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Support in Kith and Kin Care: The Experience of Carers

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As a home-based care option for children at risk of significant harm, kinship care placements are steadily increasing in Australia as they are in other western countries. This article describes a qualitative research study undertaken with 65 kin (relative) and kith (nonrelative) carers in Victoria in the years 2004–2007. The aims of the research were to explore the lived experience of carers and to understand their support needs. The findings distinguish similarities and differences between the experience of formal and informal grandparent carers, non-grandparent relative carers and nonrelative carers. The article discusses the role of caregiving for the different groups, family relationships, finances (having enough money, as well as having too little), relationships with government agencies, respite and peer support.

Keywords: kith and kin care, kinship care support, home-based care

'Kinship care' is a term that tends to cover both kin (relative) and kith (nonrelative, often friends or neighbours) care.[1] Similar to other kinds of home-based care, children in kinship care are being cared for by kith and kin due to the inability of their parents to care for them due a variety of reasons, including parental death or incarceration, substance abuse, mental illness and intellectual disability. Kin and kith care may be arranged formally through child protection services or informally through family, friendship and neighbourhood networks.

This article reports on part of the findings of a research study in which 65 kith and kin carers[2] were interviewed about their experience of providing care, as well as the support they obtained or were offered by service providers and extended family members. This research was undertaken in Victoria in the years 2004–2007 through the University of Melbourne. The research was funded by the William Buckland Foundation and the University of Melbourne through postdoctoral research grants. Ethics approval was granted through the University of Melbourne Human Research Ethics Committee.

In Australia, 47% of children placed in out-of-home care are in foster care and 45% in statutory[3] relative/kinship care (Australian Institute for Health and Welfare [AIHW], 2010). However, these figures on kinship care do not include nonstatutory or informal placements (i.e., those which have been organised privately through family and social networks). If these are considered, it is clear that there are now more Australian children living in kith and kin placements than any other kind of home-based care.

The latest available data from the Australian Bureau of Statistics (ABS) shows that in 2003 there were 22,500 grandparent families across Australia, with 31,100 children aged 0–17 years. Almost half of these families were headed by a single grandparent (ABS, 2005). However, this is by no means the full extent of kinship care in Australia, as the ABS is unlikely to have complete information on the large number of informal or non-statutory grandparent placements (placements which have not been made by the state), especially in indigenous communities (Families Australia, 2007).

There are also many *nongrandparent* placements in which children are living with people from their existing family and social networks (i.e., with other relatives [kin] or unrelated people such as family friends or neighbours [kith]).

Based on a comparison of AIHW data on children in statutory care, and household income and labour dynamics data on children living with relatives, the Victorian Department of Human Services' (DHS) *Green Paper on*

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Kinship Care (DHS, 2007, p. 9) reports 'in 2002/2003 it was estimated that in Victoria's population, roughly four times as many private [non-statutory] arrangements exist as those made by child protection'.[4] Given that the AIHW (2010) reports that on June 30, 2009, there were 1963 Victorian children (15,479 children across Australia) in statutory relative/kin care, there are therefore likely to be well over 7,000 Victorian children in nonstatutory care — a total of almost 10,000 Victorian children in statutory and nonstatutory kinship care.

In Victoria, while statutory kinship placements (i.e., organised by the state) are supported with caregiver payments, nonstatutory kinship placements receive no state financial support (although they may receive Commonwealth pensions or benefits). As the availability of financial and other forms of support for kinship carers is variable between states (see McHugh, 2009), there are anecdotal accounts of carers moving to New South Wales from Victoria to access higher levels of financial and other support.

The Legislative Context in Victoria

The place of kinship care in the Victorian *Children, Youth and Families Act 2005* is clearly seen as a desirable care option for children who cannot live with their parents. For example, the Act emphasises (Sn 10 (3) (h) Best Interests Principles) that, if the child is to be removed from the care of his or her parent, consideration is to be given first to the child being placed with an appropriate family member or other appropriate person significant to the child, before any other placement option is considered.

However, kinship care is excluded from the definition of out-of-home care in the Act, despite the legislation encouraging kinship care and despite the child protection system increasingly turning to kinship care as the first option in child placement.[5]

Kinship care includes many diverse arrangements and, in terms of policy, it is variously regarded as a private matter (i.e., nonstatutory care); a matter of protective placement (i.e., statutory care); or a Family Court matter. Hence, the issues of carer assessment, supervision and support are often unclear (Ainsworth & Maluccio, 1998).

Issues Arising From the Literature on Kinship Care[6]

Significant recent research on kinship care has been undertaken in the United Kingdom (UK) and the United States (US) and, to a lesser extent, in Australia. Broad (2004) identifies the following four (not necessarily mutually exclusive) pathways to kinship care:

- The first placement option when a nuclear family situation breaks down.
- A continuation of support already being provided by the carer.
- A final resort for government agencies.
- The choice of a young person after a family crisis.

A number of researchers have identified the issue of statutory kinship care as being at the intersection of public and private domains (Aldgate & McIntosh, 2006; Cass, 2007; Farmer, 2009b; O'Neill, Campbell, Mitchell, & Russell, 2006; Warren-Adamson, 2009). Arguing for adequate support of both statutory and nonstatutory carers, Aldgate and McIntosh make the distinction that the familial obligation motivating kinship carers is different from parental responsibility; and (quoting Hunt, 2001) that carers usually accept, rather than actively choose, their new role. In contrast, Warren-Adamson (2009, p. 82) talks about the 'instinctive claiming of the child by kinship carers, which is containing and normalising'.

There is clearly a difference between public (through the child protection system) and private (undertaken informally within family and social networks) placements — and therefore the extent to which the state could, or should, intervene. While the inconsistency of policy responses to statutory and nonstatutory kinship care undoubtedly creates inequities, greater consistency of response to kinship care situations potentially creates new burdens for some carers (e.g., assessment, supervision) as well as benefits (Barnardos Australia, 2001; Broad & Skinner, 2005; Cashmore, 2001; Chipman, Wells, & Johnson, 2002).

Until recently, there has been scant published research on informal kith (also sometimes called 'private fostering' in the UK) and kin care, largely due to the relative invisibility of this population. However, there is recognition that this is a group of children about whom very little is known and who therefore may sometimes be at risk (Holman, 2003). In addition, there is an acknowledgment by some writers that this group is likely to have just as many support needs as families undertaking statutory care (Centre for Community Child Health, 2007; Goodman, Potts, Pasztor, & Scorzo, 2004; Saunders & Selwyn, 2008; Yardley, Mason, & Watson, 2009).

There is now a growing body of research that looks at the outcomes of kinship care, including informal placements (see Paxman, 2006 for a review of this). For example, Farmer's recent study of 270 children, half of whom were in kinship care and half in stranger foster care, found that there were no differences at 2-year follow-up in terms of placement quality (as assessed by the researchers) or placement disruption. However, kinship carers were judged as persevering for longer with the children's troubled behaviour and placement difficulties (Farmer, 2009a). In comparing formal and informal kinship care placements, Winokur and colleagues report that there were comparable outcomes for children in a sample of 268 paid (statutory) and 237 unpaid (nonstatutory) kinship placements (Winokur, Crawford, Longobardi, & Valentine, 2008).[7]

A significant number of research findings, particularly from the US, show that kinship carers are more likely to be single and female, as well as older than other kinds of carers (e.g., foster carers) (Cohon, Hines, Cooper, Packman, & Siggins, 2000; McHugh, 2003; Mason, Falloon, Gibbons, Spence, & Scott, 2002; Scannapieco & Hegar, 2002), although Farmer (2009a) draws attention to the fact that kinship carers in her UK sample (involving 270 children) were more likely to be couples. Increasingly, there is also research that shows kinship carers are more likely to be from the maternal, than the paternal, side of the family (Farmer, 2009a; Gleeson et al., 2009; Hegar & Scannapieco, 1995; Hunt, 2008). Additionally, although grandparents tend to be a large proportion of kinship carers (65% in Gleeson's study and 45% in Farmer's research), there are also significant numbers of other relatives, mainly aunts and uncles (Farmer, 2009a; Gleeson et al., 2009).

Almost all research in this area identifies limited finance as a very real issue for carers (Cohon et al., 2000; Dunne & Kettler, 2006; Farmer, 2009a; McHugh, 2003, 2009; Mason et al., 2002; Scannapieco & Hegar, 2002). In addition, carers frequently report loss of jobs, friendships and recreation activities as a result of their caregiving (McGushin, 2005; Ochiltree, 2006; Pitcher, 2002; Vimpani, 2004) and consequently also report feeling isolated from family and friends (Pitcher, 2002). Crumbley and Little (1997) link these issues to the 'interrupted life cycle' experienced by most kinship carers.

Children in kinship care are seen as more likely than not to have challenging behaviours as a result of experiences of neglect and abuse (Ochiltree, 2006; Vimpani, 2004), although some writers have noted that the children's behaviour may be associated with being 'in care', as well as the outcome of earlier childhood experiences (Dunne & Kettler, 2006).

Strained family relationships tend to be common in kinship care — with obvious implications for complexities of contact between children, parents and carers (Chipman et al., 2002; McGushin, 2005; Pitcher, 2002; Sykes, Sinclair, Gibbs, & Wilson, 2002). Significantly, Farmer (2009b) notes that there were more disruptions in kinship care placements when contact was not supervised at all. However, there is little research on the 'emotional dynamics between disrupted generations' (Connor, 2006, p. 181) and, despite the challenges reported, research with grandparents has also found that many carers express a great deal of joy about the children in their care, which suggests the special nature of many of these placements (Pitcher, 2002).

There are growing numbers of grandparent support groups in many countries, including Australia (McGushin, 2005; McHugh, 2009; Yardley, Mason, & Watson, 2009). Some research reports little informal support from extended family and friends, often due to lack of understanding (Ochiltree, 2006; Pitcher, 2002). Respite is highly valued (but often reported as inadequate or nonexistent). However, Lutman and colleagues (2009) report positive instances of extended families not only providing ongoing respite, but also some stability for children in situations of disruption, with re-placement arranged within the family.

A recent review of kinship care legislation, policy and practice in Australia, New Zealand, Canada, the United Kingdom, Norway and the United States has identified a range of 'promising practice' models in the areas of family group conferencing, carer assessment and training, contact and carer support (McHugh, 2009).

The Council on the Ageing (COTA) National Seniors was funded by the Australian Government in 2003 to undertake a major study with grandparent carers (both formal and informal). The findings of this research centre on concerns about the general lack of support (particularly for informal carers) — including financial and legal support, respite and information about benefits (COTA National Seniors, 2003). However, it is encouraging to note that comprehensive information about financial and other support is increasingly available from organisations such as the Office of the Child Safety Commissioner in Melbourne (http://www.ocsc.vic.gov.au/ publications/ parents_resources.htm).

In terms of developing new models of support for kinship families, the provision of a lifelong network of support around each child is a key element of the Victorian-based Mirror Families model (Brunner & O'Neill, 2009). In addition, a recent study in New South Wales has recommended that 'whole-of-family' specialist support, together with a range of community-based agency supports (incorporating peer support) is likely to offer the best outcomes for kinship families (Yardley et al., 2009).

However, even the issue of support is not clear-cut, as kinship carers are not a homogenous group — some want to be treated like foster carers (with a similar range of support), while others see organisational intervention and support as intrusive (Paxman, 2006; Sykes et al., 2002). There are particular issues for kinship carers in the Aboriginal community (Bridge, 2001; McHugh, 2003), with many carers not wanting to seek government support[8] for which they are clearly eligible.

The Current Research

The aims of this research, which was undertaken between 2004 and 2007 with 65 kinship carers,[2] were twofold: first, to explore carers' experience of kin and kith care, and second, to gain an understanding of the support needs of these carers. Fifty-two of the participants were recruited through organisations supporting carers and 13 joined the research via the researcher's professional and personal networks. No attempt was made to screen for particular kinds of carers (statutory/nonstatutory, male/ female, kith/kin).

Fifteen of the carers were interviewed up to three times (because they contacted the researcher at a later date with further developments in their family, such as crises with the

child's parents or ongoing difficulties obtaining financial and other support). Twenty-seven carers were interviewed individually and 38 were interviewed during the course of existing support group meetings facilitated either by the Mirabel Foundation or by the DHS. The interviews (all of which were conducted by the writer) were semistructured, basically allowing participants to tell their story, with questions to clarify information or to seek their opinion on issues not covered. All interviews were audiotaped and a detailed summary sent to participants for checking.

The two broad areas arising from the interviews were:

- Participants' experience of kinship care — how it came about and how it has affected their lives;
- Support — what kinds of support have been received, what has been helpful/unhelpful and what forms of support are seen as essential.

STUDY PARTICIPANTS

Table 1 provides a summary of the participants and their relationships to the children.

The carers who participated in this research were:

- Mostly (70%) grandparents or step-grandparents (63% grandparents; 7% step-grandparents)—with 59% of the total sample being maternal grandparents (as well as, in one case, also caring for the children of a son).
- A significant minority (30%) of carers who were not grandparents — great-aunts/uncles, aunts/uncles, a sibling, a stepmother (separated from the child's father), godparents, refugee carers, friends or neighbours.
- A cohort that is mostly two generations older than the child/ren (75% were grandparents and great-aunts/uncles, age range 43–67 years at the time of interview).
- Mostly (69%) maternal relatives (grandparents, great-aunts/uncles, aunts/uncles, an older sibling).
- Forty-three carer couples and 22 single carers (13 couples were interviewed together).
- Approximately half (n = 33) statutory carers (i.e., the children were placed through child protection services) and half (n = 32) nonstatutory carers (i.e., the children joined these carers through informal family and social networks).
- Two young carers in their twenties, looking after adolescent girls. One of these carers is informally caring for her younger sister as a result of her mother's mental illness and father's absence; the other was motivated to

TABLE 1

Participants in the Study

Participants	Numbers in study	Notes
Carers interviewed (33 statutory carers and 32 nonstatutory carers)	65 carers (51 female, 14 male) Average age at interview 52 years (range = 21 > 67 yrs)	Three of the carers (one maternal grandparent, one paternal grandparent and one maternal/paternal grandparent) are/have also been kith carers. In two of these situations, the current child in care is a half-sibling of the grandchild/ren in care (i.e., unrelated to the grandparent). Note that these carers are counted in both the relevant kinship and kith care categories, but are only counted once overall.
Children in care with the carers	93 children (1 > 5 children per family). Average age at placement 14 months[3] (range = infants > teenagers)	The average age at placement does not give a true picture of the on-again, off-again nature of many kinship care placements.
Maternal grandparent carers	37 carers	The grandparent carers include five step-grandparents who are living with/married to the grandparents.
Paternal grandparent carers	7 carers	
Maternal/paternal grandparent carer	2 carers	These carers are caring for children of both a son and a daughter.
Maternal aunt/uncle carers	3 carers	
Paternal aunt/uncle carers	1 carer	
Maternal great-aunt/uncle carers	3 carers	
Other relative carers	1 older sister, 1 stepmother (separated from child's father)	
Kith carers (neighbours, friends etc.)	13 carers 2 godparents, 2 carers of unaccompanied refugees 7 neighbours/friends/acquaintances 1 carer of child related to grandchild 1 stepmother separated from father	This group is included in the total sample of 65 carers. The three kin carers who are also kith carers have been counted in this column, but are only counted once in the overall total.

become a carer because of her own troubled background and decided to look after a girl she heard about through friends and who is from a similar background. This is also an informal placement, supported by the adolescent's Centrelink Youth Allowance.

Findings

The findings were analysed according to themes of carer role, family relationships, contact, finances, relationships with government agencies, respite and peer support. Where relevant, the findings have been distinguished between grandparent carers ($n = 46$); nongrandparent relative carers ($n = 9$); and nonrelative carers ($n = 13$).[9]

ROLE: GRANDPARENT AND GREAT-AUNT/UNCLE CARERS

This section presents the responses of the older generation of kinship carers (grandparents and great-aunts/uncles) ($n = 49$) when talking about why they took on their role, which was often described by them as an automatic response to the children's situation — 'there was no choice, family is family and I love these kids'.

Many grandparent carers, particularly grandmothers, expressed considerable shame and self-blame about their children's drug use (one of the main reasons why the children were in care). The following comment was typical, albeit more open than most: 'Do I ask myself if I could have been a better mother? Yes. Do I ask myself where I went wrong? Yes. Do I resent being visited by departmental staff and having our family placed under a microscope? Yes'.

Becoming full-time carers, at a time in their lives when they had other expectations and plans, was a complex transition for these grandparents and great-aunts/uncles. Most had retired from work, or were planning to do so, and they gave up the more leisurely lifestyle they were looking forward to. Comments such as 'you put everything on hold ... you are a bit isolated, your friendships aren't the same' and 'there's never any spare money for going out and our friends have stopped asking us' were very common. For relatively young single grandmothers (e.g., in their early 40s), there was also the issue of wanting to meet a life partner and finding this difficult with a grandchild — 'I'm scared about the future ... I don't have death to look forward to ... I feel that my youth has been stolen, I feel cheated'.

Women tended to be more involved as carers due to 'hands on day-to-day in the house stuff ... homework issues ... that's just life ... we still look on it as our job ... that's what a lot of grandmothers think'. Grandfathers and uncles were seen as a 'back-up support when grandmothers fall in a heap'.

In addition, when the children were in care with their maternal relatives, carers sometimes expressed resentment about the paternal relatives choosing 'not to know'. In contrast, several paternal grandmothers thought that it would be more difficult if they were the maternal grandmothers due to their belief that there is a potentially more vexed relationship between mothers and daughters in these situations. For example, talking about her son's former partner (the mother of the children), one grandmother said 'it was like I was stealing her child — if I were her mother, then that would double the bad relationship'.

As many of the children in this study had absent fathers, another complex issue for couples was that the male carer, whatever his age, became the effective father to the child, whereas the female carer's role was far more of a mixture of mother, carer and grandmother/aunt. As one great-aunt commented 'the children feel caught between two mothers'.

These relatives had many negative things to say about the impact of raising a troubled child on their lives:

> I don't regret having him (grandson), but I regret the situation and there's days I actually hate my daughter ... this is not what I had envisaged for myself ... my life's come to a standstill.
>
> We took it on, we were altruistic about it at the beginning ... and then all of a sudden it all started sinking in ... well there goes my social life, my ability to be able to pack up and go when I needed to.

In addition, for some there was a constant fear of another pregnancy — 'I will not go near that child, I will not visit her in hospital ... because as soon as I do, I know what will happen — and I can't do it again'. Some elderly carers had chosen not to have anything to do with subsequent children, particularly in situations where fathers were known to be violent — one grandmother was hoping that her new granddaughter would be adopted, as the baby's birth father was a convicted paedophile.

However, it is certainly not all negative, as is evident in these grandmothers' comments:

> If you just relax into it and not feel cross, there's something about the continuity of generations and life that seems sort of right ... the experience has been enormously enriching ... the relationship [with granddaughter] is a very beautiful thing.
>
> It's a struggle, but I must say I wouldn't have it any other way ... they're an absolute joy ... it's a scream actually ... between the worms and the nits and everything else.

These grandparents and great-aunts/uncles are both parents and grandparents — as one said 'there were plenty of times that it was easy to forget that he wasn't your own child'. Nevertheless, all these carers said that they had always been clear that they should not be called 'mum' or 'dad' by the children. One grandmother said:

> A lot of people don't realise it is harder bringing up grandchildren ... I used to worry that he [grandson] might think I was stopping him from seeing his mother ... knowing that he didn't want to go over and stay with her, it made me feel a bit better, because I knew he wasn't thinking I was just grabbing him.

For the one Aboriginal family in the sample, there was absolutely no negativity expressed about becoming grandparent carers. On the contrary, it seemed as if this was an expected part of life and there was considerable pride that the children had not been moved out of the family — 'no way will I ever see my grandchildren go through that ... for over 30 years in my extended family, not one child has gone into protective care ... family's taken them'.

ROLE: OTHER RELATIVE CARERS

Other relative carers (i.e., aunts/uncles, older siblings etc) (n = 6) expressed a strong sense of family solidarity with the young people in their care 'there's no reason for her to go into foster care ... when she's got family [to care for her] ... that's family, that's what you do'.

Nevertheless, they also talked about the confusion inherent in their roles —'the whole family dynamics, it's a constant juggling of everybody ... you're an auntie, a mother, a carer'. This appeared to be particularly relevant when the carer was an older sibling — 'I've had to act as a mum and be a sister at the same time ... and still discipline her or pull her back a bit where she needs to ... that's very hard'.

ROLE: NONRELATIVE CARERS

Kith care can be seen as an extension of neighbourliness, as these carers (n = 13) choose to care for children that they know, but to whom they are unrelated. This is somewhat different to the reportedly almost automatic 'choice' made by most kinship carers. However, despite the choice involved, relationships between kith carers and birth families can be very stressful and kith carers mostly need the same support as kinship and foster carers.

So, why do they do it?

- I took her in because I could see she was in danger ... and I didn't want anything awful to happen to her. (Neighbour)
- I say well, why not? We feel like these kids [Aboriginal children with disabilities] find us ... we've got a choice and we could say no, but then you look at the kids and think, well, three of them probably would have been dead by now. (Non-Aboriginal carer)
- I always seem to help a lot of girls out, like I've had a lot of girls that have been using drugs and prostitution and I've tried to get them off the street ... trying to clean them up ... it's my nature I guess ... taking every cat off the street, every stray cat ... my life wasn't hunky dory, I had a really bad childhood. (Friend of family, 10 years older than the young person in care)
- We're people who always grab something and run with it — it's [husband's] nature to do really practical things, he's a man on a mission. (Nonstatutory carer of young refugees).

However, most of the kith carers in this study talked about how invisible they were as nonrelatives and one commented that she 'had no authority whatever' in terms of organising counselling for the young person who had mental health problems. In addition, their motivation was sometimes seen as suspect — 'It's like some shocking stepmother myth that somehow you've lured [the child] into something.'

Caring for Troubled Children

The physical, learning and emotional needs of the children (due largely to earlier experiences of neglect, abuse, disruption and, sometimes, the death of one or both parents) meant that most had challenging behaviours and required considerable energy, as well as expensive services such as counselling, tutoring and speech therapy.

One carer said:

> Because of his ADHD, you've got to be very careful about what he touches [at friends' houses] and a lot of the time I'm apologising for his behaviour — you can't relax and it's easier just to stay at home a lot of the time.

FAMILY RELATIONSHIPS: RELATIVE CARERS

As might be expected, the grandparents in this study have had many issues relating to their own children (the parents of the grandchildren in care). In most situations, substance abuse has been the most significant issue in the reasons why the children are being cared for by their grandparents. Of those grandparents who were single carers, many also raised their own children as single mothers. They have coped with years when their now adult child was absent, violent, erratic and in danger of dying. The following comments present fairly typical sentiments (although not all so graphically expressed):

> If you have a drug-using child, you have their death in your mind all the time.

> If she was to turn up on the doorstep, I reckon one of us would hold her down and the other would strangle her — and then we'd swap.

In addition to anxiety and fear, these grandparents had usually supported their children (including financially) through numerous court appearances for theft and violent crimes and had, themselves, often been threatened with violence, or even assaulted, by their children or their children's partners.

The relationship between grandparents and their children was also complicated by the fact that very often it was the grandparents who had reported their own children to child protection — or faced them in court in a custody hearing. One grandmother commented: 'I had to charge her, I had to put her in ... that was the hardest thing to do'. However, these carers were always aware of the possible consequences: '(If you do this) you destroy the relationship with your own child, which then probably exacerbates their drug behaviour'.

Another emotionally fraught area expressed was the reported resentment of the parents towards the grandparents (their own parents) — on the one hand, they sought the support of their parents, but on the other hand, they

resented receiving it and even blamed their parents for their predicament.

Many grandparents also talked of their concerns about other family members missing out, because of the attention received by the drug-affected parent and the grandchild/ren in care: 'I actually sometimes feel quite ragged trying to keep up with what I used to do so they (other children and grandchildren) don't miss out.' 'My other two little granddaughters never see us now — we've lost that bond.'

However, not all of these relationships are negative — one grandmother commented 'I have a daughter who's very, very kind and appreciates me looking after her child'.

The one Aboriginal carer (the children's paternal grandmother) had gone out of her way to ensure that all the maternal relatives had easy access to the children: 'the most important thing about kinship care to me is keeping your family together ... it just regenerates the history of Aboriginal custom.'

Great-aunts and uncles did not express the same concern about negative family relationships as the grandparents. However, aunt/uncle carers and older sibling carers had plenty of negative things to say about the parents of the children in their care.

> I'm only 10 years older than she is ... I've got my own family now and I'm mother and sister in one. It's really hard — [my husband] and I get really cross when we think about my mum who abandoned us all — and also my sisters and brothers who have left it all to me. (Older sibling)

> I hate my brother for what he's done to his children and to us — how dare he not take any responsibility — he'd be better off dead. (Aunt)

FAMILY RELATIONSHIPS: NONRELATIVE CARERS

Relationships in kith care appear to be far more straightforward than in kinship care. In particular, nonrelative carers tended to mention the birth family only in passing. Their comments reflected a less complicated view of the relationship. For example:

> I still adore her ... she pops in and out of my life ... she is part of my family. (Elderly carer talking about the now adult woman she cared for in her teenage years)

> She is like my little sister, always part of the family. (26-year-old carer, caring for a 15-year-old girl)

CONTACT

Contact between the carers/children and the children's parents was almost always reported as being spasmodic, troubled and usually unplanned.

Carers reported that parents often did not turn up to see their children and, when they did, they were frequently 'out of it' with drugs. In some situations, contact had been stopped altogether by carers — for example, 'I'm literally breaking court orders and I don't give a shit ... if I could have turned back the clock, somehow or other, I would have stopped their mother having contact with the girls'.

Seventeen nonstatutory carers described the anguish of caring for a child for months or years at a time, only to have the drug-affected parent turn up and take the child. Indeed, this was a common threat by the children's parents, whether or not the placements were statutory. Thus the child became a pawn in a power struggle, particularly between parents and grandparents. Carers talked about how they were powerless to prevent this, despite knowing that the child was in danger of neglect and abuse. Some carers (especially nonstatutory carers) feared that with each new boyfriend (of the mother), there would be a phone call 'trying to play the heavy with us'. As a result, several carers reported fitting their homes with extra locks.

> Of course we have no legal rights — her mother can come at any time and I can't prevent her.

> Talking about 'contact' sounds planned, but nothing's planned — we might have the kids for a year and not see their parents ... and then they turn up and take them and we don't see the kids for months until their parents dump them with us again — it's terrible for us and the kids.

'Contact' therefore was not experienced by most carers as an orderly planned process. Instead, there were often extended periods of caring for the children with little or no parental contact, alternating with extended periods of not seeing the children at all — and worrying what was happening to them.

The issue of sibling contact was also complex. In almost all situations, carers reported that the children were separated from siblings, half-siblings and step-siblings, who were either with one of the birth parents, in kinship care with other relatives or in some other kind of care. As a result, many children rarely, or never, saw their siblings, and in some cases the children and their carers had little idea how many siblings there were.

It appeared to be easier for nonrelative carers (the main exception was the family of Aboriginal carers) to actively facilitate contact with family members. One informal (non-Aboriginal) carer of eight Aboriginal children (all of whom had foetal alcohol syndrome) reported travelling extensive distances (up to seven hours each way) to ensure that the children maintained contact with their extended families.[10] She said that the children's families trusted her to do her best for their children.

FINANCES

Caring full-time for kinship children is often associated with poverty, although there were some carers in this study who could easily afford to support both their children and grandchildren. Both groups have their own struggles:

Low Income Families

For families with little money, it is a huge struggle to manage basic daily living on a pension or low wage. Carers are only given caregiver payments by the Victorian state

government if the children are clients of the child protection system. Nonstatutory carers are therefore most often supported in a more limited way through Centrelink payments such as a Parenting Payment or Age Pension. In addition, a few children are eligible for a Double Orphan's Pension. One grandmother, who had not received any support from the state government, said: 'The government banks on that — they hope that the grandparents will automatically take them without going to court, so that they can get out of paying'. However, when the child turns 16, s/he is then eligible for Youth Allowance, which has implications for the carers' income as they may no longer be eligible for the Parenting Payment and many of them are required to look for work. In addition, the carer must then negotiate with the young person for s/he to contribute a significant amount of their Youth Allowance for household expenses. This negotiation tends to be complex for carers (especially grandparents), with the result that many of them end up supporting the children on even less money. In addition to struggling with inadequate financial resources, carers are often embarrassed by having to ask for 'welfare' from both government and nongovernment sources. One grandmother in this study, who had previously been a pastoral care worker with a large church-based organisation, described her feelings when she was forced to ask for food parcels from the same organisation to feed her three grandchildren 'I was so embarrassed, because I was pleading for things'.

There are other complications with Centrelink payments. First, some carers reported not applying for Family Tax Benefit because they did not want to anger the birth parent (who was receiving the payments despite not caring for the child). Second, when adolescents returned to live with their birth parents for even short periods of time, payments to the carer were decreased even though the birth parents may not have been providing for the young people.

Higher-Income Families

For families with adequate means (eight kin carers, four kith carers)[11] there are other complexities. One grandmother, who had been supporting her daughter, daughter's partner and granddaughter for some years, said:

> Things would have fallen apart very early on [if the support hadn't been provided] — however, in a sense it also let her off the hook and let him off the hook ... it's difficult to know whether we've actually arrested the development of [daughter] taking on full responsibility or not.

RELATIONSHIPS WITH GOVERNMENT AGENCIES

Almost all the carers (kin and kith) talked about various aspects of difficult relationships with government agencies (with the exception of those who had actively avoided government contact). The following issues were raised by carers:

- Not being informed that a related child had effectively been abandoned by his/her parents.
- Being treated as an unsuitable carer — DHS [Department of Human Services] workers 'think I'm awful, because my daughter's awful, they treated me like I'm a deadset shit, because my daughter's a deadset shit'.
- Spending weeks/months trying to find, see and/or gain custody of children when they were in foster care with strangers.
- Contact with workers who were experienced as 'intrusive and patronising'.

Typical comments were:

> I see us as a convenience for DHS, Centrelink and our selfish children ... they walk in, make the mess, walk away and we have to clean up.

> I'd like someone to say 'he's doing well, you're doing a great job' — all they [DHS] do is criticise if something goes wrong — nobody's here to say 'Look do you need help?'

Carers consistently reported that they wanted contact with workers who had some life experience, for example, 'many young ones can't handle it and leave at about the 12 month point, or even less'. Suggestions were made that young workers needed experienced mentors, as well as exposure to mental health and substance abuse training.

Some families who were financially well off, reported avoiding all contact with government agencies, for example, one lawyer's advice was quoted as: 'Don't go to court because it can open a can of worms', and an aunt said: 'We sit quietly, hoping that nothing happens and the mum doesn't walk back in with the police and say give me back my child.'

Many carers did not initially understand how the system works. A common comment was:

> They notified us that they were going to put a Protection Order on the children ... I didn't know what that was ... it sounded awful, it sounded like they were going to take the kids ... and that's when I decided to go for residency through the Family Court.

Some carers talked about the legal process as undermining the children's stability 'with endless adjournments ... endless lies [from the parents] ... having to prove everything ... it's like you're on trial, not them'. Legal Aid was unavailable to many carers — one aunt reported separating from her husband in order to be eligible for Legal Aid and getting back together with him after the case had been through court.

For the one Aboriginal family in the research sample, with the now well-recognised history of intergenerational child removal by government agencies, it was paramount to have legal certainty — 'that was my first priority ... get them legally so that nobody can ever take them off me'.

However, there were also positive comments made about DHS workers particularly by those families involved with

Disability Services: 'we have never had any trouble with DHS, never, they're fantastic people'. The DHS After Hours workers were also praised as 'fantastic ... very helpful' by one carer who went on to say that there was subsequently very little support offered by the day-to-day workers.

RESPITE

Older carers frequently talked of the need for respite. Many of them received it from extended family and friends and a few received it from community service organisations such as the Good Shepherd Share Care program in Melbourne. However, for many, respite was nonexistent or rare. Indeed, some carers did not want respite care because they were concerned that it would represent more change for the children: 'I always felt that more strangers round the children wasn't good, it's better they're with me, especially when they don't have contact with their mother'.

PEER SUPPORT

Many carers mentioned the need for peer support — for example, meeting other carers in the same situation. One grandmother said:

> There's a kind of isolation you feel if you're in a situation that none of your friends are in ... I can't talk to even my close friends about my daughter's addiction, because no one understands it ... they either feel ill, or they're judgmental or they give you a theory ... similarly with the grandparenting situation ... we haven't lost friends, but people just don't understand it.

Discussion

There are some interesting distinctions between groups of carers in this study. In summary:

Emotional complexity. The experience of kinship care appeared to be far more complex for grandparent carers (particularly grandmothers) than for any other group. Grandparents, unlike other carers, expressed significant feelings of shame and self-blame, as well as anger about DHS workers' treatment of them; were concerned that they were not giving enough time and attention to other family members; were more worried about the children's parents having more children; and talked more about their fears around contact.

Gender. Female carers appeared to have a more complex role (a combination of grandmother, mother, carer, sister, aunt and so on) than male carers, who were more likely to have taken on a fatherly role given the absence of continuing father figures in the children's lives. In addition, 69% of the carers were maternal relatives and there was often some resentment expressed about the lack of paternal family involvement. Interestingly, several of the paternal grandmothers felt that it was easier for them than for maternal grandmothers as they did not have a potentially fraught mother–daughter relationship.

Age. Carers (such as aunts, uncles and kith carers) who already have children living in the home appear less likely to experience an 'interrupted life cycle' (Crumbley & Little, 1997).

Kin and kith. There appear to be significant differences between kin and kith carers in terms of motivation, as well as the visibility and acceptance by others of the role.

Ethnicity. In contrast to the non-Indigenous carers in this study, the one Aboriginal carer in this study was very clear that her role was both accepted and important in her community.

SIMILARITIES AND DIFFERENCES TO EARLIER RESEARCH

This project is small compared to some of the overseas studies (Farmer, 2009a; Gleeson et al., 2009; Winokur et al., 2008). Nevertheless, the findings largely concur with those of other research studies. In particular, the following issues have been identified in both this and previous studies:

- Kinship carers are more likely to be female than male and more likely to be part of the child/ren's maternal extended family than the paternal side of the family.
- Kith carers tend to be more invisible than kinship carers.
- Kith and kin carers are a very diverse population.
- Financial hardship is frequently associated with kinship care.
- Grandparent carers struggle with issues of loss and grief related to their children's complex lives.
- Most carers also struggle with loss of jobs, recreation and lifestyle choices.
- Strained family relationships often make contact with the children's parents difficult.
- Children's complex behaviours tend to reflect earlier neglect and abuse.
- Inadequate support, of various kinds, is an ever-present concern.
- The picture is by no means uniformly bleak, with some carers reporting considerable happiness with their role.

This research was undertaken with a small sample of 65 carers and is therefore not necessarily representative of Australian kith and kin carers. Nevertheless, given that many of the findings are similar to those of other studies, it is also interesting to look at those findings which are different.

CARER DEMOGRAPHICS

Research undertaken in the US has found that kinship carers are more likely to be single — 75% of the participants in Gleeson et al.'s (2009) research were single and predominantly African American (see also Cohon et al., 2000; Scannapieco & Hegar, 2002). In contrast, in Farmer's (2009a) UK research, participants (73% of the predomi-

nantly Anglo-Celtic sample) were more likely to be couples. This current study of predominantly non-Indigenous carers showed a trend closer to that of the UK, with 66% of research participants in couple relationships.[12]

International research has found that kith and kin carers are by no means all grandparents, even though they are a large reported group in all studies — 65% in Gleeson et al.'s (2009) U.S. research and 45% in Farmer's (2009a) U.K. research. Seventy per cent of the participants in this current study were grandparents or step-grandparents (63% grandparents; 7% step-grandparents) with a significant minority (30%) of nongrandparents. It is interesting to note that some step-grandparents in this study did not see themselves as grandparents per se and thought that they should be distinguished separately. Once this is taken into account, grandparents made up only 63% of the sample, with 37% nongrandparents. These statistics have clear implications for support, in that nongrandparent carers are unlikely to be eligible for, or may not want to be supported by, designated grandparent support groups. Support may therefore be more appropriately provided by organisations or groups that welcome carers who are not grandparents.

As a group, kith carers have received little research attention, probably because they are relatively invisible. The motivation of the kith carers in this study appears to stem from their own family background, together with a community-minded altruism, which is seemingly similar to that of many foster carers.

The issues for young carers, both kin and kith, are especially stark, given that they are often only a few years older than the children in care. The carers (n = 2, one statutory carer, the other a nonstatutory carer) interviewed in this category had their own young families and often found it difficult to express the authority required of a parent to an adolescent. It is unlikely that these young people would attend support groups with older people. However, both were in need of a range of practical supports for themselves and the young women in their care (e.g., clothes, counselling, tutoring and respite) and this could have been provided through general family support organisations, as well as kinship support organisations such as the Mirabel Foundation.[13]

PUBLIC VERSUS PRIVATE

Many kith and kin carers see their role as private and within the family and therefore do not want to be formally part of the 'public' child protection/home-based care system, even though this means forgoing financial support. This was so for the one Aboriginal family in the study who had actively refused state government involvement, even though they were clearly eligible for caregiver payments. In contrast, other (nonstatutory) carers were struggling and would have welcomed organisational intervention into their lives as long as it was accompanied by financial support.

The involvement of child protection in Victoria often ceases prematurely if it is established that the children are in the safe care of relatives (e.g., at the time of first police intervention). This is a significant issue for many nonstatutory carers. It seems that protocols for clarifying the rights of carers in these situations could be helpful. For example, at the time of making a decision to care for the children, potential carers need to be provided with adequate and appropriate information on the significant consequences (i.e., no financial support) of accepting the children without child protection intervention. The new Victorian Kinship Care Program[14] has some capacity to support nonstatutory carers; however, this does not include financial support.

SUPPORT

In situations where carers are older (e.g., over 60) than the accepted age range of nonrelative (e.g., foster) carers, alternative contingency plans (such as respite care or care by other family members) may be required in planning for the long-term future of the children. The Mirror Families Program, which is currently being piloted in Melbourne by the Post Placement Support Service[15] with a range of carers (including kinship carers), is based on the premise that all children should have significant lifelong networks of support (see Brunner & O'Neill, 2009). In this program, the primary carers are, of course, also supported through regular respite.

The availability of financial and other forms of support for kinship carers is variable between states and there are anecdotal accounts from carer support groups of carers moving to NSW from Victoria to access support. This is seen as a key area for reform.

FINANCES

Many of the older participants in the study were struggling to raise children on government benefits. However, this research found that finances were also a significant issue for carers with ample means. In these situations, the children's parents expected their own parents' support, which sometimes enabled negative situations to last far longer than they might have without financial support.

CONTACT

In foster care, permanent care and adoption, contact between the child/carers and birth family is a managed and often supervised process. In contrast, contact in kinship care is usually unplanned and unsupervised (by professionals), as well as sometimes experienced as unsafe. In nonstatutory placements, children may move between their parents' and carers' households with little notice and there may be long periods of time when the carers are unable to see the child/ren who have become pawns in control battles between parents and carers.

Contact, with its connotations from adoption and foster care of a planned process, may not therefore always be the best way of describing a series of unplanned and chaotic moves from carer to birth parent and back again, with little or no regular contact with the other side in the meantime.

When children are taken away by birth parents from nonstatutory carers, the carers have no legal rights for contact without expensive resort to the Family Court and this may lead to considerable instability and anxiety for children. There is therefore undoubtedly a need for active and continuing support, such as through trained mediators, to families with potentially complicated and/or dangerous contact situations.

Conclusion

This research was undertaken to explore the experience of different groups of kith and kin carers with a view to understanding more about their support needs. The findings indicate some clear-cut areas for expanded support: carer payment equity between statutory and non-statutory carers, easily available information on the financial and other consequences of undertaking nonstatutory care, access to relevant legal advice, expert mediation assistance with contact situations and better community understanding of the complex nature of kin and kith care.

There are also many possibilities for future research raised by this study. In particular, the numbers of non-grandparent carers in this research were larger than initially expected. We already know that kinship care is not a homogenous group, but we do not yet understand how support might need to be different for young carers (siblings and others), for aunts and uncles and for informal kith carers. In addition, the issues faced by birth parents of children in kith and kin care are also underresearched.

Endnotes

1 In this paper, the term kinship care is used to cover both kin and kith care, except where otherwise distinguished.

2 Eleven young people who were either in kinship care, or who had experienced kinship care in the past, also participated in the research — these findings will be separately published.

3 Placements that are arranged by the state.

4 The proportion of nonstatutory to statutory placements in the UK is reported as being similar to these figures (Black, 2009).

5 McHugh and Valentine (2010, p. 110) comment on the lack of a 'coherent framework of support and services for informal ... carers in any state or territory jurisdiction'.

6 There is very little published information on kith carers.

7 Comparing the kinship placements in the same study with a matched group of foster care placements, these researchers also found that kinship care offered significant benefits in terms of permanence, stability and safety.

8 This is due to fear and distrust of government agencies as a result of the past history of intergenerational child removal.

9 As noted in Table 1, there is some overlap in these numbers, as some carers are parenting kith as well as kin children.

10 This carer was apparently well known in the Aboriginal community as being willing to care for children with disabilities and families sought her out as an alternative to having the children taken into statutory care. She managed financially through a combination of her husband's and daughter's wages and Centrelink Family Tax Benefits.

11 In this study, I did not ask for details of income. However, during the course of the discussions, it became apparent that some carers were financially secure, while others had difficulty making ends meet.

12 There are, of course, anecdotal reports of kinship carer couples separating due to the strain of parenting troubled children. Interestingly, staff at the Mirabel Foundation also report anecdotally that some couples who had previously separated, have come back together in response to the need of their grandchildren.

13 I referred both of these young carers to various organisations, including the Mirabel Foundation (see http://www.mirabelfoundation.org.au).

14 See http://www.cyf.vic.gov.au/__data/assets/pdf_file/0004/164317/Kinship-program-model-June-2009.pdf

15 See http://www.ppss.org.au

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