



The extended family: a mixed bunch

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I never thought it was a form of care...
I just thought that I was going to stay
with Nanna and Grandad for this long
time and that's it. It didn't seem weird
or strange to me anyway...



Identified benefits of kinship care

- Placements are more stable than foster care.
- More frequent contact with parents, siblings and wider family.
- At least as safe as foster care.
- Broadly children do as well as in foster care.
- Children generally appear to be happy with kinship care, seeing it as more natural. (*Nixon 2008*)



First Nations (Indigenous) Peoples of Australia

- Nearly 4% of the Australian population are Indigenous.
- Hundreds of Aboriginal nations with distinct languages, histories & cultural traditions.
Understanding of who is kin varies across Aboriginal nations.
- Torres Strait Islanders (TSI) are racially & culturally different (Melanesian).
- Indigenous children are highly over-represented in alternative care due to historical dispossession, persecution & forced removal of children.



Kinship care in Australia

Most kinship care occurs due to parental incapacity generated by substance abuse (drugs or alcohol).

Two avenues to kinship care:

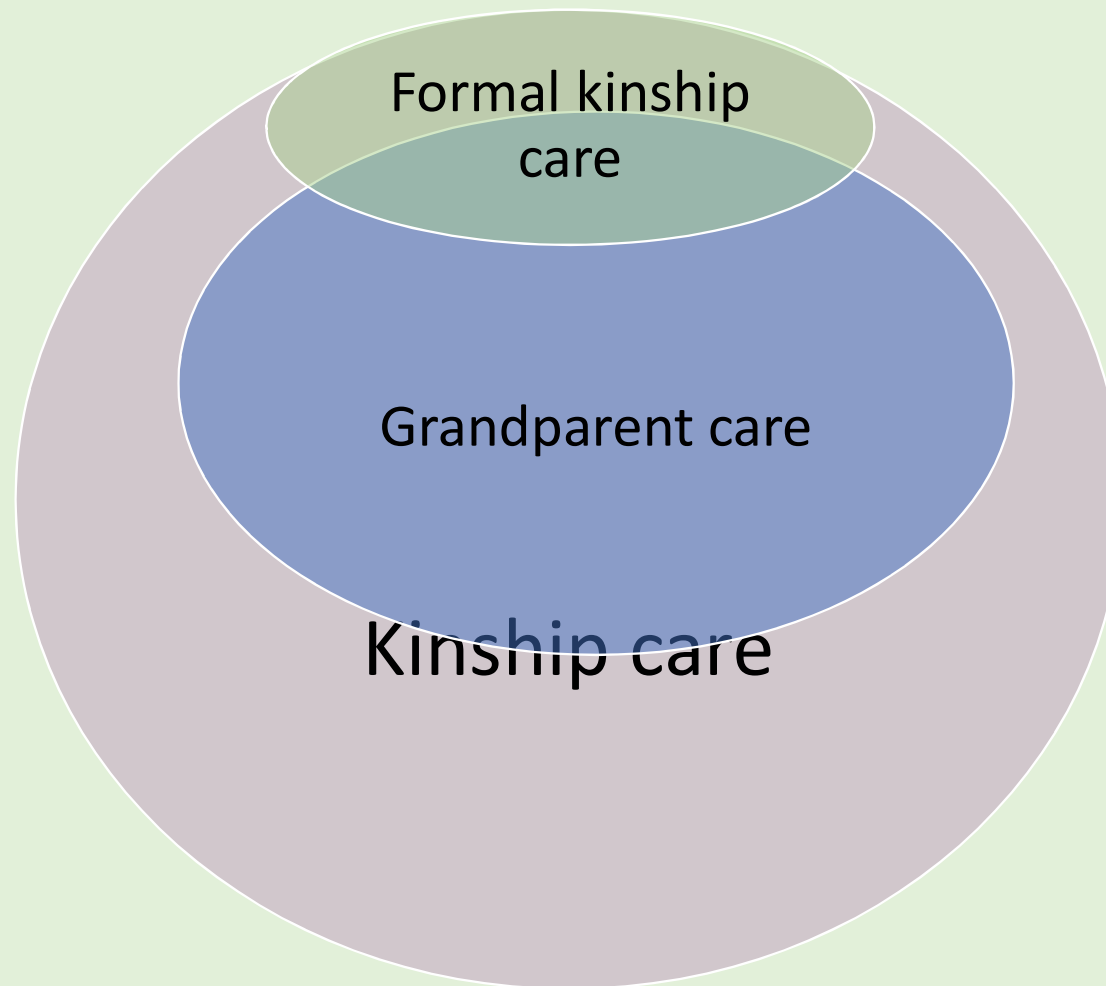
- Through child protection intervention (formal kinship care). Monitoring and sometimes support to placement; care allowance payable.
- Arrangement within the family (informal). No regulation, little or no financial or other support.

Most kinship care arrangements are informal.

The biggest problem is financial stress and sometimes, frank poverty.



Kinship care in Australia



Who are the kinship carers?

Family & non-family relationships



The relatives

- Grandparents – the largest group (?)
- Aunts & Uncles
- Older sisters & brothers
- All the others.....



Where does the family end?

Cousins caring for younger cousins

Cousins caring for cousins' children

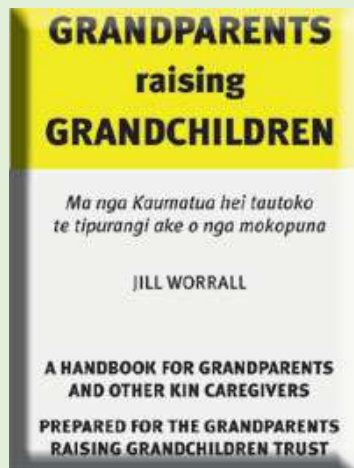
Sister-in-law's mother or brother

Ex-husband's ex-wife...

Stepmother's father's sister...

Fictive kin & customary/adopted kin.





Grandparents who care for Grandchildren ! Find a Support Group near you...

Following our survey into the types of support needed by Grandparents caring for their Grandchildren, these support groups will provide you with

- an opportunity to share thoughts and experiences with other grandparents
- access to advice and guidance from professionals (including a specialist family solicitor, a representative from Citizens Advice, a Social Worker, and Liam Moloney from Community First HEH)

All groups are from 11am to 1pm

- Bordon Youth Club—January 14th
- Alton Community Centre—January 21st
- Waterloo Community Centre—February 4th
- Hewitt's @ Emsworth—February 16th
- Bordon Youth Club—March 4th
- Waterloo Community Centre—March 18th

For more information or to register your interest in attending please contact:
 Project Researcher: Liam Moloney
 07922 631511 or 0300 500 8085
liam.moloney@cfheh.org.uk
 The Tilmore Centre,
 1 Tilmore Road, Petersfield GU32 2HG
www.cfheh.org.uk/youth-services



grandparents
INFORMATION

RAISING
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If you're a grandparent raising grandchildren, you're not alone. We can help you.



UK research 2011

Spotlight on kinship care

Using Census microdata to examine the extent and nature of
kinship care in the UK

Shailen Nandy and Julie Selwyn
April 2011



Big Bruv Little Sis



*Research findings on sibling carers raising their
younger sisters and brothers*

Foreword:
Rt. Hon. Alan Johnson MP

Authors:
David Roth
Bridget Lindley
Cathy Ashley

Editor:
Cathy Ashley



UK research 2011: Spotlight on kinship care

- 38% of children in kinship care in England were being cared for by a sibling carer without help from older household members.
- About 28% of sibling carers were born outside the UK.
- Over half the brothers were partnered (60%).
- Most (93%) sister carers were single. 43% had no qualifications.
- Most sibling carers were parenting more than one child (average 2).
- 19% of sibling carer households were overcrowded.
- Most were either unemployed or in low paid occupations.



Grandparents...and... great-grandparents, great-aunts/uncles; step-grandparents

Common issues:

- Health issues; flagging energy.
- Poverty: renting; savings spent on children's care; need to take loans.
- Grief, feelings of guilt, anger, depression.
- Care of multiple children due to reluctance to see siblings separated.
- May also have care responsibilities for adult family members.
- Difficulty assisting children with schoolwork (limited schooling, changes over generations).



The stress on caregivers

We're very fortunate that we have one another. We're old. Bob is 72 and I'm 70. This is damn hard, as it is for everyone because physically we get very tired. We have no respite. Our daughter is a great help but she has three teenagers and she works full-time.



Implications for grandparents/older carers

Older carers may need:

- Recognition of limitations due to possible health issues and reduced energy.
- Extra help if unwell, unduly burdened, or caring for large groups of children.
- Financial assistance.
- Where possible, breaks from their care responsibilities.



Call to action...



While research has provided policy makers and campaigners with insight and information into the lives of kinship carers, and grandparent carers in particular, little is known about the situation of sibling kinship carers. This study has provided the first description of sibling carers in England. Further research is now needed to ascertain whether care provided by siblings is as prevalent in other countries; whether the reasons for becoming a kinship carer are similar to those reported in studies of grandparent carers; and to uncover what sibling carers' particular circumstances and needs might be (Selwyn & Nandy, 2012).

Older sisters and brothers (also 'half', 'step')

- Mostly very young – 18 to 30.
- Usually young women.
- Education & employment frequently interrupted by caring responsibilities.
- Poverty – starting out in adulthood with nothing.
- Negotiating relationships with their own parents who may be very troubled.
- May impact carers' partnering and their own very young children.



Aunts and uncles

- Almost no research on this group.
- Widely varying age range; some very young.
- Many raising their own children at the same time; sometimes large households, overcrowding.
- Often balancing employment with care.
- Financial pressures of early to mid-life: housing, schooling, cost of living.



Young and 'care-full'



Our lives essentially get put on hold. I don't think they realise that there's a lot of restrictions when we take on the kids. Financially I don't think they understand how much it costs to look after a child if you can't go to work. It makes you feel lonely...

The need for support

It was awful. We had no support...
and we were so young....

I was unprepared
for how much
emotional support
all of us would
need. Also unprepared
to be a parent



Implications for younger kinship carers

Young kinship carers may need:

- Recognition of their existence and carer status.
- Support to help them move into adulthood and a premature parenting role.
- Financial assistance.
- Support to ensure that education, employment and social opportunities are not jeopardised by their caring role.
- Extra help if caring for both own & kin children.
- Where possible, breaks from their care responsibilities.



Non-familial kinship care

Kith: derived from a word of Germanic origin meaning 'known'.

Fictive kin: a person who is not related by birth, adoption, or marriage to a child, but has an emotionally significant relationship with the child.

Customary adoption: varies from nation to nation; birth parents commonly give their consent and maintain a role in the child's life.

➤ **Anyone known to the child and/or their family.**

'Fake kin': my term for abuse of this concept in making formal care placements.



Why research on non-familial kinship care?

Kinship care may often be called “family and friends care,” but there is as yet little in the literature about care by friends as opposed to family (whether or not “blood” related). Does the age of the child matter? Or the degree of permanence? Are family-type roles, such as godparents, different to neighbours or parents of school friends? What kinds of arrangements exist, and how (if at all) are they different?

Inside Kinship Care (2014, p. 251), Dr David Pitcher, Editor.



Why research non-familial kinship care?

- Little research attention, however 2 studies identified higher breakdown rate than familial care (Sallnas 2004; Perry 2012).
- 2010 survey of statutory Victorian kinship carers: 20% of respondents were non-familial kinship carers (Kiraly, Humphreys & Hoadley 2012).
- Anecdotal indications from programs in Victoria, Australia, that numbers of non-familial kinship care arrangements may be rising, especially for adolescents.
- Assessment of care arrangements sometimes reported to be 'hit and miss'.



Non-familial kin – the Australian experience

- Friends of children's parents or relatives.
- Parents of children's friends.
- Care workers: youth workers; teachers; child care workers.
- Neighbours.
- Aboriginal care within their community – as determined by each Aboriginal community.
- Torres Strait Islander customary adoption
- Unlikely connections...



Experience of non-familial kinship carers

- Lack of recognition of the carer's role in child's life.
- Relationships with children's family very different from familial care arrangements. May be less complex; may be less engaged.
- In formal kinship care, non-familial care arrangements may be problematic if not specifically chosen by the child or their parents.
- May lack history of children in their care.



It could be that you get asked at a doctor's, 'Is this hereditary?' 'Well I don't know actually. I couldn't tell you.' Or 'when they were little – did they have this?' 'I don't know that either.' You haven't got that history.

They think you're kin, that you're related....that you're involved in all their family and they're part of your family. But in actual fact you have your family and they have their family. So you don't have that support, and the kids don't [either].



Implications for non-familial kinship care

For a care arrangement to be considered, there should be a strong, positive pre-existing relationship between child & carer.

If children are in formal kinship care, non-familial care arrangements should be assessed as for foster care.

Non-familial carers may need:

- Information about the children's history & family.
- Support in their relationship with the child's parents.
- Social support and breaks from care.



Implications of diverse relationships – in general

- The specific nature of the relationship is at the heart of the matter – each case is different and needs different support.
- Need to collect data about the relationships between children & kinship carers via census or other means, and make it available for kinship care service providers.
- Care of Indigenous children needs to be culturally appropriate. Care arrangements should be determined in consultation with community elders, and ensure cultural connection.
- Recognise the impact of poverty. What financial assistance can be provided?



Implications of diverse relationships – in general

- Kinship care is challenging: the more casework, social and financial support that can be brought to bear, the better the chance for good care.
- Clear, agreed definitions and language are critical to creating effective policy and promoting consistency of practice.
- Carers need access to education about the impact of trauma on children.
- Need inclusive approach to support services so carers don't miss out because their relationship is less common, or unrecognised.



A last word...



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.

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Comments, questions?

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