


The nature and prevalence of kinship care: Focus on young kinship carers

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Abstract

Young kinship carers tend to be overlooked in kinship care policy and practice. This Australian research project explored the prevalence of kinship care households in Australia, with a particular focus on households headed by young kinship carers. Census data were utilized to explore the number of kinship care households across the carer age spectrum and some of their characteristics, including households with Indigenous carers and carers with a culturally and linguistically diverse (CALD) identity. Characteristics of households headed by carers aged 16–30 years were explored in some detail, and comparisons made with young parents. The data pointed to particular challenges for young kinship carers in relation to post-secondary education, employment and income security. Implications for policy and practice are discussed.

KEYWORDS

child welfare (in Australia), family policy, kinship care, poverty, social exclusion, young carers

1 | INTRODUCTION

Child protection data have revealed a significant rise in statutory (formal) kinship care in many Western countries in the last 20 years. Kinship care arrangements have been increasingly being made in preference to other forms of out-of-home care due both to legislated policy directions recognizing the importance of enduring family relationships to children (Boetto, 2010) and also to difficulty in maintaining a sufficient pool of foster carers (Smyth & Eardley, 2007). However, the overwhelming majority of kinship care arrangements have been shown to be made informally among family members (Lee, Choi, & Clarkson-Henderix, 2016; Selwyn & Nandy, 2014). Research has demonstrated a range of benefits of kinship care over placements that remove children from their family networks (Winokur, Holtan, & Batchelder, 2018). However, the Boetto (2010) literature review showed that carers frequently experienced a considerable burden of care with the role usually falling to women, carers often being single and older, poorer and less well educated than foster carers. Informal caregivers are also financially disadvantaged in not receiving the financial support provided to formal carers (Testa, 2017). Despite much larger numbers in informal care, research has tended to focus

on children in formal kinship care (Lee et al., 2016), not only because children in informal care are more difficult to identify and access (Selwyn & Nandy, 2012) but also because there has been little recognition of this social group in public policy. To date, there has been a dearth of information about the total cohort of Australian children in kinship care both informal and formal. One estimate using the data from the *Household, Income and Labour Dynamics in Australia (HILDA) Survey* (Melbourne Institute, 2019) suggested that there were approximately three times as many Australian children in informal as formal kinship care. However, this estimate cannot be regarded as reliable, as HILDA only includes a small data set relevant to children in alternative care (Smyth and Eardley, 2007).

Kinship care research has also tended to focus on grandparents (Selwyn & Nandy, 2012) in the belief that grandparent care and kinship care are virtually synonymous. Grandparent carers are highly visible. Child protection services have tended to seek them out as first port of call for care arrangements, and the aged care lobby has been influential politically on their behalf (Council on the Ageing [NSW], 2010; The Senate, 2014). Kinship care organizations have also tended to focus mainly on grandparents, as seen in organizational names such as Grandparents Australia grandparents.com.au/,

Grandparents Plus (UK) www.grandparentsplus.org.uk/, and Grandparents Raising Grandchildren Trust (New Zealand) www.grg.org.nz/. Surveys of kinship carers have typically drawn on the clientele of such organizations, their findings thus reinforcing the perception that grandparents constitute the vast majority (Kiraly, 2015). In Australia, there have been several large studies of grandparent care (e.g., Blundell et al., 2019; Brennan et al., 2013; Council on the Ageing, 2003). In 2006, the Australian census provided data about the grandparent relationship for the first time. Brennan et al. (2013) used these data to explore the number of grandparent carer families but found a wide range of uncertainty due to lack of data about care relationships. These researchers identified a minimum of 8050 households, but potentially 35,926 households where no parent was present and grandparents may have had responsibility for grandchildren under the age of 15 years. Given these and other grandparent care studies, it may be argued that the characteristics of grandparent carers have been well identified. There have however been few studies that focus on other relative carers.

Young kinship carers (in this article defined as aged 16–30) who take on the full-time care of other people's children do so during a critical stage in their own development. The years from the late teens through the twenties are when young people in industrialized countries lay the foundations of their life trajectories through education, employment and establishment of intimate relationships (Arnett, 2000). Such activities have been made possible for many by an extended period of economic dependence that contrasts with previous generations; in current-day Australia, many young people live with their parents well into their twenties (AIFS, 2020). Young people living independently and caring for other people's children would thus appear to be on a very different pathway from other young Australians. The importance of providing support to carers on the basis of life stage as well as generic needs was recognized in a kinship care practice framework (Connolly, Kiraly, McCrae, & Mitchell, 2017); there are thus compelling reasons to explore the prevalence and characteristics of the youngest group in particular.

No specific attention to young kinship carers was identified in the research literature. However, there has been some interest in sibling kinship carers. In the United Kingdom, Roth, Lindley, and Ashley (2011) explored the circumstances of sibling carers through interviews and a survey, finding that sibling carers suffered a series of disadvantages and had limited financial and professional support. Another UK study using 2001 census data revealed a surprisingly large percentage (38%) of children in kinship care in England being raised by older siblings (Selwyn & Nandy, 2012). Twenty-one percent of these sibling carers were under 25 years of age. A replication of this study using 2011 census data reported a lower but still significant percentage (23%) of children with sibling kinship carers, whereas 51% were in the care of grandparents (Wijedasa, 2017). Sibling carers were found to experience educational and employment disadvantage as compared with parents of dependent children. Selwyn and Nandy (2012) enjoined researchers in other countries to explore the prevalence of kinship care by siblings, and to investigate their circumstances.

The current research project was partly inspired by Selwyn and Nandy's challenge. The project had two parts. Part 1 explored the prevalence and circumstances of Australian households where kinship care was taking place using census data with a specific focus on young kinship carers. Part 2 explored the life experiences of young kinship carers and children/young people in their care through in-depth interviews. This article describes Part 1 of the project.

The census analysis process also provided an opportunity to estimate the prevalence of kinship care households within two specific cultural groups: Aboriginal and Torres Strait Islander (Indigenous) and culturally and linguistically diverse (CALD) communities. Australian Aboriginal people have suffered greatly through a series of racist historical policies, including the practice of systemic child removal. Repercussions have included high levels of trauma, disadvantage and family dislocation in contemporary Aboriginal communities (HREOC, 1997) and continuing high levels of protective child removal. Aboriginal people have advocated strongly for their children to remain with family wherever possible, and government policies were changed in the late 20th century to focus on the promotion of Aboriginal family life (SNAICC, 2005). Torres Strait Islanders comprise 9% of the Indigenous population (Australian Bureau of Statistics [ABS], 2018) and have a different history and culture which is not addressed here. Statistical databases however often report numbers of Aboriginal people and Torres Strait Islanders together, frequently using the general term *Indigenous*. CALD kinship care households were also of particular interest given that newly settled immigrant families frequently experience cultural dislocation, poverty, educational disadvantage and employment difficulties. There is to date little literature about CALD children in kinship care.

2 | METHODS

The project addressed the following research questions:

1. What is the prevalence of kinship carers in Australia, and what are their demographic characteristics?
2. What are the circumstances of Australian kinship carers aged 16–30 years in relation to educational progress, workforce participation and financial security, and how do these circumstances compare with young parents of similar age?

Ethics approval was obtained from the University of Melbourne Human Research Ethics Committee.

The Census of Population and Housing has been identified as the most representative and best data available about the Australian population (.id—the population experts, 2020). It includes basic demographics, family structures and data about employment, occupation, education and housing. Definite answers to research questions however can only be obtained where census questions and research questions have a reasonable degree of alignment. As in the United Kingdom, there is currently no Australian census question that relates specifically to the primary care of dependent children by the adults in

a household. Therefore, as Selwyn and Nandy (2014) have articulated, analysis of currently available census data can only provide proxy data (or estimates) for the number of kinship carers in a population.

At the time the research was undertaken, the most recent information from the ABS was from the 2011 census, the same year as British census data reported in Wijedasa's (2017) replication of Selwyn and Nandy's earlier study using 2001 census data that was variously reported in 2012, 2013 and 2014.

Analysis was undertaken using customized tables provided by ABS. Parameters for the analysis were established through detailed, iterative discussions between the primary researcher and a senior ABS data analyst. Early on, advice was received that while the Australian and UK censuses are structured similarly, technical difficulties prevented extraction of detailed family relationship data from the Australian census. The specific focus of the project was thus changed to *young kinship carers* rather than *sibling carers*, as age-related data were more accessible. Through the research process, significant resourcing constraints were experienced by both the research team and the ABS data analysis programme. Resource constraints led to significant time lag in the process of establishing the research parameters, the development of customized data tables and the actual data analysis.

In the census, the *Family/Household Reference Person Indicator* (RPIP) for a family is a person aged 15 years or over who is one of the partners in a registered or de facto marriage, or a lone parent, usually the person identified as Person One on the Household census form (ABS, 2014). Similar to the methodologies of Selwyn and Nandy (2012) and Wijedasa (2015), RPIP was used a proxy for the primary carer, with the assumption that both the identified RPIP and/or any partner would have a primary role in the care of children whether as breadwinners and/or direct care providers. However, unlike in the methodology of Selwyn and Nandy (2014), it was considered that this assumption could not be made for multigenerational households, as it would not be possible to determine whether the RPIP (who may be a parent, grandparent or other relative/friend of resident children) would actually have a primary role in the children's care. Households with young RPIPs were only included if there were no adults older than the RPIP present, with the exception of any older partner of the RPIP. Households with older RPIPs were only included if no adult son, daughter or stepchild of the RPIP or any partner was present. Two-generational households were thus identified that contained at least one relative under the age of 18 where neither mother nor father of such children were resident. Further details of the parameters for the data analysis are available from the first author.

The decision to exclude multigenerational households inevitably eliminated a number of households where kinship care might be taking

place. Findings presented thus constitute an underestimation of the true number of kinship care households in Australia. Another limitation to the study is that (as Selwyn & Nandy, 2012 also articulated) census data cannot explain *why* children were living with relatives. In addition to kinship care due to parental incapacity, this analysis may include households where kin children are present for reasons such as education and/or parents' absence on work assignments.

The age of carers in kinship care households was explored using three RPIP age cohorts: 16–30, 31–59 and 60 years and over. Comparisons were made between carers in the different age ranges. Given that the age categories are of unequal sizes, it was expected that the 31–59 age cohort would include the largest number of kinship carers based upon the general population in that age range alone. Although 16–17 year olds were included, it was considered that there would be very few independent kinship carers of this age, being below the age of legal adulthood. Some differences across three subcohorts of the 16–30 age range were also explored. Where some synergies were identified, comparisons were made between the derived census data and data from other sources.

The ABS definition of CALD identity used here (one of two available) is that such individuals were born outside the main English speaking countries, and/or spoke a language at home other than English, and other than an Indigenous language. As a category of definition, CALD is however acknowledged as having some difficulties. Where children are born in Australia of parents identifying as CALD, ABS advised that there is considerable variation in whether children are nominated as having CALD identity by adults completing the census questionnaire. *Children* have been defined as aged 0–17 years. The self-explanatory term *kin children* has been used occasionally for brevity.

3 | RESULTS

3.1 | All kinship carer households

A total of 56,793 two-generational kinship care households were identified. One fifth (20%) of households included at least one carer aged 30 years or less. Just over half (53%) of the kinship care households included a carer in the age range 31–59 years, and around one quarter (26%) of households included a carer aged 60 years or more.

3.1.1 | Partnered/marital status of kinship carers

Table 1 shows that percentages of partnered and single carers were similar overall (48% single vs. 52% partnered), although fewer carers

TABLE 1 Partnered status of kinship carers by age

	Kinship carers ≤ 30		Kinship carers 31–59		Kinship carers ≥ 60		Total	
Carer with partner	3338	(29%)	17,278	(57%)	8813	(59%)	29,429	(52%)
Female carer with no partner	4918	(43%)	10,568	(35%)	5192	(35%)	20,678	(36%)
Male carer with no partner	3275	(28%)	2401	(8%)	1010	(7%)	6686	(12%)
Total of age cohort	11,531	(100%)	30,247	(100%)	15,015	(100%)	56,793	(100%)

aged 16–30 years were partnered (29%). Overall, there were three times as many single female carers as single male carers. However, among carers aged 16–30, the percentage of single male carers was unexpectedly high (28%), compared with 43% of single female carers.

3.1.2 | Households with Indigenous carers and/or Indigenous kin children

In 14% of all kinship care households, one or both carers identified as Indigenous, with a similar percentage (13%) identified in the 16–30 carer cohort. Nearly one fifth of all kinship care households (10,064, 18%) included Indigenous kin children. Over two thirds (71%) of the carers of Indigenous children were themselves Indigenous (Table 2). However, the young carers of Indigenous children were more likely to be Indigenous than the older carers. In a very small number of kinship care households (809, 1%), Indigenous carers were looking after non-Indigenous children.

3.1.3 | Households with CALD children carers and/or CALD children

In over one third (36%) of all kinship care households, one or both carers identified as CALD, with a similar percentage (34%) in the 16–30 carer cohort. Nearly one quarter of all kinship care households (13,199, 23%) included kin children identified as CALD. Most (90%) of

the carers of CALD children identified themselves as CALD. Young carers of CALD children were more likely to identify as CALD than were older carers. A similar pattern regarding age and identity was seen as with Indigenous carers: The percentage of CALD carers of CALD children reduced with increasing carer age (Table 3).

Unlike the finding for Indigenous carers, however, there was a notable minority of households in which CALD carers were looking after children not identified as CALD (8,764, 15%). The percentage of such households increased with increasing carer age (6% aged 16–30, 15% aged 31–59 and 24% aged 60+).

3.1.4 | Informal and formal kinship care

An estimate of the percentage of Australian households providing kinship care on an informal basis was derived by comparing the census-generated data with information about households providing formal kinship care on 30 June 2011 (Table 4). The estimate that 82% of Australian kinship care households would be providing informal kinship care is however subject to two caveats, both suggesting that the true percentage of informal kinship care households in Australia is almost certainly higher than this. First, since the census-derived figure of 56,793 for the total number of kinship care households excludes multigenerational households, the total number of households providing kinship care is certainly greater. Also, the census data only included children who had been in their current households for 6 months or more, whereas the AIHW data included all children in

TABLE 2 Indigenous status of kinship carers of Indigenous children

	Kinship carers ≤ 30		Kinship carers 31–59		Kinship carers ≥ 60		Total	
Carer and/or any partner Indigenous, children Indigenous	1212	(82%)	4417	(71%)	1496	(63%)	7125	(71%)
Carer and any partner not Indigenous, children Indigenous	269	(18%)	1804	(29%)	866	(37%)	2939	(29%)
Total households with Indigenous children	1481	(100%)	6221	(100%)	2362	(100%)	10,064	(100%)

TABLE 3 CALD status of kinship carers of CALD children

	Kinship carers ≤ 30		Kinship carers 31–59		Kinship carers ≥ 60		Total	
Carer and/or any partner CALD, children CALD	3226	(95%)	6416	(87%)	2174	(88%)	11,816	(90%)
Carer and any partner not CALD, children CALD	176	(5%)	922	(13%)	285	(12%)	1383	(10%)
Total households with CALD children	3402	(100%)	7338	(100%)	2459	(100%)	13,199	(100%)

Abbreviation: CALD, culturally and linguistically diverse.

TABLE 4 Estimate of households providing informal kinship care

Formal kinship care households (two generational and multigenerational) ^a		All two-generational kinship care households ^b		Percentage of informal kinship care households (estimate)	
<i>n</i>	%	<i>n</i>	%	%	
10,407	18%	56,793	100%	82%	

^aAIHW (2012), snapshot 30 June 2011.

^b2011 census, snapshot 9 August 2011.

residence on the 30 June of each year, and thus, the total number of households providing kinship care on census night would again have been higher than 56,793.

3.2 | Young kinship carer households

3.2.1 | Education

The educational progress of young kinship carers was explored through examination of three subcohorts of the 16–30 carer age group and compared with young parents of similar ages (Table 5). Among the very youngest cohorts (age 16–20), kinship carers were much more likely to have achieved Year 12. At age 21–25, kinship carers and parents appeared broadly on par in gaining post-secondary qualifications, but the kinship carers were more likely to have a graduate or postgraduate qualification. However, the trend was reversed at age 26–30. Here, young parents had a greater rate of achieving some

level of post-secondary qualification than kinship carers, including university-level qualifications by a small margin.

A comparison was also made between the educational attainment of young kinship carers and young parents in the age range 21–25 and all young Australians aged 20–24 using data from AIHW (2015) (Table 6). More of the general population age 20–24 years were qualified at post-secondary levels than either parents or kinship carers aged 21–25 years. This comparison must be viewed with a degree of caution given that the age cohorts in these two data sets were not identical and that the AIHW data set was collected in 2014, while the census data was from 2011.

3.2.2 | Employment

Table 7 shows the employment status of young kinship carers and young parents. Where care was being provided by a couple rather than an individual, these RPIP figures are likely to represent the carer most

TABLE 5 Educational levels of young kinship carers and young parents

	Age 16–20				Age 21–25				Age 26–30			
	Parents		Kinship Carers		Parents		Kinship Carers		Parents		Kinship Carers	
Graduate or postgraduate	33	(0%)	13	(0%)	2589	(4%)	484	(11%)	36,678	(19%)	563	(17%)
Post-secondary	1340	(14%)	479	(12%)	20,185	(29%)	992	(24%)	67,812	(34%)	803	(24%)
Year 12	1623	(17%)	1669	(42%)	15,814	(23%)	1289	(31%)	38,970	(20%)	590	(18%)
Year 11 or less	5828	(62%)	1537	(39%)	26,677	(39%)	1130	(27%)	45,446	(23%)	1059	(32%)
Not stated or inadequately described	549	(6%)	294	(7%)	3363	(5%)	326	(8%)	8259	(4%)	303	(9%)
Total	9373	(100%)	3992	(100%)	68,628	(100%)	4221	(100%)	197,165	(100%)	3318	(100%)

TABLE 6 Education levels: young parents, young kinship carers and young Australians overall

	Parents 21–25	Kinship carers 21–25	Young people 20–24
Graduate or postgraduate	4%	11%	14%
Post-secondary	29%	24%	32%
Year 12	23%	31%	31%
Year 11 or less	39%	27%	23%
Not stated or inadequately described	5%	8%	0%
Total	100%	100%	100%

Note: Figures for young Australians extracted from text of AIHW (2015), as the data were not presented in tabulated form.

TABLE 7 Employment status of young kinship carers and young parents

	Age 16–20				Age 21–25				Age 26–30			
	Parents		Kinship carers		Parents		Kinship carers		Parents		Kinship carers	
Employed	2082	(22%)	1987	(50%)	31,012	(45%)	2481	(59%)	129,762	(66%)	1901	(57%)
Unemployed	715	(8%)	449	(11%)	4337	(6%)	379	(9%)	8481	(4%)	228	(7%)
Not in labour force	6358	(68%)	1454	(36%)	32,246	(47%)	1223	(29%)	56,939	(29%)	1050	(32%)
Not stated	218	(2%)	102	(3%)	1033	(2%)	138	(3%)	1983	(1%)	139	(4%)
Total	9373	(100%)	3992	(100%)	68,628	(100%)	4221	(100%)	197,165	(100%)	3318	(100%)

exposed to the workforce. In the age range 16–20, kinship care households were more likely to include an employed carer than the households of young parents, and this was also the case in the age range 21–25. However, as seen for education levels, the pattern changed in age range 26–30. At this age, households headed by parents were more likely to include an employed carer than kinship carers' households.

Table 8 provides a breakdown of the employment status of young parents and young kinship carers who were in the workforce (represented in the Employed row of Table 7). In age ranges 16–20 and 21–25, kinship carers were more likely to be employed both full time and part time than young parents, although the difference was less for the 21–25 year olds. Once again, the picture was different in the age range 26–30, where young parents had a similar rate of full-time employment as kinship carers and a slightly higher rate of part-time employment.

3.2.3 | Income

Table 9 shows income levels for young parent and young kinship carer households. Income was not fully stated for 8% of households, with higher rates of 'not fully stated' among kinship carer households (12%). Given these figures, the possibility of error in the stated data also cannot be discounted, and conclusions must again be viewed with some caution. Nevertheless, much poverty was evident among the households of young people with dependent children, both young kinship carers and young parents. As might be expected, average incomes increased with increasing age for both groups. However, young parents appeared to have higher household incomes than

young kinship carers in all three young age subcohorts despite young kinship carers working more hours as seen in Table 8. Differences in favour of parents were relatively small in the 21–25 age range but a little wider in the 26–30 age range.

4 | DISCUSSION

This research project constitutes a first attempt to determine the prevalence of kinship care households in Australia using census data and to explore in particular some features of kinship care by young people. 56,793 two-generational households were identified, one fifth of whom were headed by a carer aged 16–30 years. These young kinship carer households constituted a substantial minority, in size not far below the approximately one quarter of households where carers were aged 60 or over. Most carers aged 16–30 are likely to be siblings and young aunts and uncles; and the large numbers aged 31–59 were likely a mix of aunts, uncles, grandparents and others. Our results would thus appear broadly consistent with British 2011 census data reported by Wijedasa (2017) that identified 51% of children as in the care of grandparents and 23% with siblings, and also with US census data reported by Denby and Ayala (2013) showing that in 2010, 54% kinship carers were grandparents (although less so with the 4% identified by Denby and Ayala as siblings). Our data are also consistent with early figures for formal kinship care in Australia that suggest around 50% of kinship carers are grandparents (AIHW, 2019). Despite limitations, our study has added to the body of knowledge challenging the impression of numerous kinship carer surveys that kinship care is overwhelmingly provided by grandparents.

TABLE 8 Hours of work of young kinship carers and young parents

	Age 16–20		Age 21–25		Age 26–30	
	Parents	Kinship carers	Parents	Kinship carers	Parents	Kinship carers
Full time	835 (9%)	781 (20%)	15,645 (23%)	1455 (34%)	75,389 (38%)	1231 (37%)
Part time	926 (10%)	1039 (26%)	11,812 (17%)	850 (20%)	41,492 (21%)	560 (17%)
Away from work	211 (2%)	94 (2%)	2600 (4%)	87 (2%)	10,088 (5%)	51 (2%)
Not stated	110 (1%)	73 (2%)	955 (1%)	89 (2%)	2793 (1%)	59 (2%)
Total employed ^a	2082 (22%)	1987 (50%)	31,012 (45%)	2481 (59%)	129,762 (66%)	1901 (57%)

^aAs identified in Table 7.

TABLE 9 Weekly household income of young kinship carers and young parents

	Age 16–20		Age 21–25		Age 26–30	
	Parents	Kinship carers	Parents	Kinship carers	Parents	Kinship carers
Less than \$600	3090 (33%)	2383 (60%)	17,186 (25%)	1138 (27%)	29,488 (15%)	624 (19%)
\$600–\$1249	3135 (33%)	742 (19%)	22,761 (33%)	1316 (31%)	54,409 (28%)	906 (27%)
\$1250–\$2499	1538 (16%)	343 (9%)	17,539 (26%)	1003 (24%)	70,625 (36%)	937 (28%)
\$2500 or more	569 (6%)	77 (2%)	4970 (7%)	267 (6%)	27,334 (14%)	359 (11%)
Income not fully stated	1041 (11%)	447 (11%)	6172 (9%)	497 (12%)	15,309 (8%)	492 (15%)
Total	9373 (100%)	3992 (100%)	68,628 (100%)	4221 (100%)	197,165 (100%)	3318 (100%)

Some age-related patterns were identified in relation to Indigenous and CALD kinship carers. Nearly one sixth of kinship care households included an Indigenous carer; it was evident that young carers of Indigenous children were more likely themselves to be Indigenous than older carers. Non-Indigenous kin generally fall into two groups. They may be relatives of the non-Indigenous parent of an Indigenous child, or family friends and persons connected through community such as neighbours, teachers and the like (Kiralý, James, & Humphreys, 2015). Aboriginal culture emphasizes the imperative of older sisters and other young female relatives to provide care as needed, regardless of age and circumstances. This may underlie the greater inclination of young Indigenous relatives to take on such a role than non-Indigenous young relatives (Kiralý et al., 2015). The broader Aboriginal definition of family, where children such as nephews, nieces and cousins may be identified as sons and daughters, may also contribute to young Aboriginal carers' willingness to step up. Aboriginal advocates have long expressed concern about Aboriginal children being in non-Aboriginal care and the threat this poses to continuity of Aboriginal family relationships and cultural connection (SNAICC, 2005). Particular attention to supporting young Aboriginal carers to manage their exceptional care role would thus seem critical.

Nearly one quarter of all kinship care households included kin children identified as having a CALD identity. Over one third of all households included a CALD carer, with a similar percentage among young kinship carers. Most CALD children were with carers who also identified as CALD; as for Indigenous children, the confluence of identity occurred most often where carers were young. It may be speculated that these children (and possibly their carers) were more likely to be recent immigrants or born overseas. It may also be that closer age between carers and children leads to carers more often nominating children as like themselves in terms of CALD identity—particularly, for example, when they are siblings. However (unlike the pattern for Indigenous carers), around one sixth of kinship care households comprised CALD carers looking after children not identified as CALD. This trend was strongly biased towards the older age group, where almost one quarter of all kinship care households involved CALD carers of non-CALD children. A possibility may be that more of the older carers still identified with their country of origin but viewed locally born children in their care as native Australians.

There were relatively small numbers of non-CALD carers looking after CALD children, but again, the disparity of identity between carers and children was more evident in the older age groups. As for Indigenous children in non-Indigenous care, some of these carers may be relatives from a 'non-CALD' side of a CALD child's family, or family friends and persons connected to the children through their community. Questions raised by these figures underline the lack of information about Australian CALD children in kinship care—unlike in the United Kingdom and the United States—and the need for more attention to this considerable sized group of kinship families.

There were a couple of unexpected findings in the data about young kinship carer households. While single kinship carers were more likely to be women in all age brackets, it was surprising to find a relatively high number of single male carers in the young kinship carer

cohort. One can only speculate about the motivation and circumstances of these male carers as compared with the young female carers. Could young men be more willing to take on a caring role when their life pathways are not yet established, rather than later when their directions are more clearly set? Selwyn and Nandy (2012) identified that rates of kinship care were higher for older children. Are young men more likely to be caring for older children and teenagers? Are they more often caring for boys than girls? It would be desirable to explore later census data to see if the prevalence of young male carers can be replicated, and to further examine demographic data for both single male and female carers as possible.

Comparing the circumstances of young kinship carers and young parents overall provided some insight into the likely impact of kinship care on young people. Much poverty was evident in young households of both types. However, the income data also presented something of a puzzle. Young kinship carers appeared to have even lower incomes than young parents in all three age subcohorts, despite kinship carers in the two younger cohorts (16–20 and 21–25) working a greater number of hours. At 26–30, however, young parents were more often working full time than young kinship carers.

Both young parents and young kinship carers appeared to be behind the general population of young people in terms of educational attainment. However, an unexpected pattern was again seen. While at 16–20 years, kinship carers were much more likely to have completed Year 12 than young parents, at 21–25, carers and parents appeared broadly on par, and at 26–30, parents had a greater rate of achieving post-secondary qualification.

Taken together, the data on education, employment and household income suggest that in young adulthood, kinship carers and parents may indeed have different trajectories. While extremely young kinship carers may have some advantage in education and employment over extremely young parents where parenthood may have been unplanned, things appear to be different in the later twenties where parents appear to have an advantage. The data raise a number of further questions. Why does income for kinship households not reflect the workforce participation rates of the identified Household Reference Person? Are two income earners more common in the households of young parents? Do young kinship carers have less access to higher paying jobs than young parents, and if so, does this relate to their educational opportunities, geographic location or other factors? Might young parents have greater support from their own parents to complete their studies? Further investigation of factors that affect the life chances of young kinship carers would be desirable. It would also be desirable to explore patterns of income in the households of kinship carers and parents over 30 years of age to see if there is a gap in life opportunities that increases with age.

The evident financial impost of kinship care on young people who are often starting out in life with little behind them is however of particular concern. It may limit both their opportunities for development as young adults and opportunities for advancement of the children they care for. Poverty is known to influence children's life chances independently of other factors. It can harm the brain, lead to poor physical and mental health and create and widen achievement gaps

among children (Tucker, 2016) as well as impacting on their families and home and community environment (Murphy & Redd, 2014). Much has been written about kinship care and poverty (e.g., Eunju, Mi Jin, Yeonggeul, & Kramer, 2017; Kiraly, 2015; Nandy & Selwyn, 2013; The Senate, 2014). Our data about young kinship carers living on low incomes adds to this growing concern.

Based on the numbers derived for two-generational kinship care households, this study suggested that over four fifths of all kinship care households would have involved informal arrangements. This estimate is comparable with that of Selwyn and Nandy (2014) who calculated that in 2001, over 90% of kinship care in the United Kingdom was informal. Our results are however far from definitive due to the lack of specific carer data available from the Australian census. During the 2018 ABS Census Review, a range of policy stakeholders submitted requests for more detailed data about the care of children to be made available, and it was encouraging that this was recognized in the conclusions of the Census Review. Other priorities have however prevented such a modification being achieved for the 2021 census (ABS, 2019). It is to be hoped that developments of this sort may be possible for the 2026 census, in order that future policy and programmes may be based on more accurate knowledge of the prevalence and characteristics of people living in kinship care households, both informal and formal. Larger-scale research using the improved family relationships data would then be desirable to test impressions reported here and to gain greater knowledge of the prevalence and characteristics of Australian kinship care families.

Part 2 of this research study provides a more detailed picture of the circumstances of young kinship carers in Australia through data gained from in-depth interviews with 41 carers and 16 young people in their care. It will be reported shortly.

5 | CONCLUSION

This research project presents the first population-based estimates of the prevalence of kinship carers in Australia providing care both informally and on a formal basis, including some of their demographic characteristics. By focusing on the youngest kinship carers, the study has demonstrated that young kinship carers suffer disadvantage in relation to income, education and employment as they progress through early adulthood. It is to be hoped that these findings may contribute to the development of policy and services that address the specific needs of younger kinship carers as well as older carers. Greater recognition by the Commonwealth Government of such kinship carers and their support needs is needed if these young people are to thrive as individuals while undertaking their exceptional effort of care.

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CONFLICT OF INTEREST

No identified conflict of interest.

ETHICS APPROVAL STATEMENT

Approval was obtained from the University of Melbourne Human Research Ethics Committee, Ethics ID: 1341257.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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