

A review of kinship carer surveys

The “Cinderella” of the care system?

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Across the English-speaking world, child protection authorities are increasingly placing children with extended family rather than in foster care or residential care. Many more children are in such arrangements informally. A number of surveys of kinship carers have been conducted in recent years in Australia, New Zealand and the United Kingdom. This paper systematically reviews these surveys to identify messages for policy and practice about the characteristics and support needs of kinship care families. Some comparisons are made with population studies of kinship care. The review will be of interest to Commonwealth and state government policy-makers, service providers and caseworkers, as well as kinship care families.

KEY MESSAGES

- Kinship carer surveys tend to focus on grandparent care (61–100% of respondents across all surveys). A UK population study found, however, that less than half (47%) of familial kinship carers in Britain were grandparents; one-third (34%) were siblings and one-fifth (19%) were other relatives. There are no comparative Australian population figures.
- The incidence of care by family friends (“kith”) in Australia and elsewhere is unknown.
- Over one-third of respondents in each survey were sole carers, usually female.
- Financial hardship was reported by one-third or more of respondents in each survey.
- Other problems reported by respondents included:
 - high levels of physical and mental health issues;
 - expensive and protracted legal contests over care arrangements for children, including multiple court cases;
 - high levels of contact with children’s mothers, fathers and other family members;
 - a mixed picture of parental contact arrangements with many difficulties; and
 - a myriad of unmet support needs including legal aid, respite care, emotional support, assistance with parental contact arrangement, help with children’s schoolwork, and help for children with emotional and behavioural issues.

KEY MESSAGES

- Despite the burdens of care, kinship carers expressed much joy and satisfaction in regard to their caring role.
- Although low educational achievement has been widely observed among children in out-of-home care, in the two surveys that reported on children's education, more children than not were reported to be making good educational progress.

We have found it very hard and lots of hard work. The second-time around and financially draining, great kids and at the end of it, it will be worth it. Just love them so much.

P.S. Would not blame anyone for not wanting to do it. (Kinship carer, as quoted in *Links Vic.*, 2012, p. 25)

The number of children in protective kinship care in Australia has grown dramatically over the last decade (Australian Institute of Health and Welfare, 2004; 2014). A growing body of research has identified the many advantages of kinship care over alternatives, including improvements to child wellbeing and stability of care (Winokur, Holtan, & Valentine, 2009). Kinship care also provides many children with a web of intimate support for life. However these benefits to children often come at the cost of significant stress for their carers. Kinship carers, particularly grandparents, experience more vulnerability than foster carers, including older age and greater poverty, health issues and greater likelihood of being sole carers (Boetto, 2010). The close relationship between kinship carers and the children's parents—often itself a parent–child relationship—adds another level of complexity, given the impact on family relationships of parental substance abuse, concomitant mental illness, and family violence (Boetto, 2010).

Many studies have focused on statutory or formal kinship care, that is, care arranged through child protection services. However, many more such arrangements occur informally. UK and USA population studies suggest that 95% of kinship care is provided informally in those countries (The Annie E. Casey Foundation, 2012; Selwyn & Nandy, 2014). The incidence of informal kinship care in Australia has not yet been clearly established. These international figures suggest, however, that an Australian estimate of around three times as many children in informal kinship care (Smyth & Eardley, 2007) as in formal kinship care is likely to be an underestimate.

Growing awareness of the use of kinship care has led to increasing research in the area and some large studies, including those by Brennan et al. (2013); Farmer and Moyers (2008); Hunt, Waterhouse, and Lutman (2008); and Winokur et al., (2009). Several literature reviews have identified a range of issues for kinship care policy and practice (Boetto, 2010; Connolly, 2003; Cuddeback, 2004). A number of organisations devoted to the support of kinship carers, particularly grandparents, have also emerged in recent years. These include UK organisations Grandparents Plus (England and Wales), Children 1st (Scotland), Kinship Care Northern Ireland, and a kinship care program within the Family Rights Group; the Grandparents Raising Grandchildren Trust in New Zealand; and in Australia, the Mirabel Foundation (Victoria and New South Wales), and Kinship Care Victoria. Despite the increasing knowledge of issues for kinship care families, public policy and support services are underdeveloped both in Australia and elsewhere.

Surveys provide an opportunity to better understand social issues through the views of large numbers of respondents. Population studies consist of representative samples of the general population. Both, however, have their own limitations (see Box 2). This paper reviews 13 recent kinship carer surveys and three population studies. To maximise relevance, the scope of the review is limited to research published between 2009 and 2013. The review addresses the question:

What are the messages for policy-makers and practitioners in Australia from surveys and population studies of kinship carers published in Australia, New Zealand and the United Kingdom in the years 2009–13?

Countries vary in their economic circumstances over time, and in the legal and administrative systems governing social services, all of which affect family wellbeing. Nevertheless, the review identifies considerable commonality in the circumstances and support needs of kinship carers in the three countries.

Box 1: Terminology

Child: For ease of reading, the term “child” is used to refer to children and young people under the age of 18 years.

Kinship care: The care of children within their family or friendship network. Also known as “kith and kin care”, “kinship foster care”, “relative care”, “family and friends care”.

Statutory or formal kinship care: Protective kinship care arranged by a child protection service and/or Children’s Court.

Informal kinship care: Kinship care arrangements made voluntarily between the parties or, in Australia, by rulings of the Family Court. In the UK, “informal care” includes kinship care arrangements governed under a Residence Order (RO) or Special Guardianship Order (SGO), where carers have considerable autonomy.

Non-familial kinship care: Kinship care provided by people who are not formally related to the children, but have pre-existing relationships with them. Also known as “kith care” or “friends care”.

Survey: A study based upon data collected through structured questionnaires completed by the respondents and addressing respondent characteristics, experiences and views.

Population study: A study of a group of individuals who share a common characteristic, randomly selected from the general population.

United Kingdom: England, Scotland, Wales and Northern Ireland.

Britain: The three countries of Great Britain—England, Scotland and Wales.

Box 2: Biases and limitations of studies reviewed

Limitations of surveys

Surveys are rarely representative of their populations; they have inherent biases that may limit their findings. While they can generate a better understanding of an issue, they also have the potential to promote false beliefs. Sources of bias include:

- *The survey frame:* selection of the survey population. Many survey populations are drawn from known constituent groups, such as members of an organisation. Kinship care organisations frequently focus predominantly on grandparents; other relatives and non-familial kinship carers may be under-represented. Carers with limited language skills, Indigenous carers and recent immigrants may also be under-represented among constituent groups. Also under-represented may be carers who are socially isolated, together with those who experience less need for support from such organisations, such as carers who are more financially secure. Surveys run by research bodies may also focus on a restricted group of kinship carers such as statutory carers, grandparent carers or carers within a limited geographic area.

- *Self-selection of survey respondents:* people who become aware of a survey choose whether or not to respond. More disadvantaged carers may not respond due to lower literacy or more pressing priorities.

- *Size of survey sample*: while there is no definitive wisdom about how large a survey sample should be, in general, increasing sample size will increase the reliability of survey estimates (Fowler, 2009).
- *Scope*: while surveys may cover similar areas, questions may be framed differently, and response categories may vary. Comparisons may thus have some limitations. Nevertheless, with appropriate qualification, the large numbers available across these 13 surveys have the potential to offer greater reliability of conclusions than single surveys.

Limitations of population studies

Population studies have the advantage of drawing on large data sets (such as a census). However, population data have often been collected for a different purpose. This may lead to the following limitations:

- *Definition of the population of interest*: some measures may be proxies for the items under consideration. For example, it would not be possible to determine from census data who is actually the primary carer of children unless the census included a specific question to this effect. In these studies, the “Household Reference Person” is used as a proxy for the carer.
- *Reason for kinship care arrangements*: population studies provide details of family circumstances, but not the reasons for these. Extractions of data may therefore include cohorts that are not the primary target of investigation. An example in relation to kinship care would be families where children reside temporarily with relatives for reasons such as schooling and/or parents’ extended absence overseas.
- *The nature of the data collected*: there may be limited data of interest to the topic under study. For example, census data may not include questions about children’s educational progress or kinship carers’ support needs.

Population studies nevertheless provide another perspective on a social group of interest that may provide some balance to survey findings.

Methodology of the current review

This review is a systematic, configurative review of both quantitative and qualitative data as described by Gough, Oliver, and Thomas (2012). A narrative synthesis approach as outlined by Ridley (2012) and methods described by Petticrew and Roberts (2006) have been used in the analysis. Due to limited funding only one reviewer conducted the analysis. The review protocol is available from the author.

As far as possible, data have been reported as appears in the study reports. Tables are used extensively to document comparative data. Where the prevalence of grandparent carers appears to be relevant to other topics (e.g., health, financial circumstances), these data are repeated across tables.

Where figures were available but presented in ways that made comparisons difficult, minimal reprocessing has sometimes taken place; this processing is annotated where it would not be immediately obvious by reference to the original reports. To facilitate comparison, figures used in tables are percentages,¹ not raw numbers. They are usually rounded to the nearest whole number so as not to overstate the degree of precision possible with survey and population data. Data not reported in the original reports are identified in tables as “N/A” (not available).

Carers’ quotes that appear in survey reports are reproduced with permission from the authors of the reports.

Identification of studies

A search was made for publications of surveys and population studies about kinship care in English-speaking countries. Such publications usually appear as research reports rather than journal articles. For reliability, studies with samples of 100 or more were sought; however, an inclusive approach

¹ Percentages usually relate to the number of responses to a particular question, rather than to total survey respondents.

was adopted as relevant to the Australian context. Inquiries were made with key informants in child welfare organisations and academic institutions in Australia, New Zealand, UK, Ireland, USA and Canada. Formal literature searching was also undertaken via standard bibliographic databases using keywords such as “survey” together with “kinship”, “kinship care” and “relative care”. The keyword search did not identify any new studies.

One UK survey was excluded for being a subset of a larger survey already included, and two Australian surveys were excluded due to a lack of detailed data. Three surveys and two population studies were excluded as being too old (1994–2002) for current relevance; unfortunately, all four USA studies identified were in this latter group. Another excluded study was the earlier of two related surveys conducted in New Zealand. Details of excluded studies are available from the author.

Table 1 provides details of the 13 surveys in scope, and Table 2 details the three population studies. For convenience, an abbreviated title has been ascribed to each study. The full citation for each appears at the end of this review.

Most of the surveys identified were conducted by kinship care support and advocacy organisations, several focusing particularly on grandparent carers. Of the Australian surveys, *Run Nana* is the only national survey; the other three were limited to particular geographic areas, two to Victoria, and one to an area of New South Wales. Six of the UK surveys under-represent Northern Ireland and Scotland

Table 1: Kinship care surveys included in the review

No. ^a	Country	Survey	Short title	Commissioning body	Date of publication	Data collection	No. of respondents
1	AUS	KCV Survey	Kinship Vic.	Kinship Care Victoria	2011	2011	112
2	AUS	Run Faster, Nana ^b	Run Nana	University of New South Wales	2013	2010	335
3	AUS	Family Links ^c	Links Vic.	University of Melbourne	2012	2010	430
4	AUS	Kinship Care in NSW ^{c,d}	Kinship NSW	University of Western Sydney	2009	2007	82
5	UK	Forgotten Children	Forgotten	Grandparents Plus	2013	2013	310
6	UK	Financial Review for Kinship Carers	Financial	Children 1st (Scotland)	2013	2013	183
7	UK	Giving up the day job?	Day Job	Grandparents Plus	2012	2012	263
8	UK	Understanding Family and Friends Care: The Largest UK Survey	Largest	Family Rights Group	2012	2011	493
9	UK	Knowing she is with Family and not Strangers	With Family	Children 1st (Scotland)	2012	2011	128
10	UK	Managing Contact	Contact	Family Rights Group	2011	2010	92
11	UK	What if we Said no?	What if	Grandparents Plus	2010	2010	255
12	UK	The Harsh Reality	Harsh Reality	Family Rights Group	2010	2009–10	205
13	NZ	A View Over Time ^e	View	Grandparents Raising Grandchildren Trust	2009	2009	205
Total survey respondents							3,093

Notes: ^a For full citation details please refer to this number under “Surveys reviewed” in the reference list at the end of this review.

^b Grandparent care only. ^c Statutory kinship carers only. ^d A comparative study of kinship carers and foster carers. ^e This survey was only open to respondents who had had children in their care for four or more years.

due to the geographical remits of the commissioning organisations; the other two focus exclusively on Scotland. In the *Spotlight* study, relevant census data about Northern Ireland was not always available; where this is the case, data is reported as British, or about Britain, rather than the UK.

Several surveys focus on particular topic areas. Three UK surveys (*Financial*, *Harsh Reality* and *Day Job*) address financial circumstances. Two surveys (*Contact* and *Links Vic.*²) address children's contact with their parents and other family members.

Grandparents raising grandchildren: Towards recognition, respect and reward (Brennan et al., 2013) comprises a set of related projects exploring Australian grandparent care. Two components of this study are included, a survey and a population study.

A limitation of two of the population studies is that they do not include data on older adolescents. *Beyond Categories* only includes children under 15 years, and *Family and Friends* only includes children under 16 years. *Spotlight*, which addresses the full range of legal childhood (i.e., children under 18 years), identified a large number of children in an older age range in kinship care. *Beyond Categories* and *Family and Friends* may therefore underestimate the number of kinship care arrangements in existence, and limit comparisons with *Spotlight*.

Table 2: Population studies of kinship carers included in the review

No. ^a	Country	Population study	Short title	Commissioning body and data source	Date of publication	Data collection	Sample size
A	AUS	"Families" Beyond Categories: Identifying grandparent and grandchild relationships ^{b,c}	Beyond Categories	University of New South Wales Australian Census of Population and Housing 2006	2013	2010	8,050
B	UK	Understanding Family and Friends care: Analysis of a population study ^d	Family and Friends	Family Rights Group UK Understanding Society Survey 2009–10	2012	2009–10	68
C	UK	Spotlight on Kinship Care	Spotlight	University of Bristol UK Population Census 2001	2011	2001	144,300 ^e

Notes: ^a For full citation details please refer to this letter under "Population studies" in the reference list at the end of this review. ^b Children under age 15 only. ^c Grandparent care only. ^d Children under age 16 only. ^e Figure calculated from approximate figure provided for number of children in kinship care.

Results

A number of topics were common to many of the surveys reviewed:

- characteristics of kinship carers;
- reasons for children being in kinship care;
- family contact;
- children's educational progress;
- health and disabilities of carers;
- health and disabilities of children;
- economic circumstances of kinship care families;
- legal issues;
- support needs;
- joy and rewards of caring.

These topics are discussed in detail below.

² *Links Vic.* was co-authored by the author of this review.

Characteristics of kinship carers

All survey reports provided basic demographic data about their respondents. The population studies provided limited demographic data. Table 3 describes these data.

Table 3: Demographic characteristics of survey respondents and study populations

No.	Country	Survey/ Population study	Grand- parents (%)	Statutory care (%)	Female (%)	Age 55+ (%)	Sole carers (%)	1 child (%)	2 children (%)	3+ children (%)
1	AUS	Kinship Vic.	98	98	N/A	79	39	52	33	15
2	AUS	Run Nana	100	27	87	79	45	56	28	16
3	AUS	Links Vic.	61	92	85+	60 (age 51+) ^f	40	59	28	13
4	AUS	Kinship NSW	78	100	N/A	N/A	N/A	Average 1.6		
5	UK	Forgotten	90+	6	89	58	37	59	30	11
6	UK	Financial	N/A	50 ^a	N/A	N/A	33 ^b	63	28	N/A
7	UK	Day Job	90+	N/A	88	60	38	62	27	11
8	UK	Largest	70	20	90	36	34	61	27	11
9	UK	With Family	80	46	N/A	N/A	N/A	59	31	10
10	UK	Contact	75	18 ^c	93	46 (age 51+) ^f	N/A	65	28	7
11	UK	What if	96	4	83	58	41	59	27	13
12	UK	Harsh Reality	83	7	83 ^d	71 (age 50+) ^f	33	61	27	12
13	NZ	View	84	74	N/A	93 (age 50+) ^f	39	60	22	12
A	AUS	Beyond categories	100	N/A	N/A	N/A	N/A	80	14–15	6
B	UK	Family and Friends	31	N/A	N/A	N/A	18	Average estimate 1.1 ^d		
C	UK	Spotlight	47 ^e	N/A	N/A	32 ^e	N/A	Average 1.2 ^e		

Notes: ^a Approximate figure. ^b Figure refers to households with 1 adult only, therefore may be an underestimate of sole carers. ^c Approximate figure; another 7% reported they were unsure of the legal status of the children's care arrangements. ^d Approximate figure. ^e Figures processed from data tables. ^f These reports used different age categories.

In all the surveys, respondents were overwhelmingly female. Over one-third of respondents in each survey were sole carers; these sole carers were usually women.

In most of the surveys, more than half of carers were over 55 years, with lower ages where cohorts included fewer grandparent carers.

There was a striking degree of consistency among the surveys regarding the number of children that carers were looking after. Over half in each survey were looking after one child; around three-tenths in most surveys were looking after two children; and a little over one-tenth in most surveys were looking after three or more children.

In the UK, kinship care provided under a Residence Order or Special Guardianship Order is not regarded as “kinship foster care”, the UK term for statutory care. Thus, lower numbers of kinship carers in the UK were designated as statutory.

Most surveys included high percentages of grandparent carers. Lower percentages of grandparents were seen in the two Australian surveys whose target groups were statutory kinship carers, and also in surveys conducted by the Family Rights Group, reflecting that organisation's wider remit.

The UK population studies present a different picture of the incidence of grandparent carers. Using 2001 census data, *Spotlight* (2011) identified that only 47% of the kinship carers in Britain were grandparents. Using 2009–10 data, the smaller *Family and Friends* found the proportion of grandparents among kinship carers in the UK to be only 31%; smaller numbers in this study may however limit its reliability. The two UK population studies both identified an unexpectedly high prevalence of sibling kinship carers (*Spotlight*, 34% in Britain; *Family and Friends*, 38% in the UK) suggesting that sibling kinship carers may constitute a hidden population. This finding is particularly striking given that sibling carers are rarely seen among kinship carers calling on support services, and therefore appear little in the kinship care surveys.

Findings reported need to be considered in the light of the surveys representing mainly populations of grandparent kinship carers. Data on carer age, income, employment and health are naturally affected by this bias.

Kinship care surveys are also largely directed towards familial kinship carers. Little data are available about non-familial kinship carers (“kith” or “family friends”). The population studies identified familial kinship care exclusively. However, in the *Links Vic.* survey of statutory kinship carers, one-fifth (20%) of respondents were non-familial kinship carers. This raises the question of whether non-familial kinship carers may constitute another hidden population.

The rate of Indigenous children in out-of-home care in Australia is 11 times the rate of non-Indigenous children. Nearly three-quarters (72%) of Indigenous children in statutory kinship care are with Indigenous kin (Australian Institute of Health and Welfare, 2014). Despite these numbers, three of the four Australian surveys included only small numbers of Indigenous kinship carer respondents: 9% (11) in *Kinship NSW*, 5% (16) in *Run Nana*, and 3% (15) in *Links Vic.*

Reasons for children being in kinship care

Information about the circumstances that lead to children being placed in kinship care is important for developing child protection policy and practice. Many surveys inquired about the reasons for children’s care (Table 4, page 9).

Despite varying categories, there was considerable consistency in the overall picture about why children were in care. There were often multiple reasons. Child abuse and/or neglect were primarily the reasons given. Parental substance abuse was also frequently reported and, to a lesser degree, domestic violence and mental illness.

Family contact

Family contact is important to children for the continuation of their significant relationships; it is a right under the United Nations Convention on the Rights of the Child (UN General Assembly, 1989). Parental contact is, however, a major issue for children in out-of-home care, being the source of stress and or/safety issues for considerable numbers (Kiraly & Humphreys, 2013). Several surveys addressed the issue of parental contact; common themes were again evident. Table 5 (page 10) summarises data relating to parental contact.

Parental contact

Most children were in contact with at least one parent; however, children were more likely to have contact with their mothers than their fathers. In most surveys, around half or more of parental contact was reported to be generally positive.

Child loves and is very connected to mother. Mother also very connected to child.
(*Links Vic.*, p. 13)

Dad and Mum live immediately across the road and joint picking up children from school, having tea three nights a week and sleepover at least one night a week. (*View*, p. 55)

Table 4: Reasons children came into care

No.	Survey	Country	Abuse or neglect; neglect/abuse (%)	Substance abuse; drug/alcohol abuse (%)	Mental/physical illness (%)	Domestic violence (%)	Death of parent (%)	Parent in prison (%)	Child/parent difficulties (%)	Abandonment (%)	Other (%)
1	Kinship Vic.	AUS	N/A	43	11	N/A	14	N/A	N/A	N/A	33 ^a
2	Run Nana	AUS	32/NA ^b	67	31/4	23	15	6	N/A	10	17
5	Forgotten	UK	45	44	22	21	11	6	9	13	2
8	Largest	UK	51/21/30/5 ^c	41/27	21/3	21	12	8	12	14	1
10	Contact	UK	52/27/29/2 ^d	39/21	34/4	N/A	6	N/A	N/A	9	13
11	What if	UK	28	47	16	12	14	N/A	6	N/A	22
13	View ^e	NZ	37/20	42/26	23/7	25	6	11	N/A	19	19

Notes: ^a In this case, "other" may include abuse and neglect, domestic violence, parent in prison, etc., hence the high figure. ^b Abuse included in "Other". ^c 51% neglect, 21% physical abuse, 30% emotional abuse, 5% sexual abuse (aggregation of categories not possible as these overlapped). ^d 52% neglect, 27% physical abuse, 29% emotional abuse, 2% sexual abuse (aggregation of categories not possible as these overlapped). ^e Some figures have been calculated from a graph (Worrall, 2009, p. 32), therefore may have a small margin of error.

Table 5: Children’s contact with their parents

No.	Country	Survey	Frequency of parental contact	Impact of parental contact	Assistance with contact
2	AUS	Run Nana	<ul style="list-style-type: none"> 49% of children in contact with mother at least twice yearly. 42% of children in contact with father at least twice yearly. ^a 	Comments indicated that parental contact was a mixed experience for children and grandparents.	<ul style="list-style-type: none"> 30% of carers received help. 29% did not need help. 41% received no help.
3	AUS	Links Vic.	<ul style="list-style-type: none"> 69% of children in contact with their mothers. 47% of children in contact with their fathers. 	<p><i>Children in contact with mother:</i></p> <ul style="list-style-type: none"> 47% “going well”; 34% safety issues at times. <p><i>Children in contact with father:</i></p> <ul style="list-style-type: none"> 63% “going well”; 27% safety issues at times. 	Carers of 41% of children received no support.
5	UK	Forgotten	<ul style="list-style-type: none"> 79% of children in contact with at least one parent. 34% in contact with both parents. 34% in contact with mother only. 11% in contact with father only. 	<ul style="list-style-type: none"> 37% of carers reported contact was beneficial for children. 42% reported contact “unsettling” for children. 13% reported contact “distressing”. Where children had parental contact, 51% of carers found managing this problematic. 	N/A
10	UK	Contact	<ul style="list-style-type: none"> 56% of children in contact with mother. 36% of children in contact with father. 	<p><i>With mother:</i></p> <ul style="list-style-type: none"> 73% of respondents reported contact smooth or minor problems; 28% of respondents reported contact problematic. <p><i>With father:</i></p> <ul style="list-style-type: none"> 72% of respondents reported contact smooth or minor problems; 28% of respondents reported contact problematic. 	12% of carers reported they received assistance with parental contact.
13	NZ	View	80% reported children’s contact with at least one parent: <ul style="list-style-type: none"> 17% informal, regular; 25% informal, irregular; 6% formal regular; 4% supervised contact. 	Comments indicated that contact was a major source of stress for many, and that at times they had fears for the safety of children.	N/A

Note: ^a Does not include children’s contact with parents who live in the household with the carer and children.

However, there were also many children and carers who were reported to be experiencing difficulties with parental contact, as seen in Table 5. Safety issues were reported in two surveys, *Links Vic.* and *View*. In *Links Vic.*, safety concerns “at least sometimes” were reported by one-third (34%) of respondents in relation to mothers, and by one-quarter (27%) of respondents in relation to fathers.

Since the father had this child for a short stay and exposed the child to hard drugs, we have stopped all visits and will only allow the child to see the father with another adult present. (*View*, p. 55)

Physically, she once tried to stab [child] but not in my presence. (*Links Vic.*, p. 16)

Twice weekly access is quite traumatic for child—but ordered by court. (*Run Nana*, p. 95)

She was more settled when she had no contact. (*Contact*, p. 122)

Contact with siblings and other family members

In the two surveys that focused on family contact, a generally positive picture was presented of contact with family members other than parents, suggesting that wide family contact may be a particular benefit of kinship care.

- In *Contact*, three-quarters (73%) of respondents reported that children were in regular contact with a range of other family members.

Links Vic. addressed children's contact with siblings and other family members in some detail. Children were reported to be in contact with family members on both sides of the family, more frequently on the mother's side (71%) than the father's (49%). For most children (80%) who had siblings living elsewhere, contact with their siblings was reported to be going well. Where this was not the case, difficulties were sometimes associated with an accompanying parent. The children share a unique bond. (*Links Vic.*, p. 20)

Regular contact with her other grandparents who treat her as a "normal grandchild"... has helped to give her a feeling of being part of a proper family. (*Contact*, p. 122)

We live very close to mother's side of family so we bump into aunts, cousins, brothers, sister [from] time to time. (*Links Vic.*, p. 21)

Support for family contact

Given the evident difficulties of parental contact, a striking lack of support for contact arrangements was reported.

- In both Australian surveys, *Run Nana* and *Links Vic.*, two-fifths (41%) of respondents reported that they received no support with managing children's contact with their parents.

In *Contact* (UK), only 11% of respondents reported having any support with parental contact. *Links Vic.* reported respondents' views on supports they would like but do not receive. These included more attention to children's wishes about contact; availability of suitable locales for visits; more flexibility regarding contact schedules; and help with travel. Some carers wanted help for children to see their siblings. A number of respondents indicated a preference for external supervision for parents' visits, although some felt that such supervision was not always a positive experience.

I have had supervision on access visits but found the worker to make the situation very stiff and uncomfortable. (*Kinship NSW*, p. 121)

Contact reported factors that carers felt helped to improve parental contact. The most frequently cited were regularity of routines around time and place; arrangements that meet children's needs rather than adults; good communication between carer and parent; and consultation with both carer and parent about arrangements.

Forgotten summed up respondents' views about parental contact thus:

Contact with parents is a major issue for kinship carers. Although many carers report that contact with parents is beneficial for children ... Half (51%) find managing contact problematic. Kinship carers would welcome help and guidance on managing parental contact. (*Forgotten*, p. 14)

Indigenous children and cultural connection

In seeking to ensure the wellbeing and cultural safety of Australian Indigenous children, policy has been established to support children in care to remain in contact with their Indigenous family members, community and culture. In Victoria, a Cultural Support Plan is a statutory requirement for every Indigenous child (Department of Human Services, 2005).

The *Links Vic.* survey included a section for carers of Indigenous children that focused on children's contact and connection with their Indigenous family and culture. Thirteen per cent (59) of respondents were caring for Indigenous children. One-quarter of this group (15) were Indigenous; all 15 were grandparents. By comparison with the non-Indigenous carers of Indigenous children, the Indigenous carers were older, more often single, and more often caring for younger children and for larger numbers of children. Nearly half of the carers of Indigenous children felt that they were not receiving adequate support to keep children in contact with their Indigenous family and culture; this was particularly so for the non-Indigenous carers. Two-thirds (68%) of the carers were not aware of the Cultural Support Plans for children in their care.

Would love for the children to learn and know of their culture as they do mine! A little each day. (*Links Vic.*, p. 24)

Children's educational progress

Low educational achievement has been widely observed to be the norm rather than the exception among children in out-of-home care, with placement instability being one of the main factors impacting negatively on education (Bromfield & Osborn, 2007a). Only two of the surveys, however, addressed the educational progress of children in kinship care in detail; neither were Australian (Table 6).

Table 6: Children's educational progress

No.	Country	Survey	Count	Children with good or excellent educational progress (%)	Children with educational difficulties (%)	Assistance with children's education
5	UK	<i>Forgotten</i>	Children	65	36 ^a	<ul style="list-style-type: none"> 80% of carers found the school supportive. 77% of children with special needs were receiving the help they needed.
13	NZ	<i>View</i>	Carers	57	20 ^b	<ul style="list-style-type: none"> 30% of carers had received assistance for children's educational needs from the school. Many other children received assistance via educational authorities.

Notes: ^a "Below expected educational level". ^b Aggregate of "Improving" 12% and "Poor" 8%.

Both surveys reported that one-third of children were having educational difficulties. However, more positive indicators were also reported.

- In *Forgotten*, carers saw the children as making good or excellent educational progress in two-thirds of cases. Most carers found the children's schools supportive, and most children with special needs had received help at school.

I have asked for help so that she can discuss issues if they come up. They have allocated a teacher to do this as and when needed. (*Forgotten*, p. 12)

- In *View*, just over half of the children were seen as making good or excellent progress. Nearly one-third of carers reported that children had received assistance from the school with educational needs, and many children had received educational assistance in other ways.
- While not exploring educational progress per se, *What if* noted that less than half of carers reported children having difficulties at school and, where difficulties were reported, the most common were about making friends.

Despite the high level of emotional and behavioural difficulties which the children experience, the children do not seem to be posing a significant problem to schools. (*What if*, p. 15)

In Australia, one-quarter (24%) of respondents to *Kinship Vic.* suggested that better education provision would improve the lives of both children and carers.

Health and disabilities of carers

Health issues are another area of concern in the kinship carer field, particularly given awareness of the numbers of grandparent carers. Many surveys addressed this topic (Table 7). Definitions of health issues and disability may vary, and variations in the wording of questions in surveys may also affect responses; specific comparisons are therefore limited.

Table 7: Physical health and disabilities of carers

No.	Country	Survey/ Population study	Grandparents (%)	Carers with health issue or disability (%)
1	AUS	Kinship Vic.	98	44
2	AUS	Run Nana	100	45
5	UK	Forgotten	90+	40 ^a
8	UK	Largest	70	26
11	UK	What if	96	60 ^b
13	NZ	View	84	70
C	UK	Spotlight	47	27

Notes: ^a 27% of carers received a disability benefit. ^b 30% of carers' health issues had a moderate or severe impact on daily living.

The long-term health and disability issues reported were considerable. Lower rates of carer health and disability issues were seen in two studies that included lower percentages of grandparents: the survey *Largest* (26%) and the population study *Spotlight* (27%). However, the burden of health issues in this study was concentrated among the grandparent carers (42%). A number of comments bore witness to the seriousness of physical health issues faced by many.

Macular degeneration but although my sight is deteriorating I can still ... read if the print is large enough. However, my driving is limited; osteoarthritis; have had one knee replacement and have trouble with the other. (*View*, p. 62)

Our health is our major concern. I had pinched a nerve on my spine after carrying the two grandkids. My wife has a thyroid problem and a consequent anxiety attack when the kids stress her out. (*Run Nana*, p. 111)

Mental health and social health

Considerable data was presented about stress on carers and the impact of caring on their social worlds (Table 8).

Table 8: Mental health and social health of kinship carers				
No.	Country	Survey	Grandparents (%)	Carers' other health/social health issues
2	AUS	Run Nana	100	Since starting to care for grandchildren: <ul style="list-style-type: none"> ■ 62% reported deterioration in health; ■ 58% reported deterioration in relationships with friends; ■ 50% reported deterioration in community participation; ■ 34% reported deterioration in spousal relationship; ■ 41% reported deterioration in relationships with their family.
4	AUS	Kinship NSW	78	<ul style="list-style-type: none"> ■ 28% reported deterioration in health since becoming a carer.
5	UK	Forgotten	90+	<ul style="list-style-type: none"> ■ 60% reported being tired. ■ 45% reported being stressed.
8	UK	Largest	70	<ul style="list-style-type: none"> ■ 24% of carers with a long-term illness or disability had a partner who also had a long-term illness or disability.
11	UK	What if	96	<ul style="list-style-type: none"> ■ 30% were also carers for an elderly, disabled relative, partner or friend. ■ Where carers had partners, 47% of the partners had disability or chronic health condition. ■ 70% described their personal wellbeing negatively.
13	NZ	View	84	Over 4 or more years of caring for children: <ul style="list-style-type: none"> ■ 61% reported deterioration in health. ■ 55% reported they had no social activities. ■ Many carers reported having multiple caring roles, including care of adults.

Many respondents in all the surveys expressed high levels of stress and distress. The comment “It is very hard” appeared repeatedly among responses in *Links Vic*. Myriad comments about fatigue and stress similar to those quoted below appeared in the various reports.

My mental health. I am snappy and a little bitter and I lost a lot of my self-confidence. (*Kinship NSW*, p. 128)

Blimey, I would need a bigger box to type it all in. (*With Family*, p. 23)

I have found this distressing, the whole situation is very sad. (*Links Vic.*, p. 25)

Both my wife and I came so close to physical and emotional breakdown. (*Run Nana*, p. 111)

Disturbing levels of stress. (*Kinship NSW*, p.128)

Untold numbers of nights of broken sleep. (*Kinship NSW*, p. 128)

Early on—extreme tiredness—but you get used to being busy all the time again. (*Kinship NSW*, p. 128)

I am permanently tired, always anxious. I had depression before the boys came to me ... now, I think it will never go away. I am often very, very sad about life and worry about the boys and my other grandchildren. (*Forgotten*, p. 6)

Social relationships were also limited for many. *Run Nana* reported restricted community activities among carers, and deterioration in spousal and other family relationships; *View* also reported a high percentage of carers who said they had no social activities.

Custody of the children has caused major family conflict to what was a very close family. (*Run Nana*, p. 117)

Our friends do not make as much contact because we are tied down all over again. We are unable to go out as babysitting fees are expensive, and not only that, it is sometimes unstable for the children having different people looking after them. They start to feel insecure and wonder when we are going to leave them (they never forget their past) ... It certainly changes your whole relaxation of life that we all thought we were growing towards. (*View*, p. 77)

Multiple caring roles

Multiple caring responsibilities were mentioned in several surveys.

- In *What if*, 30% of respondents were carers for another elderly or disabled person. Ten per cent were reported to be providing personal care to their partner, with 4% providing care to another adult as well as their partner.
- In *Largest*, 26% of carers had a long-term illness or disability, and one-quarter of this group (24%) had a partner with a long-term illness or disability. Fourteen per cent were caring for an adult with a disability, and 21% were caring for their own child or children with a disability.
- In *Forgotten*, 32% of respondents were providing care to a partner, older relative or neighbour.
- Other surveys provided quotes from carers with multiple caring responsibilities.

Until my mother's death ... she was living with us as well as the two grandchildren and also my son. People need to be aware that many people are trying to look after their elderly parents and also grandchildren. (*Harsb Reality*, p. 7)

Hypertension caused by stress and now heart problems because of massive amount of medication ... partner has had a stroke and ongoing seizures. (*View*, p. 62)

Progress of carers' health over time

In two surveys, *Run Nana* and *View*, nearly two-thirds of respondents reported deteriorating health over the course of caring (62% and 61% respectively). Thirty-nine per cent of respondents to *Largest* felt that their health and wellbeing had suffered; this survey included a greater number of younger carers than the other two.

Health and disabilities of children

It is well known that children in care have physical and mental health issues related to their experience of trauma. While the measures used in surveys may have varied, a high incidence of health issues was apparent among children in the care of survey respondents (Table 9).

In all of the surveys that included this topic except one, more than one-third of carers reported that children had a health issue or disability. Children's emotional or behavioural problems were reported by over one-third of carers in all these surveys. In the two Australian surveys, the reported incidence of emotional or behavioural problems was particularly high.

All [the children] suffer post-traumatic stress syndrome and constant anxiety. The youngest has been hospitalised for malnutrition, pneumonia, head injury and concussion (the latter happened on access). (*Run Nana*, p. 113)

My granddaughter has developmental delay and microcephaly and my grandson has developmental delay, epilepsy and microcephaly as well as physical disabilities. (*Forgotten*, p. 15)

Table 9: Health issues of children

No.	Country	Survey	Carers with child/ren with health issue or disability (%)	Carers with child/ren with emotional or behavioural problems (%)
1	AUS	Kinship Vic.	43	92
2	AUS	Run Nana	53	82
5	UK	Forgotten	44 ^a	42
8	UK	Largest	44	38
11	UK	What if	37	32
13	NZ	View	53	52

Notes: ^a 14% received disability living allowance for children.

Compounding the burden of care, *Run Nana* (Australia) identified significant numbers of families where both carers and children had health issues:

- Two-fifths (40%) of grandparents with a long-term illness or disability were raising a grandchild with physical health problems.
- Three-quarters (76%) of grandparents with a health condition were raising a grandchild with emotional/behavioural problems.
- One-third (35%) of grandparents with a health condition were raising a grandchild with both physical health and emotional/behavioural problems.

Progress of children's health over time

More optimistically than for the health of carers, there were indications that the health of many children had improved over the course of care:

- In *Forgotten*, carers reported that while over half (59%) of the children had emotional and behavioural problems on arrival, at the time of the survey only just over one-quarter (29%) were still seen as having such problems.
- In *View*, most (87%) carers reported that children's emotional/behavioural problems had improved since coming into care. Comments to the same effect were reported from other surveys.
- In *With Family*, around one-quarter of respondents reported improvements in children's confidence and wellbeing, and one-fifth of respondents commented on the benefit to their children from better routine, structure and boundaries in their lives.

He is much healthier, he looks after himself a lot better and his education is really improving. (*With Family*, p. 18)

She used to have nightmares, but it does not seem to be a problem now. She seems well balanced and happy. (*Run Nana*, p. 113)

He has a few minor issues with peer pressure, some unacceptable behaviour issues and some anger management issues, but we are working through these together and he seems to be improving. (*Run Nana*, p. 113)

Economic circumstances of kinship families

The care of children is costly. The raising of additional children can place considerable financial strain on a household, whether carers are working and raising their own children, or retired and managing on a fixed income. Extra costs may accrue because of children's special needs. Almost all

of the studies addressed this topic (Table 10), mostly together with the related area of employment. A few surveys explored the impact of financial circumstances on housing. Three UK surveys (*Harsh Reality*, *Financial* and *Day Job*) focused specifically on financial issues and/or employment.

Indicators of financial circumstances varied. In the Australian surveys, reliance on government pensions or benefits was used as an indicator of hardship. In the UK, receipt of the British Council Tax Benefit, recognised as an indicator of low income (*Largest*, 2012, p. 32), was used; UK housing benefits and other pension or welfare benefits indicating low levels of income were also documented. In *View* (NZ), income level was used. The various indicators do not necessarily identify similar levels of poverty.

Finances

Table 10: Surveys and population studies reporting kinship grandparents' experience of financial, employment and housing circumstances

No.	Country	Survey/Population study	Grandparents (%)	Financial	Employment	Housing
2	AUS	Run Nana	100	x	x	x
4	AUS	Kinship NSW	78	x		x
5	UK	Forgotten	90+	x	x	
6	UK	Financial	N/A	x	x	
7	UK	Day Job	90+	x	x	
8	UK	Largest	70	x	x	x
11	UK	What if	96	x	x	
12	UK	Harsh Reality	83	x	x	
13	NZ	View	84	x	x	x
A	AUS	Beyond categories	100	x	x	x
B	UK	Family and Friends	31	x	x	x
C	UK	Spotlight	47	x		

Australia

- *Run Nana* reported that over half (56%) of the grandparent respondents were receiving a government pension or benefit. Two-thirds (66%) of respondents reported they were “just getting along”, “poor”, or “very poor”.
- *Beyond Categories* reported that approximately 35% of sole grandparent families and nearly 18% of couple grandparent families had a family income of less than \$499 per week, a relatively low income in 2006.
- *Kinship NSW* reported that over half (56%) of kinship carers were on a pension/benefit and over one-third (36%) had a partner on a pension/benefit. One-fifth (20%) indicated that their income was low, while 22% had levels of low-medium income.³ By comparison, there were fewer indicators of financial hardship among foster carers in this survey, with one-tenth (10%) on a low income and just over one-tenth (13%) on a low-medium income.

New Zealand

View reported particularly high levels of financial hardship among carers. Four-fifths (82%) of respondents reported household incomes of less than \$60,000.⁴

³ 2007 data: Under \$500 per week gross income interpreted as low income; \$500–\$1,000 interpreted as low–medium income.

⁴ In 2009, average household income in New Zealand was around \$68,000.

United Kingdom

Significant levels of poverty were also identified in the UK.

- The British Tax Benefit—a welfare payment—was received by one-third or more of respondents in four out of six surveys that explored financial circumstances: *What if* (33%); *Forgotten* (34%); *Largest* (38%); *Financial* (51%) (Scotland only). *Harsh Reality* reported 29% on British Tax Benefit.
- In *Day Job*, 45% of respondents reported being dependent on welfare benefits or a state pension.

The UK population studies (where grandparents were in the minority) revealed lower levels of carers on government pensions or benefits.

- *Spotlight* found that 21% of kinship carers in Britain were in receipt of a government benefit or unemployed, with higher rates among grandparents (24%) and sibling carers (23%), and lower rates among other kinship carers (14%). Two-thirds (67%) of children in kinship care in England lived in households in the poorest 40% of areas, households that were likely to have incomes below the poverty line (*Spotlight*, p. 38).
- In *Family and Friends*, 21% of households had a pensionable adult, and 41% were in receipt of housing benefits. Two-fifths (41%) reported that they would have liked a holiday but could not afford one.

Summarising across jurisdictions, there were indications of financial hardship in at least one third of respondents in all countries and survey cohorts. *Spotlight* suggested that financial hardship may be concentrated predominantly among grandparent and sibling carers. Typical comments from carers follow.

The major challenge is financial. It is a continual battle to make ends meet. (*Run Nana*, p. 97)

It is exhausting, especially the poverty side of it, never being able to afford a holiday, etc. (*Day Job*, p. 13)

I have no other problems with my grandchildren, I love them dearly and they bring me so much joy, but I need money. (*Run Nana*, p. 97)

We can never afford to go anywhere or do anything, as everything costs money. I feel like a beggar all the time. (*Harsh Reality*, p. 6)

Employment

Consistent with respondents' age profile, most surveys found that less than half were in employment.

Australia

- *Beyond Categories* reported 34% employment in couple grandparent families and 14% where the grandparent was a sole carer.
- Twenty-four per cent of respondents to *Kinship NSW*, and 29% in *Run Nana* were employed.

New Zealand

View reported high levels of employment; however, the survey did not differentiate between carer and partner employment.

United Kingdom

Reported rates of carer employment were higher in the UK than Australia, ranging between 36% and 44%. However, the UK survey cohorts may have been younger than the Australian cohorts: in the UK studies 36%–60% were age 55 plus, while 79% of the respondents to *Run Nana* were age 55 plus (all being grandparents).

Three UK surveys identified reduced employment of respondents as a result of their caring role.

Harsh Reality reported that over one-third of carers had left or lost their job or taken early retirement in order to raise the children, and over one-quarter had reduced working hours or taken a lower graded job to accommodate child care.

In *Day Job*, almost half (47%) of carers who were previously working gave up work when the children moved in, and another 31% reduced their working hours.

Financial reported that 43% of respondents had had to give up work to care for the children.

Housing

All surveys that addressed housing recorded indicators of housing stress for some carers; however, data was limited.

- The highest housing stress was reported in *View* (New Zealand), where 58% reported housing issues, including needing a larger house (19%), needing to relocate (15%), and “other housing issues” (31%).
- In *Run Nana* (Australia), 18% of respondents reported that they would like to change their housing but were unable to do so due to their financial circumstances.
- *Family and Friends* (UK) reported 14% with housing payment arrears, 15% with difficulty keeping the house warm, and 16% with a house not in a decent state of repair.

Legal issues

Legal action is often seen as necessary in order “to secure safety, stability and permanency for the children and their carers, particularly when challenged by capricious biological parents” (*View*, 2009, pp. 45–46). Resolving legal issues in kinship care can be expensive and problematic, with the potential to impact adversely on family relationships. Legal issues were an area of inquiry in five of the surveys across the three countries; however, limited numerical data was collected (Table 11).

Table 11: Surveys that addressed legal issues

No.	Country	Survey	Statutory care (%)
2	AUS	Run Nana	27
8	UK	Largest	20
11	UK	What if	4
12	UK	Harsh Reality	7
13	NZ	View	74

Care arrangements were subject to a variety of legal orders, some statutory and some non-statutory; other children were in informal care with no legal order. Survey respondents registered dissatisfaction, frustration and confusion over the legal processes involved in resolving children’s care arrangements. Common concerns were costs and delays. While there was limited Australian data on legal issues, the desire for legal assistance was mentioned by nearly half (47%) of respondents to *Run Nana* (Australia).

We had to battle every inch of the way, and it takes its toll emotionally. (*Run Nana*, p. 93)

The local authority sent the children to us ... then closed the case and brushed their hands of it ... A fact finding ... took 18 months and we still have temporary care status and no parental rights, no financial support. (*Largest*, p. 25)

The main problem is that we cannot access legal aid. Both parents have access to legal aid, therefore they can tie up the courts as long as they like. (*Run Nana*, p. 93)

New Zealand

View included a substantial section on legal issues. Respondents often expressed the need for legal protection. Custody matters, access to legal aid, and legal arrangements governing parental contact were of particular concern. Shared guardianship was seen as creating problems where parents were unstable and unable to co-operate with caregivers.

- One-fifth (20%) of respondents in this survey had experienced challenges to their legal status as carers—despite the children having been with the carers for over 4 years in every case.
- The average number of court contests over children’s care status was five, with a range of one to 15.
- One-third (35%) of cases were settled within a year; two-thirds (67%) were settled in 2 years or less. Seven per cent of contested cases had taken 5–10 years to settle.
- Legal aid was received by only one-quarter (25%) of respondents. Most had spent \$1,000–\$5,000 on legal fees, some much more. Several respondents spoke of having caveats on their homes for delayed payment of legal fees.

We have spent \$10K on legal fees and got nowhere with the family court for child 1; with child 2, [Child Protection] initiated his removal and we said that we were not going to spend any more money in the court system and that’s how things currently stand. (*View*, p. 49)

There should be a less traumatic and less expensive process to resolve the issues that we have had to deal with. The court process has supported an adversarial system ... which has not assisted in the resolution of the issues ... I am very concerned for other grandparents in New Zealand who perhaps are not as articulate, nor have the means to sustain the repeated onslaughts of court appearances, legal jargon, emotional stress, costs, etc., etc. (*View*, p. 50)

There are four legal guardians: father, two grandparents, uncle (the late mother’s brother). (*View*, p. 49)

United Kingdom

Legal costs were also a major issue in the United Kingdom.

- *What if* reported that one-third of respondents had paid up to £5,000 in legal costs, with some having paid more; 44% had received legal aid.
- In *Harsb Reality*, over half of respondents had incurred legal costs in connection with the care of the children. The average legal costs were £3,640, with the majority of carers receiving no financial assistance.
- In *Largest*, two-fifths (40%) of respondents reported that they had no legal representation, and 16% stated that their legal representation was limited.

My one wish would be to [receive some] legal representation, free of charge, as we are just not on the right side of getting legal aid. The mother does receive legal aid and keeps demanding more and more, which eventually ends up in court and we are worried about what will happen when we do not have any money left. (*What if*, p. 12)

My husband took redundancy and we had to sell our home and most of the furniture in order to pay the legal costs and fund a move ... to ensure the safety of our grandson. (*Financial*, p. 2)

Largest explored carers’ satisfaction with their legal status and arrangements in some detail. Two-fifths (40%) also reported that they were not satisfied with the current legal status of the children’s care. Common reasons were lack of support, a lack of security of the legal arrangement and a preference for a “Special Guardianship Order”.⁵ Over two-fifths (43%) of kinship “foster carers”⁶

5 A UK Special Guardianship Order provides security for the care arrangement, gives the carer decision-making rights, and sometimes allows for financial assistance and support services.

6 UK terminology for formal kinship care.

reported dissatisfaction with their status. This tended to be where there was uncertainty, such as ongoing court cases. The highest level of satisfaction was shown by carers who had Special Guardianship Orders.

Yes, because having 8 years' fostering, it was a relief to not be living in a goldfish bowl and having everything monitored, even though we recognise that the child was the responsibility of the local authority. It was a really stressful time being a foster carer for one's grandchildren and having to report every action of one's daughter to them. (Carer with special guardianship order, *Largest*, p. 26)

It has given us all stability and child is well settled now. (*Largest*, p. 26)

On the other hand, over half (57%) of carers who had never been treated as "foster carers" reported that they would have liked this option. Reasons given were that they would be better off and/or better supported in non-financial ways. Among those who did not want to change their informal status, a few expressed concern about a likely loss of control.

I would like this if it had entitled me to any financial support and emotional/counselling support for child but not if it meant I didn't have parental responsibility or that social workers would constantly be visiting our home. (*Largest*, p. 27)

Support needs

Much kinship care research comments on the limited support available to kinship carers (Boetto, 2010). Almost all these surveys addressed the support needs of kinship carers, including all the Australian surveys. Three surveys provided quantitative data about unmet needs: *Run Nana*, *Largest* and *With Family*. Table 12 (page 22) documents the areas of unmet need mentioned by one-third or more of respondents to these three surveys. While not at the same levels, similar needs were expressed in the other surveys, including all the Australian surveys. (Topics mentioned by respondents may have depended in part on the various survey questions.)

The need for carer respite was a prominent issue that was mentioned by 40% or more respondents in the surveys listed in Table 12. Comments about requiring respite were also made by nearly one-third (30%) of respondents to *What if*.

There is no relief from our 24/7 responsibility for our two grandkids unless we pay for a babysitter. It would be a big help! (*Run Nana*, p. 124)

Be able to have time out; afford to go somewhere together and have respite care. (*View*, p. 74)

I am desperate for help ... I need a break; I have not had any time off in 5 years. (Great-grandmother caring for 7-year-old great-granddaughter, *What if*, p. 13)

Help with managing relationships and contact with the children's parents was mentioned by 30% or more respondents in each of these three surveys. Assistance with information about legal assistance and other resources available was prioritised in the two surveys that addressed this topic. Casework, counselling for carers, support groups, extra support for children's schooling, help with children's emotional and behavioural problems, access to leisure activities and contact with other carers were also mentioned frequently.

I have had to search out any help, any legal advice, any financial assistance and support myself. I have not had support offered, assistance of any sort offered ... I have had to find it myself. (*Run Nana*, p. 124)

Dissatisfaction with the limited availability of casework support was expressed by respondents in all three countries. The comments below are typical.

I am very hurt by this kinship arrangement. I put in 100% and get nothing back. Nobody is there for me and to support me. (*Links Vic.*, p. 27)

Table 12: Unmet support needs mentioned by one-third or more of respondents

No.	Country	Survey	Grand-parents care (%)	Statutory care (%)	Financial assistance (%)	Legal assistance (%)	Emotional support groups (%)	Info. on resources (%)	Respite care (%)	Parents/contact (%)	Children's schoolwork (%)	Programs for teenagers/leisure activities (%)	Children's emotional/behavioural problems (%)	Counselling for children (%)
2	AUS	Run Nana	100	27	N/A	47	[24] ^a	52	44	34	53	37	N/A	N/A
9	UK	Largest	70	20	N/A	N/A	52	N/A	40	35	N/A	N/A	44	36
10	UK	With Family	80	46	76	33 ^b	36	33 ^b	41	35	34	55	35	39

Notes:

^a Included for completeness although less than one-third.^b Approximate figures.

I have been horrified at the lack of support and help. A lot of intrusion for 12 months during the special guardianship application but no support/advice or help at any time. (*Largest*, p. 39)

I have had to search out any help, legal advice, financial assistance and support myself. I have not had assistance of any sort offered. (*Run Nana*, p. 124)

It is a really underfunded and misunderstood initiative. There is little support for carers and the children's needs ... there is a tremendous need for carers and other service providers to have an understanding of why these children behave the way they do, post-traumatic stress, etc. ... Kinship ... is a great initiative and should be supported and understood. (*Links Vic.*, p. 25)

Support from family and friends was available to some carers, while others found themselves socially isolated. Over half (59%) of respondents to *What if* indicated that membership of the organisation's network made them feel less isolated. Similar comments were made in *View*. In *Run Nana*, many respondents wrote of the importance of support groups in sustaining them in their caregiving role, providing practical support, friendship and social connections.

Joy and rewards of caring

While there is considerable awareness in the kinship care literature of the burdens that carers carry, less is written about the joy that carers experience in giving care to children and seeing their development. A number of survey reports included a section on this topic. Respondents' comments made both in response to specific questions and spontaneously are striking. A selection of these follows.

We are so happy and blessed in our role as grandparents and carers. This is a joy words cannot fully express, more heartfelt, to be doing good in their lives. We are much richer for having them in our lives, even with the challenges that come with it, I wouldn't change a thing. (*Run Nana*, p.127)

Family needs family. And if their mother can't be there, well then I'm there. I will not let strangers bring up my grandchildren. So until they are all grown up, I will care for my "grannies". They keep me young and fit at heart. (*Links Vic.*, p. 21)

The satisfaction of having my grandchildren with me rather than losing them entirely (they were being twin-tracked for adoption). The pleasure of raising two bright little souls and trying to help them achieve their full potential. (*Largest*, p.46)

The fun times—eeling, gathering *kai moana*, hiking up to the waterfall—Even in the bad times, crying together and drawing comfort from one another. (*View*, p. 75)

This experience has been great, I never planned to be a carer. But having met the young lady on many occasions before she picked us to stay with made a big difference in her fitting in with our family. We are lucky, she is a lovely young lady and we are happy to support her as long as she needs. (*Links Vic.*, p. 27)

Getting the love of the children is a pleasure. (*With Family*, p. 5)

A sense of purpose in life. (*Kinship NSW*, p. 122)

He has kept me active, as you are with a young child in the household again. (*Kinship NSW*, p. 129)

View summed up carers' positive feedback thus:

Although kinship care has its frustrations and is undoubtedly exceedingly demanding for many carers, it is also clear that it can have significant rewards for both the children and those who care for them. (*View*, 2009, p. 7)

Discussion

The weight of evidence, from all quarters, convinces us that the relationships with people who care for and about children are the golden thread in children's lives, and that the quality of a child's relationships is the lens through which we should view what we do and plan to do. (The Care Inquiry, 2013, p. 2)

The executive summary of the *View* report (2009, pp. 5–6) noted that despite demographic changes in recent decades, including a high rate of marital disruption and geographic mobility, families care for children in need whether they are single, poor, employed or not, on disability benefits or having to work harder to support additional family members. The tenacity of the grandparents and other kin, and the healing effect on children of the stable care they provide, were also commented on, including evidence of its beneficial impact on children's adjustment and behavioural problems. This review affirms the capacity of extended family care—including both the caregivers and the other relatives with whom children are able to remain in contact—to provide continuity, positive identity and a sense of normality for children, all factors key to children's wellbeing.

From the responses of over 3,000 survey respondents, this review has identified a number of themes that appear to characterise kinship care in the early 21st century in Australia, New Zealand and the United Kingdom. The findings vividly confirm previous research showing that the benefits of remaining within their extended family often accrue to children at considerable cost to their carers. They also confirm that this burden falls overwhelmingly to women as carers, although we note that the gender of survey respondents does not imply a lack of active care by male partners where present.

One of the most outstanding issues is the impost on kinship carers (in these surveys mostly grandparents) of using limited financial resources to raise additional children. Costs are compounded by legal fees incurred in the process of determining care arrangements; further costs relate to children's particular health and educational needs as a consequence of their experiences of trauma.

Legal issues relating to children's care arrangements in each country also included the conflict and stress engendered by long, adversarial processes that tended to pit family members against each other. Many examples were given where grandparents found themselves in litigation with their own children over their children's children. It would appear that legal jurisdictions in each country struggle to respond effectively to these complex and sensitive family problems. Clearly, there is a long way to go before families can be confident that legal proceedings will assist in expediting stable care arrangements rather than adding to families' burdens. There also appears to be a tension for many kinship carers between wanting the security of orders that confirm care arrangements and entitle them to support services, but not wanting close supervision and intervention in their family life. There may be a need for additional training for both caseworkers and carers to help resolve these tensions in the interests of children's wellbeing.

While a small sample, the vulnerability of the Indigenous kinship carers identified in the *Links Vic.* survey was of concern, given the large numbers of Australian Indigenous children in kinship care, and the greater burden of illness and premature death among Indigenous people. Also concerning were indications that there was some way to go before legislated Cultural Support Planning could be said to be consistently enabling Indigenous children to remain connected to their family and culture.

The surveys provided further evidence of significant physical and mental health problems among caregivers. The stress of parenting traumatised children in, often, conflictive family circumstances, frequently with little assistance, appeared to have contributed to carers' health difficulties. There were also indications that as well as caring for children, a number of carers were looking after a spouse, parent, adult child or other family member with a chronic health problem or disability. Given that this was not a question specifically asked in the surveys, it appears likely that such multiple care roles may occur more frequently than identified here.

There was ample evidence that children's contact with their parents is an issue requiring greater attention from statutory bodies and support services. While for many children, carers reported that parental contact was generally positive, visits were fraught and distressing for significant numbers of others. Safety concerns were reported for some children. Kinship carers are expected to manage parents' visits independently of authorities more frequently than foster carers (Farmer, 2009; Kiraly

& Humphreys, 2014). In some circumstances, this may allow for the informal atmosphere of visits generally preferred by family members; however, for many it clearly exacerbates family tension and conflict. Formalised supervision in an institutional setting is not necessarily the answer to difficult situations: family members often find such arrangements oppressive. Individual solutions need to be sought to suit family circumstances.

Arguably under-examined was attention to children's contact with their separated siblings, aunts, uncles, cousins and grandparents. *Links Vic.* presented evidence that such contact may be a key strength of kinship care, providing a support network for life. Maintaining wider family connections is not always easy, however, and distance or family tensions sometimes get in the way. In many cases, these barriers are not insurmountable. However, this is another area where little external assistance is available. A small investment of effort here may have substantial benefit for children's social support for life. The lack of attention by statutory authorities to such contact also highlights a limited view of family in out-of-home care generally, where such contact is often severed by dint of circumstance.

Two surveys together representing over 500 kinship care arrangements provided modest indications that the greater stability accorded to children in kinship care may be helping children to progress educationally. This is an optimistic sign, given the generally low educational attainment of children in out-of-home care. It is also consistent with positive indications in some recent UK studies (Aldgate & McIntosh, 2006; Hunt, Waterhouse, & Lutman, 2008; Selwyn, Farmer, Meakings, & Vaisey, 2013). Shlonsky and Berrick (2001) noted that while kinship carers tend to have lower educational attainment than foster carers, the increased stability of home and school evident in kinship care may go some way to mitigate the effect of their more limited ability to assist children with schoolwork. Schools and support services may be able to build on this to improve children's educational progress and their chances of successful transition to post-secondary education and employment. This may be a key opportunity to improve the life chances of vulnerable children and reduce the burden to society of disengaged adults.

All the surveys pointed overwhelmingly to huge unmet needs for support to kinship care families. Foremost among these were financial assistance, including assistance with legal fees. The need for respite care was also very evident. Given evidence about the straitened circumstances of many kinship carers, and their considerable physical and mental health issues, this was indeed a *cri de coeur*. Support and counselling services for carers were frequently mentioned. Parental contact was identified as a particular stressor, and many carers wanted help to manage this. Carers noted children's needs for counselling in view of their traumatic experiences and associated emotional/behavioural issues; they also wanted children to be helped to address educational deficits. The vital need for information about resources that could assist kinship families was also apparent.

As a recent arrival in the recognised spectrum of "out-of-home care", kinship care is as yet not well-conceptualised. Indeed, kinship families generally understand themselves as providing in-home, family care rather than "out-of-home care". Kinship care is widely perceived to have lesser status than foster care. As a consequence, less attention is paid to meeting the financial and non-financial needs of carers and children in their care. Whether formalised as statutory care or arranged informally, there is little dispute that to date kinship care has been a cheaper option for the care of vulnerable children than the alternatives of foster care and residential care. It is time that adequate resources were brought to bear to ensure quality of care and wellbeing for both children and carers, particularly given the greater vulnerability and poverty of kinship carers as a whole. Policy is needed that recognises kinship care as a unique form of care rather than a variant of foster care, as well as develops a new family-inclusive model of kinship care assessment and support.

With the burdens on kinship carers so manifest, it is striking that so many comments were made by survey respondents about the joy and rewards of caring for their kinship children. These comments bear witness to the commitment of kinship carers to their families' children. The burdens on carers are not without risk to the children, however. Where carers feel under pressure to provide care whether or not they are well-positioned to do so, the wellbeing of both children and carers may be threatened. Thorough assessment is essential for all protective care. Ongoing support is critical to the wellbeing of children and carers in both statutory and informal kinship care.

Future research

Several areas stand out as under-investigated. The population studies included in this review show that the relationship data presented in these surveys is skewed by virtue of the populations surveyed, falsely suggesting that kinship care and grandparent care may be seen as almost interchangeable. We know less about aunts, uncles and other relative carers. Almost completely missing from the survey data were sibling carers, whose existence was apparent in the UK population studies *Spotlight* and *Family and Friends*. Given our knowledge of grandparent carers' struggles with financial, health, interpersonal and other social issues, we can only speculate as to how sibling carers at their earlier life stage are managing with the care of younger brothers and sisters, at times in addition to their own young children. The lack of knowledge about the whole gamut of familial kinship care households in Australia highlights the need for a more sophisticated means of collecting data about household relationships and caregiving responsibilities for legal minors (i.e., under 18 years) via the Census of Population and Housing.

Also largely missing from both surveys and population studies is any picture of the non-familial carers who come under the umbrella of kinship care. Evidence from Canada and Sweden suggests that such care arrangements may be more unstable than familial kinship care (Perry, Daly, & Kotler, 2012; Sallnas, Vinnerljung, & Westermark, 2004). If non-familial kinship carers are to provide secure care, their particular needs deserve attention and support.

The survey results also suggest that many kinship carers are simultaneously providing care to adult relatives. Future surveys might usefully address this topic.

There is a dearth of research in Indigenous kinship care (Bromfield and Osborn, 2007b), and the Australian surveys provided limited data in this area. The particular vulnerability of many Indigenous kinship care families indicates an outstanding need for more attention to this area.

Given some optimistic signs here and in other literature, the educational progress of children in kinship care may be a fruitful topic for further research, particularly in view of the famously low educational attainment of children in out-of-home care more generally.

Care and living arrangements in early adulthood are another little understood area of kinship care that were not addressed in any of the surveys reviewed here. Anecdotal indications suggest that kinship care frequently provides ongoing home care and support to young adults beyond the statutory "care-leaving" age of 18 years. In this, it may be more aligned with Australian family norms than other forms of "out-of-home care" where young people may be obliged to leave their home/care arrangement at the age of 18. Given the difference that solid family care and support can provide in the transition to adulthood, a study of kinship care arrangements for young people in the age range 18–25 years would be informative.

Conclusions

These surveys and population studies, together with previous research, have now amply evidenced the issues facing grandparent carers and other kinship carers, and identified a huge outstanding need for support. There remain a number of other areas of kinship care that are as yet poorly understood. With this in mind, the final word might be from a non-familial kinship carer:

We love caring for all the children and see them develop and gain confidence. It is not an easy path at times but it is not dull! Kinship care seems to be the "Cinderella" of the care system, so I hope your research project might help these people. (*Links Vic.*, p. 6)

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