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Non-familial kinship carers – who are they and what support do they need to nurture children?

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Non-familial kinship carers – who are they and what support do they need to nurture children?

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Keywords

Kinship care, children in care, child welfare, child welfare in Australia

Abstract

There is a growing body of literature about kinship care in the Western world, however much of it focuses on grandparent care. A lesser known aspect of kinship care is the care of children by non-relatives known to the child or their family. What little research exists about this group suggests that such placements are less stable than familial kinship care. This article reports a research study in Victoria, Australia that explored non-familial kinship care through analysis of administrative data, interviews with young people and carers, and focus groups with kinship care support workers. It emerged that current administrative databases are not yet able to reliably identify the carer relationship, and thus the extent of such care arrangements cannot accurately be determined. Interviews and focus groups revealed that non-familial kinship care is diverse and qualitatively different from familial kinship care, bearing some similarities to foster care yet managed very differently. It is suggested that policymakers need to pay more attention to conceptualising non-familial kinship care within kinship care policy frameworks, and that greater attention is needed to the individual support needs of children in such placements and their carers.

Introduction

Kinship care is defined as ‘family-based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature’ (United Nations, 2010, p.6). Significant benefits of kinship care have been identified as compared with other forms of out of home care, including greater stability, the perceived normality of the family environment and the maintenance of a range of family relationships (Nixon, 2008). However, research samples are frequently established opportunistically, and may be biased according to sources of recruitment, such as grandparent support organisations (Kiraly, 2015); for example, placement stability is associated with care by grandparents in particular (Hunt, Waterhouse, & Lutman, 2008). While it is widely believed that most kinship carers are grandparents, the facts are less clear. Numbers of kinship carers are individuals whose lives have crossed paths with children in need and have assumed their care without the felt obligation of family bonds. Recognition of families constructed through non-familial relationships may be uncertain.

Interest in this group of carers was initially piqued by our earlier survey of formal (statutory) kinship carers in Victoria, Australia (in the UK, known as 'kinship foster carers') that explored children's experiences of family contact (Kiraly & Humphreys, 2016). To our surprise, one-fifth of the 430 respondents were not related to the children in their care. A wide range of connections were reported. A subsequent literature search suggested that non-familial kinship care has attracted little interest from researchers. Hedin, Höjer, and Brunnberg (2011) commented that there had been no research studies focusing specifically on this group, however two studies comparing placement stability in different forms of out of home care have each identified non-familial kinship care placements as having a significantly higher breakdown rate than familial care (Perry, Daly, & Kotler, 2012 in Canada; Sallnäs, Vinnerljung, & Westermarck, 2004 in Sweden). Perry et al (2012, p.465) commented:

Like Sallnäs et al., we too find that these unrelated nominal kin placements perform more like foster placements than like true kin placements with respect to stability, and we conclude that further investigation of this distinction would be valuable.

In 2014, Pitcher, the editor of *Inside Kinship Care*, commented similarly:

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? (p.251)

Other specific gaps include the extent to which non-familial carers experience the many sources of stress that have been overwhelmingly identified for kinship carers generally (for example, Boetto, 2010; Farmer & Moyers, 2008), and also the extent that children may feel a sense of safety and belonging in this type of care. This study in Victoria, Australia, addresses this knowledge gap.

The rise of formal kinship care in Australia

Australia was early by world standards in closing children's institutions, and the small group residential units that replaced them were in turn subject to major reductions in the 1990s. Pressure for emergency, short and long term placements thus accrued to foster care and its variants at a time when recruitment of carers was becoming increasingly difficult. In the USA, an ideological shift towards recognising the importance of maintaining family ties coincided with an acute lack of placements to generate a strong push towards extended family care (McFadden, 1998); this in turn influenced practice in Australia and elsewhere. Children living in kinship care were first separately reported in the 1998 Australian Child Protection Report (AIHW). The fact that 'kinship' could embrace both 'kith and kin' allowed for a much needed new source of emergency placements. In Victoria, Australia, 'kith' care arrangements were previously subject to full pre-assessment as 'specific foster care' placements necessitating the child's temporary placement elsewhere. With the inception of kinship care as a separate entity, practice gradually changed towards immediate

placement into kinship care, with minimal safety screening followed by a fuller assessment process sometime later. However assessment and case management of kinship care placements remained a statutory child protection agency responsibility, unlike for foster care which in Victoria has long been managed by non-government organisations. Two different pathways into care were thus created.

The number and percentage of children in statutory kinship care in Victoria and across Australia has continued to grow from 31 percent in 1998 to 47 percent in 2017 (AIHW, 1999, 2018). Aboriginal and Torres Strait Islander children are highly over-represented in out of home care in Australia; and forty percent of children in kinship care in 2017 were Aboriginal and/or Torres Strait Islanders (AIHW, 2017). Despite the growing usage of kinship care for statutory child protection, policy and programmatic guidelines, support services and data systems generally remain at an early stage.

Terminology

Terms used more or less synonymously with *kinship care* in different countries are *relative care*, *family and friends care*, and in Australia, *kith and kin care*. *Non-familial kinship care* is also variously described. The British term is *friends*; the term *network foster homes* was used by Sallnäs et al. (2004) in Sweden, and *unrelated nominal kin* by Perry et al. (2012) in Canada. Australian terms in various parts include *non-relative care*, *significant others*, and the somewhat odd appellation *kith care* resulting from disaggregation of *kith and kin*.

Australian terms used for kinship care arrangements made by a statutory child protection agency service (thus attracting a carer allowance) are *formal kinship care* or *statutory kinship care*, terms broadly equivalent to *kinship foster care* as used in the UK and USA.

Methodology

The project aimed to explore the prevalence, nature and stability of formal non-familial kinship care arrangements in Victoria, Australia, and associated support needs. It received approval from the University of Melbourne Human Research Ethics Committee, and provision was made for supportive follow-up to participants should this be required. Methods utilised were analysis of administrative data; semi-structured interviews with 21 carers and 6 young people; and focus groups with 30 kinship care support staff. Recruitment of all participants took place via organisations providing support to formal kinship care placements. Focus groups and interviews were audio recorded and transcribed. Transcripts were coded using the NVivo software package (QSR International, 2010) to identify and classify material at a set of nodes derived from the research questions. New nodes were added as other relevant issues emerged. Themes were identified from the coded material and organized to describe the observed features of non-familial kinship care. Where quotes are used, carers and young people interviewed are identified by pseudonyms. Quotes from kinship support workers are not specifically identified.

Study limitations

Participation in research is understood to favour those whose lives are more settled (Hunt, Waterhouse, & Lutman, 2010; Messing, 2006), and it is assumed that this bias pertained to the young people and carers in this study. Nevertheless, all the young people had experienced considerable trauma in their lives, and the carers had all endured significant challenges. Support workers provided a breadth of experience to complement the perspective of participants with lived experience. We did not have permission to interview young people on statutory orders, therefore a primary limitation of this research was the small number of young people interviewed. Another limitation was that no focus groups were conducted in Aboriginal or Torres Strait Islander organisations; this study therefore does not present an Aboriginal and/or Torres Strait Islander peoples cultural view of non-familial kinship care.

The young people

There were four young men and two young women. None were Aboriginal and Torres Strait Islanders. The young people ranged in age from 14 to 24 years. The young people had been variously cared for by a youth worker, school counsellor, church minister, school friend's parent, and a close family friend.

The kinship carers

There were 18 female and 3 male primary carers (Table 1). Two were Aboriginal, and one non-Aboriginal primary carer was married to an Aboriginal man. The carers ranged in age from 25 to 78 years; over half were between 40 and 60 years. Half (12) were single. All except one had one or more other adult relative living in the household at commencement of placement, but all were clearly designated as the primary kinship carer.

[Table 1 about here]

Prevalence of non-familial kinship care

Victorian data

An extract of the Victorian statutory child protection database (CRIS) about children in formal kinship care was provided to the researchers. The data provided included information about the *Carer Relationship* (Table 2), *Placement Commencement* and *Placement End* dates.

[Table 2 about here]

The *Carer Relationship* field had not been completed for 55% to 65% of entries, as completion of this field was not mandatory. As seen in Table 2, less than half the children (35% to 43%) were identified as having a familial relationship with their caregivers. Around one-quarter of children (22% to 30%) were reported to be living with their grandparents or great-grandparents. A very small number (2%) were recorded as being with non-familial kinship carers. It may be speculated that the *Carer*

Relationship field was completed more frequently when carers were relatives of the child than when they were non-familial, as menu options for family carers were better developed than for non-familial kinship carers. However the proportion of statutory kinship carers who are not family members actually remains unknown. The relative stability of familial and non-familial kinship care could thus not be determined.

Australian data

Preliminary data about the relationship between carer and child from five Australian jurisdictions (Queensland, South Australia, Tasmania, Victoria and the Australian Capital Territory) appeared in the 2016-2017 Child Protection Report (AIHW, 2018). These 11,246 children in kinship care constituted 49.7% of the 22,639 children in kinship care. The most populous state, New South Wales, has yet to submit this data (9,187 children at 30 June 2017), as has Western Australia (2,060 children). *AIHW Supplementary Table S37* is here presented as Table 3 with this writer's highlights.

[Table 3 about here]

Four-fifths (79.4%) of the 8,462 children in these five jurisdictions were living with relatives. Just over half (52.5%) were with their grandparents, and over one-quarter (26.9%) with other relatives. One-fifth (20.7%) were either in non-familial care (17.2%) or 'Other' care (3.5%).

Footnote 4 of *AIHW Table S37* reveals however that these figures are subject to qualification. *Table S36* in the AIHW (2018) Child Protection report reveals that there were in fact 11,246 children in kinship care in the five represented jurisdictions. Thus 2,784 children, or 25 percent of the total number of children in the five jurisdictions, have been excluded from Table S37. From our analysis of the Victorian data, it would appear likely that the vast majority of these excluded children were from Victoria where completion of the *Carer Relationship* field is not mandatory. It cannot be assumed that the excluded cases would be spread proportionately across the relationship categories. The 2018 AIHW data is therefore regarded as a best early estimate.

Characteristics of carers interviewed

A number of overlapping cohorts were observed among these 21 carers.

Carers with large numbers of children

Seven women were caring for either 3 or 4 non-familial kinship children. Five of these carers were single. Five also had children or grandchildren of their own in their care, making a total of 5, 6 or 7 children. These carers reported concern to see siblings remain together as a key motivation. Two single women, a teacher and a youth worker, had each cared for two generations of children over time.

Fictive grandmothers

Six women had become grandparent figures to the kinship children; four of these were among those caring for large groups of children. Five were single, including all those with large groups of children. Examples were a woman caring for her three grandchildren who also took on her neighbour's three grandchildren; and a couple who took in their grandchild's half-sister (unrelated to them).

Children's services staff

Three carers had met the children through working in schools, two in child or youth care programs, and two as in-home family day care providers. Most were in their thirties and forties at the commencement of care.

Young carers

Five young people became carers in their twenties, including two of the three male carers. Four of these five were family friends; three were single. One young carer and her husband took in four children of their friends following the parents' deaths and were raising the children alongside their own three.

Carers of Aboriginal children

Four women were looking after Aboriginal children; two were themselves Aboriginal. Both the non-Aboriginal carers had strong connections to the children's families and culture. Three were single and were experiencing significant financial stress.

Male carers

The three male primary carers were all single and all working full-time. As mentioned above, two were young family friends; the other had previously mentored the teenage boy in his care.

Pre-existing connections between carers and children

Four of the young people interviewed had a significant pre-existing relationship with their carer but the other two did not. The young people generally saw care by familiar people as preferable.

Well it's different being here because I've known them my whole life. But last year I was living with my best friend. I lived there for two to three months and I noticed there was no relationship between me and the parents. So it was just really hard (Kyle).

Only one-third of the carers interviewed identified as family friends, and only one-third had known the children well prior to care (Table 3). Three carers had had no previous contact with the groups of children they took on. A number of care arrangements involved infants. Five were placed as newborns, two joining their siblings in long-term care, and three were aged one year when placed. Half the care arrangements (11 of 21) emanated from the carers' employment. In these cases the strength of the pre-existing relationship tended to be less strong than when the carers were family friends or similar.

Several support workers suggested that the pre-existing connection between children and carers was the most important aspect of placing children in non-familial kinship care.

I think it boils down to some social recognition and validation of the placement, that you don't have to be blood-related. It's the emotional connection [that] is the important part ...and then they should have equal rights with other carers (Support worker).

Nevertheless, successful placements based both on solid pre-existing relationships and on tenuous connections were described by all participant groups. Considerable concern was however expressed by support workers about instances where the pre-existing relationship was tenuous, or at times frankly non-existent. Many such placements had been observed to be insecure. Several support workers suggested that such care arrangements were often rapid responses to placement emergencies and a shortage of alternatives; assessments in these circumstances were seen to sometimes lack thoroughness.

[Table 4 about here]

Security and belonging

Four of the young people interviewed had had many previous placements and expressed relief at feeling secure in their current care and supportive relationship with their carer.

I've known her since I was born ... It's a roof over my head that seems stable (Kyle).

The carers interviewed displayed high levels of commitment to the children, and all but two expected to be looking after the children into adulthood. When asked to describe the best things about their role, they invariably cited the satisfaction of being able to give children new opportunities and watch them develop.

The transformation in him has just been incredible (Lucy).

It's the enjoyment we're getting out of watching her just blossom (Kirsten).

Carers described the various and sometimes idiosyncratic ways children articulated their place in their fictive family.

Ryan will still refer to me as his pretend Grandma. Okay, I'm happy with that if that's what you want to call me (Bernadette).

They were walking up to [their new] school and they said to [my husband] John, 'We're going to change our names. We're not going to use Smith'. John said, 'Oh my God, what are you going to use?' They said 'We can use Oakley [Beth's surname] because we can spell it'. They couldn't spell [John's surname] (Beth).

However, children's sense of belonging to a fictive family was not without challenges both from members of the community and from within the family itself. Several carers observed that their families were not always recognised in the same way as 'natural' families.

We had to keep telling our story to people and we didn't want to. We just wanted to be accepted as a family, a big family, and this is who we are (Stephanie).

I'd told [daughter] off about something that she had said to Kara, and she said, 'Why are you protecting her, she's not even your child?' (Kirsten).

As will be seen below, challenges to the child's sense of security in their fictive family could also arise from the very authorities who made the placement.

While many care arrangements providing nurturing and stability were described, this was not always the case. Many unstable care arrangements were also mentioned by support workers. Numbers of reports about poor quality care were described, as well as difficulty at times in having problems satisfactorily addressed by authorities.

The two and a half years I worked with the young person she had five placements, four of which were kith. So a placement would break down, the next person would put their hand up, at school, the next person....Kith carers mean well, and I wonder whether it is rushed too quickly, just having a roof over their head (Support worker).

Differences between familial and non-familial care

When I went to [support group] I did notice that there was a lot of grandparents there, and it sort of felt a bit sort of, 'Ooh, gees', you know (Natalie).

Many differences between familial and non-familial kinship care were mentioned by all groups of participants. Several young people articulated a clear sense of difference, indicating that they would still have preferred to be in their extended family. On the other hand, one young person testified to the way in which a fictive family may become to all intents and purposes, their 'real' family.

It'd be different because you would still have your family by your side (Melissa).

She may not be blood family, but who says blood is needed to make a family? They say friends come and go but family's there forever. If you've had friends who have stuck by you through the worst then in my eyes they are family (Marco).

A few support workers commented that an advantage of non-familial kinship care was that carers were not part of an extended family embroiled in longstanding conflict with children's parents, or under an intense sense of obligation to provide care. On the other hand, it was suggested that family carers generally felt a greater commitment to persisting through challenging times, and that the altruism of non-familial carers was often not unconditional. Some non-familial carers were observed to be closely attuned to the care task, while others were seen as lacking in understanding of the parents' circumstances, and reluctant to facilitate children's parental contact. Carers' lack of family history, including children's trauma history, were seen as a particular difficulty by both carers and support workers, affecting carers' capacity to respond as best possible to the children's.

A lack of early planning for the duration of care was frequently raised by carers and support workers. Many care arrangements were observed to commence on a short-term basis but continue without

specific care planning either indefinitely or until they broke down. It appeared that non-familial carers were frequently implicitly assumed to be committed to long-term care, including into adulthood if necessary, just as if the children were their own family members. Two family day carers interviewed who were raising large sibling groups of children with disabilities were of particular concern in this regard, especially as in both cases care had started with an emergency placement rather than from a pre-existing relationship. On the other hand, there were also suggestions that children's sense of belonging in secure, long-term non-familial kinship care could be challenged through case planning procedures. Six year old Tilly had been in Ingrid's care for five years when permanency planning occurred and various relatives who had shown no previous interest in the little girl suddenly came forward. Despite these relatives being little known to Tilly, planning prioritised a potential transfer to a family member over Tilly's attachment to Ingrid, and Tilly was required to commence visiting with several relatives. The ensuing disturbance in her relationship with Ingrid only settled once it was clear that none of these potential care options were viable.

I suppose when I'm called 'kith' I get really annoyed because in actual fact I am Tilly's family, as she sees it. We have been like that since she was 14 months old... (Ingrid)

Program standards: foster care and non-familial kinship care

A number of areas of disparity in program standards were raised by carers and support workers. Two problem areas were mentioned repeatedly: assessment and approval of care arrangements, and financial support. A number of participants related these issues directly to resource limitations and the heavy workloads of the statutory child protection agency workforce.

*[If you'd become a formal foster carer, would that have made a difference?]
Well, I would have had the training and the support. See, we didn't have a worker the way it was done (Elizabeth, caring for four young people all with disabilities).*

Significant concerns about both delay and quality of assessments were reported. All but two of the carers had been assessed following after placement was made. Few of the carers considered that their assessment had been thorough enough to ensure their suitability.

I think because someone said 'We'll take on four', they just jumped at it straightaway. I can't believe how easily we got them (Stephanie).

Most (16) of the carers interviewed had some sort of child-related employment experience, and several suggested that their employment record had been used as a proxy measure of suitability. Both carers and support workers expressed concern about such an assumption. A particular concern related to residential care workers.

It is such a different thing going from employment [where] you can then go home and not be around the kids, to having the child in your home as your child now. They need that preparation time. You need to know what you're getting into (Support worker).

The assessment tools themselves concerned many support workers. The initial screening was said to be overly focused on environmental safety, with little attention to the suitability of the prospective primary carer and others in the home. The subsequent assessment, intended to be more comprehensive, was seen to be biased towards approval to avoid the need to find another placement and unsettle children. More thorough assessments prior to care commencing were widely advocated, and it was suggested that this would sometimes necessitate alternative temporary care for children.

In general, lower standards were observed by both carers and support workers in the criteria for approval as kinship carers as opposed to foster carers. A support worker gave an example of a woman who had been approved as a foster carer, but was then not permitted to foster a little boy because she did not have a fence around her property. She was subsequently approved as a kinship carer for two young children. One of the carers interviewed had been a kinship carer for several young people and later applied to become a foster carer but was rejected.

Frequently mentioned by both carers and support workers was the fact that kinship carers generally receive the lowest level of carer payments, while foster carers have access to higher levels of payment based upon the identified needs of children. The most graphic examples among carers interviewed were two women who were each raising four children with disabilities but were only receiving the lowest level of carer payments. Instances were also mentioned in which foster carers were redefined as kinship carers when children returned for a second placement, resulting in lower carer allowances and casework support. Participants reported that the current practice of treating non-familial carers with any pre-existing connection to a child as kinship carers rather than foster carers disadvantaged children and carers financially and in other ways. Most of the carers interviewed were experiencing significant financial stress. The seven large family groups were all in crowded accommodation and were making significant compromises about where people slept. Several support workers suggested that some non-familial care arrangements would be better set up and managed as foster care placements. It was suggested that in this way more unsuitable carers would be screened out, and others would receive better financial and casework support.

Understanding of non-familial kinship care

I think that's it, that they think you're actually related to these children (Tracey, caring for four young people all with disabilities).

Many carers and support workers felt there was a lack of clarity about the nature of non-familial kinship care in kinship care policy and practice. Some carers felt that their own understanding of their relationships with the children had been overlooked, and that an alien identity had been imposed. An example provided was of a woman looking after the child of her brother's ex-partner, who resented being seen by statutory child protection agency as a family member. A contrary example was of the ex-partner of a child's grandmother, who was reported to be unhappy not to be

acknowledged as a relative carer in the case planning process with what he felt to be his rights as a family member.

There were many other comments that suggested a lack of clarity about the conceptualisation of non-familial kinship care. Carers' own confusion about whether they were foster carers or kinship carers was frequently mentioned.

Support worker 1: I think in fact some of them do see themselves as foster [carers].

Support worker 2: Yeah, they say it all the time. They use that language, yes.

They haven't been screened and assessed and trained like foster carers. So they're in that grey area (Support worker).

Two support workers encapsulated the issues involved and a proposed way forward:

My thought about kith is, they must feel so unacknowledged and under the radar. Because [of] kinship being considered to be grandparents only, they just have no representation, they have no presence. When you talk about the field of care they don't belong anywhere and they don't have a tribe. So they must feel very adrift.

I think they need to remake the system...so that there's not one pigeon-hole that they put kinship carers in. If you got that individual consideration I think a lot of the problems would fall [out] – well, and the practical backup...a different repertoire of options.

Deconstructing 'non-familial kinship care'

Children need compassion, care and understanding, but most of all...they need belonging.... And as we think of meeting that challenge... with the respect born of rights and with the love born of commitment, we can get closer to helping children blossom (Gilligan, 2006, p.44).

This study has identified nurturing fictive families both built on strong pre-existing relationships, and others established with little or no previous contact. A number of carers described their joy at seeing children flourish, and more than one echoed Gilligan's words about 'helping children blossom'. Such stories might suggest that a close pre-existing relationship between child and kinship carer is not important for good outcomes. However, as mentioned in the Methodology, we know that carers in relatively settled circumstances are more likely to volunteer for research than those where relationships have been troubled. Another side of the picture was revealed by kinship support workers who described many cases where ill-conceived care arrangements had led to poor care and multiple placement breakdowns.

Non-familial kinship care is an ambiguous notion. Consistent with the observation of Sallnäs et al. (2004) and Perry et al. (2012), many support workers who participated in this study viewed such care as closer in nature to foster care than to familial kinship care. However in Victoria, Australia, foster care and non-familial kinship care placements are managed very differently. In particular, kinship care assessments are made within government statutory child protection agencies in the context of emergency placement finding, using still-developing assessment protocols, while foster

care assessments are made by non-government services prior to placements being made, utilising well-established standards and processes. In this study, kinship care assessments were observed to be frequently compromised, and we heard of some reluctance on the part of authorities to address issues of poor quality of care. Placement assessment is an issue of concern for good reason. Many families connected to vulnerable children are nurturing and stable, yet others have significant vulnerabilities themselves; thorough assessment is therefore critical to the protection of children. We concur with those participants who suggested that where carers and children are not well-known to each other, there is still a strong argument for conducting a specific foster care assessment prior to any placement being made.

A number of support workers in this study were of the view that many of the observed problems were linked to the limited emergency options currently available. As mentioned in the Introduction, when family options are not available, non-familial contacts of all sorts may now be subsumed into kinship care on the assumption that they may offer a similar experience to familial care including an inherently protective pre-existing relationship; however we were told of numbers of placements where the prior connection between children and their carers was tenuous or even non-existent. The mixed picture presented in this study suggests that non-familial kinship care has at times become a poorly-conceived and over-used 'add-on' to familial kinship care. The absorption into the statutory kinship care program of carers who are not genuinely 'close friends of the family known to the child' may be an example of a still rudimentary kinship care policy and practice framework; the risks of such practice are clear.

This study has identified a lack of pre-approved emergency care as the driver of a degree of compromised practice. A temporary placement can afford time for both thorough exploration of the best familial and non-familial care options, and impartial assessment of prospective carers (Gibson & Rinkel, 2012; Perry et al., 2012). The early phase of care is also the ideal time to conduct a Family Group Conference to explore all possible care options available within the child's family and community network. A wider range of emergency care options needs to be developed if kinship care is not to be over-utilised for emergency care without proper assessment. Efforts to augment the foster care pool continue, but are unlikely to deliver the total quantum of emergency care required. If the crisis in emergency care is not addressed, it may be in kinship care that our society's disregard for its most vulnerable members will next be exposed by scandal and inquiry.

The lack of a theory about 'non-familial kinship care' also appears to have led to some confusion in permanency planning. In a number of cases raised in this study, there seemed to be an assumption that non-familial carers would have a long-term commitment to care akin to a familial sense of obligation. On the other hand, we also heard of instances in which secure long-term kinship care placements appeared to be under threat during permanency planning on the basis that they were non-familial. The *Children, Young Person and Families Act* (State of Victoria, 2005) provides for a stability plan to be developed after one to two years of out of home care depending on the child's age. Nearly half a century ago, Goldstein, Freud, and Solnit (1973) identified that a child's

psychological parents are those who provide the primary, ongoing, loving care to children, regardless of biological relationship. While this has become a well-accepted precept in child psychology, it would appear that children's secure attachments to their psychological parents may still be at risk from opposing ideology that preferences the notion of placing children with family members regardless of where their primary attachments lie, and whether or not known to children.

Like Sallnäs et al. (2004) and Perry et al. (2012), this study has thus identified that non-familial kinship care is qualitatively different from familial kinship care. Unlike those studies, however, we were unable to determine the number of children in formal non-familial kinship care and the relative stability of familial and non-familial kinship care, because Australian data systems are as yet unable to accurately identify the child-carer relationship. We concluded that the true extent of non-familial kinship care in Australia is as yet unknown, and wonder whether this may also be true in some other Western countries where statutory kinship care is on the rise. It is critical to know how many such placements are taking place, who these non-relative carers actually are, and the strength of their pre-existing relationships. Importantly, the stability of non-familial kinship care as compared with grandparent care and other types of familial care needs to be determined. If further research is consistent with international evidence to date that grandparent care is the most stable, and non-familial kinship care the least, particular attention to the assessment and support of non-familial kinship placements would clearly be warranted. It is already clear that we can no longer operate on the myths that kinship care and grandparent care are similar in nature, or that all kinship care is inherently good.

There is a duty of care to supervise and support all statutory care arrangements, and to ensure that all children receive active case management according to their individual needs. Foster care has long set standards for the assessment and support of non-family carers, standards that this study suggests kinship care risks undermining unless better policy is developed and better practice funded. A new paradigm is needed to ensure good quality non-familial placements. Options include further development of policy for kinship care separately from foster care as currently occurs in Victoria, or a broader home-based care model embracing both foster care and kinship care as exists elsewhere, however according greater attention to the diversity of carers' and children's circumstances, family dynamics, and support needs. The new kinship care program model being introduced in Victoria in 2018 aims to improve capacity in the existing service and is a welcome step forward, but much more remains to be done to ensure equitable support to all children in formal kinship care.

Unclear terminology often reflects confusion about the nature of emerging social phenomena or social groupings. Better recognition of the existence, characteristics and support needs of non-familial kinship care arrangements might commence with the adoption of better terminology. We suggest that the 'community kin carers' may better describe the diversity of these generous carers drawn from within children's communities than the more obscure terms 'kith' and 'significant others', or even the traditional British term, 'friends'.

We are hopeful that this study will improve recognition for the altruism of community members who step up to provide care to children in crisis, and who sometimes commit to their care into the longer term. We also hope it will provide a stimulus for researchers in other countries to explore the prevalence, characteristics and support needs of community kinship care arrangements, and the diversity of kinship care arrangements more broadly. A better understanding of the living circumstances of these vulnerable children is imperative if their support needs are to be recognised and addressed in the way they deserve.

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Table 1 Demographic characteristics of carers interviewed

Gender & marital status of carers	Partnered (primary carer designated female)	9
	Single women	9
	Single men	3
Age of primary carer at interview	20-29	3
	30-39	3
	40-49	5
	50-59	8
	60-69	1
	70-79	1
Non-familial kinship children in household at commencement of care	1 child	11
	2 children	3
	3-4 children	7
Total children in household at start of care	1 child	6
	2 children	4
	3-4 children	6
	5-7 children	5
Indigenous status	Carer Aboriginal, children Aboriginal	2
	Non-Aboriginal carer, Aboriginal children (one with children's Aboriginal uncle residing)	2
	Carer not Aboriginal, spouse Aboriginal, child not Aboriginal.	1
	Households with no Aboriginal members	16
TOTAL CARERS		21

Table 2 Relationship between children and kinship caregivers (placements active at 30 June)

YEAR	2010	2011	2012	2013	2014	2015
<i>Grandparents & great-grandparents</i>	22%	26%	28%	26%	26%	30%
<i>Aunts/Uncles</i>	8%	9%	10%	9%	8%	9%
<i>Siblings</i>	1%	1%	0%	1%	1%	1%
<i>Other related</i>	4%	4%	4%	4%	3%	3%
TOTAL FAMILY CARE	35%	40%	42%	40%	38%	43%
<i>Friends and 'Non-Family'</i>	2%	2%	2%	2%	2%	2%
<i>Unknown relationship</i>	65%	58%	55%	59%	60%	56%
TOTAL CHILDREN	2225	2396	2890	3317	3850	4690

Table 3 Excerpt from 2018 Child Protection Report Supplementary Data

Table S37: Preliminary analyses, children in relative/kinship placements at 30 June 2017, by relationship of relative/kinship carer

Relationship of relative/kinship carer	Number	%
Grandparent	4,439	52.5
Aunt/uncle	1,693	20.0
Sibling	135	1.6
Other Relative ^(a)	447	5.3
Non-familial relationship	1452	17.2
Other Indigenous kinship relationship	6	0.1
Other	290	3.4
Total	8,462	100.0

(a) 'Other relative' includes cases where the carer is the biological/step/adoptive relative (excluding grandparent, aunt/uncle, or sibling) of the child placed in their care. This includes Indigenous kinship placements with other relatives.

(b) 'Non-familial relationship' includes cases where the carer who has a pre-existing relationship with, but is not a biological/step/adoptive relative of, the child in their care (e.g. neighbours, family friends, etc.). This includes Indigenous kinship placements with carers who have a non-familial relationship to the child.

Notes

1. This table includes data for Vic, Qld, SA, Tas, and the ACT.
2. The relationship between an authorised relative/kinship carer and a relative/kinship child placed in their care can be full, half, step or through adoption.
3. For households containing more than one authorised relative/kinship carer, only the relationship of the carer identified as the 'primary' carer is recorded.
4. Placements where the relationship of relative/kinship carer is unknown have been excluded from this table.

Source: AIHW Child Protection Collection 2017.

Table 4 Pre-existing connections between carers interviewed and children

Nature of carers' pre-existing connection to children	Connection via a workplace or similar	11
	Family friend or similar	7
	Parent of child's school friend	3
	Total	21
Relationship – direct carer to child; or through children's parents	Carer or carer's family member directly with child ¹	12
	Carer or carer's family member with parent or other relative of child ²	9
	Total	21
Strength of children's pre-existing relationship to carers ³	Children very well known to carer	4
	Children and carer had spent considerable time together	3
	Small amount of previous day or overnight visiting	2
	Children and carers had met on occasion	7
	Little previous contact	3
	No previous contact	3
Newborn or very young infant	5 with family friend; 3 placed with siblings; 2 temporary short-term care.	8

¹ Connection via school (6), day care (3), youth program (1); small business (2).

² Carers connected via family friendship or similar (6) and/or work connection (3).

³ Total is more than 21 as some children had different pre-existing relationships with the same carer.

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