when we signed the dotted line, all we got was the Unsupported..... They also said there would be no legal fees for the Guardianship and then they wanted us to pay. .. In the end things were desperate, and I just said ' We just can't carry on, you've got to pay something or she'll be back in your care...He looked at us and said 'Is this blackmail?' We would not bite. We had to use that tactic to try to get something.....We are going backwards financially*
> *(Josie).*

When an increase in family size is planned, be it by natural parenthood or adoption, the responsibility to financially support the children should, of course, be the parents. However, when such an increase comes by way of an humanitarian response to offer care and love to a relative child in need of it, it must be asked whether the whole family unit should be disadvantaged by the cost of such an undertaking. A moral dilemma can exist, however, when kin caregivers are offered a higher benefit rate. The Task Force on Permanency Planning (1990:18) in their research on kinship care in the United States found that children were being taken into kinship care and not returned as soon as they might, because more was received per child this way than a solo mother on the AFDC (Aid to Families with Dependent Children).

> Some parents are deliberately causing their children to be placed with relatives to improve their financial situation and once placed, they are reluctant to take their children home and deprive them of this economic advantage (Task Force on Permanency Permanency Planning 1990:18).

It was pointed out, however, that if all parents were given as much to care for their children as foster parents are given, most children would be cared for by their own

parents, and not need care at all (Task Force on Permanency Planning 1990:18). In the past, New Zealand has based its foster care payments on a cost of living standard, with annual Cost Price Indicator increments, although there has not been an increase in recent years. However, where kin families are struggling financially' caregiving women will be forced to enter the work force or, at worst, the children may well enter the state foster care system and be a greater fiscal cost. The financial cost of kinship care is an issue that clearly shows how both exosystem and macrosystem forces can dictate the quality of life for all in the caregiving family.

Caring and Working

The decision to care for an extended family member is often driven by a combination of complex family dynamics and legal expectation. It is a decision that puts women once again into economic dependence, on either the State, or other extended family members, and prevents her earning a wage worthy of her true value. Davidson and Bray (1993), in their study on women in part time work in New Zealand, concluded that over half the women in their sample worked part time because their unpaid commitments meant they could not work full time. Those who were solo parents or had unemployed husbands said they could not survive without working, and over a quarter had more than one job. The women in this sample had particular difficulties in regard to the special needs of the children and their demanding behaviour that made it more difficult to work. At the time she decided to take responsibility for her nephews, Maryanne had almost completed a degree, and had been accepted for a professional training course. This would have guaranteed her a reasonable income for the rest of her working life. Other members of the family took the children while she completed the course, but she had to forgo her full-time job. Initially working 16 hours a week, she has recently increased this to 27.5 in order to survive financially. The children's difficult behaviour, both at school and at home, meant she was constantly stressed. It was a balancing act meeting the demands of work and family. When she first started work she was required to work evenings.

> *Those nights I just never knew what was happening (at home), so I had to go part time so I could be at home and cope with the school holidays. Each school holidays is different, balancing and rearranging. I build up my hours a fortnight before, so that I can have a couple of days at home (Maryanne).*

Work gave Maryanne something else to think about and provided intellectual stimulation, as well as bringing in extra money. Her colleagues were also her primary social support. She described how they cared for her and the boys in many different ways,

> *They have been brilliant. That's the only way I can describe it. The boss I had didn't know, and used to make snide comments. I said 'If you want to look after my nephews feel free, but don't hassle me please" and ever since then he has been brilliant.....They keep me going they really do (Maryanne).*

She stated 'work keeps me sane!' Her colleagues gave gifts of food and clothes, and made sure she had a great birthday. They had their social functions at someone's house so that she could take the children. They were tolerant of the many calls she received at work from the school and were aware that she had missed out on many opportunities for promotion that she deserved because of her part-time status. Identical evidence of workplace support was also found in the Minkler and Roe study (Minkler and Roe 1993:139).

The employment status of the caregivers in this study reflected the impact of the recent economic crisis. Only one of the women in the study was in employment, and she worked part time. In two of the families the male held a full-time job. One was a shift worker, and the other was suffering from the consequences of restructuring. When discussing the financial stresses of having another mouth to feed, he stated,

> *My job situation doesn't help. I am a clerk really, but I have been told that my old job is going. I have been offered a job cleaning cars for resale but I can't do all the bending and things with this back, so it's a bit of a worry - I am 50 - who wants a 50 year old? I have been looking for another job for three months. They don't want to pay redundancy, so you know what they do? - they restructure the job till it's not satisfying, hoping people will leave. I might be without a job soon. It's a difficult stage of life (Stewart).*

Ken was made redundant three years ago and because of the specialist nature of his occupation, was unable to secure another job. His wife suffered from a chronic illness. The twin factors of her worsening condition and his redundancy led to him taking on the role of full-time caregiver for his wife and the family. He stated that he would have liked to return to work, but this was not possible. Two of the women stated that they would dearly love to work. Josie had reentered the work force when her children left home and had enjoyed having some money of her own. However, she suffered an accident and was on ACC with little hope of re-employment. She mused,

> *I had my job for three years, and I loved it. I was very sad to leave and miss it a lot ! I miss the money, as well as the outside interest (Josie).*

Elaine had not worked since she had her own children, believing a mothers place was in the home. Her re-entry into the work force was delayed by the necessity to care for her two nieces. *'A foster family can say 'Enough of that thank you- I want to go to work', but it's different when it's kids that are kin'.* Once the children were older she decided she would like to work part time, but said *'So am I (older)! I would need retraining.'* Ngaire had worked in a variety of jobs, many of them in the caring professions. Still only in her early fifties, she decided that it was more important that she stay at home to care for her grandchildren.

> *I've worked in the nursing field... I don't really want to be there for full-time, so I can put it into these little children. I worked really hard trying to bring up a family of five, you know, and a step daughter too. Now I want to be able to say 'I can sit here and read to you two kids.' I don't need to be out there working. So I think the Government needs to look at that really - the investment I am putting into the children (Ngaire).*

Brody et al (1987), in their study of caregivers of the elderly, identified a relationship between socio-economic status and staying in the work force. Those women who had least education and least income were most likely to feel the need to leave work, yet paradoxically, were also those whose families most needed the income.

For many women, the need to combine work and caregiving is a daily reality. Recent New Zealand statistics show that participation of women in the full-time work force has risen from 27.7 per cent in 1961 to 44.7 per cent in 1991, and in 37 per cent of families with a child under five, both parents had either part time or full time employment, the statistics rising as the childrens' ages increase (Statistics New Zealand, 1994). Whether women who work experience more or less caregiver strain is open to debate, but research shows that those who had jobs most like the caregiving task were most stressed (Marshall et al 1990; Minkler and Roe1993). The evidence in this study showed that work filled more than one purpose. It provided income, intellectual stimulation and social support. That being so, if women were given support to enable them to work if they wished, it may result in less caregiver strain and less likelihood of placement breakdown.

Housing

While it is the role of the family to nurture, care for and protect children, governments also have a role in providing adequate resources to enable them to do so (Prasad 1995:vii). This statement reflects a long-held ideology of this country that the State will provide the basic necessities of life, if needed. Housing, it's availability and quality is an exosystem variable determined by policies and national and international economics. Adequate affordable housing has long been part of the New Zealand expectation of well-being, and since 1935 has been the cornerstone of New Zealand's social policy. Without this many other social programmes are less effective at best, and defeated at worst (Robertson 1995:106). Housing is a basic life necessity that affects how life is experienced within the microsystem. The value of a house reflects the economic status of a family, and determines its social milieu. Two of the families had struggled to provide adequate housing for their suddenly enlarged family. Both had to resort to putting a caravan outside to accommodate some of the children. One couple were only just married when they assumed care of four children. Helen described the situation,

> *We were only in a one bedroom flat when they came to live with us, and we had four kids and us in a one bedroom flat for a year....so we put the kids in the caravan, and I was in a panic the whole time they were out there in case someone was going to break in.....And you know what little kids are like- we had an incident with matches, and I was in a panic, so we rigged up a telephone so they could ring us if any one tried to get in, but I just couldn't handle it. The wee place I had was beautiful, it was fixed up really nicely. It would have done him and me, but we had to move out and the only four bedroom place the Housing Corp could get was a tip. It was so shocking but it had four bedrooms so the kids could all come inside. We had to forget there were holes in the walls..... They actually offered us $100 to clean the place up..... It was disgusting there was no door handle on it, there was no toilet seat, all the cupboards were filled with filthy old rags, and it stunk to high heaven.... We had to scrub the walls down, thick with grime. I thought the kids were going to pick up a disease. They had to rip the lino up, and then the floor was all sticky when you walked on it - you would walk out of your shoes...You should have seen the cats trying to get across the floor! The carpet in the passage was actually a tacked down bedspread! ...I'll never forget that house I still have nightmares over that place! (Helen).*

At the time I undertook the study, their family of seven was accommodated in a very small three bedroom house, which the caregivers were paying off. Maryanne had a

State house and was assessed as a single person, as she had none of her natural children living with her. All entitlements cease for a single person with assets over $8,100. Income, rather than need for housing, is now the sole criterion for accessing government house assistance. The benefit is administered now through the Income Support system, as is the unsupported child allowance. Maryanne described how she was affected by recent government policies,

> *First it was the benefit cuts, and then they cut out the housing supplement. The Housing Corp supplement went through Social Welfare, but they didn't include the money I needed for the kids in working out what I was eligible for, for the housing supplement, so I still didn't receive a full supplement, even on my (small) income. Then they said "you are in a house too big for a single person, you are in a three bedroom house." So they were saying that the unsupported child benefit should actually cover their rooms for their part of the house, but when you take that out of it, what about their food and clothing and that's without all the damages because we had windows smashed and all sorts of things smashed in tantrums (Maryanne).*

Policy decisions in regard to market value rentals for State housing had a major effect on the lives of Maryanne and her family. When legal custody of the children was granted, it was on the condition that there was sufficient room for all the children. Being in a State house at the time, the Housing Corporation agreed to erect sleepouts on the property for Maryanne's own children who were older. Unable to afford the recent rise in rent, the family moved to a smaller house, which, in fact, was not much cheaper. The children, already traumatised by their previous life experiences, were upset by the move. The resulting behaviour meant the children could not sleep together. A caravan was put on the property to accommodate some of the family, and one person slept in the lounge. Like the previous family, having some of the young people sleeping outside was, at times, a source of stress. Roberts, (1995) puts the problem in a nutshell,

> Increased rents, combined with the April 1991 benefit cuts and loss of disposable income for low paid workers, have led to real poverty for many families....The accommodation supplement is based on the number of people in the household, rather than the size of the house....Families are being forced to move into smaller accommodation because of Housing New Zealand's policy of 'matching' - one bedroom per single adult, couple or children of the same sex. This takes no account of the complex changes which occur in a normal family (Roberts, 1995:109).

Macrosystem Risks

The final level of influence in the ecological framework of analysis is the Macrosystem - society's 'shared assumptions' about the way things should be. These influences have been described in Chapter Four and referred to in these last two chapters. Ideologies about the role of women, the family, economics and the State have combined to determine the way life is experienced for the families in this study. Inequalities of class and gender become obvious. The belief that all New Zealanders were entitled to an adequate standard of living seems to be replaced by economic imperatives of survival and self determination. These foundational beliefs of New Zealand society are being changed by macro forces of international economics.

Summary

The use of both an ecological framework and feminist theory to organise and explain the data of these last two chapters has clearly shown the many influences and their complex relationships that have impacted on the families in this study (Appendix 4). Ecological theory emphasises the transactional nature of these relationships, and how ontological forces and microsystem, mesosystem, exosystem and macrosystem variables have a combined influence. Where the environment is pro-child and family, and activities, communications, policies and societies reflect that, then the potential for optimum child development exists. Where this is not the case, and other ideologies have priority, then the developmental potential is endangered.

Feminist theory highlights the role of women in sustaining families, and how the ascribed role of nurturer is essential for the continuation of policies that place responsibilities of care on extended families. Such roles place women in positions of limited opportunity, economic deprivation and powerlessness.

The 1989 CYPF Act clearly states that children should be maintained and supported in their own extended family systems. The reality for the families in this study was that the extended family were not able to offer the support required to care for traumatised and abused children. Community support from either statutory or non-statutory agencies was not easily accessed, and the caregivers felt that the Children and Young Persons Service had a mandate to pass all responsibility over to extended family as soon as possible. This resulted in pressure being applied to the caregivers to assume legal status. The caregivers felt some reluctance to do this, concerns being primarily related to the financial cost and their ability to continue because of their age.

Recent Government social and economic policies which place more and more responsibility on the family to provide, hit hardest on those who have least. The families in this study were not wealthy and struggled to financially provide for their kin children, often at considerable cost to their health and family relationships. According to the New Zealand Council of Christian Social Services, the combination of benefit cuts and housing policy changes impacted worse on single parent families, a group that is over represented amongst those on low incomes (Kelsey and O'Brien 1995:20). The cost of giving care to their kin children was felt by the caregivers to be unnoticed and unappreciated. Effects of caregiving on the well-being of the family can only be assessed by taking into account the broader social context in which it occurs. How well the families coped with the challenge of care was dependent upon relationships within the immediate and extended families; employment conditions, and Government policies in respect to State support of families and kin children.

The findings of the last two chapters have a great many implications for policy and practice. The experiences of the families exemplify the concerns raised by overseas commentators. They also give weight to concerns of recent commentators on the results of economic restructuring on families who need most support in the community. Listening to the voices of the caregivers has allowed the validity of some of the beliefs and ideologies about families and their ability to care for their traumatised kin children, virtually unassisted, to be questioned. In the past, the State has been too ready to assume responsibility for children and has high handedly ignored the strength of kin structures. Now, it would appear the pendulum has swung too far in the opposite direction. While families should be given the right to offer care for their kin children, they should also be able to access support when, and if, they need it and not be penalised by virtue of being related. Theories and practice principles from the field of foster care in relation to caring for children who have suffered abuse and family trauma are well known. They have not been transferred to kinship care, supposedly because the two are not seen as comparable. Ecological theory and feminist theory take the critical perspective necessary for reconstruction. Brian Fay (1987) developed a metatheoretical framework that allows these perspectives to be integrated, tying together theory and past and current evidence and enables a reconceptualisation and reconstruction. This is offered in the next chapter.

CHAPTER EIGHT

IMPLICATIONS FOR POLICY AND PRACTICE

> It is not to see something first, but to establish solid connections between the previously known, and the hitherto unknown that constitutes the essence of specific discovery (Selye 1956:6 in Strauss & Corbin 1990:44).

Introduction

Behind every 'care and protection' statistic lies a family story of pain, grief and struggle. In this final chapter, I use Brian Fay's (1987) concepts of critical theory and his suggested schema to draw together the literature, theory and the experiences of the caregivers and their families discussed in the previous chapters. Current social policies and social work practice, along with their 'underlying values and assumptions' (Minkler and Roe, 1993:192) as they impact on kinship care are discussed. In keeping with the critical tradition, I offer a "reconstruction" of policy and guidelines for future practice. In feminist tradition, the families' own opinions about necessary policy changes are recorded as told.

Ecological theory has been criticised for being expository rather than explanatory, for being over-inclusive, for not being prescriptive, and for concentrating on adaptation rather than structural change (Pardeck, 1988; Payne 1991). While these arguments may have some merit, the integration of feminist and ecological theories in this thesis has permitted an holistic framework of analysis that identified sites of social disjunction for kinship caregivers. Feminist theory and the Women's Liberation Movement have been cited by Fay (1987) as a modern practical example of social reform, arising from education and rational enlightenment. Fay claimed that theory born of multiple analysis has provided a critique of pervading ideology, and led to conscience-raising groups, and reflectivity - a fluid dialectical relationship between theory and practice (Fay 1987:114). As stated in Chapter Four, Fay (1987) placed high value on the ecological ideal that allows people to realise they cannot achieve total self clarity without appreciating the interrelatedness of all things, and the fact that any change in a system will affect the rest. Humans cannot be totally self-determining but, if they are to influence the course of events, they must be made aware of all the influences that determine their lives. The ideologies, economic, and social determinants of current beliefs and practices must be realised in order that alternative understandings can be reached and new ways of working can be constructed.

Shirley (1982) stated that the critical tradition, guided by an emancipatory interest, sees social work practice as dialogical action with the oppressed, a process of self reflection that engenders transformation. It allows interpretation of social and political reality and critiques the power structures that support oppression. It synthesises theory and practice based on a concrete situation, rooted in reality (Shirley, 1982:285,6). The social worker must empathise with the pains and injustices suffered by the client and identify and utilise the basic contradictions of the situation to incite an intellectual and active response that challenges reality. Shirley described the task of the social worker as being one of continually translating both personal troubles into public issues and public issues in terms of human meaning. The process is referred to as consciousness formation - a process of reflection and action, which becomes the methodology of critical practice (Shirley 1984:287). Such a process also reflects the methodology of this research. This study has addressed both the 'private troubles' of the five families concerned and the 'public issues' that have affected their lives (Mills, 1959).

Fay (1987) made a systematic attempt to understand the circumstances in which social science can contribute to the critical assessment and transformation of social institutions. Critical social science endeavours to understand the oppressive features of a society in such a way that this understanding provides the basis on which society can be transformed and its members liberated. Fay (1987:24) stated that, for any theory to be useful, it needs to be scientific, in the sense of providing a clear picture of the problem, be critical, in the sense of offering a negative evaluation of the current state of affairs, and practical, in that such an understanding can be the basis of transformed ways of working. He claimed there is an opacity to human vision, and we can never fully know the historical and causal connections that make us what we are. The five level theoretical framework of this thesis, with its amalgamation of ecological and feminist theory, has highlighted these causal connections and, as Fay described it, 'the embeddedness of humanity" (Fay, 1987:195).

Fay described how oppression over generations affects human ability to rise and overcome powerlessness (Fay 1987:28). Theory must offer an alternative conception of the social situation, which enlightens, motivates, and empowers. Fay's reconstructive framework consists of a complex of theories systematically related. A basic scheme, Fay stated, would comprise of all the following: *A theory of false consciousness* - an ideology critique which explains how the social order exists and is maintained and contrasts it to an alternative more preferable situation; *A theory of Crisis* explaining the nature of the crisis and outlining its historical development, based on false consciousness, and its structural base; *A Theory of Education* - how enlightenment can be achieved and a state of rational self clarity exist; *A Theory of Transformative Action* -

showing what needs to change if the crisis is to be resolved, detailing a plan of action and the key message carriers (Fay 1987:32).

A Theory of False Consciousness

The theoretical framework of Fay (1987:31) organises a reconstructive approach by firstly bringing to light the ideologies, economic, and social determinants of current beliefs and practices in order that alternative understandings and new ways of working can be constructed. The 1989 Children, Young Persons, and their Families Act, the process of family decision making, and the stated requirement to seek family care where at all possible have been given much attention by both practitioners and policy makers, both in New Zealand and overseas. It has been seen by commentators as a radical shift in practice, yet no mandatory follow-up research initiative was funded when the Act was passed. No follow-up studies have been undertaken to date, therefore long term outcomes for these children and their families cannot be predicted. The issue of whose interests are being served by keeping the true nature of kinship care hidden must be questioned. I have located kinship care, as it is commonly known, under the umbrella of community care and the on-going debate about the responsibilities of families, in the widest sense, to take care of their dependent members. This is not how kinship care is commonly seen, because its aetiological determinants are described as a response to foster care research and the call from the Tangata Whenua (Wilcox et al 1991). Seeing it as a community care initiative allows its cost cutting nature to be seen.

One of my major objectives in this study has been to question political ideologies of family and simplistic assumptions about how contemporary New Zealand families are structured and function. Such assumptions are the basis of service and resource provision to kin families. The way in which the family is popularly defined, contributes to, and is reflected in, social policy. The high level of State intervention in family life and the suppression of family roles seen in previous decades, were justified by narrow Pakeha definitions of family and family 'failure'. Now that the State wishes to abdicate from that measure of responsibility, the definition is kin-inclusive. Ryburn (1993) has pointed out that family becomes a construct of social policy and a convenient medium, where economic, or public, and social, or private domains meet, to transfer expenditure from one to the other.

An examination of contemporary New Zealand family structures shows that the 'ideal' family of two parents and two children living together in a stable committed relationship is not the reality for a considerable proportion of the population. In 1991, the stereotypical family - a couple with at least one dependent child - represented only 29.1% of all households. One parent families accounted for 26.4% of all families, an increase of

5.2% since 1986, only 31% of whom are in any form of employment. Along with this is a tendency for later marriage, cohabitation, decisions to limit or not have children, the necessity for most two parent families to both earn, and a burgeoning divorce rate. These facts do not give testimony to ideological perceptions of family strength that underpin the Children, Young Persons, and their Families Act.

The research of Finch and Mason (1993) on family responsibilities, could not provide evidence that a commitment to interfamily support necessarily existed for English families. They found that whether support was offered or not depended on the particular relationship history. Assistance may be offered in a crisis, but is usually not sustained over the long term. There may be particular idiosyncrasies of the New Zealand Pakeha population, but this is untested. It has been noted in the past that families who come to the attention of social services often have poor mesosystem links (Prasad, 1984; Kagan and Schlosberg, 1989). The families in this study, however, all had concerns for their kin children for some time before the care and protection order and had offered support and respite care to keep the children safe. In some cases they alerted the Children and Young Persons Service themselves.

Finch and Mason (1993) drew attention to the fact that policies that rest on the assumption that people have a right to expect assistance from their relatives will not align with the realities of family life. While the Maori and Polynesian belief in collective responsibility for children and the elderly is a strongly held cultural value, the Pakeha families in this study have had a different experience. The evidence of this study shows that support from other extended family members offered at time of the Family Group Conference usually does not materialise. One family described it like this,

> *My brothers and sisters are fine - there's no problem there... Mind you, they don't help! They said they would, but they don't!..... They are good at making suggestions about what we should be doing, but they never say 'would you like a weekend off?' That would interfere too much with their way of life!..... Once, years ago, my brother-in-law took them for a week, and then asked for the board! ... I sent it (Stuart).*

Some of the caregiving families themselves have excused their relatives because of perceived social and structural pressures on the greater extended family system. Power structures exist within the extended family system, and decisions to care were made under stressed and emotional circumstances. Some caregivers felt pressured by other family members to take the children.

Gender is a critical issue in kinship care, and a second objective of this study has been to question ideologies in regard to women's duty to care and the current assumption that duty extends across extended family structures. The structuring of gender identities and the regulation of women's unpaid labour through the roles of housewife, mother and caregiver are very pervasive, and now form the foundation of community care policies and support the principle of kinship care. Opie (1992:184) stated that the manner in which 'family' and 'caregiving' are theorised has a political outcome and the social consequences of those political decisions can be devastating for people whose everyday realities are marginalised as a consequence of that theorising. The women in this study have stated that they feel 'invisible' and that no-one is interested in their particular plight. *'It is good to talk to you - at last some-one is listening ....'* They are 'expected' to care by the State, by the community, by the extended family, and paradoxically, they expect it of themselves. This study shows that families, and women in particular, are economically and socially disadvantaged by assuming the caregiving role.

The family, including the gender roles within it, has been viewed by feminist writers as the seat of social, political and economic subordination of women and the central arena of economic and power relationships. Socialist feminists particularly identify the life regulation and exploitation of women's (unpaid) labour through gender roles of housewife, mother, and caregiver. These roles have traditionally not been viewed as work at all, but are seen as a natural state of womanhood, hence its unseen and undervalued nature. The payment of an unsupported child allowance only ensures that family income is not totally compromised by the arrival of another dependent. It does not recompense the caregiver for loss of earnings through taking on the caregiving responsibility. Whether families (read women) should undertake the caregiving task should not be the issue, but rather that the task must be accorded the value it deserves. Kelsey and O'Brien (1995:29) comment that unpaid work in the home and community, mainly that of women, has been regarded by both Labour and National governments as unproductive and infinitely expandable.

The task asked of caregivers is not only invisible and undervalued, it is extremely difficult. A further objective of this research has been to make visible the true nature of the task. The families in this study have expressed that caring for an abused, emotionally traumatised child is extremely wearing and made no easier by virtue of being related. Failure to sustain the care has led to self blame, despair and grief. Taking on the caregiving role has affected the life courses of the families in this study in many ways. Changed relationships within the immediate and extended families, the inability of caregivers to partake in outside work, and changes in health status have contributed to the caregivers feelings of intense stress. Caregivers have suffered financial stress and

have had to move house. There has also been a marked effect on the caregivers' own children, who have had progress at school disrupted, and who have left home because of the intolerable stress. Opie (1992) states that the fact that there is no public debate about the degree of disruption that it is legitimate to expect (women) caregivers to tolerate, in terms of their ability to socialise and engage in paid work, highlights caregivers' powerlessness and lack of status.

Children in foster care and children in kinship care are seen as two distinct populations by policy makers, practitioners and researchers. This is evidenced in this study by kinship caregivers not receiving equal financial or service support. The children in this study have all experienced abuse and neglect. Board payments are substantially less, social work support has only been given if requested and then not sustained, total family assessment and preparation for the task has been absent or offered many months or years after the caregiving started. The difference lies in how each population is treated, not in the level of difficulty of the children. Overseas studies draw similar conclusions (Dubowitz 1994). Because they are seen as two distinct populations the extensive body of knowledge gained from foster care research has not been transferred and utilised for abused children placed with relatives. This has contributed to both the children and the caregiving families being at risk.

The United Nations Convention on the Rights of the Child ratified by New Zealand last year stated clearly in Article 19 that all appropriate legislative, administrative, social and educational measures be taken to protect children from neglect and abuse, and all necessary support be given to those who have been abused. Wood (1995:176) stated that when systems claiming to protect children do not, they are abusive in themselves. Kinship care for many families is a site of struggle. The stressors upon the families in this study have have been such that neither they, nor the children for whom they care, have been safe. Placements have broken down, the caregivers have been left emotionally fragile, and the whole family unit has suffered. Anecdotal evidence tells me that this is the experience of many kinship families. Because kinship care is invisible there is no way of knowing whether this is so for the majority of kinship families. If it is there is a crisis.

A Theory of Crisis

Fay (1987:31) claimed that it was necessary to spell out the nature of the crisis, the felt dissatisfactions of those concerned, and provide an historical account of its development in terms of the false consciousness of people at the time and in terms of the structural base of society. Ecological theory, with its multi-level analysis, shows that the stress felt by families is experienced at more than one level of their reality. The families in this study gave evidence of the fact that much of the stress they suffered came from the exosystem.

The families in this study have been drastically affected by recent economic policies, in particular benefit cuts, State house 'fair' rents, government department layoffs, and substantially lower board rates for kin families than foster families. Many of them have experienced periods of financial crisis since assuming care of the children. Baldock and Cass (1990) commented that, in the current period of economic crisis and public sector stringency, emphasis on the family as the primary provider of welfare services and income support is used to legitimise cuts in state welfare expenditure. In times of economic buoyancy, when collective provision of social services through public expenditure was politically acceptable, the family was seen as the 'partner of the state' in bearing responsibility for its members (Baldock and Cass 1990). That partnership no longer exists.

Both anecdotal evidence and the results of this study show that kinship placements do break down, as relationships within the microsystem are put under stress by caring for traumatised children with too few resources. Children move within the extended family itself, and when placements are in difficulty, families are most reluctant to re-engage the Children and Young Persons Service. A total of fourteen kin children have been cared for by the five families in this study, over a six year period. Five of these placements have broken down, and all but one are in foster care with strangers. The families feel that, given more support, this may not have happened.

It can be argued that there is a crisis in Child Welfare which impacts on the numbers of children placed with kin and the amount of support they are likely to receive from the State. In the 1993/94 fiscal year, the Minister of Social Welfare refused to release the current 'raw' figures for child abuse notifications because, he said, they were open to misinterpretation. Child abuse figures, rising substantially each year, were grossly in excess of those predicted on the basis of previous trends. In the 1991/92 fiscal year there were 24,861 notifications made to the New Zealand Children and Young Persons Service. The 1993 national figures for notifications alleging child abuse and neglect rose 16%, and a 28% increase occurred for notifications of problem behaviour. In that same year, a West Auckland Resource Panel reported a 49% increase over a twelve month period (Cockburn 1994:96). Figures for the 1993/94 year were 30,552. The total number of Care and Protection notifications in the 1995 fiscal year was 24,290.[1]

[1] Statistical Information Report, Department of Social Welfare (1995). The 1995 Annual Report of the Department of Social Welfare stated that from 1 July 1994, the Department recorded only those notifications that required substantial investigation by NZCYPS. This differed from practice in previous years, when notifications resolved by intake workers, or referred elsewhere for services were included in the total. It was estimated that if notifications were recorded on the same basis as fiscal 1994, there would be an excess of an additional 6,000 notifications.

Statistics show that an increasing inverse relationship exists between numbers of abuse notifications and children under State guardianship. Numbers of children in the care of the State have drastically reduced over the last fifteen years. The New Zealand Children and Young Persons Annual Report (1992) indicates that, in 1979, there were approximately 7,000 children in foster or institutional care. At the end of the 1993 fiscal year, there were 2,654 placed under 'legal status.'[2] No statistical evidence exists to indicate to what degree kin placements can account for the difference, but the assumption can be made that the numbers are considerable. Recent discussions with several foster care agency social workers confirm that there is a current crisis in foster care resources.[3] This fact has been identified as a primary contributor to the rise in kin placements in both Britain and the United States (Takas, 1991; Dubowitz et al 1993; Hegar and Scannapieco, 1995), and in this country will necessitate a wider search within the extended family for caregivers.

An inverse relationship can also be found in recent annual numbers of abuse notifications and annual budget levels for child protection spending. Anticipated expenditure for the 1991/92 year for Care and Protection Services was $140,660,000.[4] The budget figure set for the 1992 fiscal year was $125,031,000.[5] The 1993 figure was $109,441,000[6]. This translates into inadequate staffing levels, insufficient money to support families at risk, crisis management, and residual service provision by the State.

The above evidence must mean an increase in kinship care figures. Actual figures for those caring for kin children are not captured. This invisibility makes it difficult for assumptive and anecdotal evidence to be statistically supported. It is also difficult to assess the success or breakdown rate of kin placements for several reasons. First, many placements are made as the result of informal whanau meetings and therefore will not emerge as part of the FGC data. Second, when kin placements are under stress, the child is very often moved around within the extended family system before the Children and Young Persons Service are reinvolved. Third, placements that do break down are treated as new notifications. In the 1993 fiscal year, 5380 agreements were signed with family/ whanau in regard to the care and protection of children and Young Persons, although this does not necessarily indicate kin custody. Since 1992, there has been a steady increase in the number of caregivers receiving the Unsupported Child Allowance.

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2 The New Zealand Children and Young Persons Annual Report, (1993:75; Table 68). There is no way of discerning whether these were in foster care, kinship care,or the care of their biological parents.

3 I have personally communicated with agencies for the purpose of this research.

4 Department of Social Welfare Corporate Plan 1991/92:44

5 Department of Social Welfare Annual Report, Fiscal 1992:62

6 Department of Social Welfare Annual Report, Fiscal 1993:50

Quarterly statistics show that at June 1995 5,304 Unsupported Child and Orphans benefits were received.[7] These children may not all be in kinship care, but if the principles of the 1989 CYPF Act are followed, it can be assumed that, for most, this is the case.

Walker (1990) has observed a pragmatic influence of economy in determining policy and practice throughout the history of Child Welfare legislation in New Zealand. The historical evidence of the State response to abused, neglected and indigent children in Chapter 2 shows that neither the children nor their families have been well served. New Zealand foster care research tells of children, separated from their families, drifting in a system that was abusive in itself - 'a miserable soul destroying experience' (Craig, 1982:105,6). Based on biased and often ill-informed assumptions of intergenerational incompetence, there has been an historical disregard of the importance of family/whanau relationships. This has been so for not only Tangata Whenua, but all families of children for whom the State had assumed guardianship. Research shows that many children suffered cultural and familial deprivation, an impaired self image, and an acute sense of loss. Added to this was a gross over-representation of Maori children in care, usually placed with Pakeha families. The above evidence led to the development of policy that espoused family continuity and inclusive models of foster care. In my experience these were often more theoretical than real. Such an emphasis called for major attitudinal changes on the part of social workers and foster parents, in particular, shifting from the view of families as carriers of pathology and seeing them as colleagues (Maluccio, Warsh and Pine; 1993). The 1989 Children, Young Persons and their Families Act now explicitly directs a practice of minimum intervention, family reunification, family preservation, and concepts of partnership between practitioners, family and extended family. This intention, while theoretically laudable, is also economically expedient.

A Theory of Education

Fay (1987:273) believed that crisis gives the opportunity to offer a new explanation. Part of the crisis, however, must be caused by the false consciousness of some or all of the people and that those people wish their suffering would cease. Fay stated that the erroneous belief that people should hold within themselves the ability to be self sufficient in spite of extreme personal and social crises, both personal and social, leads to self blame and an inability to deal with the true cause of their oppression. People need to understand their 'embeddedness' and the greater social influences that contribute to their powerlessness. Ecological theory is seen as a means by which people can achieve a much clearer picture of who they are and the true meaning of their social practices, in order that they can become different sorts of people with different arrangements.

[7] Department of Social Welfare Statistical Information Report Fiscal 1995 :34,35.

Educators are catalytic agents in achieving self clarity for the oppressed, helping them to have different wants and set new agendas (Fay 1987: 87-89). The same applies, in my view, to social workers and researchers. This is not without it's difficulties. First, in the current economic climate, the burden of fiscal stringency is carried by the poor (Waldegrave 1995:87). Enlightening them to the power of multi-national economics could provoke a sense of impotence rather than empowerment. Second, qualitative feminist research allows the oppressed to tell their own stories in their own language, and in the telling, make sense of their oppression. Enlightening women to the true nature of that oppression must be accompanied by the provision of systems that support the life changes that may follow.

The invisibility of kinship care disallows any assessment or accountability of outcomes for this vulnerable group. Dubowitz (1994) wrote of the urgent necessity for research in this area. 'If the primary purpose of removing children from parents is to ensure adequate protection and well-being, it follows that the evaluation should focus on critical child outcomes' (Dubowitz 1994 :156). These are, of course, inextricably enmeshed with the well being of their kin group.

Foster care research is extensive. It tells us that abused and neglected children separated from their parents and/or siblings have particular needs, as do the families who care for them, and how those needs can best be met. As previously stated, this body of knowledge has not been utilised for the kinship care population and the reason for this, I believe, is based on an unfounded but convenient categorisation of difference. There are many issues of concern in kinship care (Dubowitz 1994; Hegar and Scannapieco 1995). These are concerned with outcomes for the children, stability, how long children stay in care, relationships with their biological families, effects of the caregiving on the caregiving families, assessment, training and support of caregiving families, supervision, financial support, agency policies, and social work practice. All of these have been addressed by foster care research, and clear practice principles and guidelines have been developed.

I will briefly discuss two such issues. First, foster care research has found a clear relationship exists between the extent of contact of children in care with biological parents, and the likelihood of return to their care. This is further enhanced if the relationship between caregivers and parents is positive and if early and intensive social work is carried out with the parents. There is an assumption that kinship care will provide better opportunity for parental contact. For the families in this study this has not been the case. Contact has not occurred because of the circumstances necessitating the care and the complex and often fraught relationships that exist within the extended family.

This has also drawn comment in overseas studies (Minkler and Roe,1993; Dubowitz 1994). Several studies have also found that children in kinship care and their families receive few services, and this is confirmed by the families in this study. Concerns have also been raised that children in kinship care do, in fact, stay longer in care than those in foster care (TFOPP 1991, Dubowitz 1994). An explanation for this may be that, when children are placed with extended family, they are seen as being *at* home and therefore little attempts are made to reunite with parents.

The second issue concerns the relevant research in regard to caring for abused children. Much evidence exists that suggests that abused children are at high risk of suffering further abuse in foster care and that caregivers are also at risk of having an allegation of abuse laid against them. McFadden (1984) offered a systems analysis of contributing risk factors. These risks exist across five distinct areas: factors pertaining to the child, the caregiving family, the childs family, the agency and social work practice, and social policy in regard to financial support, housing and health care. I have adapted McFadden's (1984) model of analysis to identify some of the risk factors existing in kinship care in New Zealand (Figure 2. p 179). McFadden (1984) emphasised the absolute necessity for comprehensive psycho-social assessments for the child and members of the caregiving family, and caregiver training before the caregiving begins is emphasised. Situational risk factors for the family such as financial stress, relationship difficulties, recent illness or bereavement, and lack of family, community and/or agency support have been identified as enhancing the likelihood of further abuse. The caregivers in this study did not undergo any full family psycho-social assessments; no one was offered pre-service training; all the families have stated that they felt financially stressed since taking on the caregiving, and that they have not been able to access support when needed. Several caregivers stated they wished they had known more of the difficulties of the children before they came to stay and how to cope with them. When the stories of this study are analysed against McFadden's framework, it can be seen that risk factors were present for the families and that, if these had been addressed, some of the placement breakdowns may have been avoided.

Kinship care is the least expensive alternative care option, apart from adoption, but monies saved by not providing training or placement supervision, and reduced board payments do not appear to have been redirected to this at-risk population. Munford (1995) stated that the challenge in emancipatory politics is to show who is privileged by policy and to engage in a process to genuinely reform it. For tokenism to be avoided, debate must be contested in an open forum of voice and representation. A lead could be taken from the Australian disability policy document, 'The Price of Care' which states

> Although carers report that their roles are in many ways enriching, and that there is fulfilment in ensuring that a relative is in a familiar, loving and secure environment, the costs of caring are still significant, undervalued and often unrecognised. Loss of employment, social networks, health and in some cases financial security, is commonplace amongst carers.
> (Office of Women's Affairs Victoria 1994, in Munford 1995).

The extremely demanding and stressful nature of caring for an abused and traumatised child cannot be overstated. Care occurs within a network of extended family relationships and emotions which often make it more difficult. Caregivers feel isolated, stressed, resentful at times, and yet wholly committed to the children in their care. When that care breaks down they feel guilty, inadequate, and self critical. Having said this, all the caregivers *wanted* to care, but wanted it to be qualitatively different. Opie (1992) stated that a clear distinction needs to be made between the site of caring (family) and the family member doing the caring. Defining caring as performed within the 'family' suppresses the fact that the caring is usually done by one member and that support from the rest of the family cannot be assumed. I have located kinship care under the umbrella of community care, but it cannot be assumed that either friends or the 'community' can assist. Fay's theory of false consciousness dictates that the part played by ideologies about family and the role of women, and the economic determinants of current beliefs and practices need to be made visible in order that alternative understandings and new ways of working can be constructed.

A Theory of Transformative Action

According to Fay (1987) any plan for reform must clearly define those aspects that are causing distress, and detail a plan of action and the key 'message carriers'. The provision of care to a traumatised and abused kin child is affected by, and has an effect on, all levels of the family ecosystem. The families in this study have stated clearly that the children have been considerably affected by the traumatic and disruptive nature of their early lives. Caring for them has been difficult. Family relationships have been affected and/or disrupted, both within the caregiving family itself and across the whole extended family structure. Most of the children have failed to achieve academically. The inability to socialise and disruptive and aggressive behaviour have resulted in suspensions and expulsions for some children. The families have felt the impact of economic reform and have all experienced financial stress of moderate to high severity. Those families that have managed to retain the foster care allowance have suffered less than those who have received only the unsupported child allowance. Housing the enlarged family has been difficult for more than one of the study families. The 'fair rents' policy has meant

considerable stress for one family and has been contributory to the eventual placement breakdown.

The use of ecological theory, feminist theory and now, Fay's critical metatheory has illuminated the complex nature of kinship care and highlighted the issues of power and powerlessness that exist. Given the findings of this research, the existing literature, knowledge from the field of foster care, and the recommendations from the caregivers in this study, it is possible to suggest changes to existing policy and practice principles and to offer recommendations for further research. Feminist tradition gives primacy to the voices of the caregivers themselves. They must be the key message carriers. The women and their partners were asked what advice they would like to offer social workers and policy makers. Without exception they used the opportunity to vocalise things they *'always wanted to say, but never had the opportunity'* (Ken). In feminist tradition, their words as spoken, are offered in the recommendations where possible.

Recommendations for Policy

This final part of the emancipatory framework calls for the issues causing concern to be explicit and changes to policy and practice stated in terms of how they affect the caregiving families.

1. Kinship care must be valued, and remunerated appropriately and equally.

There's not enough to go around! I think I'm rich when the money comes, but it doesn't go far enough. There's something to pay for every day. It's the kids that suffer, well, I suppose we all do really (Helen). There are too many different categories of payment (Ken). We should get enough to cope. What does it cost to feed a prisoner? Money spent now will save them money later (Les).

Caring should be a central value in our society, and women should remain central to the caring process, being able to draw on their relationships with kin, neighbours, and friends (Fisher and Tronto 1993). As my discussion of the financial cost to caregivers in the previous chapter shows, kinship caregivers are financially penalised for being related to the children for whom they care, receiving considerably less than stranger foster parents. As it is clearly stated that foster parents are only reimbursed for expenses, and not paid for services rendered, this is clearly unfair exploitation of family. Recognition of the critical importance of the role should be shown by the Unsupported Child Allowance being equal with the total board payments and other allowances paid to unrelated foster parents. Where one parent cares and the other works, payment should be made directly to the caregiver and not made as an addition to the (usually male) wage, or as tax rebate

for his salary.

2. Kin caregiving families and their kin children should be afforded all support services needed to ensure the wellbeing of the child and the total kin group.

We need to be told we can ask for help, and that it is O.K. Family members are different. They see it as a stigma. Foster children aren't related to you, but the family members' children are. If you have got one dysfunctional member in the family, people might think the whole lot are. In family caregiving, when people have got a problem, they try to fix it up themselves before they get help for it, because they feel embarrassed about asking, so they try again. By the time the social worker has got it on her plate, it's a big mess. They don't know where to start to unravel it. When we ask for help we really need it. Please listen (Elaine).

This study shows that families have not been able to access support services, and the children and their families have suffered as a result. The number of counselling sessions 'purchased' at time of the family group conference have not met the ongoing needs of the children or the families who cared for them. Without an in-built review system, the children have to reach a point of 'failing' before they are able to access services again. Families need access to social workers and specialist services on a continuing basis. Kin caregivers in this study have been reluctant to engage statutory agencies and have done so only when all else failed. The question of support versus surveillance is an ongoing dilemma. However, the safety of the child must be the primary consideration, and families should be offered on-going support to prevent/avert crises and ensure safety of all concerned. On-going support services may be most appropriately provided by the voluntary sector and contracted to a Child and Family Support Service at the time of the Family Group Conference. Children and Young Persons Service would only be reinvolved for issues of child safety or financial necessity.

3. Agency staff should be given training in regard to the particular issues involving placing children with kin.

A few social workers are really good, but they are few and far between. Most of them don't really understand what it is like (Josie).We feel like we are part of the problem, and it's our fault that the kid is playing up! (Elaine).

Although some commonalities exists for children placed in foster care and those children placed in kinship care, there are also unique issues for the kinship population that demand skill and understanding from the social work practitioner. Such training should be guided by the lived experiences of caregivers themselves, who should be consulted

during the establishment of criteria for training curricula and contribute to delivery.

4. The State should ensure that adequate housing needs are met where extended family assumes a long term custody role.
The accommodation crises that arose, for two of the five families interviewed, as a result of assuming care for kin children were discussed in the previous chapter. The effects of overcrowding are well known (Roberts 1995), and constitute a risk factor that must be addressed if the placement is to survive with least detriment to all family members. The accommodation supplement pays 65% of the amount of rent above 25% of the tenant's income, up to a set maximum. A full accommodation assessment should be made that takes into account the family's projected housing needs and the financial status of the family, excluding the unsupported child allowance. Although one of the study families cared for four children in a one bedroom flat, there is a possibility that the most appropriate family members to give care may be prevented from offering it because they do not have enough room. Assistance could take the form of an interest free home improvement loan that is repayable at termination of care, provision of a State house, or provision of the accommodation supplement - whichever is most appropriate and least disruptive to the family.

5. Families should be able to access an interest free loan to upgrade vehicles to a size that safely accommodates the whole family.
I would like to see some way of upgrading this vehicle to cope with the kids. I mean, we can't all go out at once now! (Ken).

The safety of the children and the whole family group must not be compromised by the decision to accommodate several kin children in need of care and protection. Transport was a critical issue, for two of the families, that affected their quality of life and their ability to engage in normal social activities together.

6. Extended family caregivers should be afforded legal aid as of right when issues of custody or guardianship are before the court.
Some-one else should have to pay for legal fees. If I'm keeping the children safe, it shouldn't cost me. I don't see it as my responsibility. Social Welfare don't see it as fostering. Because you're family you are responsible (Helen).

The families in this study have all been asked by the Children and Young Persons Service to assume legal custody or Guardianship for the children in their care. As discussed in the last chapter, whether this should be so when the child is placed within the family is a contentious issue. The expectation that families should pay legal costs decreases family

resources and increases family stress and likelihood of placement breakdown.

7. A policy of regular review should be implemented.
The 'new' Act has a few holes that need closing up. Some kids drift around extended families. They need to keep track of what happens to kids (Elaine).

This recommendation reflects the principles of the 1989 Children Young Persons and their Families Act (Sect 13) which clearly state that families should be supported to carry out their role. Families are reluctant to seek help when they are not coping, especially from the Children and Young Person's Service, as they see themselves as 'part of the problem'. The review process should be reframed as an opportunity to gain assistance, not statutory oversight.

Recommendations for Practice

1. An holistic, culturally appropriate assessment should be undertaken with the caregiving family before the placement is made.
Social workers should help families to think seriously about what the effect on the whole family will be. Social workers should talk to all members of the extended family. Members of the extended family should keep promises they make to assist and support (Elaine).

Assessments should be made on the basis of a comprehensive ecological analysis that examines the quality, strengths, weaknesses and relationship histories existing both across the wider family, and from the family to the social environment. When decisions to care are made at Family Group Conferences, the whole caregiving family is usually not part of that decision making process. The opinions of the total kin group living with the caregiving family, including all children, young adults and other extended family members, should be sought prior to placement. Extended family members outside the immediate caregiving family should also be consulted, apart from the discussion that takes place at the family group conference, in order to identify and build on strengths existing in the wider kin group. Foster care research shows that the stability and success of placement is highly affected by the reaction and acceptance of the children of the caregiving family. Children and young adults of the caregiving family should be consulted prior to care, taught coping strategies, and given social work support. Where child abuse is the symptom of family dysfunction, extra care must be taken in the preparation, assessment and ongoing support of the placement (Malos 1991). Abuse can exist intergenerationally and a high degree of support is required. This should not be seen as supervision but as a supportive relationship, while continuing to monitor the safety of the child and the whole family unit. This role may best be undertaken by a

Child and Family Support service, rather than the State agency.

2.An holistic, culturally appropriate assessment should be made of the children entering kinship care.

This is especially necessary when the child has suffered the trauma of abuse and neglect. This study has identified that caring for a traumatised child puts stress on the whole family unit, and an abused child is at risk of further abuse (McFadden 1985). Physical, intellectual and educational needs assessments should be undertaken, and intervention and review plans constructed in partnership with the kin family, and biological parents if possible. Sibling relationships should be assessed, and all attempts made to place children together. Where this is not possible, regular contact should be planned and written up in care plans.

3. Culturally appropriate in-service training should be offered to all kin caregiving families, and it should be compulsory when the care order is as a result of abuse and/or neglect.

In- family caregivers need training. It should be compulsory. Foster parents have to be trained, and sometimes it is harder for families to cope with their own! I said I didn't need parenting skills, but I do need help to cope with these behaviour problems (Ngaire).They should tell us about all the entitlements. We found out afterwards that we could have stuck out for more money. Social workers should give us more information. It's not easy looking after these kids you know - they're not easy. Social workers should tell us where to go for help, and what help and support is available. Sometimes people are not told they qualify for board payments! We should be told ALL we are entitled to! There should be a booklet, for caregivers to tell us what we need before we take it on (Ken). We should be given a reading list, so we can educate ourselves about what to do (Ngaire).

It is mandatory that foster parents undertake training before they are licensed, yet this does not apply to kin caregivers. This thesis supports the fact that the task of caring for children who have suffered abuse and/or neglect is difficult and, in some cases, more difficult due to stressful and complex family relationships. Caregivers themselves have identified the need for education about child development, managing difficult behaviour and positive discipline, impact of abuse and neglect, loss and grieving, working with the child's parents, and changes in their own family dynamics. Kin caregivers need to learn how to protect the children from further abuse and themselves and their families from the possibility of an allegation.

4. Social workers should still plan and work towards the return of the child to the biological parents where possible.

Kinship care can increase the incidence of parent / child disruptions if case workers use extended family placements as an expedient alternative to addressing parent / child difficulties. Return home to parents was not the plan in any of the cases in the sample, although in one case the caregivers were told that care would only be needed for a few weeks. The children were still with the caregiver six years later. It is also believed that kinship care enhances the likelihood of natural parent contact. Surprisingly, this belief was not supported in the current study.

5. Kin placements should be supported, and the needs of the family regularly reviewed.

Where child abuse is the symptom of family dysfunction, extra care must be taken in the preparation, assessment and ongoing support of the placement (Malos 1991). Abuse can exist intergenerationally and a high degree of support is required. This should not be seen as supervision but as a supportive relationship, while continuing to monitor the safety of both the child and the whole family unit. This role may best be undertaken by a Child and Family Support service, rather than the State agency.

6. Schools should be made aware of the needs of the children.

Kin caregivers may need support to ensure the educational needs of the child are addressed. Social workers should advocate for specialist education services where required. Research shows that children in kinship care are equally at risk of educational disadvantage as children who have been placed in foster care (Dubowitz 1994).

7. Respite care should be available for caregivers when needed.

The caregivers in this study, without exception, stated the need for respite from the constant demands of caring for damaged children. This was not able to be provided within the extended family structures. Two of the caregivers stated that regular respite care would have prevented placement breakdown. Foster care research shows that caregiver burnout is likely to occur after five to seven years of caring for a traumatised child, placing both child and caregiver at risk (McFadden 1984). Respite is a cheaper option than replacement in foster care. If this cannot come from within the extended family, foster care and/or day care/baby-sitting services should be provided at no cost to the care giver. An inclusive model of practice, which matches the caregiving family with a support family, that is able to offer respite care and include kin children in their own family outings is a model that has worked well in foster care.

8. Daycare services should be available, as of right, and should be paid for over and above the board payments, where care givers are in employment, are elderly, or have multiple children of similar ages.
Although there was only one child of preschool age in this study, anecdotal evidence suggests that many caregivers use the whole of the Unsupported Child Allowance, and more, for this purpose, putting strain on the existing family unit.

9. Extended family caregivers should be assisted to set up support groups.
Kinship care givers have pointed out that, while kinship care and foster care have some common issues, there are particular issues for kin caregivers that need addressing. Minkler and Roe's (1993) study found that, for many women, the support group was their primary source of strength and provided respite care, peer training, and a forum that advocated for legislative and policy change. Attempts to set up support groups in New Zealand have been constrained by lack of records, the Privacy Act, and the invisible nature of kinship care. Community agencies, funded by government, could appropriately umbrella such initiatives. Care and Protection coordinators could be the channel of information about these groups. This will enable extended family caregivers to achieve the collective autonomy necessary for their needs to be heard and for structural change to occur.

10. Culturally appropriate workers should be assigned to extended families where possible.
The danger of lower income minority caregivers being assessed by middle class majority standards has drawn comment from Tangata Whenua, and other ethnic minority groups (Rickard, 1986; Takas, 1991).

11. Extended family caregivers should be consultative partners when policies and practice are being reviewed and reconstructed. Tangata Whenua and other cultural groups should be allowed to construct their own policy and practice guidelines in regard to the placing of children with whanau/extended family.
The philosophy of partnership that resides in the 1989 CYPF Act would suggest a reciprocity exists between family and State. This is not the case. The State affirms the responsibility of care to the family, but does not affirm the resources needed to effect that care. Partnership also means consultation.

It should be noted that in May 1995, the Community Funding Agency suggested standards of practice that could be followed by community agencies arranging kinship

care, but these are neither mandatory or comprehensive (Appendix 6).

Alternative Models of Kinship Care

Takas (1991) identified three distinct models of Kinship Care existing in the United States.

First, the Unamended Foster Care Model, where relatives go through the same approval process, meet the same standards, have the same responsibilities and receive the same reimbursements as non- related foster parents. If parents are *not* trained or assessed, there is no ability to take the child, even in an emergency. However, sometimes, as in New Zealand, this is by-passed by avoiding State Custody and making an informal agreement. This has met with resistance in some quarters as workers say that non-compliance practice should be avoided; regulations have been put in place to protect children and should be observed. Critics, however, assert that traditional requirements are inappropriate for extended family who may lack some resources, but these are outweighed by the continuation of cultural and family links and the subsequent reduction in separation trauma. Supportive services must be available to all families caring for kin children.

Second, the Adapted Foster Care Model, where a few States have amended their laws and regulations to allow extended family caregivers to be more easily approved. Typically, the approval process is streamlined for quick emergency approval followed by a more in depth approval review, which may allow for some requirements to be waived. Once approved, they are eligible for standard foster care payments and social work services. This model perhaps strikes an appropriate balance between protecting the child and respecting the family.

Third, Maryland's Extended Family Services Model has adopted by law a dramatically different approach to kinship care. No pre-assessment placements are made, but families are immediately eligible for the "Services to Extended Families Programme". Relatives are evaluated, served, and accorded rights, not as 'foster parents,' but as 'quasi parents'. For the placement to be approved, the relative need only meet minimum parenting standards, and the household the most basic health and safety requirements. Once the placement is made, no foster care payments are received, but an allowance commensurate with the Domestic Purposes Benefit, which is much lower, is made.

Each of these models has some merit. If we are to ensure that children who have suffered abuse and/or neglect are kept safe and given the opportunity to recover, optimal conditions need to be provided. Extended family/ whanau care may well be best, but both policies and practice need to reflect the best interests of the children and their

caregiving families. There is a great risk that as the State devolves responsibility to the community for actual service provision, kinship care will not be seen as a funding priority. Consultation with extended family caregivers must take place, and new models constructed that meet the particular needs of New Zealand kin families.

A new model of kinship care needs to be constructed; one that still allows family autonomy, but does not penalise families by virtue of relationship to the child for whom they care. Each of the above models has merit. If we are to ensure that children who have suffered abuse and/or neglect are kept safe and given the opportunity to recover, optimal conditions need to be provided. Extended family/ whanau care may well be best, but both policies and practice need to reflect the best interests of the children and their caregiving families. There is a great risk that, as the State devolves responsibility to the community for actual service provision, kinship care will not be seen as a funding priority. Consultation with extended family caregivers must take place, and new models constructed that meet the particular needs of New Zealand kin families.

Methodology and Limitations of the Study.

This study has limited generalisability. The participants were five Pakeha women and, in some cases, their partners, who were caring for children of the extended family as a result of a care and protection order. They were chosen by a non-probability method. The sample is purposive in that four of the six families had made themselves known to the New Zealand Foster Care Federation. They could therefore, be seen as a biased sample. However, while these families may have been extremely stressed by their situation and sought help, selection from sources such as the Children and Young Persons Service may have resulted in a sample that did not come willingly, were preselected, or where the respondents were wary about revealing the difficulties they were experiencing. Restricting the sample to my own culture leaves out the experiences of a large proportion of the kinship care population, many of whom have additional issues of oppression and different concepts of family.

Future Research Needs.

As stated several times in this thesis, despite its widespread existence, there has been little or no research on kinship care in this country. Instead, there are deeply held ideological beliefs of 'family' responsibility and 'family' competency to care. Dubowitz (1994:554) says that both public policy and clinical practice should be guided by the best knowledge and theory, not by personal or ideological preferences. Goodnow (1985:15) stated that data on frequency are often critical to our understanding of events and to our development of policies. Jayaratne and Stewart (1991) argued that hard data is the major influence for today's policy-makers. The actual extent of extended family placements throughout

New Zealand is not known.

I therefore recommend that, in accordance with Sections 7(a) and 7(g) of the Children Young Persons and their Families Act, the Director-General ensure that research be implemented on 'the effects of social policies and social issues on children and their families/whanau' and that the outcomes of 'services delivered by the Department and other organisations, groups and individuals' be evaluated. In particular, systematic methods of capturing data in regard to numbers of children placed with kin, numbers of moves within family, and numbers moving from kinship care into foster care with strangers needs to be established.

Information is urgently required on the critical outcomes for the children, themselves, in terms of their physical and psychological health and development. A longitudinal study of children who have suffered abuse and neglect and who are subsequently placed with kin should be undertaken. A comparative study that compares outcomes for children placed in non-relative foster care and those placed in kinship care would allow qualitative differences for the two populations to be examined, positive relationships to be identified, and knowledge to be shared across fields. The effect of caregiving on kin families is also an area that is worthy of investigation. This study demonstrated that stress was placed on the whole family system.

In Aotearoa/New Zealand, research should examine the diverse experience of both Maori and Pakeha women and their families. The stories of Maori women also need telling and locating within their own whanau experiences of colonisation. Maori writers rightly critique eurocentric notions of family (Selby 1994; Bradley 1994; Ruwhiu 1994). For Maori, the experience of caring for kin children within the whanau/hapu will have different meanings and different interpretations. The structural issues that have affected the kin-families in this study will be likely to have also increased the already existing oppression experienced by Maori families. Munford (1995) argued that struggles for change must be based on an acknowledgement of a range of identities and the multiple aspects of these identities. An understanding of the complexities of all women's lives is needed, and a willingness to appreciate and harness our commonalities. I strongly recommend that funding be made available to Maori women to record the reality of their particular experiences, should they wish.

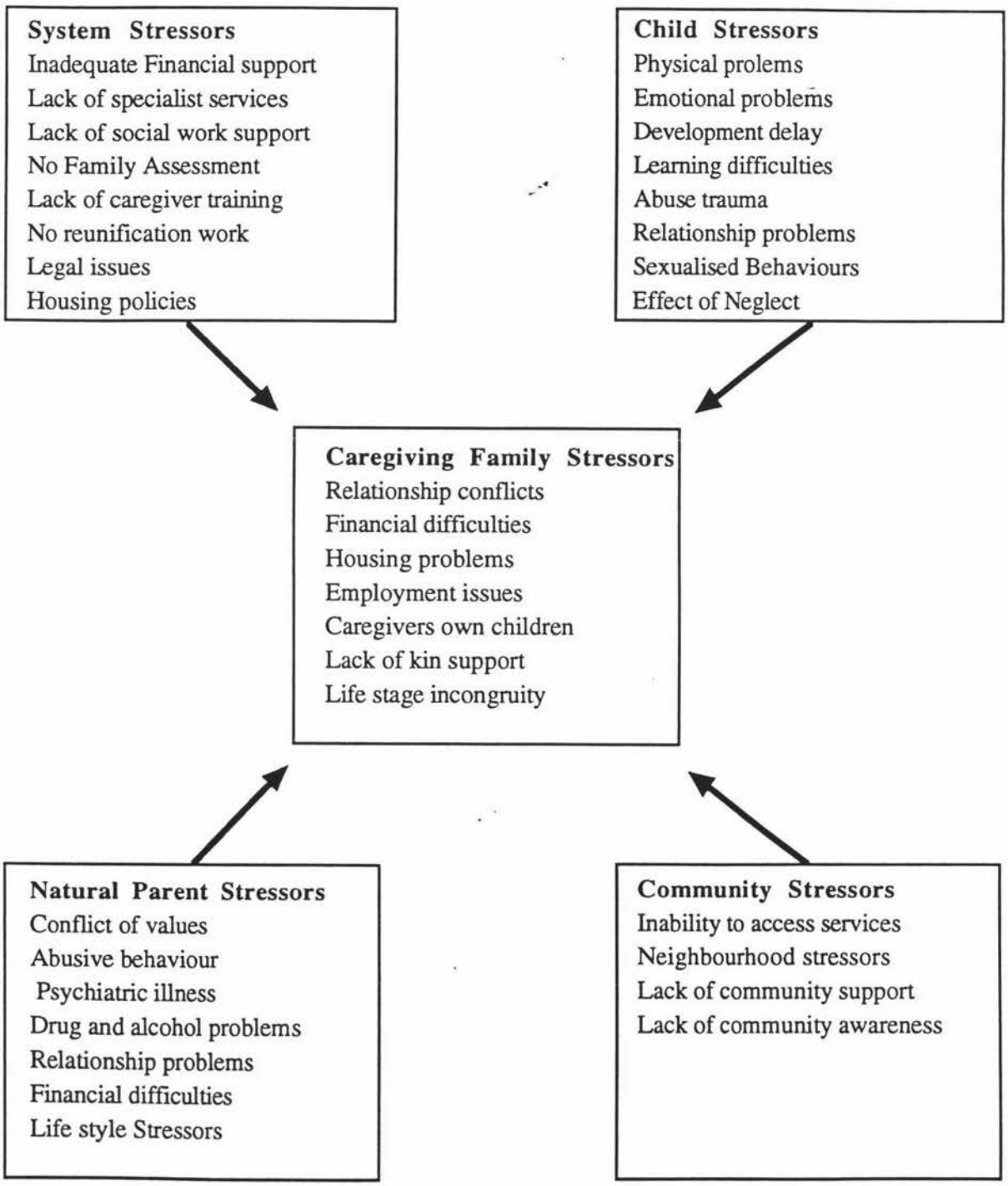
Conclusion

This thesis has explored the dynamics of kinship care from a number of perspectives. An historical analysis shows there has been little respect shown to extended family/whanau for children in need of care and protection until the 1989 Children, Young Persons, and their Families Act. Now definitions of family are kin-inclusive, and children are placed within extended family structures where at all possible. Definitions of family are, however, politically determined and economically expedient. A feminist analysis reveals that ideologies of family and expectations about the caring role of women are now extend to the kin group. The argument is not one of whether women should or should not undertake the caregiving role, but rather that the task should be made visible, be supported and recognition given to its true value.

This thesis has shown that caring for an abused and neglected child is difficult. It demands much from the caregiving family and is made no easier by virtue of being related. Knowledge gained from the field of foster care in regard to the needs of these children and their families has not, by and large, been transferred because children in kinship care and children in foster care have been seen as two distinct populations. Although foster care in the past did not guarantee children the stability or security they needed, this study illustrates that children placed with extended family are also at risk unless kinship care is adequately resourced and supported. Recent economic policies have placed untenable stress on already disadvantaged families, on kinship caregivers, and on those for whom they care. Without an analysis of the complexities of the caregiving relationship, the needs of caregivers and those for whom they care can remain as 'individual troubles' and consequently will not receive attention on any political agenda (Munford 1995:18).

The best place for children who have suffered abuse and neglect, and/or parental separation, is with extended family who love them. If they are to recover from their trauma, their kin families need, at the very least, the same qualitative conditions as foster families caring for unrelated children. To make kinship care visible, in order that the needs of the families and those for whom they care might be appreciated and addressed, is the challenge.

Figure 2.
Kinship Care Stressors



Appendix 1. Glossary

Care and protection	A care and protection issue is deemed to exist when those responsible for ensuring a childs needs are met are not doing so (Trapskis Family Law,1991:A39.40).
CFA	Community Funding agency : A unit of the Department of Social Welfare.
CWLA	Child Welfare League of America
Child and Family Support Service	A voluntary agency (Non-governmental)
Children	In this study the term is used to discuss both children and young people.
CYPF Act	Children, Young Persons and Their Families Act 1989.
DSW; Department	Department of Social Welfare.
Family/whanau Meeeting	A meeting of family/extended family called by a social worker to attempt to find a solution to less serious issues of concern in regard to a child's welfare care without having to call a more formal FGC.
FGC	Family Group Conference - a formal meeting of family members, professionals and other interested parties, convened under the CYPF Act, in cases where the child/children are considered to be in need of care and protection.
Foster Care	Care given by people who are not members of the child's family.
Kin	Extended family or relatives.
Kinship Care	Care given by members of the extended family.
Hapu	Sub-tribe (Maori)
Iwi	Tribe (Maori)
Nuclear Family	Traditionally, a household unit comprising of mother, father and children.
NZCYPS	New Zealand Children and Young Persons Service : a unit of the Department of Social Welfare
Pakeha	Person of European descent
Puao-Te-Ata-Tu	The Report of the Maori Advisory Committee to the Minister of Social Welfare, 1986
Taonga	Prized possession (Maori)

TFOPP Task Force on Permanency Planning (America)

Whanau Traditionally, a group of Maori relatives defined by reference to a recent ancestor (tupuna),comprising several generations, several nuclearfamilies and several households (Durie-Hall and Metge, 1992:57).

Appendix 2.

17th October 1994

Dear

My name is Jill Worrall. I am a lecturer in the Department of Social Policy and Social Work at Massey University , Albany, and I am currently undertaking research in order to complete a Masters degree in Social Work.

The topic of my research is the experience of families who are caring for children of extended family members.

My personal interest in the topic comes from my own experience of being raised by extended family, my role as a foster parent, and my experience as a social worker working with families needing and giving care. I am also interested in how current government policies and law affect families caring for these children. Contact with kinship care-givers through the NZ Family and Foster Care Federation has heightened my interest in current issues.

I am approaching you as a kinship caregiver to ask if you would be willing to take part in this study. Enclosed is an information sheet on the proposed research. If after reading this you would be willing to be a participant,I would be most grateful if you would read and sign the enclosed consent form, and return it in the stamped addressed envelope. Following this I will contact you, and arrange a convenient time to meet. If you would like clarification of any issues before you feel able to consent, please feel free to call me collect at my home in the evenings.

Thank you,

Yours sincerely,

Jill Worrall.

Appendix 3.

KINSHIP CARE RESEARCH PROJECT

Information Sheet

The Researcher Jill Worrall

Address (Work) Department of Social Policy and Social Work
Massey University Albany Ph. (09) 443-9667
Private Bag 102 904 North Shore MSC Auckland.

(Home) 50 Castor Bay Road
Milford Auckland Ph. (09) 410-7410

Supervisor Dr. Rajen Prasad, Associate Professor,
Albany Campus Massey University.
Ph (09) 443-9766

The Project This study endeavours to gain an understanding of the actual experiences of families caring for a child, or children of an extended family member. It is being undertaken for my MSW thesis, and may be used in other publications, and presentations at conferences, seminars and lectures.

Little has been written about the experience of full-time caregiving for children from the extended family, and yet it is becoming a common occurence today and is, in fact a principle of New Zealand law, when children need care and protection. The information gained in this study will be used to gain a greater understanding of the experiences of extended family care givers in order that social work practice and state policy issues can be analysed and recommendations for change can be formulated. It is envisaged that other support groups may be formed throughout New Zealand.

If you agree to participate you will be asked to consent to two interviews, each of approximately one and a half hours duration, which will be recorded on audio tape. The tapes will be destroyed or returned to you at the completion of the study, whichever you prefer.

As a participant, you have the right to -

- Refuse to answer any particular question, and to withdraw from the study at any time
- Ask any further questions about the study that occur to you during your participation
- Provide information on the understanding that it is completely confidential, to the researcher, and the tape transcriber, who will sign an agreement to that effect. Confidentiality will be preserved, both in the interview data and the final report.
- Be given access to a summary of the findings from the study when it is concluded.

Appendix 4.

KINSHIP CARE RESEARCH PROJECT

CONSENT FORM

I have read the Information Sheet for this study and have had the details of the study explained to me. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at anytime.

I also understand that I am free to withdraw from the study at any time, or to decline to answer any particular questions in the study. I agree to provide information to the researcher on the understanding that it is completely confidential

I agree/do not agree to the interviews being audio taped.

I wish to participate in the study under the conditions set out on the Information Sheet.

Signed: _____

Name: _____

Date _____

DECLARATION OF CONFIDENTIALITY

I hereby declare that as transcriber of the recorded conversations between the interviewer and the participants, that any information contained in the tapes will not be divulged to any party whatsoever. The tapes and transcriptions will be handed to the researcher immediately after the transcription process.

Signed _____

Transcriber.

Appendix 5.

INTERVIEW GUIDE

Caregiver Demographics, including;
Age, marital status, occupation, ethnicity, religion, income bracket
Number of own children, gender, ages,
Location of own children at time of assuming care and currently
Number of grandchildren, ages, location
Number of people in household, relationship to caregiver
Age, location of own parents, parents-in-law

Events that triggered caregiving:
Location and circumstances of children's parents
Presenting problem leading to care
Process by which the decision to assume the caring role was made
Persons present/consulted
Degree of consensus about the decision as to who should assume care

Information about kin children cared for by the caregiving family
Descriptions of each child cared for, including age, gender, ethnicity
Relationship to caregiver
Length of time they have resided with caregiving family
Ages when caregiving began
Present whereabouts, if moved on
Behavioural characteristics, health status
Changes in behaviour and health status since caregiving began
Knowledge of/contact with kin children before care
Amount of contact with parents, and effect on behaviour, if any

Caregivers Information
Physical and Emotional Health Status
Comparison with a) a year ago b) before caregiving began c) Compared to friends the same age.
Frequency of seeking medical attention for self
Employment history
Effect of caregiving on employment status
Employers and co-workers awareness of and response to caregiving demands
Leave policy of the work place, sick leave, annual leave

Personal concerns:
Prior expectations about this time in your life
Comparison of lifestyle, health to other women your age
Presence of a confidante
Plans for the children if present caregiving arrangements cannot continue
Concerns for the children , hopes for the children

Other caregiving responsibilities
Age, health, location of parents/parents-in-law, or other older relatives
Amount and nature of contact with them
Additional caregiving responsibilities, additional assistance with caregiving.

Changes in caregivers' family since caregiving began
Husband's/partner's health

Husband's/partner's employment status
Changes in relationship with husband/partner
Effect of assuming care on children of caregiving family
Changes in social life - time with friends, interests, clubs/groups, sporting activities

Extended family information
Description of extended family, location
Care provided for these children, or any siblings
Patterns of caregiving within extended family
Relationship with parents of children, before care, since assuming care
Relationships with other extended family members , before care, since assuming care
Support offered by extended family at the time you agreed to give care
Support received from extended family members - eg. financial, caregiving, emotional

Housing Needs
Before assuming care, since assuming care
Housing assistance received

Transport needs
Before assuming care
After assuming care

Finances
Financial status prior to caregiving
Changes in financial status since care-giving began
Sources and amount of financial support for the whole family
Sources and amount of financial support received for the children
Expenses related to the care of the child/ren that are not covered by the allowance

Legal Status
Long-term plans for kin child/ren, at time of assuming care, currently
Who holds legal custody
Who holds legal guardianship
Has the legal status been challenged in court
If yes, who by

Community Supports
Contact/relationship with Children and Young Persons Service
Other formal support services accessed
Other informal supports accessed
Problems of access
Informal sources of support, friends, neighbours, support groups, church, etc.
Support group involvement, perceived need for, participation, benefits, costs
Childcare/respite care needs/availability
Cost
Other needs for support and assistance (Clothing, education etc.)

Education
Quality of relationship with the school?
Who would you contact in an emergency

Advice
Advice to social workers, teachers, politicians, policy-makers
Advice to other families about assuming custody of kin children

Appendix 6.

Standards for Approval

(Revised Standards for Child and Family Support Services under s. 396 of the Children, Young Persons and Their Families Act 1989)

STANDARD 5: PLACEMENT OF CHILDREN AND YOUNG PEOPLE WITHIN FAMILY, WHANAU OR FAMILY GROUP

Selection of a caregiver for a child or young person is made within family, whanau or family group wherever possible

The sorts of things which the outreach worker will be looking for when placements are made within families may include:

* Exploration of all possible members of the wider family, whanau or family group for the provision of care takes place before consideration is given to a non-family placement.

  There will be circumstances when emergency placements are made before full exploration can take place. It is expected that as soon as possible efforts would be made to find a family group member to provide the care.

  Exploration of possible caregivers amongst a child or young persons significant adults.

  These adults may be friends of parents, involved neighbours, or members of the church or other religious groups.

* **The decision by the family group to change the usual caregiver as part of the plan for the child or young person.**

* **Assessment of the position of the new caegiver to accept responsibility for the new family member.**

* **Identificatin of initial support required for new caregivers e.g. clothing, bedding, behavioural strategies.**

* **Arrangements for continuing schooling of sll school age children and young people.**

* **Agreement as to how the placement is tobe monotored and supported on an on-going basis.**

* **Review of placement, which is a formal review by the family group at the point specified in the plan, appropriate to the period of placement**

* **The recording of these elements in the plan.** * see over

Explanatory Note to preceeding Standards of Approval

The standards described on the previous page were given to Child and Family Support Services at a community meeting in Auckland, held by the Community Funding Agency on the 24th May, 1995.

It should be noted that these standards are in a single out-lined box. This denotes that they are negotiable, and not mandatory. Mandatory standards are in a double outlined box.

While these standards come some way to ensuring the best interests of all concerned are met, the fact that they are not mandatory gives concern that they will not be followed.

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