



‘There is no choice’

Commitment and stress: Kinship carers speak

Author Meredith Kiraly

The growth of family-centred practice in child welfare, together with the progressive shrinking of the pool of foster carers, has driven a new awareness of care options in the wider family network (Geen & Berrick, 2002) when mothers and fathers are not available. Unlike putting a child into a foster care placement, “Kinship care moves a child to a more stable part of their own family” (Brown, Cohon, & Wheeler, 2002, p.70). There has been a huge upswing in the number of children placed by the courts into kinship care in English-speaking countries in the last decade (AIHW, 2010; Farmer & Moyers, 2008; Harden, Clyman, Kriebel, & Lyons, 2004) with many more in informal kinship care (Hunt, 2009; Messing, 2006; O’Neill, 2011). Most children are placed with their grandparents (Boetto, 2010). Contrary to earlier fears, research is increasingly suggesting that grandparent care is at least as safe as foster care (Connolly, 2003). Kinship care provides for greater stability of care (Connolly, 2003; Farmer, 2010), maintains children’s wider family connections (Cuddleback, 2004), and improves the chances of brothers and sisters being kept together (Patton, 2003).

Kinship care families do not generally see themselves as a form of foster care or as providing placements, but simply as a family. In the words of one young person:

I never thought it as a form of care. I just thought I was going to stay with Nana or Grandad for this long time and that’s it. It didn’t seem weird or strange to me anyway ... I still went to the same school, the same sort of things. Still had that same sense of stability, constancy. It was just a different location that you lived, a different person you lived with.

Kinship care arrangements are complicated, however, by abuse and family dysfunction. Family relationships become strained by conflict, threats and violence. Substance abuse in particular creates great difficulties given its serious impact on parenting capacity (Dunne & Kettler, 2008) and on relationships between children, carers and parents, and its coexistence with family violence, often testing loyalties to the limit (Kroll, 2007).

Kinship care is a growing area of research, particularly in the UK (Argent, 2009; Farmer & Moyers, 2008; Lutman, Hunt, & Waterhouse, 2009). However, despite the identified opportunities and risks inherent in kinship care, Iglehart's comment in the Introduction to a special edition of US Child and Youth Services Review on kinship care remains largely true internationally.

Kinship foster care has become part of the public welfare system and the knowledge base for this practice has not been able to keep pace with its utilisation (Iglehart, 2004, p.619).

The University of Melbourne Alfred Felton Research Group has been working on a research project exploring family contact in kinship care. There are two components of the research project. The first is a large survey of caregivers which explored their experience of children's contact with family members; the second comprises focus groups and interviews with children and young people, parents, kinship carers and kinship support workers. The quotes used throughout this article are from these focus groups and interviews.

The analysis of the data from this project is in process. The findings will have much to tell us about ways in which the new kinship care support programs may be able to grow and develop to address the flashpoint that parental contact arrangements often present, and to work with underlying issues. Early findings highlight the network of supportive family relationships that is available for children in kinship care, and suggest ways in which this can be maximised – starting with greater attention to supporting relationships between separated brothers and sisters, of which there are many.

So far, therefore, this new approach to children's protective care looks positive, if challenging, and seems manageable with support for problems as they arise. However, kinship care is a two-edged sword. It has been frequently noted that caregivers are usually grandmothers, older, more often single, poorer, and with more health problems than foster carers (Connolly, 2003; Cuddleback, 2004). The ageing of the carers, combined with health and other issues, is the big sleeper.

Our survey attracted 430 responses from current 'statutory' kinship caregivers, that is, caregivers who receive fortnightly caregiver payments from the Victorian State Department of Human Services (DHS). At least 85% of caregivers were women (6% gender not specified). Sixty percent were over 50; just over one-quarter (26%) were over 60; with a small group (6%) already over 70. Forty-two percent of carers were single. Over half (54%) of the children were under 10 years of age, and over one-quarter (27%) were under 5 years of age. Forty-one percent of carers had two or more children living with them. Had the sample not contained a considerable number of younger 'kith' caregivers, percentages of older family carers would have been higher.

These figures give considerable cause for concern. A decade hence, many of these carers will still have child-rearing responsibilities. By this stage, a huge cohort will be in their sixties, and many will be in their seventies.

The focus groups and interviews provided graphic comments about life as ageing kinship carers. Together they paint a picture of considerable hardship relating to fatigue, serious health issues, financial difficulties, housing difficulties and trauma past and present. Uncertainty about legal arrangements for the care of their young and an acute lack of support across many domains exacerbate the task of caring for children who have experienced trauma. Educational and behavioural difficulties abound. Kinship carers' comments also reveal their deep love of the children and a huge commitment to their care and support – often at great personal expense. A selection of carers' comments follow.

Love and commitment

There's no choice. They need the stability.

You're more than welcome to visit me in [hospital], but I'd rather it be in my own home because then you'll get to see my beautiful, beautiful grandkids.

Parental contact and relationships

I sometimes think agencies and DHS think access is easy because it's family and sometimes it's actually harder because it's family.

When they see their parents, it's like seeing a cake or a doughnut. I want it, I want it. They're cuddling them and saying, I miss you. I need you. I want you home, and you're coming home. It's building up their hopes.

Finances

The permanent carer assessment officer asked me, how much superannuation do you have and I said about \$8,000 and he said, you're not going to go too far raising a child on that are you?

But you're trying to plan for your retirement and then you've got these two children again and we all know how much they cost.

Court cases

So we spent from February to August doing court cases and doing everything we're supposed to do. Representing ourselves, having it cost us money every time, having to take days off work, only to have him not turn up at the final hearing.

We spent a lot on court cases because DHS want to give them back and I refused. Costs a fortune, eight court cases we had. The parents usually get Legal Aid; you don't get it, you've got to pay for all your legal representation.

Stress from multiple sources

Much feedback echoed the findings of a recent Australian literature review of kinship care, which included the following comment:

Of concern is the seriousness of the issues and the multiplicity of needs that are common among kinship carers (Boetto, 2010 p.63).

Caregivers experience myriad challenges that often interact to provide huge burdens to families. A selection of such comments follows:

Yes, it is very difficult. I look after my sick husband as well, so it's a full-time job ... I [just] want what's right for her and what's best for her. We all love her and we want stability for her and she hasn't got it. She was placed in three different schools last year ...

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.

At that stage I was looking after my father full-time so [taking Angela's care on] was a big call ... After a few weeks with Angela living with us Dad said to me, well it's either her or me, and I said, well you miss out, so I left.

Sally is diabetic ... her little brother drowned and she found him in a swimming pool when she was only five. So [she] is very angry; she smashes walls, doors, just goes off.

I've just got to sort out my personal issues now because it's taken a huge toll on our marriage and we're actually now going to start some counselling.

... and the carer's ultimate dilemma

Carers not uncommonly spoke of the anxiety about where the demands of caregiving would end. One grandmother described her fear of an impending decision about caring for a third child:

I'm feeling pretty yuck because my daughter is expecting another baby in three months and I think up to now I've been in denial. Now I can't sleep and I've got anxiety and I'm trying to [help her with practical things] and she's laying around and she's so down. I'm just trying my hardest for her to be able to keep the baby, but I don't think it's going to work because she's not [complying with] the conditions DHS have set down for her to do through the pregnancy. I'm starting to see it as it really is now and I just don't know if I can take another baby, I'm just awfully tired, particularly at night. I need my sleep.

These comments represent the tip of the iceberg of present difficulties and needs. What will the circumstances be for those still caring in a decade? What will be the circumstances for young people not yet ready for independence?

Kinship care is progressively being embraced, for good reason, as a safe family option with greater capacity to provide a strong sense of identity, security and enduring relationships for childhood and the rest of life. This may all change as we begin to hear stories of bereaved children, child carers, and young people out of control as elderly carers struggle to complete their caring mission while managing increasing ill-health, bereavements, stress and poverty. What will be the ramifications of this? Will we see a future Inquiry into the Child Protection system in Victoria in relation to kinship care?

Almost every Australian research report and publication to date has included a conclusion that support to kinship carers is sorely lacking (for example, Boetto, 2010; McHugh, 2009; O'Neill, 2011). These concerns are echoed in the international literature including the United Kingdom, the USA and Spain (Argent, 2009; Council on the Ageing, 2003; Ehrle & Geen, 2002; Farmer, 2009; Harden, et al., 2004; Iglehart, 2004; Lutman, et al., 2009; Palacios & Jimenez, 2009). Carers express strong needs for respite care, mediation services, child-friendly neutral venues for contact with parents where there are safety issues, and access to funding for additional costs (Council on the Ageing, 2003; Hislop, Horner, Downie,

& Hay, 2004; McHugh, 2009; O'Neill, 2011; Yardley, et al., 2009). The situation is summarised succinctly in a recent Spanish study of kinship care:

The undoubted advantages entailed within kinship fostering can, in fact, be turned into disadvantages for carers and children if they do not receive the professional help and support they need, and to which they are perfectly entitled. Without this help and support, and taking into account the fact that they have less personal and social resources, what should be a protection alternative can, in fact, become a risk situation, which should not be an option for children in the protection system (Palacios & Jimenez, 2009, p.73).

In Victoria, new kinship care support programs in the community sector show great promise. However, already there are indications of high staff turnover as workers grapple with the complex issues of kinship care in the midst of ongoing trauma. If desperate and unsafe scenarios are to be prevented, much greater resourcing will need to be put into such programs, and into the families who struggle to maintain their love and commitment to traumatised children.

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