

# *Who Cares?*

*A study of diverse care arrangements  
in Australian society*

**A paper discussing the findings from the  
Diverse Care Project**

**initiated by the Commonwealth Department of Family and Community Services**

**AIFS Conference 2000**

**by J Page, project convenor**

**The views expressed in this paper are those of the author and not necessarily of the Commonwealth Government  
or the Department of Family and Community Services**

***Who Cares? A study of diverse care arrangements in Australian society. A paper discussing findings from the Diverse Care Project. AIFS Conference 2000***

The Diverse Care project being conducted in the Department of Family and Community Services has identified a number of instances in which formal administrative arrangements for paying family assistance do not fit well with the family structures of various groups. This paper describes some of the ways we are working to ensure intended outcomes for children are achieved.

Family assistance payments contribute to stronger families through supplementing family income. The intent of the payments is to assist with the costs of having and raising children.

Family Allowance was paid for long term, ongoing care and assumes that a child will benefit when payment is made to a ‘primary carer’ who is usually a woman.<sup>1</sup> That assumption is valid for a majority of Australian families and works when the family is stable and parents have care of children from birth to adulthood. Yet, as the Diverse Care project has already demonstrated, the assumption is not valid for a range of minority groups within the total family customer population. Those minorities constitute some of the most disadvantaged in our society.

**Course of the Diverse Care Project**

Cordelia Hull and I<sup>2</sup> gave some account of the origins of the Diverse Care Project at the November 1998 Australian Institute of Family Studies conference<sup>3</sup>. I can now report on progress and offer a commentary on some findings and on further action being taken.

In the first phase of the project, we drew qualitative data from several series of focus groups, workshops and consultations. We have since moved to the second phase which involves testing the findings by setting up a Statement of Care pilot with more flexible payment approaches for indigenous family groups in five locations around the country. Phase two of the Diverse Care project might best be described as a program of continuous process and policy improvement.

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<sup>1</sup> From 1 July 2000 Family Allowance and other family assistance payments have been replaced by Family Tax Benefit. Family Tax Benefit is paid to a primary carer and retains the same policy rationale as Family Allowance.

<sup>2</sup> Project officers involved in the Diverse Care Project

<sup>3</sup> Related article “Widening the Horizons: Indigenous children, families and social security” appeared in the Social Security Journal, 1998, No 2. Pages 157 – 166.

## **Characteristics of sample**

Three broad groups of family types were selected for study in the first phase of the project that was completed in December 1999. The interim findings cover concerns raised by indigenous family groups, a selection of newly arrived ethnic community and family groups, and a number of other groups whose family structures can be regarded as atypical.

All groups demonstrated varying degrees of child mobility that is, children moved from one relative or carer to another for a range of reasons or were shared by two or more carers. For example, findings from workshops with indigenous family groups confirmed a range of issues arising from the characteristics of their child raising patterns. These have also been discussed in a recent report by the Centre for Aboriginal and Economic Policy Research, Australian National University.

### **Indigenous family groups.**

Indigenous family representatives were consulted in remote, regional and urban areas. The prototype for a series of workshops with indigenous family groups came from a 1998 meeting at Tennant Creek, Northern Territory with Barkly Tableland women. This provided valuable insights into the most pressing needs of families in relation to Family Allowance payment arrangements.

It also gave us a chance to test run questions and ideas that were later discussed with indigenous families in seven locations around the country (as detailed in Attachment A). Their family structures were essentially large extended families that in many instances shared the care of children between several relatives over varying periods of time.

Indigenous workshop participants were invited to discuss issues relating to their children and families. They talked of their child raising patterns, their concerns with child neglect, and the difficulties they faced in dealing with government at all levels. Isolation and communication barriers exacerbated their problems. They were emphatic about the mismatch between their non-nuclear family structures and the conditions they are required to meet under family assistance payment arrangements. Significantly, their use of the term “Kids’ Money” to describe payments reflects an accurate understanding of the policy intent.

The payment arrangements for family assistance payments do not accommodate the high mobility of indigenous children. A primary carer must notify Centrelink whenever a child moves into the care of another person, even within an extended family group. When care is short term, or of unknown length, a new claim from the actual carer is not necessarily accepted and generally payment continues to go to the primary carer. Only if the new claim is accepted is the ‘losing’ carer’s payment cancelled.

Indigenous families saw these arrangements as a source of tension within extended families. They wanted ‘government policies’ to respect and support the role of their extended families. They spoke of their cultural obligation to care for other relatives’ children as they came to stay with them. They were acutely aware of the purpose of family assistance or Kids’ Money. Their cultural and family obligation meant they cared for children as they arrived from others without asking for financial contributions from the child’s parents or previous carers.

Grandmothers often took children in for unpredictable periods. They did not want to initiate claims for payment because of the angst that this caused within the family. Making a claim meant the current recipient would lose a considerable proportion of her income.

Workshop participants reported many disputes over Family Allowance monies. They also reported that the use of Family Allowance for other purposes such as alcohol and drugs resulted in under nourishment and other forms of child neglect.

Child protection authorities used child mobility (or changes of care even within extended family groups) as evidence of child neglect. Indigenous women said this made them even more reluctant to tell “government” that children had moved into the care of another person.

Indigenous participants wanted some way of ensuring Family Allowance could follow each child as he or she moved from carer to carer. Payment arrangements do not currently facilitate payment when a child moves between different carers within the same family group. There was an obvious need for more flexible arrangements and perhaps a rethink of the notification provisions to accommodate shared child- raising practices. These issues are being progressed through the Statement of Care pilot that is discussed later in this paper.

### **Culturally and Linguistically Diverse families**

When looking at the circumstances of some culturally and linguistically diverse families we found that they too experienced situations comparable to indigenous families. These arose partly from their extended family structures.

The sample of ethnic families participating in project consultations was selected from Centrelink records of Family Allowance customers. Focus groups were held in 1999 with customers from the following cultural and linguistic groups:

- Arabic speaking
- Pacific Islanders i.e. Samoans and Tongans
- Horn of Africa i.e. Somalis, Eritreans, and Ethiopians

Groups were selected after discussions with the Multicultural Customer Segment in Centrelink, the Department of Immigration and Ethnic Affairs, and the Australian Bureau of Statistics. We also consulted migrant and ethnic community bodies including the Federation of Ethnic Communities Council of Australia, Migrant Resource Centres, and Ethnic Child Care Development agencies. The groups were selected in an effort to include refugees, recent arrivals and long term migrants to reflect their varying experiences and views.

The groups represented families and children who had arrived in Australia in the last five years. As groups they were expected to retain strong cultural links that impacted on family structures and child raising patterns. The objective in talking to these people was to identify their caring arrangements and to identify any problems arising from family assistance because of those arrangements. Many of the focus group participants were refugee women some of whom had lost their partners in conflicts of war. Some were sole parents with higher than average (more than three) numbers of dependent children. For many participants moving to Australia meant relinquishing the support of extended families until they were able to bring them here. In the interim some families took on the more nuclear family structure widely practiced here, others retained the extended family networks with family members who already arrived.

None of the three ethnic groups perceived any difficulty in meeting the requirement to nominate a primary carer with ongoing care of a child for payment. In practice nonetheless, they often shared the caring and decision making of their children with those members of their extended family living in Australia. A typical example of this was that children were placed in the care of relatives when parents went overseas for long periods of up to a year.

Muslim women indicated that caring and financial decisions were shared with their partners and said that occasionally relatives from within the extended family made decisions for them. This included help with child raising and respite care needs. The Muslim community influenced the placements of foster children within the cultural group because participants said children needed to learn customs and become familiar with cultural issues.

There is scope for further investigation of how family assistance arrangements affect other ethnic family types with extended family caring patterns.

#### **Families with other diverse care contexts.**

A third group studied included a mixed group of Family Allowance customers, including sole parents. Families were invited to participate in the project because of their possible experience with children going in and out of foster care placements, institutions and respite care. They included foster carers, representatives of foster care agencies and grandparents who cared for grandchildren whose parents were repeat drug offenders.

Single income families were also represented, along with separated or divorced parents who shared the care of children under court orders or parenting plans. Some paid child support and many received it. In general the group reflected the increasing incidence of divorced, separated and blended families with children, and atypical (or non-nuclear) caring and child raising arrangements. The group had a degree of child mobility with children moving between carers for a range of reasons.

Some sole parent participants said they needed better access to respite care because they feared state child protection authorities would remove their children. They said caring for children as a sole parent was stressful and without relief and put the children at risk of abuse.

Foster/substitute care is one element of contemporary family relationships impacting on the lives of around 16,000 children each year.<sup>4</sup> In extreme cases children are removed for their own safety from their parents or carers by State and Territory child protection authorities.

Those families lose entitlement to family assistance in due course once it is established that a new carer (a foster carer) has ongoing care of the child. There may be a delay before a magistrate makes an order for the child to be removed temporarily or permanently. Or it may be ruled that the child may be returned as soon as possible to the family. In many cases the situation when a child leaves is unclear to the losing family and the foster carer. Parents said that because they did not know how permanent a placement would be, and hoped the child would return quickly, they were reluctant to tell Centrelink. The uncertainty of the situation meant they were sometimes overpaid Family Allowance.

Where a foster carer claimed Family Allowance for a foster child, (after establishing 'ongoing care'), and payment to the parent was cancelled, this reportedly had a negative impact on the relationship between the parent and the foster carer. Low-income parents faced the loss of a significant part of their resources when losing Family Allowance for a child. This sometimes meant losing access to accommodation deemed suitable for the child's return.

All State and Territory child protection authorities practice the gradual restoration/reunification of foster children to their natural or birth parents. Such processes take many weeks or months with varied success. Families said they needed Family Allowance to help them meet the costs of having the child back. They were not entitled to payment during these transitional phases but foster carers continued to receive payment despite not having the child constantly. Recognising the costs families face without Family Allowance supplementation, some States and Territories meet some of the costs arising from the restoration, but a number do not.

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<sup>4</sup> On 30 June 1999 there were approximately 16,000 children in supported placements across Australia. Source - Australian Institute of Health and Welfare, Canberra, "Report on Government Services 2000" Volume 3: Community Services, Housing, Steering Committee for the Review of Commonwealth State Service, February 2000.

## **Key Issues: variety and continuity of care**

Looking at the child raising patterns in the three groups studied has shown that it is frequently difficult for carers within the groups to establish qualification for family assistance. Each group consulted in the project reported issues arising from two key areas of concern.

First, a variety of people, not one primary carer, may share the care of one child. Indigenous children, for example, move between different carers within and beyond extended family structures. It is difficult to identify one primary carer when a child moves as often as several times a week.

The second factor is mobility: children move, for example, between foster parents and natural parents. Ethnic children move from carer to carer. Such mobility, producing frequent changes of care, conflicts with the assumed 'ongoing care' requirement for entitlement to family assistance.

Family assistance is payable to a person or primary carer for the ongoing care of a child so that the child may have continuous benefit of the assistance. In practice the project has found that this continuity may be broken in the following circumstances;

- Foster care placements, often for periods of unknown and unpredictable length
- Family reunification/restoration process in which a foster child is progressively returned to his or her original family under State and Territory child protection arrangements
- Short term placements in respite care
- When children are in the care of several different people within an extended family, and
- When children are shared between separated or divorced parents.

There are also some issues that need policy attention in the short-term care arrangements for foster care. These issues have implications for determining who should supplement the costs of children moving into and out of foster care placements. Commonwealth payments do not automatically adjust to circumstances dictated by State and Territory welfare departments. In some cases that results in low-income parents having to meet additional costs arising from transitional phases of care.

These issues are being pursued in two ways; firstly, by testing more flexible payment arrangements in a Statement of Care pilot with volunteer indigenous families. Secondly, we are considering new approaches for children moved between carers at the intervention of State and Territory welfare authorities.

## Statement of Care Pilot

The Statement of Care pilot is seeking to address some of the problems arising from the variety of carers and the mobility of indigenous children. The idea came from the concerns expressed in Diverse Care project workshops by indigenous families. They were troubled by the interactions of family assistance payment arrangements and their child raising practices. The pilot will test an approach that encourages indigenous recipients to redirect family assistance to others within an identified group of usual carers.

The pilot commenced in May 2000 and is likely to continue until February or March 2001. It is being conducted in Wreck Bay, Nowra and Wollongong, NSW; Yarrabah/Cairns and Cherbourg in Queensland; Suburban Melbourne, and Port Augusta, in South Australia.

The pilot has developed through a long consultative process during which many indigenous families have expressed a keen enthusiasm to participate. Participants in the process are involved in forming care groups with other members of their extended families. They also agree to pass on family assistance to the person who currently has care of the child as a means of ensuring better outcomes for children.

The success of the pilot depends on group and individual understanding of the agreement to redirect funds and on peer group pressure. Each care group member is responsible for passing around family assistance funds as each child moves to other carers. They are not required to formally tell Centrelink the child has moved.

There is an element of reciprocity in the piloted arrangements. Being in a care group means taking responsibility for making sure children get benefit from funds intended for their costs, and in legal terms 'delegating care of children' to others when children move. Peer group pressure can be an effective way of ensuring each individual conforms to the group agreement. Such pressure is instrumental in the success of number of poverty alleviation projects underway in developing countries.<sup>5</sup>

Care groups in the pilot are being supported in each location by small project teams comprising indigenous liaison officers, local community representatives and other Family and Community Services employees. In setting up the process and asking people to participate, local project teams encountered some degree of mistrust.

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<sup>5</sup> Successful micro finance projects operate in a number of Asian countries including India and Nepal. Small business loans are provided to groups of poor people, who then each invest individually in their chosen trade. Paying back the money- in weekly instalments with interest – is the responsibility of the whole group. Such projects operate on the principle of reciprocal or mutual obligation. Source Care International UK web page - Project Summaries – Support for Small Businesses. 29 June 2000

People in a Torres Strait Islander Community outside Cairns had to understand the identity of the Commonwealth Department of Family and Community Services before they agreed to participate. They confused us with what was once the Queensland Department of Family and Community Services – the ones who removed children from their families.

The local project teams are monitoring progress in each location, and we plan to hold workshops with participants at the end of each leg to get first hand information of their experiences and reactions. There is already evidence that families have found the arrangements empower them to manage their own families in a way that suits their natural child raising patterns.

### **Foster care: the short term transitions**

Similarly we are currently looking at new approaches to address broken periods of family assistance entitlement for children in short term foster care. We are investigating ways of ensuring families going through the transitional phases of restoration processes can meet their children's costs more easily. A possible response would be to direct payment to families involved in a restoration process as if they already had ongoing care of the child. Cost, of course, is a consideration.

### **Conclusions**

On 16 April 2000 the Prime Minister announced the Government's "Stronger Families and Communities Strategy". As Family and Community Services Executive Director, Robyn McKay, has said;

"We will have the privilege of modelling at every level the partnerships that lie at the heart of new social policy directions. At a practical level we can make an enormous difference to the experience and opportunities of Australian families and communities by enabling and encouraging partnerships which need not depend on government at all.

We will be breaking new ground on a number of fronts at once. The Strategy requires us to become facilitators – rather than national "experts"-- who support families and communities to bring forward initiatives which will best address their local needs."<sup>6</sup>

That includes better outcomes for children in extended family groups, and those at risk. The Diverse Care Project is highlighting previously unacknowledged realities for certain groups in Australian society. We have identified two factors that affect the policy intent of families' assistance. A child might move from carer to carer or be in the care of several different carers at the same time. Linked with that, changes of circumstances enforce extraordinary mobility on some children. These factors make it difficult for some children to receive the benefits intended from continuity of payment.

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<sup>6</sup> Robyn McKay, Executive Director, Family Capabilities, FaCS, AIFS paper, "The Stronger Families and Communities Strategy: Families Policy In Action" July 2000.

It is always tempting to say that the solution lies in cutting through “bureaucratic red-tape” and make arrangements tailored to every individual’s circumstances. In many of the cases we have studied, the issue is not whether people continue to remain eligible but whether they are in a position to report every time their eligibility changes. The family structures of the identified groups do not match the assumptions embedded in the arrangements designed for the majority of Australian families.

One approach could be to require all families to adjust to the norm and either meet normal eligibility requirements or go without income support. Clearly that approach would not meet our policy commitments to building stronger families and stronger communities. Just as clearly, as findings from the Diverse Care Project indicate, the enforcement of such requirements is unlikely to be effective. For these groups the standard requirement of reporting changes of care whenever a child has moved out of “ongoing care” is often impracticable.

The Diverse Care project suggests that encouraging recipients to take responsibility for ensuring that payments are applied to the costs of caring for children is likely to be more effective than on the enforcement of arbitrary payment procedures. That approach expresses the principle of “mutual obligation” in seeking better outcomes for children regardless of differences in family structures.

J Page  
4 July 2000

## **Diverse Care Project**

### **Consultations**

#### **Group One – Indigenous families**

Workshops were held with a range of indigenous families and their representatives in Launceston, Tasmania; Katanning, Western Australia; Mount Druitt, New South Wales; Katherine, Northern Territory; Thursday Island in the Torres Strait, Cairns, Queensland; and Mount Martha, Victoria.

#### **Group Two - Culturally and linguistically diverse families**

Focus groups with ethnic families were conducted in 1999 with the cooperation and assistance of the Centrelink Multicultural Customer Segment. A focus group was held in Lakemba, Sydney with 22 female and 2 male customers who were predominantly Muslims and Christians from Lebanon, Egypt and Syria. Focus groups were also held in Logan City, Brisbane with 40 female and male customers from Samoa and Tonga. Other focus groups were held with 17 females and 3 males from three cultural groups from Eritrea, Ethiopia, and Somalia including Muslims and Orthodox Christians in Melbourne.

#### **Group Three - Other diverse care contexts**

Workshop consultations were held in 1999 with 18 male and female customers in Newcastle, NSW, 15 male and female customers in Melbourne, and 26 female customers in Christie Downs, Adelaide. The community groups who attended included the Ethnic Communities Council of Newcastle and the Hunter region, the Foster Care Association, the Offenders Aid Rehabilitation Service (SA), Tarin House (a halfway house for reoffenders), Grandparents who Parent, and the Council for Single Women.

## Diverse Care Project

### Profiles of customer populations from which groups were sampled

#### Group One – Indigenous families

In March 2000, there were 40,516 Family Allowance (FA) customers also identifying as Aboriginal and Torres Strait Islander. (The number may be higher as the indigenous identifier is a voluntary field on Family Allowance claims forms). Of these 5555 received minimum rate FA and 34,961 received more than minimum rate of FA.<sup>7</sup>

Customers identifying as indigenous currently comprise 2.3% of the total FA customer population.

The average rate of FA was approximately \$92 per child per fortnight compared with \$60.6 per child for non-indigenous families.

In 2000-2001 estimated outlays in Family Tax Benefit Part A (the equivalent of FA) for indigenous families are expected to be \$404.3 million.

#### Group Two- Culturally and linguistically diverse families

a. On 10 March 2000, there were a total of 21,070 Family Allowance customers who identified as being from Egypt, Syria and Lebanon. Of these 4,624 customers received minimum rate FA, and 16,446 received more than the minimum rate FA. Customers identifying as being from these three countries comprised 1.21% of the total FA population of 1,731,693 as at March 2000.

Total Family Allowance outlays for this group were \$104.3million per year.

b. On 10 March 2000, there were a total 5,683 customers whose country of birth was Samoa (including American Samoa) and Tonga receiving Family Allowance. Of these 1,276 customers received minimum rate FA and 4,407 received more than the minimum rate FA. They comprised 0.32% of the total FA population of 1,731,693 on that date.

Total Family Allowance outlays for this group were \$0.32million per year.

c. On 10 March 2000, there were a total of 1,864 Family Allowance customers from Eritrea, Ethiopia, and Somalia. Of these, 250 customers received minimum rate FA, and 1,614 received more than the min rate FA. They comprised 0.1% of the total FA population on that date.

Total Family Allowance outlays for the group at that time were \$14.9 million per year.

*(Source Centrelink KTT tables; Country of Birth and Main Payments 10 March 2000)*

#### Group Three – Other care contexts - Children involved in foster care

On 30 June 1999 there were approximately 16,000 children in substitute/ foster care placements in Australia.

*(Source Australian Institute of Health and Welfare, Canberra)*

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<sup>7</sup> Note minimum rate Family Allowance paid to mid to high income families. More than minimum rate Family Allowance paid to mid and low income families.