



# International Kinship Care: Observations from the Australian context



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## **International Kinship Care: Observations from the Australian context**

International Social Service (ISS) Australia is a national charity with over 50 years' experience in defending children's rights and connecting families across the world through the provision of professional intercountry social work services. Facilitating kinship care across international borders ('international kinship care') is a significant part of social workers' role at ISS Australia.

The delivery of this service has allowed ISS Australia to develop considerable expertise and sensitivity regarding the issues, challenges and opportunities that international kinship care presents for the children, the carers, and the service providers involved.

The R.E. Ross Trust has generously funded ISS Australia to produce this paper on international kinship care. In drawing on the practice experience and wisdom within ISS Australia and its partners around the world, and in examining the domestic and international literature available on this relatively under-researched area of child welfare, this paper aims to explore what best practice models, standards and guidelines regarding out of home care may be available to enhance the welfare and rights of the significant number of children involved in international kinship care across the world. Recommendations regarding further work and research in this area are also provided.

### **Kinship care**

Kinship care is defined as the 'care provided by relatives or a member of a child's social network when a child cannot live with their parents.' (DHS 2008, 6) This is in contrast to foster care (or 'non-kin care'), which is the care provided to such a child by a foster carer, by the state or by an accredited non government institution.

Kinship care may occur informally (as a non-statutory arrangement, without the involvement of State child protection authorities) or formally (as a statutory arrangement, due to involvement of State child protection authorities and Family Law Courts). Payments and benefits afforded to the kinship carer to support the costs associated with caring for the child differ according to the statutory or non-statutory nature of the arrangement.

Kinship care now comprises a large percentage of out of home care in Australia, and the use of kinship care in Australia exceeds that of most other comparable countries (Tilbury & Thoburn 2008, 5). The most recent statistics indicate that in Australia in 2009 there were 34,069 children in out of home care, of these, 94% were in home-based care, and of these, 45% were kinship care arrangements (AIHW 2010).

Studies on kinship care highlight that its increasing prevalence relates to several factors, including the growing number of children needing out of home care, the insufficient supply of non-kin carers and a desire to maintain family links due to a consensus that children should be cared for by family rather than by strangers, where possible and appropriate (Dunne & Kettler 2006; Shlonsky & Berrick 2001). The continuing need for non-kin carers indicates that kinship carers are not always available, and in some cases that the child's extended family of origin may pose the same risks to health and wellbeing as the child's parents, due to familial patterns of behaviour (e.g. intergenerational violence, intergenerational drug and alcohol issues) or the inability of the kinship carer to maintain distance from the parents in order to protect the child (Kavanagh 2011). However, where these factors are not present, kinship care has the potential to provide a beneficial

environment of familiarity and security to a child who cannot be cared for by his/her parents (Dunne & Kettler 2006).

Despite the increasing prevalence of kinship care in Australia and abroad, there is limited research on its effectiveness in providing a supportive out of home care environment, and how best to measure quality of care and outcomes for the children involved (Dunne & Kettler 2006; Chipman et al 2002).

Most research to date on kinship care, both in Australia and internationally, focuses on comparisons between kinship and non-kinship care within the same country. International research predominantly relates to the UK or the USA (see Farmer 2010; Chipman et al 2002; Dunne & Kettler 2006; Shlonsky & Berrick 2001; Altshuler 1999) and a review of this literature reveals several methodological problems related to sampling, where an over representation of African-Americans in US studies hinders the capacity to extrapolate findings to a wider population; data collection which is predominantly retrospective and cross-sectional rather than observant of change and outcomes over time; a lack of standardised norms in measurement tools; and a lack of baseline data from which to assess outcomes for children in kinship care (Dunne & Kettler 2006).

These issues notwithstanding, the literature consistently indicates that there are multiple, interacting factors impacting on the success or otherwise of a kinship care placement for the children concerned. Consequently there is a need for assessment and evaluation standards that take into account the particular needs and characteristics of kinship care arrangements (Dunne & Kettler 2006; Chipman et al 2002).

The complexity of these factors and of developing assessment and evaluation standards is increased in situations of international kinship care, as will be discussed in the following section.

## International kinship care

International kinship care is a kinship care arrangement that occurs across international borders; i.e. when a child who cannot live with their parents is cared for by a relative who lives in another country. Hundreds of children are placed with family overseas every year, for a variety of reasons – death of parents or guardians, family violence, abuse, neglect or the inability of parents to provide for them. However many children remain in foster care while there may be a family member who could care for them. As family members may be in another country, the international kinship care option is often overlooked by the relevant authorities. As with in-country kinship care arrangements, international kinship care arrangements can be formal or informal. However the UNICEF/International Social Service (2004) report *Improving Protection for Children without Parental Care, Kinship Care: an issue for international standards*, notes that international kinship care is most commonly arranged on an informal basis.

A review of the literature indicates that very little research has been conducted on international kinship care, which could be related to the prevalence of these informal arrangements and the associated difficulties in collecting data. It is presumed that elements of in-country kinship care research can be extrapolated to some extent to international kinship care, as there are common experiences in both processes, however it is also presumed that there is a range of other complex factors particular to international kinship care that warrant further investigation.

As mentioned, the literature review revealed a paucity of research in this area; in fact only one article was found focusing on international kinship care. In their article entitled ‘What happens when family resources are across international boundaries? An exploratory study on kinship placement in Mexican immigrant families,’ Cardoso et al (2009) looked at the prevalence of, and attitudes towards, international kinship care arrangements between the USA and Mexico. It was

found that although the USA has a protocol regarding international kinship care placements with Mexico, US social service workers did not consistently consider international kinship care as a viable option in practice.

Interviews with the workers led the researchers to identify several reasons as to why they felt reluctant to pursue international kinship care placements:

- a lack of accurate information concerning the process of international placements;
- language barriers or a lack of resources to utilise interpreters;
- conflicting agency mandates;
- logistical issues such as immigration processes and travel for assessments;
- fear of the unknown; and
- a sense of uncertainty about how Mexico would handle the case.

It was also found that the families themselves lacked the necessary information to consider international kinship care placement as an option (Cardoso et al 2009).

As this study relates to the specific situation of the USA and Mexico, it may be difficult to extrapolate the results to other international kinship care situations, which involve different countries, cultures, and legal systems. However it is clear from this study that a lack of clarity around processes, standards, and responsibilities regarding placing a child with kinship carers abroad impacts on workers' willingness to pursue this as an option. Further research, involving a variety of countries, is required to achieve a greater understanding of the obstacles involved in international kinship care, to promote the practice as an option that may meet a child's best interests in some cases, and to ensure that standards and processes are adopted that protect the rights of the child in all circumstances.

## The ISS Australia model of international kinship care

*Emily (not her real name), an Australian girl, was living in the UK with her parents when they tragically died. Emily was now an orphan with no family in the UK to care for her, and she drifted in and out of a number of inappropriate foster care arrangements before the case was referred by ISS UK to ISS Australia. ISS Australia, working with ISS UK and authorities in both countries, located Emily's extended family in Australia and discussed Emily's situation with them. They were keen to care for her and to become her legal guardians, so ISS Australia visited them several times to conduct an assessment regarding their suitability as carers. The assessment recommended the family and ISS Australia assisted in liaising with the relevant authorities, facilitating Emily's placement and providing support to Emily and her carers during the resettlement process.*

This case study provides a brief overview of how ISS Australia, with the cooperation of the ISS international network, is in a unique position to facilitate this type of out of home care option for children who may otherwise miss out on the opportunity to be cared for by their extended family of origin. The involvement of the ISS international network in this case, and in many others like it, resulted in a child avoiding a long and potentially harmful experience of out of home care and instead being settled permanently with family.

Many years of practical experience, involving a wide range of countries and different cultures, legal frameworks and social service systems, has contributed to the development of ISS Australia's current model of international kinship care service delivery. All aspects of this service provision are guided by respect for and commitment to the rights of the children involved in these situations.

ISS Australia's international kinship care service includes the following:

- provision of kinship care assessments in Australia;
- facilitating kinship care assessments overseas;
- production of in depth, high quality reports for child protection authorities and children's and family court matters in Australia and abroad;
- pre- and post-placement support to all parties;
- facilitation and supervision of international transitions for children; and
- support, counselling and other services by request.

ISS Australia receives government funding to provide its international kinship care service in New South Wales (NSW), however there is no government funding provided in other states and territories, which compels ISS Australia to charge fees for the service outside NSW. The limited funding of this service also impacts on the social workers' capacity to provide longer-term post placement support, which will be further discussed in the following section.

The international kinship care service operates in the context of the ISS worldwide network, which allows ISS Australia to send referrals to and receive referrals from ISS partners in over 140 countries. Requests come from child protection authorities in Australia to trace, assess and obtain background checks for potential carers in other countries, or conversely, overseas ISS branches refer cases to ISS Australia involving children who may have potential carers in Australia.

In carrying out this work, ISS Australia refers to guidelines from ISS headquarters in Geneva regarding standard procedures for all ISS services worldwide<sup>1</sup>. In addition to this, ISS Australia has its own International Kinship Care Guidelines which are used by social workers to guide the assessment process in these cases.

Much of ISS Australia's international kinship care work involves countries with comparable cultures and socio-legal systems, such as the UK, Canada, the USA and South Africa.<sup>2</sup> However ISS Australia also works with cases from a large number of countries with a diversity of cultures and socio-legal systems, where competent cross-cultural liaison and advocacy by social workers on both sides is required to navigate these differences and to ensure that the best interests of the child are being considered and met. Effective communication across cultures, languages and time zones is an integral part of the social workers' role, and the services of interpreters and translators (or bilingual ISS Australia staff) are used as required. Communication methods for each case vary according to time zone differences and the technological capacity of the partner ISS service, so social workers may use a combination of email, Skype, post and telephone. Delays in communication and processes can be common and the social workers are skilled in providing ongoing support to potential carers who may experience frustration and anxiety during this time.

A key strength of the ISS Australia model is the social workers' adaptability and capacity to work creatively across cultures and languages, and to operate effectively within the infrastructure of the ISS international network drawing upon members' knowledge of the appropriate legal and social systems. However despite the systems and practices in place, the work remains challenging for a number of reasons - one being, as mentioned, the limited funding arrangement for the provision of the service, and other factors as explored in the following section.

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<sup>1</sup> ISS operates in over 140 countries worldwide, in the form of ISS branches, ISS bureaux and ISS correspondents. For more information on the ISS international network, please see [www.iss-ssi.org/](http://www.iss-ssi.org/)

<sup>2</sup> International kinship care also occurs between Australia and New Zealand, however a specific protocol between these two countries governs the process.

## Challenges and obstacles in international kinship care

There is a growing body of research on in-country kinship care which suggests that managing a child's difficulties, economic disadvantage related to caring responsibilities, stress, health issues and a lack of resources are of significant concern to kinship carers (Dunne & Kettler 2006). These issues are quite possibly common to international kinship carers too, however the lack of research into international kinship care means that the extent of these concerns, and the prevalence of different concerns, is not well documented. The impacts of kinship care on the children involved is similarly not well documented, both in the context of in-country and international arrangements.

In the absence of documented research on this issue, the anecdotal evidence and professional observations of ISS Australia social workers are a worthy starting point for discussion, given their unique expertise in delivering this service.

ISS Australia social workers offered their opinions on the challenges of international kinship care that they face as workers, and the challenges they observe for the children and carers involved. The following views of social workers were obtained through conversations and correspondence with the author during January - April 2011 (Kavanagh 2011).

Broadly, the social workers felt that while international kinship care can be a preferable alternative to other forms of out of home care, there are many logistical obstacles and challenges in both countries involved which can complicate the process, such as government regulations, legal delays and immigration requirements. As well as these practical issues, there are significant psychosocial issues to consider for the child and carers; in relocating to live with extended family members, the usual adjustments for children who have suffered trauma may be compounded by the need to adjust to a new society and culture.

According to one social worker, the clear advantage of international kinship care for children who can't live with their parents was *'the opportunity for them to live in a home with their biological family'* (Kavanagh 2011). This view is congruent with Dunne and Kettler's finding that *'the ideology supporting the use of kinship care is that it is in the child's best interests because it helps them to maintain ties with their family of origin'* (2006, 22). While social workers generally do not have the capacity to provide long term post-placement support, positive preliminary outcomes were observed. One social worker reported that all the children in the cases she had been involved in appeared to adjust *'fairly smoothly'* to the new care arrangement, and that the kinship carers had sought specialist assistance about potential difficulties in case they occurred.

While social workers encountered significant obstacles in international kinship care cases, they felt that *'they have been the most rewarding cases to work on'* (Kavanagh 2011) due to the positive benefits reported for the children involved. They viewed their role as crucial in providing independent information, advice and assessments, and liaising between the carer and government authorities and courts. This unique role was appreciated by carers, said one social worker, as it provided *'somebody outside of the local authorities/courts to act as an advocate for both the child and family in Australia'* (Kavanagh 2011).

From their experience, social workers found that the main challenges of international kinship care relate to:

- cultural differences;
- different standards of living in the two countries involved;
- lengthy waiting periods for placement after assessment;
- complex immigration processes;

- a lack of resources for specialist ongoing support roles which results in a lack of knowledge about post placement outcomes; and
- maintaining links with other family members and former carers (Kavanagh 2011).

On this last point, social workers reported that it could be both difficult to maintain the positive relationships that a child had in their former country, and difficult to discourage the continuation of negative relationships that were assessed as inappropriate for the child.

As with the social workers interviewed in Cardoso et al (2009), the ISS Australia social workers believed that families often lack information about the possibilities of international kinship care. One social worker suggested that *'(i)t would be good to develop an information pack to give to prospective carers at the assessment stage, e.g. things they need to think about, immigration, health, finances, maintaining links once children are placed, plus information sheets on what they might expect once children are placed'* (Kavanagh 2011). The failure of other relevant service providers to consider international kinship placements was also highlighted as a problematic issue, with one social worker expressing disappointment that *'(f)amily overseas is often not thought about until late into the case which means the children will already have spent considerable time in out of home care'* (Kavanagh 2011). It seems that if both families and service providers were better informed about the potential for international kinship care, this option could be explored sooner and the length of time the child spends in other out of home care could be reduced.

In an effort to address some of the above mentioned issues, ISS Australia liaises with state authorities regularly to promote the service and to encourage the consideration of international kinship care for children who come into contact with state child protection systems throughout Australia. On an international level, ISS headquarters in Geneva, Switzerland collaborates with ISS partners, including ISS Australia and others, on promoting the ISS network's capacity to facilitate international kinship care, although the extent of this role is subject to resources. Greater resourcing of this advocacy and promotion role throughout the ISS network could lead to an increased uptake of the international kinship care option for children in out of home care throughout the world.

The ISS Australia model of international kinship care acknowledges the challenges and obstacles in this field of work and encourages flexibility and creativity in its approach, while maintaining high standards of ethical practice and professionalism. Partnership on international kinship care cases between the two ISS members involved allows for enhanced socio-cultural-legal understanding, facilitation of practical processes such as local immigration processes, the provision of appropriate emotional support for parties in both countries, and a sense of security and confidence for the social workers as there is a colleague who can facilitate referrals to appropriate ongoing support for the family once the child has relocated. These features of the ISS Australia model of international kinship care would potentially alleviate much of the concern expressed by the social workers in the Cardoso et al (2009) study, where fear of the unknown and a lack of understanding about the procedures in the partner country resulted in an unwillingness to pursue international kinship care. The important point here is that enhancing the capacity of social service providers to consider and implement international kinship care processes could result in the best interests of children in out of home care being more fully recognised, addressed and supported.

The ISS international network and its guidelines provide a consistent framework for referral, assessment, liaison and advocacy, while also allowing for the inevitable cross-cultural, social and legal differences to be negotiated by the ISS partners in conjunction with relevant services in both countries. One ISS Australia social worker raised the point that work was still required to ensure all ISS network members are aware of these guidelines, and that the guidelines are reviewed to ensure they reflect current knowledge of best practice. Such a review would in turn require further research into kinship care best practice and its application in cross-cultural contexts.



## Potential guidelines and standards for international kinship care

Issues of quality, outcomes, standards and guidelines are yet to be resolved in the realm of kinship care and international kinship care, although there is increasing attention being paid to these issues within the Australian context.

There have been concerns that lower standards have applied for the assessment and monitoring of kinship care placements, and that this may leave children without the support they require and potentially at risk (Bath 2000; Cashmore 2005; Chipman 2002).

Chipman's (2002) study indicates that there is little understanding of what 'quality' means in terms of kinship care and that there is a need for assessment standards to take into account the particular needs and characteristics of kinship care arrangements. Shlonsky and Berrick (2001) also encountered difficulties in creating a single definition of quality of care due to a lack of research, but found that many interrelated factors, such as placement type, the amount of time in care and the child's and carer's attributes all played a part.

Regarding outcomes, Dunne and Kettler's (2006) literature review found that children in kinship care suffer from a range of social and emotional issues which may impact on outcomes in adulthood. However the literature does not differentiate between the impacts of kinship care and the child's pre-existing difficulties, and further research is warranted to understand the particular effects of the kinship care experience. It is also difficult to make comparisons between countries because of different policies, practices and cultural issues (Dunne & Kettler 2006).

Out of home care (including kinship care) in Australia has previously been subject to the specific standards of each state or territory. However the recently developed National Standards for Out-of-Home Care ('the Standards') now provides a national framework for measuring the factors that contribute to a successful placement. According to Altshuler and Gleeson (1999), permanency and safety have been the dominant measures of a successful placement to date, and an important third factor – child's wellbeing – has been overlooked. Concepts of wellbeing and 'best interests' are now central to how a placement is to be assessed according to the Standards, which relate to health, education, care planning, connection to family, culture and community, transition from care, training and support for carers, belonging and identity, and safety, stability and security (FAHCSIA 2010).

These Standards only apply to formally arranged out of home care within Australia, however they may serve as a relevant reference point in the broader discussion of the development of standards in international kinship care.

As previously mentioned, much of the international kinship care that occurs is arranged on an informal basis. As these arrangements may not be documented or monitored in some way, they may avoid being subject to any standards or guidelines (domestic or international). ISS Australia is aware that this issue is also relevant to situations where a child enters Australia through the humanitarian program and is cared for by a family member, without the carer being subject to the same level of assessment required of formal kinship care arrangements. Enhancing accountability and formalisation of these arrangements is desirable for the protection and wellbeing of the children involved, and while beyond the scope of this paper, is another area of the international kinship care issue that requires research.

However for those international kinship care placements that are formally arranged and documented, such as those ISS Australia is involved in, international standards or guidelines could (and should) be applied. The following international conventions, legislation and papers make some reference to international kinship care, and may serve as a basis for further discussion of the development of unified and enforceable standards in this area:

**a.** The *UN Convention on the Rights of the Child* (CROC) (1989) discusses the various means by which signatory states should provide alternative care for a child who cannot be cared for by his/her parents, temporarily or permanently. Article 20 (3) outlines some types of alternative care that could be arranged, but international kinship care is not explicitly mentioned:

*3) Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children.*

While Article 21 relates to the need for further multilateral cooperation to ensure that standards and guidelines are in place to protect children in intercountry adoption, this is also pertinent to the issue of international kinship care. Article 21 (c) and (e) state that signatory States have a duty to:

*(c) Ensure that the child concerned by inter-country adoption enjoys safeguards and standards equivalent to those existing in the case of national adoption;*

and

*(e) Promote, where appropriate, the objectives of the present article by concluding bilateral or multilateral arrangements or agreements, and endeavour, within this framework, to ensure that the placement of the child in another country is carried out by competent authorities or organs.*

As the occurrence of international kinship care may well continue to increase, it may be valuable to revisit how the CROC could specifically address the issues involved in this kind of care arrangement. To this end, International Social Service and SOS Children's Villages International published 'Guidelines for the Alternative Care of Children – a United Nations Framework' (2009) with the goal of providing some standards to enhance the CROC in relation to children deprived of or at risk of being deprived of parental care. This document sets out 166 standards, including 3 standards (136, 137, 138) in *Section VIII - Care provision for children outside their country of habitual residence*, which relate to the intercountry care of a child. However, international kinship care is not discussed in great detail in these standards and further work may be required to ensure this type of care is covered by the CROC and associated international guidelines.<sup>3</sup>

**b.** The *1996 Hague Convention on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in Respect of Parental Responsibility and Measures for the Protection of Children* ('1996 Convention') offers the kind of framework discussed in Article 21 of the CROC. A multi-lateral treaty developed by the Hague Conference on Private International Law, it provides a structure for effective intercountry co-operation in child welfare matters, determines which country's authorities have jurisdiction in such cases and allows for the enforcement of protection measures in Contracting States.

The capacity of the 1996 Convention to enhance protection of children in international kinship care is an important reason to encourage its further ratification and accession. While currently only 15 countries, including Australia, have ratified the 1996 Convention it is anticipated that as more countries ratify, it will have greater scope to operate effectively.

ISS Australia is positioned as the leading non-government organisation in Australia with expertise on this Convention and how it could be applied to improve outcomes for children in intercountry situations such as international kinship care. This expertise is exemplified in the research and publication of ISS Australia's '1996 Hague Convention on Parental Responsibility and Child

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<sup>3</sup> Standard 10 and Standard 61 also have some reference to intercountry care (ISS & SOS Children's Villages International, 2009).

Protection: Applications in the inter-country casework of International Social Service' report in 2008, which examines how the Convention could be applied in cases (including international kinship care cases), the potential role of ISS Australia and the potential outcomes for the child involved. The report explains in detail how ISS Australia's existing intercountry service delivery model, as detailed earlier in this paper, would be capable of incorporating requirements of the 1996 Convention once it becomes widely ratified and used in practice.

While the 1996 Convention currently provides the best mechanism for international co-operation in child welfare cases, it does not dictate particular standards regarding assessment, review of outcomes, or quality of care. While acknowledging the important role of the 1996 Convention, UNICEF / International Social Service noted in their 2004 paper 'Improving Protection for Children without Parental Care: an issue for international standards,' that a laissez-faire approach to the intercountry care of children poses a risk. They state that *'(w)hile the 1996 Hague Convention provides an international co-operation mechanism among States Parties both for arranging foster care abroad (to the extent that the authorities are actually involved) and for assisting children in need of protection outside their country of habitual residence, it does not set standards as such.'* In addition, as the 1996 Convention is a private international law treaty, *'it is unlikely to be ratified by most countries, in the foreseeable future at least,'* which currently limits its utility (UNICEF / International Social Service 2004). This limitation was also highlighted in Standard 138 of the 'Guidelines for the Alternative Care of Children – a United Nations Framework' (2009), which calls for states to ratify or accede to the 1996 Hague Convention so that this comprehensive, workable framework for international cooperation in child welfare matters can be effectively implemented across a range of countries.

## Conclusion

This paper has highlighted that there is a small but growing body of literature on issues of standards, guidelines, outcomes and quality related to in-country kinship care, but that the same issues in international kinship care remain largely unexamined. This important and complex area of child welfare could greatly benefit from further research to clarify the issues to be addressed, to promote the practice as an option for children in out of home care, and to develop best practice standards and guidelines to ensure the protection and wellbeing of the children involved.

Drawing on the issues discussed in this paper, the following recommendations are offered for consideration and further research:

- *ISS Australia, in all states and territories of Australia, should have an increased capacity (through appropriate resourcing) to promote and provide the international kinship care service as an option for children who require out of home care;*
- *Similarly, the ISS international network should have an increased capacity (through appropriate resourcing) to support, promote and provide the international kinship care service throughout the world;*
- *Within the Australian context, increased resourcing to provide ongoing post placement support in international kinship care cases is desirable to ensure positive outcomes for children and carers;*
- *Relevant non-government organisations and existing Contracting States should increase advocacy regarding further ratification of the 1996 Hague Convention on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in Respect of Parental Responsibility and Measures for the Protection of Children;*
- *ISS Australia's capacity to provide a high quality international kinship care service, in congruence with the 1996 Convention mechanisms, should be promoted and utilised as further ratification occurs over time;*
- *Promotion of the ISS Australia model of international kinship care to other partners, stakeholders and service providers;*
- *Further research is required regarding the development, implementation and maintenance of a set of international standards for international kinship care, to complement the technical provisions of the 1996 Convention;*
- *Such standards should aim to ensure accountability and quality in assessment, placement, post placement and measurement of outcomes related to international kinship care.*

The lack of internationally recognised and implemented standards is a significant limitation of the international kinship care system and one that raises concerns about how the best interests and rights of children involved in these situations can be upheld in a systematic and consistent manner across borders.

Developing, implementing and maintaining an internationally recognised set of standards or guidelines in international kinship care would undoubtedly be a complex process to undertake. However the lack of clarity in the current arrangements, coupled with the potential risk to children, should serve as ample motivation for relevant parties to initiate such a process, in keeping with a commitment to uphold the rights and best interests of all children who require out of home care in complex intercountry situations.

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