

'We're just kids as well': towards recognition and support for young kinship carers

Diversity in kinship care Research Series Report 2:
Kinship care by young people

How does
one parent?
Am I really
an adult?

I feel heaps
of gratitude
when she is
happy and
doing well

Anxiety and lack
of confidence
because I am
isolated in my
role as carer

To always be
a positive
role model

I was unprepared
for how much
emotional support
all of us
would need

Angry
that my
independence
was taken
away

watching them
be happy



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Diversity in kinship care Research Series Report 2:
Kinship care by young people

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An achievement of the project has been the establishment of collaboration with IFYS to progress advocacy for young kinship carers and children and explore the feasibility of establishing a pilot support service. I particularly thank Joanne Roff, Area Manager Child Protection Programs, for her continuing enthusiasm and commitment to this effort.

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Cover: Selected sticky notes written by young kinship carers at the Young Kinship Carers co-design workshop 29–30 November 2018 (see Chapter 5).

Meet the young kinship carers

Four of the 42 young kinship carers who participated
in this study are featured on the following pages



“It’s a bit funny going to parent-teacher interviews and they’re like, ‘What, hang on, I taught you.’ I’m like, ‘This is my sister’.”

Laura

Laura and Natalie

Laura and her partner assumed care of her sister Natalie following the death of their mother, their father having previously passed away. Both Laura and Natalie were interviewed for this study, and Laura participated in the co-design workshop held in November 2018 at IFYS, Maroochydore Queensland. The pair were interviewed for a 2018 article in *The Age* (Melbourne) *Why caring for younger siblings can be a lonely path*.

www.theage.com.au/national/victoria/why-caring-for-younger-siblings-can-be-a-lonely-path-20180907-p502g9.html

Laura

It's a bit funny going to parent-teacher interviews and they're like, 'What, hang on, I taught you.' I'm like, 'This is my sister'.

The struggle for us, or for me is, well sometimes I just want to be a sister and not a Mum or like a parent. We'd just be able to hang out more, whereas now I'm like, 'Have you done your homework?'

I think about it as quite humbling that I will be able to have a good influence on her upbringing.

She's really easy to deal with, my sister, like we've gotten some friends to look after her and they don't want kids at all. They're like, 'If having a kid is like her, then we're happy ...'

Natalie

I guess at the start it was difficult for Laura. She didn't really know what to do. She was in a situation, it was just a bit odd.

They're very kind. Although they're a bit strict sometimes. But I guess everyone's like that when they're looking after someone, especially a teenager.

Sometimes I'm just like 'Oh, but you're only my sister, you're not my Mum. You can't tell me what to do'. Then sometimes I'm like, 'But she is my guardian. So yes, she needs to tell me what to do.'

But it is good, because my sister's young and she knows what's sort of going on, yeah.

Image and quotes reproduced with permission of *The Age*, Laura and Natalie.



*Left: In 2018
Rie received a
Certificate of
Recognition in the
Victorian Young
Achiever Awards*

*Right: Shoes at
Rie's front door.*

*Images and quote
reproduced with
Rie's permission.*

“Grandparents –
they’ve had so much
knowledge growing up,
having their own kids,
whereas us, we’re just
kids as well and we
don’t know what the
hell we’re doing.”

Rie

Rie

Rie, now 26, is the eldest of eight children. She has been caring for her siblings for five years, including two with disabilities. Four are still under 18.

Grandparents – they’ve had so much knowledge growing up, having their own kids, whereas us, we’re just kids as well and we don’t know what the hell we’re doing. We’re trying to balance, to live our life and doing parenthood at the same time. It would be nice if they just knew the stresses we go through trying to balance both things at such a young age.



“Now she is in year 12
and I could not be any
prouder of her.”

Tracey

Tracey and Claire

Tracey was 27 when she took in her two nieces and a nephew whom she hardly knew. The children had been seriously neglected and each had developmental issues. Six years later in 2018, her eldest niece Claire finished Year 12 with very good marks. Claire has now completed first year Bachelor of Communication (Journalism) with credits.

Year 9 was a terrible year for her ... then year 10 she just started picking up things because she wanted to impress me with her grade ... and I could not be any prouder of her.



“It was just constant at the start, bottle after bottle.”

Caryn

Caryn

At age 25, Caryn Batty and her husband with two older children, a toddler and a baby of their own, took on the care of their infant niece. A year later, their nephew arrived aged three weeks. Caryn resumed her social work studies when three of the four younger children reached school age, and graduated in November 2019. Her interests lie in the area of children and families, and she hopes to practice in this field upon graduation.

Caryn was a keynote speaker at the ACWA/Australian Human Rights Commission National Kinship Care Forum held in Sydney on 23 August 2018 as well as participating in a presentation at the 2018 ACWA Conference, and also participated in the co-design workshop held in November 2018 at IFYS, Maroochydore Queensland. Her Keynote Address has been published in a Special Kinship Care Issue of the professional journal *Developing Practice*¹. Caryn offered a unique perspective into the role of young kinship carers, including the challenges faced and the different support needs; this is reproduced as an Introduction to this report with Caryn's kind permission and that of the Editor of *Developing Practice*.

My life as a young kinship carer

CARYN BATTY

I would first like to acknowledge the traditional owners of the land that we're meeting on and pay my respects to elders past present and future. It's very humbling to see so many people here today to meet on this issue. I feel a lot of support that I suppose I haven't felt before and seeing as there's so many people here that actually care. It's wonderful.

My name is Caryn and I was 25 years old when I first became a kinship carer. My son was nine and I shared care with his Dad. My stepson was five and the deal with his parents was much the same. Our son had turned two just a week earlier and our baby girl was only three and a half months old. As you can see, our household was pretty full already. We were very busy. For whatever reason I thought another baby would just slot right in. Anybody in this room who is a parent knows just how ridiculous that idea is.

Our niece was actually suffering from withdrawal as well, which made the days very long and the nights even longer. We had to contend with parent contact three times a week, although this did drop to just once a month before her first birthday. Considering we'd had no FACS [NSW child protection] involvement in our lives before this it was pretty hard to deal with.

Three hundred and sixty four days after she came home, her three-week-old baby brother joined us. I had a three-year-old, two one-year-olds and a newborn baby. They were at home with me pretty much full time while my husband was working. As you can imagine it was a pretty difficult time filled with just naps, bottles, nappies on repeat day

1 Batty, Caryn. (2018). My life as a young kinship carer. *Developing Practice*, 2018 (51), 22-25.

after day. We also had very limited family support and a lack of adequate transport. I was struggling to keep up with my university studies at the same time as being a Mum and a carer.

It was at this time that I reached out to a local kinship carer group, as it was called, for support – only I was the only non-grandparent carer there and I never went back. The problem wasn't them. It was definitely my age. We also moved six hours south for my husband's career before my nephew's first birthday.

Now, two of our children have additional needs. One is our autistic son and the other is our niece. It's a 45-minute trip each way to access services. It's near impossible given we're time-limited, so we've elected to go private and pay for therapists to come to us. The cost and wait list can be extremely extensive. We get no extra help to access these services for our niece. It's all on us. We also have to travel further for [the children's] parent and family contact, which we're also responsible for. It's just as well that we are fairly resilient and resourceful.

There is a local grandparent group in the Riverina but, again, it is labelled a grandparent group. I've been asked to join, but I would not belong. I can only imagine how accessible a group in the Riverina would be if it was labelled differently. It was at a FASD [Fetal Alcohol Spectrum Disorder] seminar in June of 2015, when I'd already been caring for three years, when I was first told about the [Centrelink] Grandparents Advisor Line. I was told that calling it the Grandparents Advisor Line limits the amount of calls they receive, even though all carers can actually call. So a service that was there to support me did not want to support me.

I tried to enrol the kids in day care for some respite. I was told by Medicare that as I was not their parent I could not access immunisation records. Only parents can. You cannot create an online account for children until they are 14 years of age. I do not know if this has changed, but that was it at the time. Weeks later I pretended to be their birth Mum to go into an office and get the immunisation records so that I could enrol them in daycare.

Our allowance also barely covers child care, food, medical, contact costs, food and nappies. It does not cover the bigger house or the bigger bills that we require for taking on two extra children. It also can't be used as income on loan applications, and the number of dependents reduces our affordability. No transport is not an option for us. Living in a small town of a thousand people means we really need a car. There is no public transport.

Now, a local grandparent carer had a car bought through FACS funding and with another agency. I don't begrudge her. She really did deserve it and she's a wonderful woman, but I wonder why this is not offered to all kinship carers. What about the great-aunt in our town, whose car is also falling apart? She could do with the same.

Perhaps it's best explained by the phrase 'You knew what you were getting into'. I was told that about choosing to have a baby. I was told that when whingeing about the step-Mum life, and also when complaining about getting a raw kinship deal. But I didn't know. I didn't know I would be the only one feeding all the kids after just two weeks. I didn't know my niece would need syringe-feeding, or that she would cry and shake all night, or that she would be so affected due to a poor prenatal start in life. I didn't know I would eventually have to take over all parent contacts, exposing my own children to possible adverse situations.

I didn't know how hard it is to survive on no sleep and with no break with so many children close in age. I didn't know how much my own life had to be put on hold, including studies and work. This required lots of time off. I didn't know how extensive the physical, social, emotional and behavioural needs of kids removed from their parents can be. I didn't know that I would be the sole person trying to arrange contacts between our niece and nephew and their five other siblings spread between four different carers, in order to maintain that sibling connection. I didn't know that going anywhere with all six children would sometimes be more trouble than it's worth. I didn't know the strain that would be placed on our relationships with family, our friends and even our own marriage.

Finally, I didn't know how upsetting it would be to realise that we would never have another baby of our own. Despite all this I didn't know how great it would feel teaching my speech-delayed niece basic sign language and watching her use it, or how happy I would feel watching all of our kids thrive. I didn't know that I would end up with two pretty fantastic bonus kids, and I'm very lucky to raise them. I didn't know how much pride I would feel at somehow being able to manage on our own, or how disappointed I would be that it was that way at all.

A call needs to be made for inclusive language to be used so all kinship carers belong, young and all. All kinship carers need the same support as foster carers, right through from assessment and training to assistance and support, both financial and practical. The children we care for deserve the same support as other children in out of home care. Even if we knew what we were getting into, young kinship carers deserve and need the same support. Thank you for listening.

“I think they need to understand that sometimes people don’t have grandparents. There’s other people that are willing to and able to look after the young one, like a brother or a sister.”

Pippa, 13

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“At the end of the day
identity is the most
important thing to
have.”

Donna, 25

Glossary

Child	People aged 17 years or less.
Young person	In this report, <i>young person</i> is used to describe children, teenagers and young adults with an experience of care by a young kinship carer.
Kinship care	Care within the family or friendship network of the child. Also known as <i>kinship foster care</i> , <i>relative care</i> , and <i>family and friends care</i> .
Informal kinship care	Kinship care that has been arranged privately.
Statutory (formal) kinship care	A kinship care placement that has been arranged by a State or Territory child protection service and attracts an associated care allowance.
Kinship carer, kin carer	A person with a primary independent role in caring for children who are directly related to them (other than their sons or daughters), or children known to them via a significant pre-existing relationship.
Kin child/ren	In this report the term <i>kin child</i> is used to refer to a child in kinship care.
Young kinship carer, young kin carer	In this project, a young kinship carer is defined as a person aged 30 years or less with a primary independent role in caring for children who are directly related to them (other than their sons or daughters), or children known to them via a significant pre-existing relationship.
Carer	<p>The Commonwealth Carer Recognition Act 2010 defines a carer as an individual who provides personal care, support and assistance to another individual who needs it because that other individual:</p> <ul style="list-style-type: none"> a) has a disability; or b) has a medical condition (including a terminal or chronic illness); or c) has a mental illness; or d) is frail and aged. <p>However in this report, the term <i>carer</i> is sometimes used for brevity to refer to kinship carers rather than carers as in the definition above.</p>

Young carer	<p>Young carers are people up to 25 years old who provide unpaid care and support to a family member or friend with a disability, a physical or mental illness, a substance dependency, or who is aged.</p> <p>https://www.carersaustralia.com.au/about-carers/young-carers2/</p> <p>However in this report, the term <i>young carer</i> is sometimes used for brevity to refer to young kinship carers rather than young carers as in the definition above.</p>
Indigenous	Aboriginal and/or Torres Strait Islander
Aboriginal Child Placement Principle	<p>The Aboriginal Child Placement Principle governs the way in which care for Aboriginal children should be determined, and is in legislation and policy in all Australian states. It has the following order of preference for the placement of children: with the child's extended family; within the child's Aboriginal community; with other Aboriginal people; and as a last resort, with non-Aboriginal carers charged with ensuring the maintenance of the child's culture and identity through contact with their community.</p> <p>This Principle is extended to all Indigenous children.</p>
Centrelink	<p>The program of the Australian Government Department of Human Services (now known as Services Australia) that delivers social security payments and services.</p> <p>www.humanservices.gov.au/individuals/centrelink</p>
Mirabel Foundation	<p>The Mirabel Foundation assists children who have been orphaned or abandoned due to parental illicit drug use and are now in the care of extended family (kinship care).</p> <p>www.mirabelfoundation.org.au/</p>
CREATE Foundation	<p>The national consumer body representing the voices of children and young people with an out of home care experience.</p> <p>https://create.org.au/</p>
The Department	An abbreviation used to describe the government department responsible for child protection in each State or Territory.
AIHW	The Australian Institute of Health and Welfare, the leading health and welfare statistics agency in Australia. AIHW provides information and statistics to help shape and improve the health and welfare services and programs on offer.
ABS	The Australian Bureau of Statistics, Australia's national statistical agency, providing official statistics on a wide range of economic, social, population and environmental matters of importance to Australia. The ABS's purpose is to inform Australia's important decisions by partnering and innovating to deliver relevant, trusted, objective data, statistics and insights.
TAFE	Technical and Further Education, the Australian educational modality for the teaching of vocational skills through TAFE Institutes around the country and an increasing number of courses available online.

Preface

Grandparents have long been the focus of attention in relation to issues affecting children in kinship care and their carers, and with good reason. However this focus has tended to eclipse other kinship carers such as aunts, uncles, siblings and non-familial kinship carers. This is the second of two reports that break ground by exploring hidden groups of kinship carers. The first, *Fairy godparents and fake kin: exploring non-familial kinship care ('kith care')* published in 2016 drew attention to a diverse group of people who take in unrelated children outside of formal foster care programs – people such as teachers, neighbours, family friends, work colleagues, family day care providers, youth workers and many more. This second report focuses on young kinship carers including older sisters and brothers, young aunts and uncles, and other young people who take on care of children at considerable personal cost. Both these studies have produced evidence of the significant benefits to children of care provided by these minority groups of kinship carers. These carers are, however, under the duress of nonrecognition, often including exclusion from support available to other carers. Some of these care arrangements are formalised by child protection services, but the large majority are arranged informally within families.

The evidence is now overwhelming that greater consideration needs to be given to the provision of support for all children in kinship care and their carers on the basis of need rather than statutory order, as recommended by the *2014 Senate Inquiry into Grandparents who take Primary Responsibility for Raising their Grandchildren*. Support to children in family care should also not be limited by the nature of the particular familial (or other) relationship between child and carer. Our research suggests that considerably more children could thrive outside of formal out of home care systems with such support. The *2015 Senate Inquiry into Out of Home Care* recommended the establishment of a national kinship care peak body, and it is increasingly clear that if advocacy is to be effective, it needs to be organised nationally. In 2009, New Zealand took a significant step towards a national approach to the support of children in kinship care with establishment of the *Unsupported Child's Benefit*, set at the level of the national foster care allowance. Australia would do well to consider whether a similar approach would enable fewer children to be brought into out of home care.

This research report presents proxy data about the prevalence of kinship care households derived from the Australian census, data that is however anything but definitive, since it is not yet possible to determine the exact number of children in kinship care or the relationships between these children and their primary carers. Good news is that anticipated changes for the 2021 census may for the first time allow precise data about the prevalence and living circumstances of these children to be extracted. The challenge will be to see such information inform the development of national policy to recognise and make a real difference to the wellbeing of these children and families.

As I approach the final years of a career in child welfare practice and research, I call on politicians, policymakers and practitioners to ensure that research, advocacy and real support for children in kinship care continues and grows, so that all of these vulnerable children and generous carers can enjoy the life opportunities of the mainstream of Australian society.

Dr Meredith Kiraly,
Honorary Research Fellow, University of Melbourne
December 2019

Foreword



As the National Children's Commissioner, my role is to champion and monitor the rights and wellbeing of all children in Australia. The rights of children who are cared for by relatives and other kin are particularly important, as while these kinds of family arrangements are steadily increasing they are frequently overlooked by governments and policymakers. Knowledge about the nature or quality of these placements, and the relationships that characterise them, is relatively limited.

It therefore gives me great pleasure to lend my support to the work of Dr Meredith Kiraly.

This important report, *'We're just kids as well'*, seeks to shed light on a specific group of carers: young kinship carers. These young people typically take on a caring role in young adulthood and make significant sacrifices in order to care for younger family members, at a time when they are just making their own way in the world. However, they are often excluded from any form of government support and face multiple challenges

When the UN Convention on the Right of the Child came into force in 1990, children were recognised as rights-bearers for the first time in international human rights law. The Convention emphasises that children have the same basic human rights as adults, while also needing special protection due to their vulnerabilities. The Convention explicitly recognises the primary responsibility of parents and family members to guide, protect and support their children. Under the Convention, Australia is required to provide support to families and those who care for children to help them do this job. Unfortunately, kinship carers often miss out on such assistance.

As well as building a picture of the lives of young carers and the upheaval and adversity they confront, the voices of young carers and the children in their care are woven through the report. Dr Kiraly's research demonstrates that being cared for by an older sibling or other kin can provide significant benefits to children in maintaining ties to family and culture, and reducing the impact of trauma – but it also points to the distinct support needs of young kinship carers and their families. We need governments and the broader community to be aware of these young carers and the challenges they face, so that they can be provided with the assistance that they need to create and maintain loving and stable homes for the children in their care.

A handwritten signature in black ink, which appears to read 'Megan Mitchell'.

Megan Mitchell,
National Children's Commissioner

Executive summary

This research project was inspired by two 2011 British research projects that explored the prevalence, characteristics and life experience of sibling kinship carers and their support needs. Our project widened the focus to shine a light on young kinship carers (30 years or under) with a range of relationships to the children in their care. Information from the Australian census was examined and interviews were conducted with young kinship carers and young people. Work was undertaken to explore the feasibility of establishing a pilot support service for young kinship carers. Publicity and promotional activities were conducted.

While the census could not provide definitive information about the prevalence of young kinship carers, the data suggested that around one-fifth of kinship care households may be headed by young people. Indigenous kinship carers were over-represented among these young kinship carers.

Both census data and interviews provided evidence of financial stress in the households of young kinship carers, and of the considerable sacrifices carers were making, including putting studies and employment on hold. Many young carers interviewed had commenced caring in their early twenties, and many were caring for multiple children. They displayed high levels of commitment to the children; nevertheless, many were grappling with adjustment to their changed roles, and struggling with challenging family dynamics and parental contact arrangements. Most were caring for children with experiences of childhood trauma and associated developmental, educational and behavioural issues. Some young kin carers had fallen outside of a very unclear line circumscribing the grounds for statutory care status, an outcome that left them at particular financial disadvantage.

A notable feature of the results was the significant improvement described by both the young carers and the young people in the children and young people's wellbeing and development over time. Consistent with these observations, the young people interviewed expressed high levels of satisfaction with their care, and appreciation of the challenges facing their carers.

While some young kin carers had support from family, friends and community services, others had very limited support. None had ever met another young kinship carer. They described being excluded from a range of financial and non-financial supports variously available to parents, adoptive parents, foster carers, grandparent carers, and 'carers' as defined by Federal legislation. The young kinship carers appealed for greater awareness of their existence and of their exclusion from services for which other parents and carers are eligible.

In collaboration with IFYS Queensland (Integrated Family and Youth Services) and a group of young kinship carers, work has commenced to raise awareness of the existence and support needs of these young kinship families, and to establish a pilot national support program. This work will continue into 2020.

Further research should explore data about family relationships in the 2021 Australian census with a view to gaining for the first time an accurate picture of the prevalence of kinship care in Australia, and the spread of age and other characteristics of kinship carers and children in their care.

This research project has thus identified a significant group of young carers who are systematically excluded from support available to others raising children or providing care to vulnerable adults. Policy and program development is needed to recognise and support these generous young people providing care at considerable personal cost. Such attention stands to help break a cycle of disadvantage, yielding benefits both for the children/young people and young carers involved, and for society as a whole.

“The biggest thing
I guess is feeling
supported and not
feeling like we’re
fighting [Department]
to keep the kids safe.
That’s how it feels.”

Della, 32

Chapter 1

Background

Kinship care has risen to prominence in recent years in the US, UK and Australia in recognition of the importance to children of enduring family relationship (Boetto, 2010). While most such arrangements are made informally among family members (Selwyn & Nandy, 2014; Smyth & Eardley, 2007), increasingly statutory (formal) kinship care arrangements are being made in preference to foster care. However, while children often reap significant benefits (Nixon, 2008; Winokur, Holtan, & Batchelder, 2014), kinship carers frequently face a considerable burden of care. Carers are usually women and are often single; they tend to be older, poorer, less well educated, and to have more health problems than foster carers (Boetto, 2010). Family dynamics are often conflictual and contact between children and their parents may be fraught (Kiraly & Humphreys, 2013). Informal caregivers are further disadvantaged financially (Hunt & Waterhouse, 2013; McHugh & valentine, 2010). In Australia, Indigenous children are highly over-represented in out of home care, and thus also in statutory kinship care (SNAICC – National Voice for our Children, 2018).

The focus of kinship care policy and research has been mainly on grandparent care in the belief that grandparent care and kinship care are virtually synonymous (Denby & Ayala, 2013; Selwyn & Nandy, 2012). Less attention has been given to other relatives who step in at times of crisis. This research project explored the other end of the carer age spectrum: young kinship carers.

Young people and caring roles

Arnett (2000) has described a new developmental phase in industrialised countries of *Emerging Adulthood*, covering the years from the late teens through the twenties. This is the period in which young people lay the foundations of their life trajectories through full-time education, employment-seeking and establishment of intimate relationships. Such young people often

have an extended period of economic dependence that contrasts with previous generations: in Australia as in other developed countries, they frequently live with their parents well into their twenties (Hartley, 1993). In the Western world, many young people at this stage of life have little responsibility for the care of others, focusing largely on their own personal development.

The Commonwealth Carer Recognition Act (2010) defines a carer as an individual who provides personal care, support and assistance to another individual who needs it because that other individual has a disability; a medical condition; mental illness; or is frail and aged. Young carers are defined as children and young people under the age of 25 years with caring responsibilities for adult and/or child members in their family home who have health issues and disabilities². In recent years, a previously hidden group³ of young carers has been identified (Smyth, Blaxland, & Cass, 2011). These young people frequently miss educational opportunities and face limitations in employment (Hill, Smyth, Thomson, & Cass, 2009; Smyth et al., 2011; Social Policy Research Centre, 2011). The United Kingdom led the way in the 1980s in establishing support programs for such young carers (Dearden & Becker, 1998). Many such programs focus on secondary school students living at home and attempting to manage their studies alongside domestic care commitments. Australia and New Zealand provide limited supports to such young carers up to the age of 25 years (Carers Australia, 2016; Carers New Zealand, 2016). However, these services do not extend to independent young kinship carers, as kinship carers do not fit within the definition of a carer described above.

No specific attention to young kinship carers has been identified in the research literature; this group are thus very much still a hidden group. However, there has been some interest in sibling kinship carers, who are usually relatively young. Selwyn and Nandy (2014) analysed 2001 census data for England and identified surprisingly large numbers of sibling kinship carers, in fact one-third (34%) of the total number of carers⁴. These sibling carers were found to suffer considerable educational and employment disadvantage when compared with parents of dependent children. Selwyn and Nandy enjoined researchers in other countries to explore the prevalence of kinship care by siblings, and to investigate their circumstances. In another British report, *Big Bruv Little Sis*, Roth, Lindley, and Ashley (2011) explored the circumstances of sibling kinship carers via interviews and a survey. The study also found that these young carers experienced many disadvantages and had limited support, both financial and non-financial.

In the US, Denby and Ayala (2013) reported USA 2000 census data indicating that while three-quarters (75%) of children with relative kinship carers were living with grandparents, the second largest group of children was with aunts and uncles (14%) and the third largest group was living with older siblings (4.5%). These authors conducted a survey of kinship carers in which nearly one-tenth (9%) of the respondents were sibling carers. Nearly half of these carers were under 30 years of age. The sibling carers experienced low levels of family involvement and social support, low incomes and unmet needs for support. While they reported surprisingly low levels of strain, these carers nevertheless expressed a lack of satisfaction with available services.

Our research project was prompted by Selwyn and Nandy's challenge to explore the existence of sibling kinship carers in other countries. However, early in the research process it was identified that while the Australian and UK censuses are structured similarly, due to the way the Australian Bureau of Statistics processes the raw data from survey questionnaires it is not possible to extract family relationship data for children under 15 years in Australia⁵. This study

2 www.carersaustralia.com.au/about-carers/young-carers2/

3 Higgins (1998, p.143) includes in the definition of a 'hidden population' 'those in a population not known to formal institutions or agencies'; and 'openly visible populations on whom nobody has bothered to collect data'. Higgins, K. (1998). Researching Hidden Populations. In D. Iwaniec & J. Pinkerton (Eds.), *Making Research Work: Promoting Child Care Policy and Practice* (pp. 141–161). Chichester: Wiley.

4 A second research project that followed up the census analysis work of Selwyn and Nandy using 2011 census data revealed that the percentage of sibling carers in England had dropped to 23 percent. Wijedasa, D. (2015). *The prevalence and characteristics of children growing up with relatives in the UK: Characteristics of children living with relatives in England: Part I*. Bristol: Hadley Centre for Adoption & Foster Care Studies, University of Bristol.

5 Planned amendments to the 2021 census are likely to make data about familial relationships more accessible.

has therefore focused on young kinship carers rather than siblings, thus also including young aunts and uncles as well as other young relatives in the focus of study. While Denby and Ayala (2013) had in passing noted aunts and uncles as second to grandmothers in numbers of kinship carers, almost no attention has previously been accorded to this group of carers, and indeed these relatives have been described as ‘forgotten kin’ in the only such study that has been identified (Davis-Sowers, 2012). Through 35 interviews, Davis-Sowers researched the factors that influenced the decision-making of Black aunts caring for nephews and nieces in the US, finding that they perceived a lack of agency in the face of a crisis, family obligations and expectations of their role, their identity and religious beliefs. The ages of the aunts were not reported.

For the purpose of this study, *young kinship carers* are defined as people aged 30 years or less with a primary independent role in caring for children who are related to them other than as a son/daughter, adopted child or foster child (*related children*), or caring for children known to them via a significant pre-existing relationship. Young people assisting parents or other relatives with the care of related children within the parents’ or relatives’ homes – formally known as *young carers* – are not included in the study.

Methodology

Ethics approval was obtained from the University of Melbourne Human Research Ethics Committee (Ethics ID 1341257).

An Advisory Group was established and met regularly during the early stages of the project. It included representation from the Centre for Excellence in Child and Family Welfare, OzChild, Department of Health and Human Services, Kinship Carers Victoria (KCV), the Mirabel Foundation, the Victorian Office of the Children’s Commissioner, Victorian Aboriginal Child Care Agency (VACCA), Centre for Multicultural Youth (CMY), CREATE Foundation, and a young person representative.

Aims

1. To determine the prevalence and demographic characteristics of young kinship carers (age 30 years or under) in Australia, and compare these with older kinship carers and with young parents.
2. To explore the experience, characteristics and support needs of young kinship carers and of the children in their care.
3. To identify opportunities to better support young kinship carers and children in their care.
4. To explore the feasibility of establishing a pilot national support service for young kinship carers.
5. To alert policymakers and community to this issue as appropriate to the findings.
6. To inform the development of more comprehensive research in this area in the future.

Project components

1. Customised analysis of Australian 2011 census data.
2. Online survey of young kinship carers.
3. Interviews with young kinship carers and young people with experience of care by young kinship carers.
4. To explore the feasibility of setting up a pilot support service for young kinship carers.
5. Publicity and promotion of issues identified.

Analysis of census data

Analysis of data from the 2011 Australian Census of Population and Housing was undertaken in order to explore the prevalence of young kinship carers in Australia. To this end, customised data tables were commissioned from the Australian Bureau of Statistics. A number of demographic characteristics were explored. In light of the over-representation of Aboriginal and Torres Strait Islander (Indigenous) children in out of home care, we wished to examine the prevalence of Indigenous children in kinship care in particular.

Australia is also a country characterised by high immigration. While young carers of people with disabilities are known to be overrepresented in culturally and linguistically diverse (CALD) communities (Carers Victoria CMY and ECCV, 2011), the prevalence of kinship care arrangements in these communities is unknown. Thus, CALD children in kinship care were also of particular interest.

Online survey

The survey was developed using Survey Monkey <https://www.surveymonkey.com/>. It was piloted with a kinship support worker and a young person who had had care responsibility for a sibling. It was publicised via a wide range of service outlets, and a link was placed on the University of Melbourne project webpage.

Interviews

The target group was young people who had commenced caring for kinship children when aged 30 years or under, and were either still caring for children or had recently done so. We also sought young people in informal kinship care aged 10 years and upwards.

The early phase of recruitment was difficult, yielding few responses. Multiple avenues for recruitment of subjects were explored including the following:

- The Victorian kinship support services (mostly providing support to formal kinship carers) and the Mirabel Foundation.
- A webpage with a 'Contact Us' button was established on the University of Melbourne Department of Social Work website <https://healthsciences.unimelb.edu.au/research-groups/social-work-research/partnership-for-innovation-in-out-of-home-care/young-kinship>.
- Items were placed in a number service newsletters including the Centre for Excellence in Child and Family Welfare (Victoria), University of Melbourne Staff News and the Young Carers Network Illawarra Shoalhaven NSW. Young kinship carers with diverse backgrounds were sought via e-newsletters of the Centre for Multicultural Youth (CMY), AMES Australia (Settlement, Education & Employment Services), Ethnic Communities Council of Victoria (ECCV) and the Multicultural Youth Advocacy Network Australia (MYAN). Few responses were received via this approach.
- An article was placed in the University of Melbourne online magazine *Pursuit* that led to some media interest. Interviews were conducted with ABC radio and television and *The Age* Melbourne newspaper (see Chapter 6). Small numbers were received as a result of the media publicity.
- A number of conference presentations were made in several States, resulting in small numbers of recruits.
- A presentation was made to a meeting in Sydney of GRAKCA (Grandparents, Relative and Kinship Carers Association) (February 2017).
- An approach to the CREATE Foundation regarding young adults with experience of care by young kinship carers.
- A chance contact in the UK led to contact with the Western Australian Department of Communities, Child Protection and Family Support, and to this Department undertaking a mailout to all their identified young kinship carers. Four WA respondents were obtained via this process.

The most fruitful avenues for recruitment were the Victorian kinship support services and the Mirabel Foundation. Over time, more and more young kinship carers came to attention, and eventually a much larger sample than initially anticipated was achieved.

The final sample was 42 young kinship carers, and 16 young people. Most lived in Victoria, with smaller numbers in New South Wales, Queensland, Western Australia and ACT. Interviews were conducted either face to face or by telephone, and were recorded and transcribed. All participants were given a gift voucher to cover the costs of participation. Contact has been maintained with some young carers, and efforts have been made to link some with other young kinship carers for mutual support.

A thematic analysis of the interviews was conducted (Thomas & Harden, 2008). The NVivo software package (QSR International, 2010) was used as an aid to code material relating to the research questions as well as interesting and unexpected ideas. In reporting of data, names and potentially identifying details have been changed to protect confidentiality except in rare instances where the subject has chosen to be named. Unless otherwise indicated, stated ages are at the time of interview. Where needed for context, the interviewer's questions appear in angle brackets.

Limitations

The online survey proved unsuccessful as a method of collecting data, with only 11 responses received. One response was largely blank, and one appeared to be fake. In hindsight the lack of success might have been predicted, given that young kinship carers are a hidden group. Of those who responded to the survey, 7 were interviewed, one of whom turned out to be out of scope.

There are a number of limitations to the use of census data to establish the prevalence of kinship carers. Census data can only provide definite answers to questions specifically asked in questionnaires. Since there is no census question specifically about care of other people's children, our analysis could only provide a proxy estimate of the number of independent kinship care households in Australia. For technical reasons it was necessary to exclude multigenerational households from the analysis (see chapter 2 for details). Inevitably, we thus excluded many young primary carers of related children in households that included older relatives. The figures obtained thus underestimate the true number of households in which children are being raised by young kinship carers.

Also, census data cannot explain *why* children were living with relatives. Some kinship carer households identified in the census may have included, for example, children being cared for by relatives for reasons relating to children's education or parents' temporary absence for work.

Sampling for interviews was opportunistic and for this reason, statutory kinship carers may be overrepresented.

We did not seek authority to interview children and young people on statutory orders, or very young children. Perspectives obtained from young people were thus restricted to those of around 10 years upwards in informal care or no longer on court orders. Half (8) of the young people interviewed had been on statutory orders at some time in their past.

“I never questioned it,
I just knew I had to do
it. I don't want to send
her to another family,
I feel like she'd be better
with me. I think it'd be
more traumatic if she
wasn't with someone
that she knew.”

Layla, 21

Chapter 2

Demographic characteristics of young kinship carers

This chapter documents an exploration of the prevalence and characteristics of young kinship carer households through use of data from the Census of Population and Housing conducted by the Australian Bureau of Statistics (ABS)⁶. It includes some comparisons between young kinship carer households and the households of older kin carers, and with young Australian families⁷ raising their own children.

Details of data analysis

The census includes information about the usual place of residence⁸ of every individual on the designated census night. At the time of this analysis, the most recent data available was from the 2011 census. Customised tables were requested to obtain proxy data about the prevalence of Australian kinship carers, and associated demographic variables including age.

The census questionnaire does not include a question about which individuals are primary caregivers of the children in a household. Therefore in order to collect data for households with children, we made the assumption in line with Selwyn and Nandy (2012), that the designated Household Reference Person (HRP)⁹ and/or partner where present would have a primary role in the care of children in the household.¹⁰ The same assumption could not be made for multigenerational households, as it would not be possible to determine which

6 <http://www.abs.gov.au/websitedbs/D3310114.nsf/Home/Census>

7 Kinship carers raising their own children would appear in both cohorts.

8 *Usual place of residence* is defined as the address at which a person lives or intends to live for six months or more.

9 The *Family/Household Reference Person Indicator (HRP)* is the person who is used as the basis for determining the familial and non-familial relationships within a household. It is usually the person who has identified as Person One on the Household form. The HRP 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 (ABS, 2014)

10 The term 'primary carer' as used here makes no distinction between the roles of homemaker and breadwinner.

adults were primarily responsible for care of children (for example, parents or grandparents). Multigenerational households were therefore excluded from the analysis. With this proviso, where children aged 0–17 were present who were not the sons and daughters of the HRP and any partner, the HRP and any partner were assumed to be kinship carers. All two-generational households were identified that contained at least one ‘otherwise related child’¹¹ or ‘unrelated child’¹² and neither of the children’s parents were resident, thus allowing for the identification of both ‘kith and kin’ care arrangements. We have designated these households ‘independent kinship care households’.

The decision to exclude multigenerational households inevitably eliminated a number of households where kinship care could be taking place. The figures presented here thus constitute an underestimation of the true number of kinship carer households in Australia.

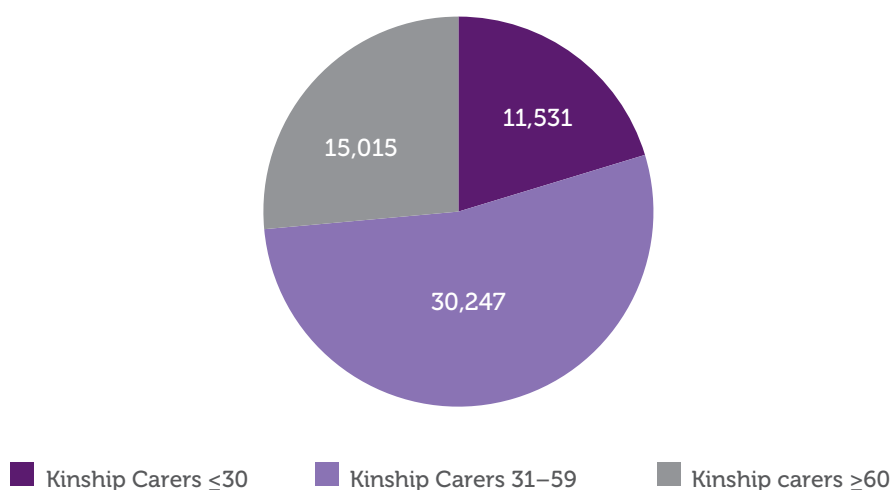
The age range of HRPs in independent kinship care households was explored via three HRP age cohorts: 30 years and under; 31–59 years; and 60 years and over. The youngest age cohort was broken down into three more age cohorts: 16–20, 21–25 and 26–30 years, in order to obtain more detail about this group.

More detailed parameters for the data analysis are available from the author.

Age of kinship carers

We first explored the prevalence of kinship carers in the three main age cohorts.

Figure 1 Households by age of kinship carers



Notes

1. Young households only included if no older adults present, except any older partner of a putative primary carer.
2. Older households only included if no son, daughter or step-children of a putative primary carer present.

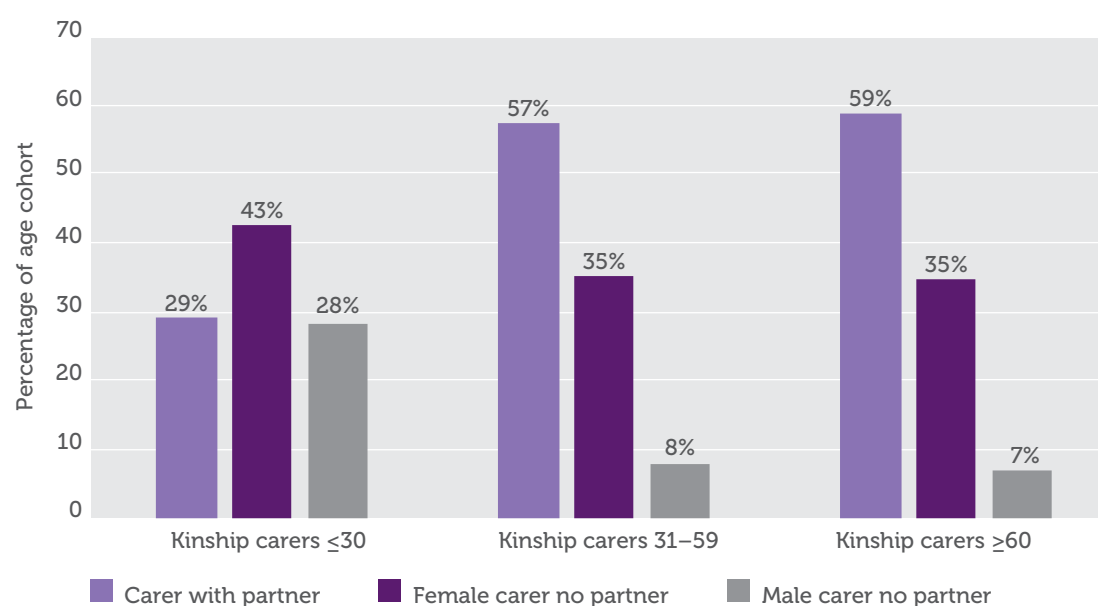
A total of 56,793 two-generational kinship care households were identified. One-fifth (20%) of households had a carer aged 30 years or less. More than half (53%) of the kin care households had a carer in the age range 31–59 years, and just over one-quarter (26%) of households involved a carer aged 60 years or more (Figure 1).

11. An *otherwise related child* is a child who in relation to the HRP or any partner, is not a natural child, adopted child, step-child or foster child so stated, and is also not an overseas visitor or unrelated child.

12. An *unrelated child* is a child who is not a natural child, adopted child, step-child, foster child so stated, or otherwise related child, and is not an overseas visitor or a boarder/lodger aged 15–17 years.

Marital/partnered status of kinship carers

Figure 2 Households with single and partnered kinship carers by age

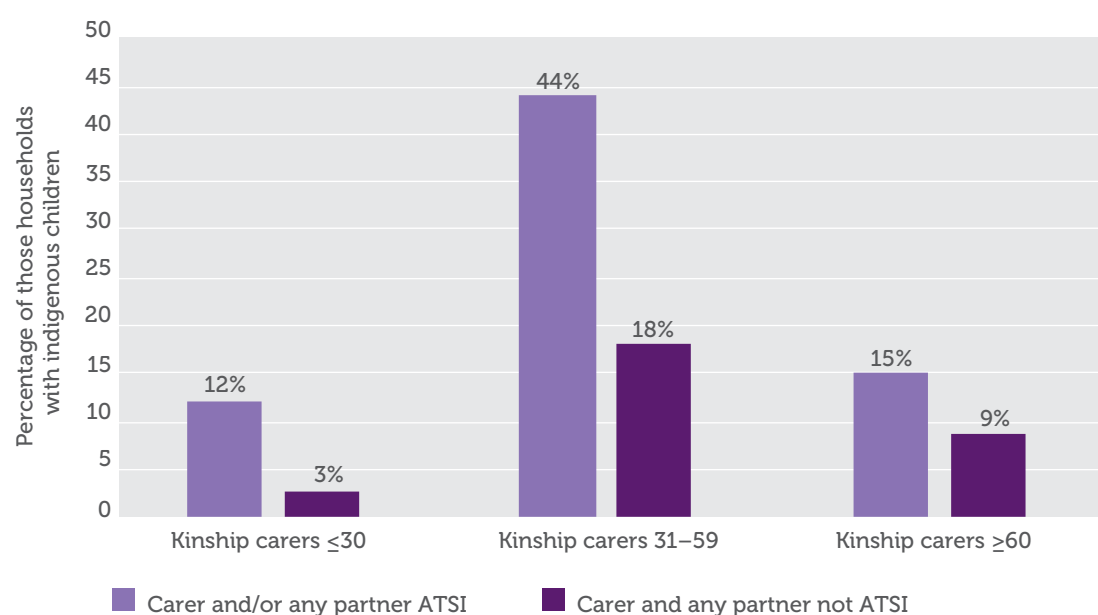


The total number of kinship carers included similar numbers of partnered and single carers (48% single versus 52% partnered) (Figure 2). Three-tenths (29%) of carers aged 30 years or less were partnered, with higher rates of partnering in the older age groups (57% aged 31–60 and 59% aged 60+).

There were 3 times as many single female carers (36% of total carers) as single male carers (12% of total carers). The prevalence of single male carers was much higher in the 30 years or less age cohort than in the older age groups.

Households with Indigenous kin children

Figure 3 Households with Indigenous kin children by carer age



Data for Aboriginal and Torres Strait Islander people are reported together using the term *Indigenous people*. The age of kin carers of Indigenous children was explored specifically.

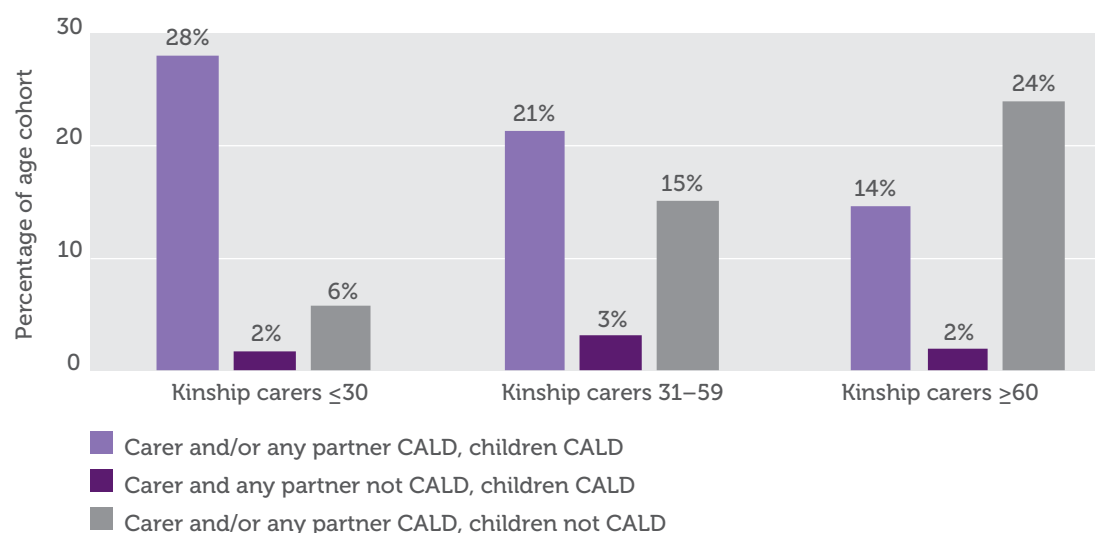
Nearly one-fifth of kinship care households (10,064, 18%) included Indigenous kin children. Over two-thirds (71%) of the carers of Indigenous children were themselves Indigenous.

Interestingly, it was apparent that the young carers of Indigenous children were more often Indigenous than the older carers: over four-fifths (82%) of the kinship carers aged 30 or less were themselves Indigenous, while 71% of the kinship carers aged 31–59 and 63% of the carers aged 60 or more were Indigenous.

Households with children of culturally and linguistically diverse (CALD) identity

ABS provides two different ways of describing persons with CALD identity. The definition utilised here is that individuals are born outside the main English speaking countries, and/or speak a language at home other than English and other than an Indigenous language. It is acknowledged that this is an inexact description. Where children are born in Australia of parents who identify as CALD there may be considerable variation in whether parents and kinship carers nominate children as having CALD identity.

Figure 4 Households with kin children by CALD status, and by age of carer

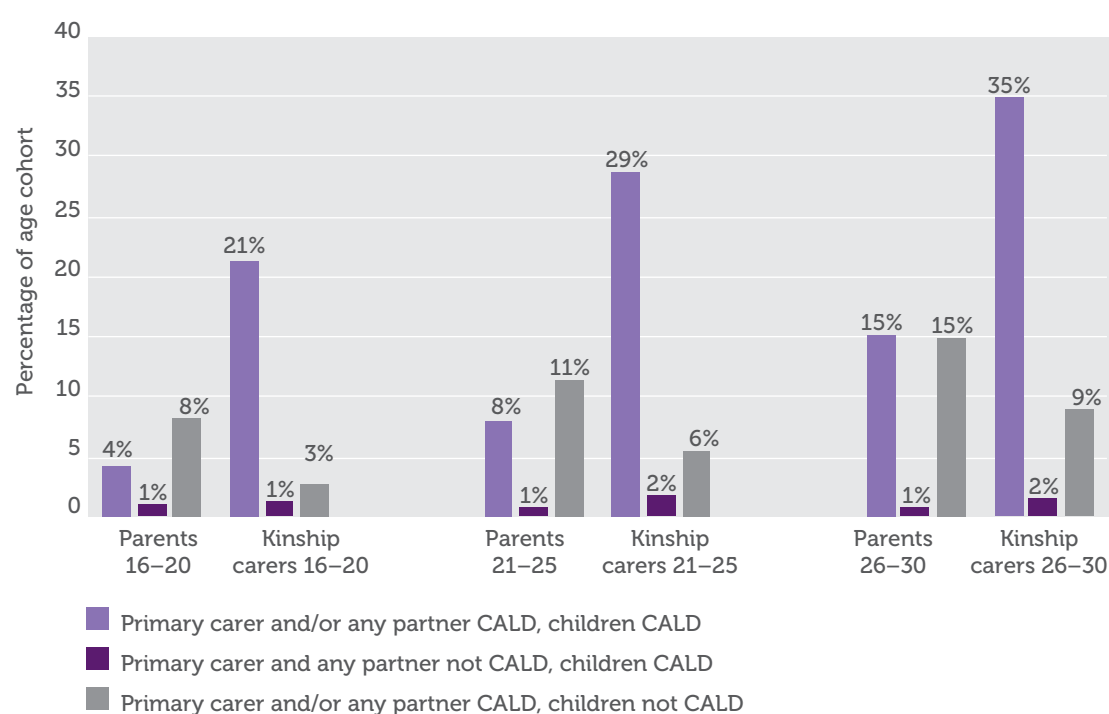


Note

1% 'Not stated' categories not represented in Figure for ease of reading.

Nearly one-quarter of all kinship care households (13,199, 23%) included kin children who were identified as CALD. Among kinship care households, the proportion with kin children identified as CALD was greatest in households with young kinship carers (30%), decreasing with increasing carer age (24% with carers 31–59 and 16% with carers 60+). Very few kin children identified as CALD were with carers who were not identified as CALD. However a number of CALD kin carers had children in their care who were not identified as CALD (Figure 4).

Figure 5 Households with CALD children in parental care and kin care by age of primary carer



Notes

Households without CALD children and CALD carers are not represented in this Figure.
1–2% 'Not stated' categories not represented in Figure for ease of reading.

We compared the CALD identity of children and young kin carers with the CALD identity of children living with parents of similar age.

Overall there was a higher percentage of children identified as CALD in young kinship care households than in households headed by young parents (Figure 5). Where primary carers were extremely young (16–20 years), children in kin care were identified as CALD at 4 times the rate (22%) of those in parental care (5%). In the age range 21–25 the rate was 3 times higher (31% versus 9%), and the rate of CALD children in kin care identified as CALD as was over 2 times that of children in parental care in the age range 26–30 (37% versus 16%).

Educational status

We explored possible effects of care on young kinship carers as compared with young parents as a whole. Using 2014 AIHW data¹³, a rough comparison was also made between the educational attainment of young kinship carers, young parents, and young people in Australia overall. The age cohort reported in the AIHW data is however not identical (20–24 years as opposed to our data for age range 21–25 years); also the AIHW dataset was collected in 2014, three years after this census data. This comparison must therefore be viewed with caution (Figure 6).

13 Australian Institute of Health and Welfare. (2015). *Australia's Welfare 2015*. Canberra: AIHW.

Figure 6 Educational attainment

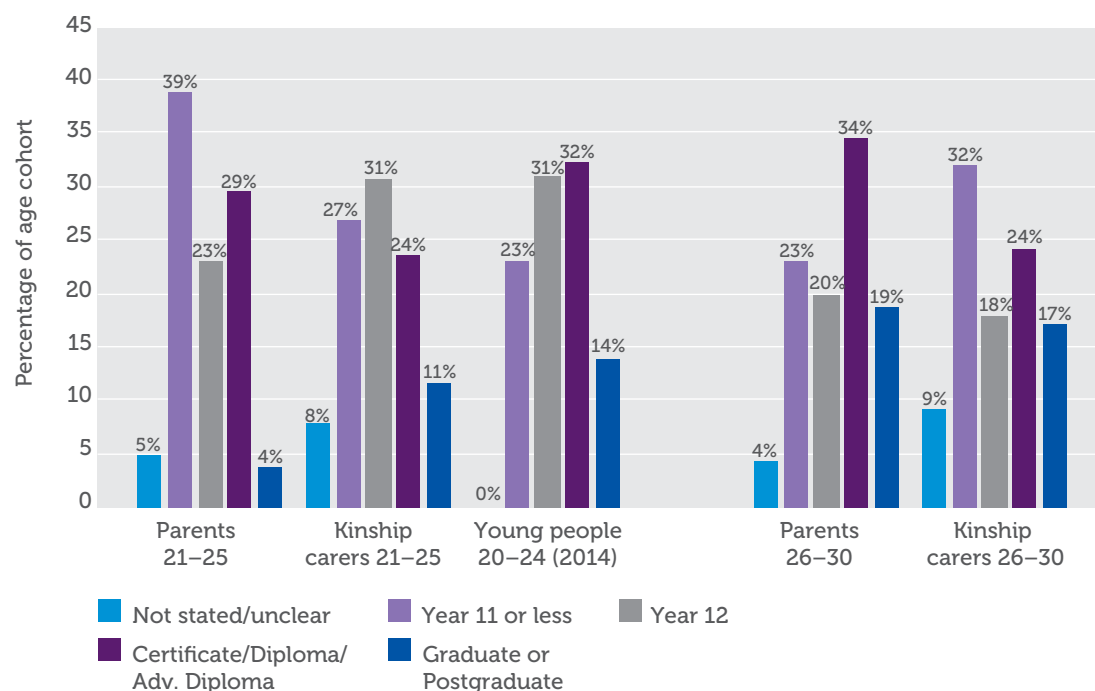


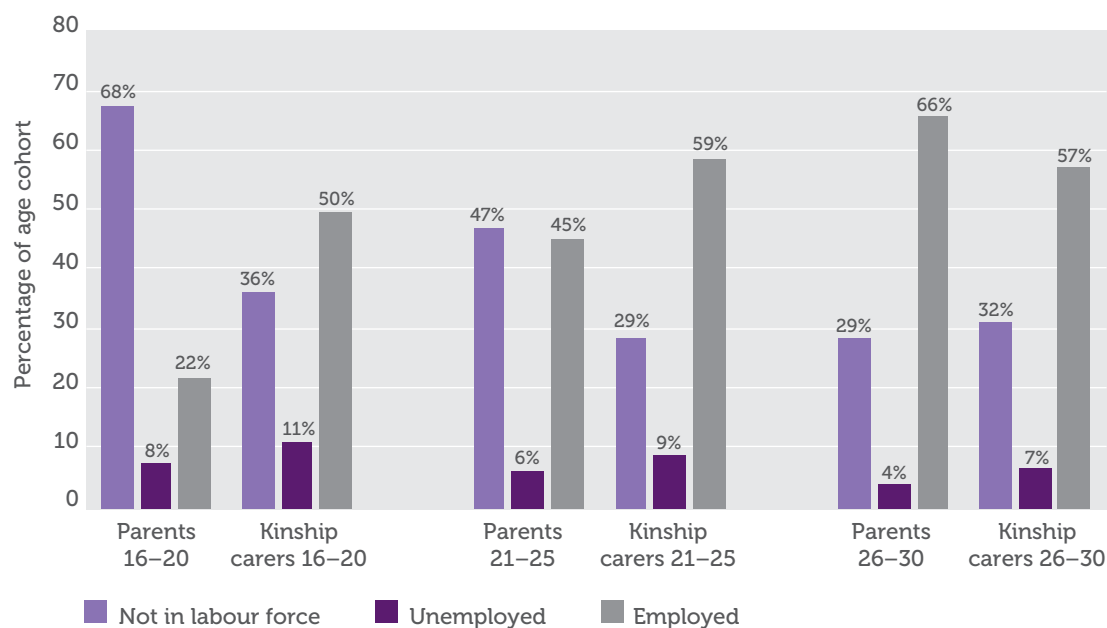
Figure 6 shows that in the age range 21–25, the kinship carers appeared to be overall slightly ahead of young parents of similar age in gaining a post-secondary qualification of any sort (35% versus 33%). However, the kinship carers were considerably more likely to have university graduate or postgraduate qualifications (11%) than the young parents (4%).

As might be expected, higher levels of education were seen for both kin carers and young parents in the age range 26–30. In this age bracket, young parents age 26–30 were ahead of kinship carers with their post-secondary education (53% versus 41%). The proportion of young parents age 26–30 with university qualifications was nearly five times that of young parents aged 21–25 (19% versus 4%). The level of university qualification for kinship carers age 26–30 was also greater than for kinship carers aged 21–25, but by a much smaller margin (17% versus 11%). More young parents age 26–30 had also achieved Certificate or Diploma level education than young parents age 21–25, however the level of Certificate or Diploma level education for kinship carers age 26–30 was the same as in the age range 21–25.

While inexact, the comparison of the educational achievement of young kinship carers and young parents with AIHW data for young Australians as a whole suggests that both young kinship carers and young parents may be behind the general population of similar age in terms of gaining qualifications, with more of the general population age 20–24 years qualified at post-secondary levels.

Employment

Figure 7 Employment status

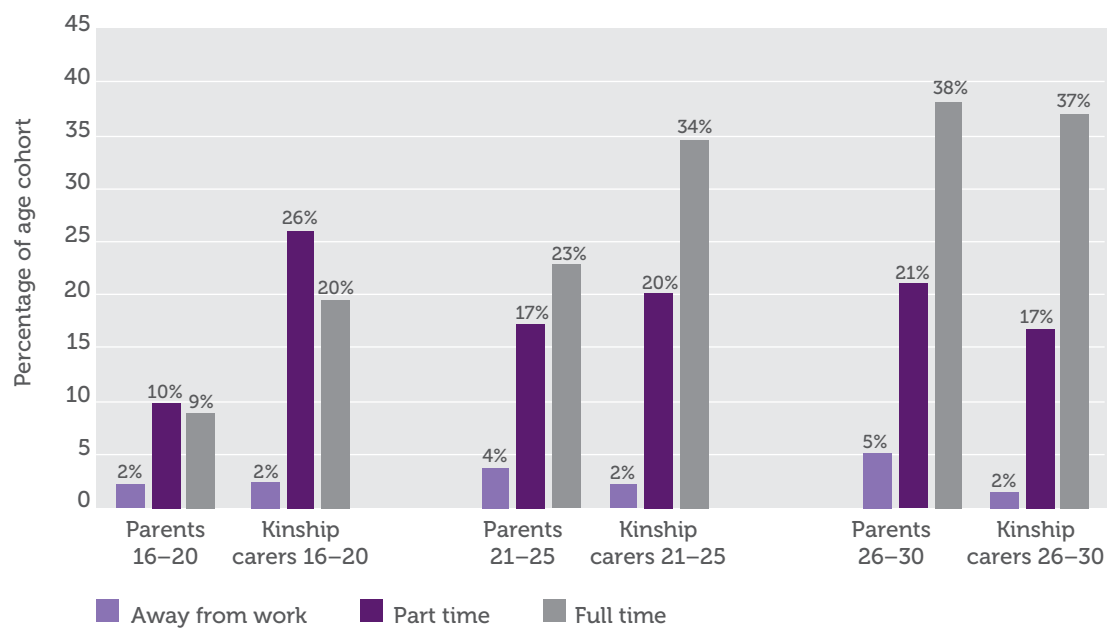


Note

1-2% 'Not stated' categories not represented in Figure for ease of reading.

Very young kinship carers (age 16-20) were much more likely to be employed than young parents (50% versus 22%). Kinship carers were also more likely to be employed in the age 21-25 than young parents (59% versus 45%). However, in the age range 26-30, the rate of employment of parents actually exceeded that of kinship carers (70% versus 64%) (Figure 7).

Figure 8 Hours of work of young people



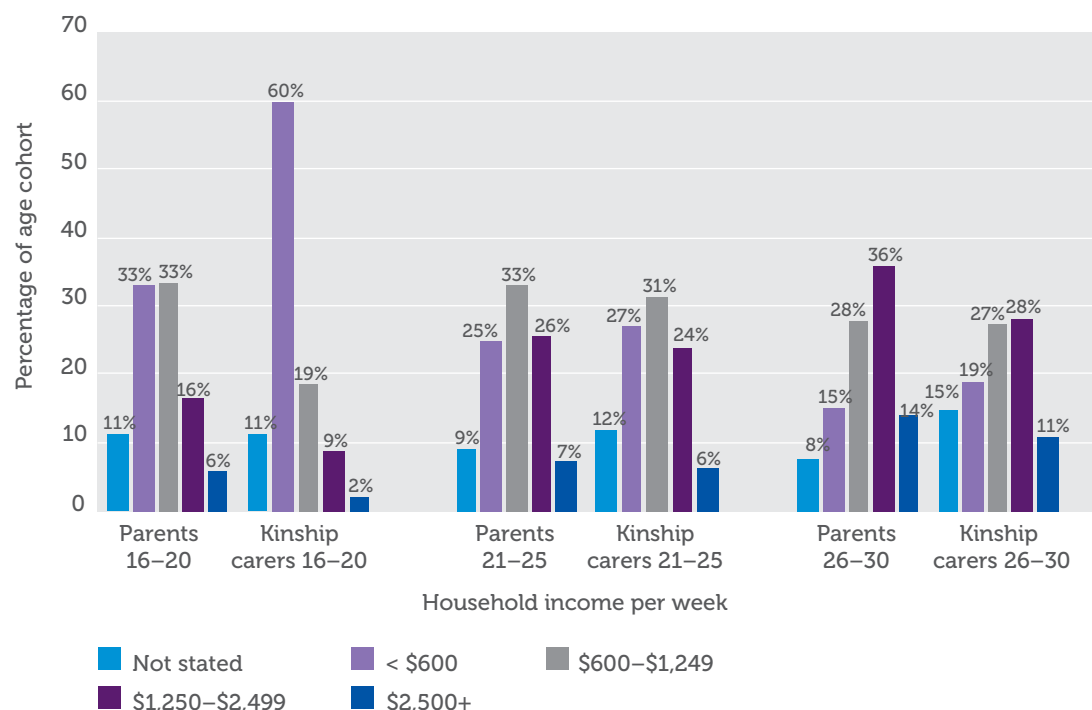
Note

1-2% 'Not stated' categories not represented in Figure for ease of reading.

Figure 8 provides a breakdown of the employment status of young parents and kinship carers who were in the workforce (the 'Employed' columns in Figure 7). Kinship carers were more likely to be employed both full-time and part-time than young parents in the age ranges 16–20 and 21–25, although the difference was less for the 21–25 year olds. As for educational attainment (Figure 6), the picture changed in age range 26–30. At this age, young parents had a similar rate of full-time employment as kinship carers, and a slightly higher rate of part-time employment.

Income

Figure 9 Weekly household income



Much poverty was evident among the households of young people with dependent children, both young kinship carers and young parents (Figure 9). Young parents appeared to have higher household incomes than young kinship carers in all three young age cohorts; this was despite the greater working hours of young kinship carers (Figure 8).

In the 16–20 age range, 60% of kinship carers appeared to receive less than \$600 per week, but only 33% of parents were on such low incomes. Such very low income was seen less in age ranges 21–25 and 26–30, with similar percentages for kinship carers and young parents. Around one-quarter (27% of kinship carers and 25% of young parents) in the age range 21–25 were on \$600 per week or less, and less than one-fifth (19% of kinship carers and 15% of young parents) in the age range 26–30.

In general, average income increased with age for both young parents and kinship carers, however young parents had generally higher incomes than young kinship carers in each age cohort. In the 16–20 age range, only 11% of kinship care households had incomes of \$1,250 or above (\$65,000 plus annually) as compared with 22% of young parent households. The difference reduced in the 21–25 age range (30% of kinship care households with incomes of \$1,250 or above as compared with 33% of young parent households), but was wider again in the 26–30 age range (39% of kinship care households with incomes of \$1,250 or above as compared with 50% of young parent households).

Summary

This proxy demographic data about young kinship carers and young parents for two-generational households constitutes a first attempt to explore the prevalence of young kinship carers in Australia and their demographic characteristics. However these figures are likely to constitute a significant underestimation of total numbers of kinship care households in Australia, as there may be numbers of multigenerational households that include kin children.

This analysis suggested that one-fifth of two-generational kinship care households were headed by a carer aged 30 years or less. Just over half of kinship households had carers in the mid years (31–59), and around one-quarter had carers aged 60 years or over. Households with young kinship carers thus constituted a significant minority of all two-generational kinship care households.

Across the age range, around half of the kinship carers were single, with somewhat fewer partnered in the group aged 30 or less. Single kinship carers were more likely to be female in all age groups, particularly in the older age cohorts.

Nearly one-fifth of kinship care households included Indigenous kin children. Over two-thirds of the households included Indigenous children who were being cared for by an Indigenous kin carer and/or carer's partner. However, this was more likely to be the case if the carer was young, that is, aged 30 years or less. This might suggest that many younger carers may have been Indigenous siblings, whereas some older carers may have been non-Indigenous relatives of the children, such as grandparents.

Nearly one-quarter of all kinship care households included kin children who were identified as CALD. Very few kin children identified as CALD were with carers who were not identified as CALD. The proportion of households with kin children identified as CALD was greatest in households with kinship carers aged 30 years or less, reducing somewhat in households with older kin carers. Very few kin children who were identified as CALD were with kin carers who were not identified as CALD. There was a larger percentage of children who were identified as CALD in young kinship care households than in households headed by young parents. These figures may be affected by different interpretations of children's CALD identity by kinship carers as opposed to the interpretations by parents who themselves identified as CALD of their Australian-born children's identity.

Much poverty was evident among both young kinship carers and young parents. However, young kinship carers appeared to have even lower incomes than young parents.

Both young parents and young kinship carers appeared to be behind the general population of young people in terms of their educational attainment. While the age group 21–25, kinship carers appeared to have higher educational achievement than young parents, in the older age range 26–30 young parents appeared to have higher educational achievement. A similar pattern was seen with regard to employment: young kinship carers appeared to be more engaged in employment than parents when younger, but slightly less so in the age range 26–30.

The data on education, employment and household income suggests that young kinship carers and young parents as a whole may have different trajectories in achieving the goals of young adulthood. It may be speculated that some young people who become young kinship carers may be in more advantageous life circumstances at the time of assuming care of children than very young parents, but that the impact of providing kinship care together with possible other life factors may subsequently impede their other life activities.

“Our lives essentially get put on hold. I don’t think they realise there’s a lot of restrictions when we take on the kids, so you just hit this one spot until the children are old enough or things change.”

Noelle, 29

Chapter 3

The lived experience of young kinship carers

This chapter documents the lived experience of the 42 young kinship carers interviewed. One of the 42 was the partner of a primary carer who was also interviewed. To avoid instances of double counting, demographic data has not been included for this young man, hence for demographic purposes the total is 41 carers.

Like the children in their care, most of the young kinship carers had also grown up within families with significant dysfunction. The picture derived from these interviews stands to challenge stereotypes of the life chances of adults with troubled childhoods and child protection involvement. Many carers described their sudden metamorphoses into responsible adults caring for children and managing complex family situations and limited finances, stories that were often surprising and always moving. In the face of challenges and privations described, some positive features stood out: their deep commitment to their young relatives; the children's positive development in their care; and the joy the young carers derived from their self-imposed task of raising other people's children.

The young kinship carers' experiences are presented under the headings: *Circumstances of care*; *The experience of caregiving*; *Financial issues*; *Involvement with child protection*; *Life stage issues*; *Family relationships*; *Rewards of care*; *Support and assistance*, and *The need for awareness*.

Circumstances of care

Thirty-five of the young carers were women and 6 were men; they were living in Victoria, New South Wales, Queensland, Western Australia and the Australian Capital Territory. Thirty lived in metropolitan areas and 11 in regional locations. Four were born overseas, three in South-East Asia and one in Africa. One Australian-born young person identified as a Pacific Islander.

The length of care at the time of interview ranged from a few months to eleven years. All but one were still caring for kinship children; most were expecting to raise the children to independence.

Carers' age

Table 1 Age of young people at outset of care

Age (years)	17–18	19–22	23–26	27–30	Total carers
No. of carers	2	18	13	8	41

The youngest carer was 18 and the eldest was thirty at the time they assumed care of kin children. Half (20) were under 23 years at commencement of care.

Table 2 Carers' relationship to children

Carers' relationship to children	Sister/ Brother	Aunt/Uncle	Cousin relationships	Step-grandmother	Unrelated kin care
No. of carers	16/1	15/1	6	1	4

The most common relationships between carers and children were siblings or partner's siblings (17) and aunts/uncles (16). Cousin relationships also featured: four carers were looking after their cousin's children, one was looking after her cousin, and one after her partner's cousin. One young woman was married to a man some years older than herself and was caring for her infant step-grandchild. Some of the Aboriginal carers articulated their relationships in cultural terms, such as a cousin's child described as a nephew¹⁴. Six carers had different relationships to different children in their care (e.g. sibling plus aunt). One aunt was caring for two nephews, a child of each of her two sisters. Of the four carers with unrelated children, two had met the children in a role of support person or mentor, and the other two through family. Two were caring for both related and unrelated kin children.

Table 3 Adults in households

Carer spouse/partner in household				If carer single, other adult(s) in household	
Yes		No		Yes	No
Female	Male	Female	Male	8	13
19	1	16	5		
20		21			

Half (20) the carers had spouses/domestic partners. Nearly two-thirds (13) of the single carers had no other adults in their households.

Six of the young women had partnered in their teens during tumultuous times in their own families. Their relationships had become long-standing, with the partners committed to the kinship care responsibilities. Many of the partnered young women stated that their partners had been supportive of the new caring responsibility from the outset.

14 For consistency these children appear in Table 2 as explained by their carers in literal rather than cultural terms.

[I was] like, ‘Oh yeah, Mum’s not looking like she’s coping very well, we might have to take her. He’s like, “Yeah, that’s fine”’.
(Mandy, 30)

I spoke to him and said that he didn’t have to do this. I gave him an out in a way, and said ‘Look this is very heavy, a huge commitment’ ... He was like ‘No, no, no, I want to do this, I want to help; I think it’s important that we get the kids settled’. (Kelly, 27)

He was very much on the same side as me. He wanted my sisters there, because he could obviously tell it was impacting me worrying about them too much. (Danae, 23)

On the other hand, at least three young women had lost their partner or fiancé through taking on kin children.

Responsibility had often fallen to eldest girls. At least¹⁵ two-thirds (24) of the 35 young women were the eldest girl in their families of origin, and at least 16 of these were also the eldest born child. Three aunts were second daughters caring for the children of their older sister, and another two aunt carers had older sisters who were caring for children of a third sister. Among the male carers there was one eldest child, one only child and one who was the eldest boy. Two had older brothers.

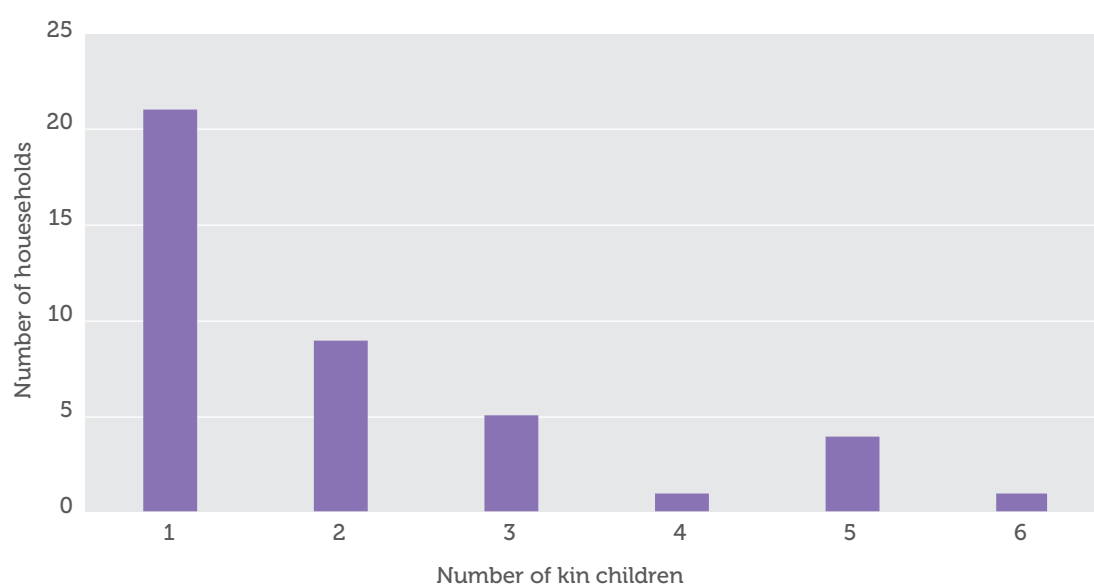
Households with large numbers of children

Table 4 Carers with their own children

No. of own children	0	1	2	3	4	5	Total carers
No. of carers	27	6	4	2	2	1	41

Over one-third (15) of the carers had children of their own; nine had two or more children.

Figure 10 Number of kin children in household

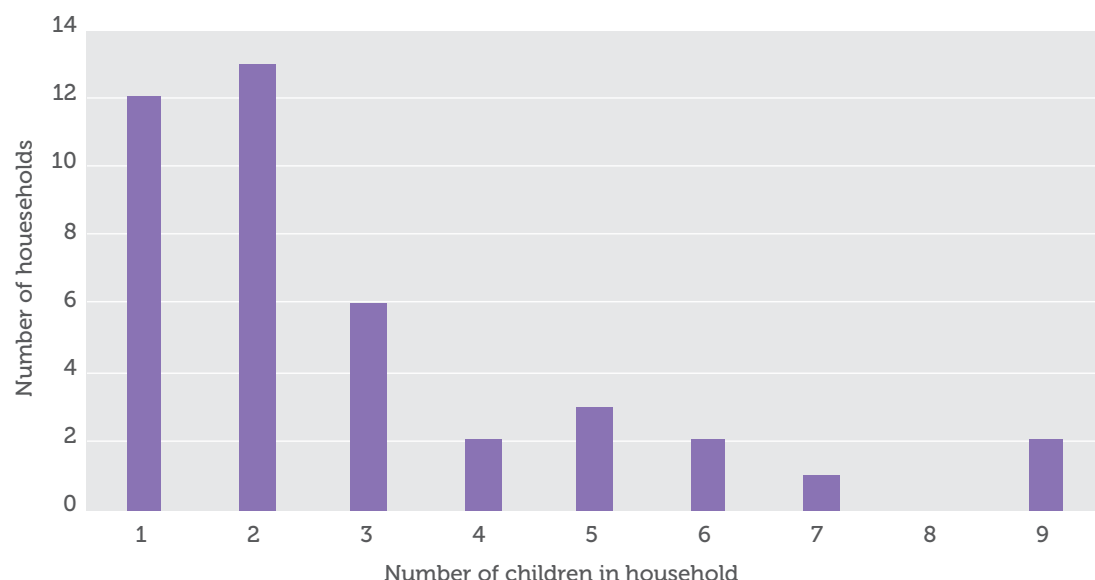


15 Information about position in the family of origin was not available for 4 young women and 1 young man.

Half the carers (20) were looking after more than one kin child. Eleven were caring for 3 or more kin children, four had 5 kin children, and one had 6 kin children.

Many of the female carers had taken on the care of babies. Ten had assumed the care of one newborn baby and two the care of two newborns one after the other. Four others had cared for infants under the age of 2, and one had taken on her twin one-year old siblings.

Figure 11 Total number of children in household



Including their own children, one-quarter (10) of the 41 young kinship carers had 4 or more children in their care. One-fifth (8) were caring for 5 or more children in total. Many of these households included preschool children, and a number included children with disabilities and developmental delays. An immigrant couple were caring for 5 kin children including siblings of each of the couple plus a nephew and niece as well as their own 2 dependent children and their 3 adult children.

Of the eight young people caring for 5 or more children, five were single young women.

Of these five:

- Four had commenced their kinship care role at age 21.
- Two had households of 9 children and had no other adults living in the household. One had 4 kin children plus 5 of her own and the other had 6 kin children plus 3 of her own.
- Two were each caring for 5 siblings, one alongside two young adult siblings and one with one young adult sibling. Another was caring for 5 nephews and nieces with no other adults in the house.

Caryn, 27, had a household of infants plus two older children.

We had four in nappies, but only three on bottles. So, yeah, I'd have to line up everything. Bottles have dropped down now, thankfully, but it was just constant at the start, bottle after bottle. When they get sick, I've just got to shut everything off. I'm not going to get sleep and I know that, so I've just got to accept it. It does get crazy and it's too hard to go out places I think. It takes so long to get ready, that there's just no point.

Two comments from very young carers each with five kin children provide another glimpse of life in larger kin households. Maya was caring for several very young siblings, and Naomi's family included twins with disabilities.

So the morning I'll wake up at 6.30. I get the twins up early because they take much longer to get ready. Seven o'clock I start making breakfast and then wake up the younger two with [teenager] Ben. Then, as I'm making breakfast, they'll be brushing their teeth and the twins will be at the table having their breakfast. And then by 8 we're out of the house ... So we all start in the car, we stop at the front of the court where the bus comes to pick up the twins. Then I drop off the two little ones, and then I drop off Ben last. (Naomi, 24)

When I'm in the bath I've got four in there with me. (Maya, 22)

The male carers

Twenty of the female primary carers had male partners who were sharing care of the children. Seven of the male partners were the primary relative of the kin children as brother, uncle or cousin.

The six male primary carers were an older brother, an uncle, a cousin of the children's mother, and three non-familial kin carers. One was Aboriginal and two were born in South-East Asia. None had children of their own. One was caring for one teenager; four were each caring for 2 children, and one was caring for 3. All except one were looking after boys only. One was married and one had a fiancé living elsewhere; two were the only adults in their households; and one was sharing care with his sister. One lived with his mother who was the carer of two siblings of the children, and one lived with his parents and adult nephews.

Aboriginal carers and children

All the Aboriginal carers were looking after Aboriginal children except one who was caring for her non-Aboriginal sister. A young Aboriginal man was looking after three boys. One was an unrelated Aboriginal boy known to him through the local community, and two were Torres Strait Islanders regarded culturally as his brothers, these children having formerly been his mother's foster children. One other Aboriginal child was being cared for by her non-Aboriginal aunt.

Table 5 Age of Aboriginal carers at commencement of care

Age	18–20	21–23	24–26	Total carers
No. of carers	3	6	1	10

Possibly related to a cultural sense of obligation, the nine female Aboriginal carers were all in the age range 18–23 years, among the youngest of the carers at commencement of care. The young Aboriginal carers experienced acutely the obligation to provide care, an imperative generated by traditional obligation and heightened by the impact of the Stolen Generations¹⁶.

¹⁶ Stolen Generations: the name given to the large number of Aboriginal people who were forcibly removed from their families for several decades up to the 1960s.

I'm sick of seeing kids in care, getting taken away and then ending up either dead, in jail, on drugs, in the system. I don't want to see it any more ... We were taken from Mum for a short time when we were younger due to domestic violence from my father. It was traumatising, you can never get that out of your head. [You want] to always be with your Mum, even when you go through crap like that, [but] to be taken away by complete strangers. (Donna, 25)

I wanted to break the cycle ... Not a good thing for Dawn to be in care.¹⁷ I'd rather her be with me than with strangers, and she can still visit her family and see her Mum and brothers and sisters. (Lina, 25)

Care responsibilities thus included ensuring that children knew their families, communities, culture and country. Many described cultural learning as happening through their normal daily activities such as socialising with extended family and friends, sports and other community activities. Many examples were provided, a few of which appear below.

At the end of the day identity is the most important thing to have. (Donna, 25)

I feel like I am that connection to culture. Obviously, I'm so close to my Grandma, who's got her own set of knowledge, so without actively knowing that you're connecting them, you actually are. My great-grandfather is still here. He lives out at the [Aboriginal community], that's where we're from. For me, growing up, that was the most important place for me. It wasn't about being told all about my culture or [going to activities], it was just about being out there. We go out there a fair bit, so I just let them run around all day with all of their cousins and they love it, get fed by everyone, it's good. (Danae, 23)

With the great support networks around everything that we do, and the connection that I have with them, and the love that I can see they have for my children, it just felt right in my heart. I know if anything happened to me, that my child would be okay and protected and loved and cherished by that [other] person. (Emily, 31)

We do a return to country where we get all our siblings and cousins that are in foster care together ... back to our own country and teaching them about culture, about our family history, song and dance. And just the opportunity for all the cousins to meet each other and know who their family are rather than being separated from them ... The [cousins'] foster family gets to come as well so they get to meet our family and I guess we're all a big family. (Tessa, 22)

17 It is frequently observed that kinship carers do not see their care of children as 'in care', even when there is a statutory order governing the care arrangement. Aboriginal people are even more likely to view care of a familial child as other than 'in care'.

The experience of caregiving

The young carers evinced significant personal strengths despite a range of external pressures that at times generated high levels of stress.

Commitment to care

The carers generally expressed strong commitment to the children's care. In many cases a deep bond of love already existed between carers and children prior to care. A few spoke of the fear of sibling groups being separated or having multiple placements in foster care as influencing their decision to care.

I always knew it was going to happen and I love them to death.
(Leah, 28)

I've always done it and I'll always do it, no matter how hard it gets.
(Carly, 26)

I just did it because I had to do it, because my heart felt for them, and that I would give them a different upbringing, what they deserved and what I didn't have as a young child. (Emily, 31)

When Sam was a baby Mum would just leave me to look after him. I didn't go to school or anything ... So Sam and I have this real motherly instinct. I was there when both of the boys were born, and was the first one to hold Sam. (Kara, 27)

I just thought it was the right thing to do ... there was talk of [them] going into care and getting split up and all that kind of stuff ... so I just said to them, 'I'll look after you if that's what you want' ... So I just took the role of parent. (Kyle, 22)

I never questioned it, I just knew I had to do it. I don't want to send her to another family, I feel like she'd be better with me. I think it'd be more traumatic if she wasn't with someone that she knew.
(Layla, 21)

The Department found the boys and they put onto a court order. Saying that, 'You may seem like you are probably the only closest person to the two children. Could you please take care of them?' 'That's fine. I will do whatever it takes to take care of them'. I may not be a father to them, but I could at least be an uncle. (Will, 26)

Men and drugs were in and out of the house. [My husband] was like, 'I can't put my sister and brother through this anymore'. It started off as one night, then two nights, then three. Now it's full-time.
(Bea, 23)

For Naomi, taking on six young siblings at the age of 22 required a feat of willpower:

I remember when I first started looking after the kids full-time, I just couldn't handle it sometimes. I would leave home to go and drink with my friends, but then it just got real bad that my doctor diagnosed me with depression. Then I was on valium for a bit. Then I was mixing

valium with alcohol. Then I would just sit in my room and cry ... Well, I mean, I've been doing it my whole life anyway, looking after kids because Mum and Dad were always out. It was just different this time because I couldn't like, go and tell Mum ... because I was the Mum in that instant ... Then I'm just like, 'Nothing is going to change. I have to pull my socks up and make it work.' I decided to make it work. It still wasn't easy.

Resilience and parenting skills

The carers displayed maturity beyond their years. Empathy was often born of similar experiences of childhood trauma, and many showed considerable insight into the emotions of traumatised children. They described the need for patience, sensitivity, giving children choices, the establishment of routines, limit-setting, supporting schooling and providing positive recreational and extracurricular activities. The need to be open and honest with the children about their parents' difficulties was mentioned, and some with partners spoke of the importance of operating as a parenting team. A small number commented that they lacked appropriate parenting role models, but were open to learning parenting skills. Many displayed determination and independence in the face of limited social and practical support. A small number expressed reluctance to use respite foster care (rarely available to them in any case), not wishing to expose the children to care by strangers after previous care disruptions.

We've had to tell them numerous times: 'You're not in a situation because anything you have done, [it's] because of what your Dad's done'. (Nina, 28)

My sister was in, not complete denial, but she says now she didn't realise how sick Mum was. She's like 'Oh, I thought it would just – I don't know what I thought – I just thought that I would never have to come live with you, that you were just making it up. (Mandy, 30)

I think the kids really do struggle with being different at school because it's a constant thing of, 'Where's your Mum?' or, 'Where's your Dad?' 'So who do you live with?' 'You live with your sister, why?' Kids don't want to be different at that age. They just want to blend in and have as little attention drawn to them as possible. So that's probably one of the hardest things. I know Kit had constant issues because he was so chaotic and such a nightmare. The other kids would carry on and say, 'Oh your Dad's in jail' or one kid said, 'Your Mum died of an overdose'. [Actually] I don't know where [his father] is, I don't think he's in jail. But kids just make [it] up. 'She overdosed on cocaine' one of them said to Kit, and I was like, 'How does someone in Grade 4 know what a cocaine overdose is?' They're so cruel. I think [the kids] cope, but we just tackle the issues when they arise. (Kelly, 27)

[We need] a little bit more funding for ... tutoring, for extracurricular activities, for the kids to get them outside. Getting their minds off what's happened in their life, into other things, rather than just worry about putting a roof over their head and giving them food. (Nina, 28)

A few mentioned the challenges of learning to run a household, to budget, cook and in general to be organised.

We have to be organised. It's how we get through. (Violet, 18)

Several mentioned the need for both children and themselves to have access to counselling to help deal with the impacts of trauma. Twenty-one year old Layla had realised that looking after herself was essential.

... make sure to look after yourself, if you're not okay then the child is not okay. I'm slowly learning that, that's why I decided to go back to counselling.

An extraordinary example of resilience was seen in Bethany who as a single woman was caring for nine children, including her own three, two infant relatives and four non-familial children. She commented:

They're all like brothers and sisters. I mean they have their ups and downs and their fights and their bickering, but they get over it. You know, they hate each other one second and then best friends. I wanted a big family, but I just couldn't physically – I would get far too sick to carry the children. So this was like a blessing because I probably would have had eight or nine kids anyway, if I could have.

Children's developmental problems

Many of the children and young people had had emotional, behavioural and developmental issues, difficulties with learning, or frank mental illnesses. The carers were generally very aware of the link between children's trauma and their emotional and developmental difficulties. For some children, behavioural problems occurred around the time of parents' visits.

They love their Mum still no matter what, but he's getting to a point now where he's starting to get angry at his Mum, and upsetting his Mum. You don't want to ever hate your parents, but when you start to realise they're not doing quite the right thing it's an awful feeling for him. (Noelle, 29)

Kit was a nightmare child; seriously wreaking havoc at every opportunity. He's a kid who's been absolutely born and bred into chaos, so that's all he knows is chaos and how to create it and how to create drama. He was even worse at school because he thought he could get away with it. They just had no routine, no stability, it was just all over the place. (Kelly, 27)

Bella is very sensitive, she's always a bit scared of going out because she's scared that my Mum can harm her, find her. So it's definitely a lot harder than just taking care of a child: someone who is a lot more sensitive, yeah. (Nicki, 23)

A number of young carers were caring for children with disabilities or developmental delay, and several carers also had children of their own with developmental issues such as autism. One young person had given up work to take on the full-time care of her infant nephew with a physical disability and significant developmental delay, fed through a nasal gastric tube.

He's got a classification of cerebral palsy. He had [surgery] last year which ... well not so much corrected his epilepsy but it's stopped them from showing external signs. (Poppy, 25)

Both of the kids have had ... physio, because they're both flexible and Seth's also behind in gross motor. He took a long time to crawl, to sit. He's not walking yet, which is no big deal, and he will get there, but he's just a bit slow. (Danielle, 27)

She should be talking now, she doesn't. But which was like Benedict ... I think it was drug related...He was very slow, he's still...probably in a level of a Grade 1 and he's in Grade 5. (Vanessa, 31)

Within just 10 minutes I could tell she had a disability that was not diagnosed. And the four year old, he couldn't speak ... It was all gobbledygook, it was blah, blah, blah, blah. I'm thinking, 'Oh God, he doesn't even know how to [speak]'. (Vanessa, 31)

Children's progress since care began

Despite the challenges, most of the carers spoke with satisfaction about the progress the children had made since coming into their care. Many examples were given.

He fits in nicely, he's just like one of the kids now. He's got a strong bond with all the kids, especially with our two year old ... When we got him, he was classed as a 'failure to thrive baby ... He's gone from seeing the paediatrician monthly and not having any weight gain to seeing a paediatrician 12 monthly and thriving. (Della, 32)

The principal says to me, 'I just can't believe this is the same child that came to us in Grade 3'. (Kelly, 27)

Kaden wasn't allowed at school because he had anger issues. He was only allowed there till 12. Now he's there all day, he's allowed to go to excursions. (Mark, 30)

Just seeing the progress I think. Just seeing him come out and become, I don't want to say it but, a 'normal child'. We could see that, and getting comments from teachers that had taught him saying, 'Wow, what a change'. That was nice. (Cas, 26)

The best thing would be just love, just everyone, everyone being happy and watching them grow ... Especially the other [non-relative] children, seeing how they were before and then to come here, and see how much they've changed – I think that's the most rewarding part... Like I mean Brody, when he come to me, all he ever ate was bread. Now he eats fish and oysters – so just seeing the change, and Axel with his anger, and the love they show to me because they know I love them and I care for them. (Bethany, 34)

Role issues

Becoming a parent-substitute early in adulthood was a big adjustment for most young carers.

Of course having a six week old baby with no experience of being a mother, you do obviously have that natural doubt, 'Can I do this? Am I able to mother a child?'. (Isabella, 28)

You have to remember, we're kids as well. So you think about ... a kid when a caseworker comes at them, they don't like it. They get up and walk away. We're going to do the same thing ... Yes, we have to be mature, but there's some part of our brain where we're not mature and we want to act like a kid. That's what we are. (Violet, 18)

It's a bit funny going to parent-teacher interviews and they're like, 'What, hang on, I taught you.' I'm like, 'This is my sister'. And I think they're a bit confused with Nick [partner] as well, like whether he's had a child, and like, 'No, no, no.' (Laura, 30)

We're just kids as well and we don't know what the hell we're doing. We're trying to balance, trying to live our life and doing parenthood at the same time. It would just be nice if ... they just knew the stresses we go through trying to balance both things at such a young age, yeah. (Rie, 24)

A few carers described their teenage siblings challenging the carers' right to exert a parenting role over them. The role issue had potential to upset the young people's relationships with their siblings.

I have to be careful the way I approach Simon and giving him advice and telling him what to do ... because he's very sensitive when it comes to those sort of things. In the beginning when Mum first passed away, we went through a bit of a rough patch. I think Simon thought I was trying to take Mum's spot. A couple of times he said, 'You're not Mum, you can't ...' (Fran, 21)

I think the hardest thing is trying to still be a sister but be strict at the same time because sometimes now I feel like I can't talk to my siblings in a sister way ... They don't even see me as the chilled sister anymore, because I'm always going psycho, like, 'Clean this, clean that', and nagging ... and now ... they don't want to talk to me anymore. (Naomi, 24)

The struggle for us, or for me is, well sometimes I just want to be a sister and not a Mum or like a parent. We'd just be able to hang out more, whereas now I'm like, 'Have you done your homework?' ... We will be friends when she's older, [but] right now ... (Laura, 30)

Placement breakdowns

Most of the carers felt their relationships with the children were secure. However at least two care relationships were under significant stress, and a breakdown appeared possible. Seven young people had experienced the breakdown of care with another child; in all but one case with a boy, and in all but one case the elder of siblings. Five carers maintained regular contact with these children, with relationships subsequently more amicable. The other two had experienced a breakdown in communications with both the child and other close family members, causing considerable pain.

He was five. He's the same age as my eldest, so they're six weeks apart. Yeah, it was full on. [But] I was doing it anyway, so he just came and fitted into our family. Pretty lucky. At that time we had a pretty good relationship with my brother-in-law so he was happy for [his son] to stay. But it's just when the services [child protection] got involved it got really messy and just broke the family apart. We found there was no communication and just no support for us. I'm sorry I'm so emotional about it. It was definitely very hard...you never expect it to get to that point as a family. I think that's what you hear carers saying all the time though. You shouldn't have to do that as a family, go against a family member. (Cas, 26)

Several carers reflected on the need for support to prevent care breakdowns. Kara speculated how things might have been different with her younger brother:

It's really hard, with him not being here. Over the years, Sam stayed with us for two weeks here and there, because he and Mum would have a fight, or he's gone to foster care. He's with Mum now ... he went back and now he doesn't want to see any of us anymore. Now, if I had the supports when Sam was with us, maybe I could've looked after him longer and he wouldn't be dealing with...horrible things now, trying to hurt himself....Dealing with Mum is enough, and I've got to sit back and know there's nothing I can do. (Kara, 27)

Children's education

Many comments were made about the importance of schooling to help children break out of a cycle of disadvantage and enhance their wellbeing. Some were keen to see the children complete more education than they themselves had. Many were actively engaged with the children's schools, attending meetings and having regular discussions with teachers.

When [younger sister] came to our house, she's like 'What do you mean, I have to go to school every day? I'm like, 'Yeah, man'. (Mandy, 30)

With my eldest niece I pushed it a lot. I said, 'See how much I struggle. If you get year 12 it opens up a lot more opportunities for you.' She's the first one in our family to pass Year 12. (Leah, 28)

He loves school, and all he wants to do is, like on the weekends he'll want to write sentences, and practice his maths. (Fran, 21)

Securing support to help children progress was not always easy. Carly, 26, previously a 'wild child' who left school at 16, expressed her frustration with the school's lack of attention to her siblings' needs:

Mum never went [to the school], I always had to go down and speak to [the teachers] and pick [young brother Kage] up ... he was, pretty much, going to be expelled ... three broken windows and a dented roller door later. Even though they were talking to [young sister Kiera], and know all this stuff is going on at home and obviously that's why Kage's reacting, they just took him as a naughty kid, misbehaving ... they just didn't link them. Obviously the people dealing with Kage weren't talking to the people that were dealing with Kiera. Why wouldn't you check? If there's one sibling saying all this, and you feel strongly that you need to do something, why not look at the other children in the family, as well?

... all I've ever wanted help [from Department] with is this whole school thing. I didn't grow up in this area. I don't know what schools are good, what schools are bad. I don't know where to start and it's hard, especially when most of them don't take me seriously, or they are just so concerned that the girls are going to act up or something. But I say to [Department], 'You can speak to any teacher at their school and every single one of them will give [the children] glowing reviews'. (Leah, 28)

Bea and her partner stepped in to care for Stella when they realised that her home life was affecting her school life.

She was getting picked on at school because there was the smell of drugs through the house; she was going to school smelling like drugs. There'd be days where I'd be walking past the school and you'd hear kids picking on her. It's like, 'I can't do this anymore, I can't handle it'. [I would] be ringing my partner, crying, going, 'What am I going to do? All these kids are picking on her. I'm not allowed to walk in there and smack them on the head, as much as I'd really love to right now.'

Bea described Stella's development once she overcame a problem with her peers.

It was just a social issue. She's a very, very bright girl ... She came back to me with a science assessment from last term and she got 98% on it, she was over the moon. She got all her extra credits and things like that. She goes, 'I did it. I passed. I told you.' I'm like, 'I know you told me, but you had to prove it.' They did Romeo and Juliet at the end of last year and she was freaking out about that. 'I'm not going to pass it. I'm never going to remember everything.' Taught her one of my favourite study tricks, which is, listen to the screenplay while you go to sleep, because it embeds in your brain. She passed her English exam on it. When it comes to social issues it becomes a very awkward situation in classrooms. You can't sit in a classroom with someone you don't like. This person was supposed to be her best friend and then convinced her to break up with her boyfriend, and then stole the boyfriend.

Later when Bea and her partner wanted to move away to escape family conflict, they reconsidered in favour of maintaining Stella's continuity at school.

Stella goes to school down the road. We could have picked up and left, that wouldn't have been an issue. The only places that were in our budget at the time were a good 40-minute drive from her current high school. It came down to, 'Well, what do we do in this situation?'... At this point, me nor my partner were driving, so well, it was a clear decision ... We're not moving a 14-year old girl to another school across the suburbs.

Stress about the costs of children's education was apparent given the carers' limited incomes. School fees and extras were frequently mentioned.

The thing for us is school fees and camps and excursions. I've been up to the school many times where they've just said, 'Oh well, you just have to pay it. We'll do a payment plan', and you just think, 'Can't you just waive it?' I'm still doing a payment plan. (Kelly, 27)

She's talking about wanting to go to work so she's got the money to buy her own clothes and stuff, because she feels bad expecting me to do it. I don't want her to have to go to work, not just yet. None of us have ever finished school. She's doing so well – you know? (Carly, 26)

Coming into Year 11 I would want Maisy to have tutoring because she's struggling at the moment ... You try and fund it, but then it's like \$100 per hour for some tutors, and it's like, 'Am I taking that out of shopping money, bills money, petrol money?' (Nina, 28)

Financial issues

Education costs were not the only financial burden. Some young carers were combining part-time or full-time work with providing care, and some had partners in the workforce; others had given up jobs to provide full-time care. Two-thirds were receiving allowances from child protection as statutory carers. However none were in secure financial circumstances, and the overwhelming majority were experiencing some financial difficulties. Negotiating for financial assistance from authorities such as Centrelink¹⁸, child protection and schools was a major stress for many.

The hardest things at the moment are the financial struggles. Before I had a job, I worked five days a week, I had a good income, I could support myself. And like it doesn't bother me going without here, but ... now I've got three kids that are relying on me to have food on the table and a roof over their head and make sure that the house is clean and have their clothes clean and all that – to me at the moment [this] is the main struggle. (Nellie, 27)

Most carers received a social security benefit of some sort such as Family Tax Benefit. A small number reported that Centrelink staff had difficulty understanding their circumstances. Some had experienced difficulty in proving their role as primary carer, and thus their eligibility for support. Naomi, suddenly left to manage a household of seven siblings, had a particularly difficult time:

We were just like, 'How the hell am I going to pay for that?' At that time, no-one was getting Centrelink [benefits]. I was living on my work pay for a good four months, because getting Centrelink was just a nightmare, just trying to get it under my name. We had to get paperwork from [child protection], court orders to prove ...

There appeared to be considerable variation in whether those caring for infants were deemed eligible for Special Child Care Benefit.

That really frustrates me that my Mum has been a kinship carer for the last ten years and because she's a grandparent kinship carer she's given free child care. Centrelink can offer that to grandparents, however not to aunties and uncles or anything else ... It's causing big distress in our family as to what we're going to do ... I have pushed myself to do this Diploma so I could apply for a higher job, have higher income, hopefully relieve a little bit of stress, so we do need to scratch around to pay for child care. (Vicki, 30)

The statutory carers were all on care allowances set at the lowest level¹⁹, despite a number caring for children with disabilities, developmental delays and mental health issues. Poppy was caring for an infant nephew with severe disabilities, requiring special equipment that the family had to purchase.

18 The program of the Australian Government Department of Human Services that delivers social security payments and services.

19 Across the States and Territories, the rate of care allowance payable is generally set at a level associated with the specific care needs of children. However it is frequently reported that higher levels of payment are more available for children in foster care than in kinship care independently of children's level of need.

I asked my worker and they said, 'No we don't have that kind of allowance set aside'. The car seat that's coming, that's 6 grand. It's a specialised one. It's going to last him a lot longer than the regular car seats will. We got it down to \$1,100, through the agencies again. (Poppy, 25)

There were difficulties in care allowances being started and backdated. In several cases the commencement of payments had been delayed, causing considerable short-term hardship. More than one young person mentioned that a caseworker's advocacy had helped them achieve payments they would otherwise have missed out on. One such was Layla, whose partner Miles took up a job offer interstate to get the family away from bullying of Layla's young sister following a particularly traumatic event in their family. Layla's carer payments were stopped as a result, causing considerable hardship.

I think the biggest thing for any carer is that [statutory care] allowance. When I first moved here and [that] payment got cut, I couldn't find a job for six months. We were stuffed, I had no money. I had a bit of savings and all that went. If I [hadn't had] that savings we probably would have lost this house and been homeless. Miles doesn't get that much income ... [Later] I came into contact with [support worker] and she's the one that advocated the wrongdoing of [the Department]. So without her I would have just left it, and I wouldn't be getting the payments starting again.

Frustration was also expressed about promised financial assistance that did not materialise.

Before I signed up for the children they said, 'You get a regular payment for food, electricity, that kind of thing, but we [also] pay for everything else like out of school sports activities, uniforms, clothing, beds, everything'... Nothing came. I got that cupboard out on the porch and two mattresses ... Single mother, [I] was working part-time, going to no job to look after the children full-time. I risked a lot. (Olivia, 29)

They gave me him with the clothes on his back and a \$100 Best and Less voucher. He was a very sick, malnourished little boy when I got him. I spent all my savings. (Donna, 25)

There were many comments about the ongoing struggle to stay ahead financially.

Financially I don't think they really understand how much it costs to look after a child if you can't go to work because you're restricted to do that. The subsidy doesn't get you very far. (Noelle, 29)

It was just overwhelming, the bills – I pay every fortnight, sometimes every week just to try to get the bills down because that helps with my anxiety. (Donna, 25)

Financial management habits established from a young age stood Naomi in good stead, but didn't solve everything...

The electricity, gas – we're always ahead of that. We're always in credit. I always make sure I'm putting in, even if it's \$10. The rent is always paid because it gets taken out of Centrelink before I get paid. For my car and stuff, I'm just like, 'Kill me'.

A small number of young carers spoke of the challenge of learning financial management, and their mastery of this through detailed planning.

I struggled with [budgeting] for a bit until my partner sat me down and told me I'm doing good, the budget is fine. Because I thought I could still do more, which I couldn't because that was all I was doing. (Una, 23)

Other costs were mentioned repeatedly. High rent and utility costs were major issues, as was transport. Many of the carers lived in outer suburban or country locations where public transport was limited, leading to high mileage and associated petrol bills. A few had had to purchase a car large enough to take the family. A couple of carers spoke of struggling to save for a car and driving lessons to make employment more practicable.

I've got my L plates, I passed the theory test, I just haven't got the funds to do the lessons; I don't have friends or family that can take me out for an hour here or there. So [it's] harder to run around and get back in time for the kids ... I'm hoping once the boys are in school, if I've got my licence sorted out I might be able to find some work; my finances would improve a lot more. (Noelle, 29)

Legal costs could be prohibitive. While child protection had been involved throughout their childhood Mandy was not granted formal carer status for her sister following the death of their parents. She decided to secure her sister's care legally through the Family Court, but could not afford legal representation. With guidance from a family friend who was a lawyer, she represented herself in proceedings.

Housing

Six carers, including three Aboriginal carers, were in the process of purchasing or building homes in country or outer metropolitan areas. One young man had remained in the family home with his two siblings after the death of their parents. However, a lack of affordable housing was a problem for many young carers. Most were renting. Seven were in public housing, four without enough bedrooms, and awaiting larger properties. Three were in private rental accommodation also awaiting larger public housing properties.

Two carers described housing difficulties generated by a child protection requirement that sleeping arrangements had to be separated by gender.

They said '[The boy] has to have his own room, the girls can go in together'. I'm like 'They're so young ...' I had to get a new house – bond, first month's rent and all that. There was no support for that at all. It's a big one. You always feel insecure. (Olivia, 29)

Involvement with child protection

Formal and informal arrangements

Twenty-seven carers had statutory (formal) care arrangements made by child protection services, and were thus receiving care allowances. Fifteen young people were caring for children informally. Four had children with a mix of formal and informal arrangements. Thirteen of the care arrangements had been made following the involvement of child protection, but had not been formalised as statutory care; five of these were later formalised. The other eight remained informal (at least one in each of four States). A small number of these had tried unsuccessfully to have the placements formalised.

A small number of carers reported that child protection had provided financial support additional to the care allowance, such as bedding, fees for school or activities. Two carers with large groups of children had been provided with a car. Other items mentioned were bedding and fees for activities.

A few carers described casework support or intervention by child protection that had been appreciated.

I phoned [Department] and I just outlined the situation [with my mother] and they said, 'Do not let those kids go, we're coming'. It was a really hard thing to do because of me being with [child protection] when I was younger ... but something had to be done. (Kara, 27)

They would help with stuff that I was struggling with ... like what's going on with their Dad ... If [Department] weren't involved I don't think we would have been able to handle that situation with him. (Nina, 28)

However, there were many instances where carers reported that child protection had been unable to help. Many expressed frustration with high turnover of child protection staff, causing them to have to tell their stories repeatedly, delays in responses, and issues not being followed up.

I was angry for a long time after dealing with [Department] about the fact that, at the end of the day ... me and my sister are two people that come from a really, really, crap situation. There are three siblings out of five that could tell them our whole lives and they didn't want to listen, they didn't want to do nothing. It had to be previous. 'In the last two weeks, what has she done?' Even with three children having nothing to do with Mum and whatever, they wouldn't even help, nothing. (Carly, 26)

We grew up under my Mum so we thought child abuse was normal. When it comes to my mother who is not taking drugs, the child services don't really think it's a serious case because they're probably looking for cases where parents are overdosing and are extremely bizarre. Our case was nothing to them. I felt like I didn't have anyone to depend on or to help me when it was happening. (Nicki, 23)

The biggest thing I guess is feeling supported and not feeling like we're fighting [Department] to keep the kids safe. That's how it feels. (Della, 32)

Assessment of statutory carers

The statutory carers were asked about the assessment process they had undergone. In a small number of cases, carers considered they had been thoroughly assessed.

Three sessions. One was my background, you know, where I'd been and what I'd been doing and who I hang around with. The next one was about parenting and the next one was about my brother [children's father], how I feel about him. (Olivia, 29)

I had a lady come out to the house and ask me questions in terms of the children. [She] asked like if this is really what I wanted to do? How I would manage the [children's] behaviour. Do I understand with the trauma and stuff that they've been with? Would I comply with doing courses and that for the kids? How my relationship would be with my sister. Yeah, that was pretty much it. It went for about three hours though. (Nellie, 27)

Kara, 27, and her partner had been assessed as carers for her brothers, but the report had recommended against them on the basis of their age and circumstances. However, through the court process, she finally succeeded in having the boys placed with her.

It was full on, and then they all said 'No, the boys should not be with them, because they're young, they've got their own two children, they've got the situation with [their autistic son]' ... So, I agree with them obviously. But at the end of the day it's your little brother. You're not going to stop.

However despite their youth and in many cases lack of parenting experience, most carers felt they had not been thoroughly assessed. They typically viewed their assessments as superficial and often delayed long after the placement had been made. Della, Donna and Lisa all assumed the care of small babies with what they considered to be poor assessments.

I think she called it a preliminary assessment ... just like a home visit and a couple of questions. Nothing more than just to sit down and have a chat kind of thing. I didn't think it was very intense – like thorough. I feel the [full] kinship assessment should be done a lot earlier on. (Della, 32)

I don't think any of them came out to see the house, to see their rooms, to see if it's up to standards, anything like that. (Donna, 25)

I think they came from a place of desperation. They'd known me for two weeks ... I don't know, I was the only sane and available person around. I didn't have a car. There was no process of assessment. I have only just now received [preliminary and full parts] of the assessment, that was supposed to be completed two years ago. Yeah, I don't know how they came to that decision. But I guess she liked me, and voilà. They said 'Will you take her? Do you have a house?' I said 'Well I'm house sitting, but yeah sure, I'll take her'. That was it. (Lisa, 23)

Where child protection did not intend to formalise the placement, there appeared to be no obligation to assess the prospective carer. Mandy assumed her sister's care when her parents died. She met a caseworker who she thought was a child protection worker at her mother's hospital bedside, not realising that child protection had passed their case to a community service. Thus, no formal assessment was conducted.

They didn't put me through any assessment. I don't know if it was because they'd been talking to the people at the palliative care unit ... But I had barely any contact with [Department], like a few calls. No, nothing, no, no police checks.

As a teenager living in a share house, Kelly had been approached by child protection to care for her younger siblings, but she had felt unready and her siblings were thus placed in foster care. When a few years later Kelly's mother suicided, she was asked to report to the police. This time she agreed to provide care. However, as the care was mediated by the police rather than child protection she found herself in an informal care arrangement without financial assistance.

So we went to the police station, and I remember the kids waiting in the car, and my Dad came in with me. So they said 'Oh we've got a letter and we just need you to confirm that it is your Mum's handwriting and it's nothing suspicious'. I read the letter and I said 'Yeah it is her writing'. A very short scrambled note, all over the place. You could really tell she wasn't thinking clearly. They never asked 'Can we see your ID, can we confirm that you're the daughter?' They just said 'Okay'. Then they said 'So are there any kids involved?' and we said 'Yes, we've got the kids with us'. They said 'And you'll be taking the kids?' and we said 'Yes of course, where else would they go?' They said "Okay, great, well that's really all we need".

At the time of the interview, Una, 23, had had care of her nephew for four months.

Because I was already a worker at the Department they kind of just fast-tracked it so the baby wasn't being passed around as much. So he just came straight into my care.

I got the phone call on that day and – I hadn't even spoken about it to my partner because I didn't even know [child] was in care. So they called me to say, 'Oh your nephew is in care, do you know any possible carers?' They listed a few people but I knew that they weren't suitable to grow up a child. So then I was like, 'Oh yeah well I'll have him until the Mum sorts herself out'. They were like, 'Oh yeah cool no worries, can you pick him up at 4.30 this afternoon?' I was like, 'Yeah sure, see you then'.

Then I walked into the house and I told my partner. I was like, 'So Josh, we're going to be looking after our nephew'. He's like, 'Well how old is he?' I said, 'Oh he's like about five months now'. Then he was like, 'Yeah cool, no worries'. So then we just went from there – we got the nursery set up on that day. I just bought everything the baby needed and then I picked him up around 4.30 ...

My partner was a bit awkward with the baby, like ‘What do I do, how do I change him?’ But now he’s all set to go. Like even when I’m at work – because he works fly in fly out, so the days that he’s here he watches the baby for me and he feeds him, changes him, takes him out for walks and everything. So my partner has just matured so much knowing that we had to have like a little human in our life.

He’s really good – like he’s happy here. So yeah, we just put everything on hold and focused on him, and yeah, it was a good thing. He’s growing on us and he’s changed us as a family for the better. (Una, 23)

Supervision of parental contact for children under statutory orders

Particular problems arose where the orders had been made for the carers to supervise parents’ visits. Among the most difficult situations were when young carers found themselves responsible for supervising their own parents.

I didn’t have to be there [supervising], but every time [Mum] was drunk and then [Department] wouldn’t do anything, so I would just stay there. (Maya, 22)

Kara was 23 when she was charged with supervising her own mother’s visits with her young brothers.

They made Damien and I do the accesses for quite a few months ... it was just awful. Finn would be beside himself ... he’s a very loyal boy, so he’s torn between me, his Dad, his Mum ... I just can’t imagine it.

One time we’d gone to the pool thinking it would be a nice access. Mum’s yelling at me from the back of the people-mover. Sam was furious with Mum, because she was carrying on, just carrying on. Finn couldn’t breathe, he was crying so much. Jack and Ruby are crying, the whole car was crying except for Dae, he was driving. I’m just sitting there going ‘Dae, I don’t care, just pull over. Just throw her out. I just can’t, I just can’t’.

We got her away and I just said ‘Finn I’m so sorry.’ I thought it was all my fault. Sam’s going, ‘She’s a bitch, she’s a pig ...’ So I got him out of the car and said, ‘Right, you just calm yourself down for a minute’. Once Finn was able to talk again he was like, ‘Kaz, it’s not you, I don’t know why she’s like this’.

Mum made everything so hard for everyone and I just said to [child protection], ‘They either don’t see their Mum or you sort it’. So they paid a man to supervise. It was all about money, that’s why they wanted me to do the accesses, and it was just so frustrating.

Life stage issues

Many challenges in relation to young carers' own personal development were described. These included the impact of caring on their education and employment, life aspirations, social life, and intimate relationships.

Education and employment

Table 6 Education and employment interruptions

	Female		Female total	Male		Male total
	Yes	No		Yes	No	
Interrupted education	18	17	35	1	5	6
Interrupted employment	20	15		2	4	

Half the young women had interrupted their education for caring responsibilities. Over half had interrupted their employment. However, a number of the young women had achieved vocational qualifications in human services or education, and a small number had completed university degrees.

I started working full-time, I think I was given \$1,300 a fortnight. Then \$1,000 would go to my Mum for the bills ... I didn't start studying again after that ... I wanted to go to uni and do something more than taking on these [children]. (Naomi, 24)

Many were pursuing work and studies as possible, a few by distance education; others intended to resume when the children were older.

I was studying Bachelor of Social Work, but I am now on an 18 month break, well, 18 months is my aim ... So for now it's full-time carer. My grades are good, but I just can't pay enough attention to study. It's distance [education] because there's no way I could go to university right now. (Danielle, 27)

I did year 12, but I was living out of home and couldn't afford the bus in every day, so I dropped out about halfway through year 12. I did a floristry apprenticeship, but I haven't finished. <It's pretty difficult to think about anything like that right now, I suppose.> I've got a long time to do that. <Well, you do. Plenty of time. So you've got aspirations to go back and do floristry?> Yes, definitely. Floristry or sewing. I love sewing. I've got certificates in applied fashion from school. (Maya, 22)

I always wanted to be a nurse. So next year when Mia is going to prep – I'm going to do aged care. I'll work in that area probably for a couple of years to build up the bank balance. I want to take the girls to Queensland and get a new car and things like that. Yeah, then after that maybe when Mia is mid-way through primary school I might like to study nursing. Maybe, we'll see. I'm not getting any younger but I've got to [wait a bit]. (Olivia, 29)

I'm doing Certificate III in Community Services every Thursday. I get up extra early to get them to school ... I always have my work done by the time I leave [class]. (Donna, 25)

I'm not doing what I really wanted to be doing. But that's fine, I understand that sacrifices need to be made. I am able to work, and I was able to finish my education to an extent I guess. <So what are the things that you would be doing if you weren't parenting?> Probably midwifery. (Lisa, 23)

Of the six male carers, one was completing studies more slowly than he would have done otherwise, but none had completely interrupted their education. Two had also interrupted their employment; one of these two was engaged in volunteer youth work following full-time youth work earlier. Three had completed university degrees. Two had left school early prior to becoming carers with no plans for further education, and had been working for some years.

I'm studying online at the moment to get my primary school teaching degree. Study has probably been the most affected from it because I obviously put work before study because if we don't have money then we can't live. I'm still studying, just probably not doing as much as I could if circumstances were different. (Kyle, 22)

The carers' employment included skilled and unskilled jobs, part-time and full-time. For many, their life experiences had led them to pursue studies and work in human services of one sort or another.

Recently I started working at KFC. (Lina, 25)

This is why I'm a paediatric nurse, because I've always helped look after my siblings. (Mandy, 30)

I wanted to learn and understand a lot more about [drug abuse] – I have a brother who's in addiction and who has been in and out of jail probably for the last 10 years. Yeah I've just wanted to learn how to support and help him and understand how to do that. That's what led me into this sector. (Vicki, 30)

I work in a disability employment service in administration, full-time. (Violet, 18)

I work four days a week Centrelink, and am completing my one year Indigenous apprenticeship. I also did a Certificate IV in Government Service Delivery through my apprenticeship program. (Emily, 31)

It's a casual job but I do three or four shifts a week, or more, and go to uni full-time. I'm not too sure [what year I'm in] because I've taken time off and transferred uni, probably somewhere in my second year. (Layla, 21)

I work three jobs ... as a teacher's aide and I also run a gym and I work for Disability Services [State Government]. (Kyle, 22)

Aspirations

Carers' aspirations were typical of young people in general. Often it was simply to be in better economic circumstances or housing, issues exacerbated by responsibility for kin children. A few wanted to buy a car to make employment more possible and to transport children. Other goals were to have a holiday; to travel; to marry; and to start a family. One wanted to do a student exchange, and another to establish a restaurant. Many aspired to complete their education and set themselves up for a career. Most appeared to be optimistic that they would be able to achieve their goals in time.

We still have our whole life ahead of us. Stella is going to turn 18 but I'm not going to throw her out the door ... I know what it's like to be out the door at 18. (Bea, 23)

I'd love to work for the Department, to be honest ... it's like, they need someone who knows the system as well as I do. I think I could do okay in there. (Bea, 23)

I'm going back to the restaurant again. Because that's my field. That's the only skills I've got. (Will, 26)

I don't get to spend anything on myself, but I don't need to ... I'd like to go overseas, but I don't need to at the moment. (Maya, 22)

With responsibility for two young nephews and managing difficult family issues, Noelle, 29, saw no clear path forward.

I'm struggling to improve my life. I'm 29 years old, [I mean I'm] young still but I am running out of time to get a few things done that I would like to before I'm 40 years old and I finish looking after these children. I don't have anything left for myself.

Social life and intimate relationships

Most young carers wanted to maintain a social life with their peers, however the children's care generally limited this. For some, social life had become activities that included the children. While some felt isolated, others did not seek much social life, appearing largely satisfied with the company of the children.

We do something every week just to get us out of the house...We go to dinner. Sometimes we go on an outing ... after [brother's] soccer games we'll all go out to the market, have lunch there. We'll just walk around and laugh at things. Or we go to Luna Park or the movies ... I've got two girlfriends. We try and catch up when we can but ... sometimes it's exhausting that I don't even have time to go, I don't even want to go ... I'm like, 'That time I'm using to sit there I could be probably napping or I could be doing something else'. I'm always thinking back at home. (Naomi, 24)

I don't have a licence. I'm always at the school, I'm at the shops or I'm here cleaning. It's not like I get out much. (Demi, 24)

I catch up with some of the Mums from school, but I don't really have any solid friendships any more, I'm just on my own now ... I don't really have any babysitters, I feel obliged to be always looking after them ... they've been through so much, they do have some problems ... they can act up a little bit. (Noelle, 29)

I do have girlfriends ... since I've been back, because of me doing the whole Mum role, because they don't have children and they don't have the responsibilities I do, they all go out partying, but because I can't do that – they don't get it ... You can't go out, you can't have that social life that you did have before taking on the children, and that's what I've tried to make my friends see. (Nellie, 27)

Caring responsibilities had an obvious impact on the single carers' opportunities for dating and building intimate relationships, particularly where they were the only adult in their household. As mentioned earlier, at least three of the young women had lost partners through taking on the kin children. A few commented that any potential partner would need to be able to fit in with their family lifestyle and their prioritising of the children.

I was with him for three years. Then we got engaged but it just wasn't working. I couldn't deal with him and the kids at the same time. We weren't getting any time together. Then I just got knocked back ... I just thought I was getting somewhere. (Naomi, 24)

I have been speaking to someone but I don't really get time to go and see people ... I just don't feel confident leaving the children here ... we've met up a couple of times but it's hard. I want to get to know him first before I introduce [him] to the children ... I just don't have a lot of time to pursue anything. We're not getting very far. (Noelle, 29)

My neighbour just here, we're really close friends, we're sort of seeing each other, he has his licence ... He knows the country areas really well. He's really into fishing and motorbike and all sporty and stuff like that so Damon loves the hell out of him. (Demi, 24)

I don't want to be in a relationship. I just don't have time to even think of being in a relationship. (Bethany, 34)

Stephen, 29, who was sharing care with his sister, allowing each free time, commented:

I still manage to go on lots of dates!

Family relationships

Thirty young carers mentioned parents' substance dependency as a reason for children needing alternative care. Fourteen indicated that one or both of the children's parents had significant mental health issues.

Twenty-one young carers reported that at least one of the children's parents was missing, and seven that one of the children's parents had died. In three cases, both the children's parents had died. Bereavements included suicide, cancer, drug overdose and a domestic murder. The

parents' issues played out in the everyday life of both children and carers, and the burden on young shoulders could be heavy indeed. Several young carers had themselves grown up in kinship care, a few both receiving and providing care.

Both my sister and myself were physically harmed as children ... growing up our mothers were drug abusers so our Nan took custody of me, [cousin] Freya, Freya's two older sisters and my two younger sisters. I pretty much helped Nan to bring up Freya and my two little sisters. (Tessa, 22)

Eighteen year old Violet had herself been raised by her grandmother; she was now caring for her grandmother as well as her brother.

No-one really knows what happened, but the period of my Mum taking me home to three weeks old ... for about a week I hadn't been fed or changed or anything like that ... At five and a half ... I went back to live with my Mum for, I think it was about six months, before I got taken away again.

For many young carers, managing family relationships was very challenging and required them to develop judgement beyond their years to protect both the children and themselves, and to avoid enmeshment in conflicts. Older sisters were taking over the role of parent from their own mothers, and aunts from their sister or brother.

Vincent, an international student without permanent resident status, was bemused as to why he had ended up providing long-term care for his cousin's two children.

I see [my aunt] on the street, I say hello because she's my auntie. I say hello but she look like I'm a ghost, invisible. Because she think I separate the kids with their Mum ... and they talk with Child Protection [as if] I poisoned the children. But she didn't think how her daughter is bad. Why her grandchildren are leaving [their home], you know, why the kids chose me. They have too many aunties, too many uncles too. Even there's one uncle, he really good, he really rich here. Why don't choose him? Why choose me – the international student? They have the father's family, the mother's family [nearby]. When this happened, the kids say they want to live with me and the child protection call me. After that, their Mum called me too and said 'Hey, can you take care of the kids for two weeks, I will get the kids back'. I say, 'That's okay'. But from that to now, in more than two years. They chose me, and then the kids chose me. They don't say 'Oh, I have uncle, I have auntie'. (Vincent, 32)

The sibling carers

Sibling carers usually shared the same troubled childhood as the children in their care. Many had been young carers²⁰ as children in their family prior to becoming independent kin carers in young adulthood.

I came from the same family, I struggled as well. (Noelle, 29)

When Finn was a baby, Mum would just leave me to look after him. I didn't go to school or anything. She's just go off and do whatever she did. (Kara, 27)

Loyalty was mixed with frustration for Maya, 22, now raising five young siblings, the youngest of whom were toddlers.

Mum's a very, very nice person, but she just gets into these psychosis moments and she just really, really dislikes me for some reason. I don't know, will take it all out on me. Lots of incidents. She cut my hair when I was sleeping. She'd wake me up in the middle of the night – I'd just be asleep, hadn't done anything, and she'd lock me outside. Just things ... She's been diagnosed recently with schizophrenia, bipolar, and post-natal depression.

Managing the relationship with their own parents in relation to care of their siblings was frequently very challenging.

She runs a stripping agency and so then she was taking the boys to the strip show. I'm on the phone going, 'Oh, well, I'll just come and get them and babysit them. You go, have fun.' So I turned up there to pick the boys up and she lost it. She looks at me as being a judgmental person, which I'm really not, but in that setting, it's like, 'Really Mum?' (Kara, 27)

Dad is very much like Mum, so we try to avoid [contact] as much as possible. Obviously we can't walk into Dad's house and be like, 'You can't do all the stuff you already do', because like, we don't live there. It's very much as, if we're in [town] by chance, we'll stop by and say 'Hi' and not go in the house. We'll just stand out the front. Can't take the kids in there. (Bea, 23)

20 Definition of 'young carer': people under the age of 25 who care for someone with an illness, disability, mental health issue or who has an alcohol or other drug problem (Carers Australia). Care in this context includes assisting the vulnerable adult care for other dependent children. (See Glossary).

At age 24, Carly moved from being a 'young carer' to being a young kinship carer.

[When we were young] if the house wasn't clean, if no-one was awake in the morning, whatever it was, it was mine or [sister] Kiera's fault.

She's actually slashed the tyres on our car ... she was saying that [my daughter]'s the ugliest baby in the world and it's not her grandchild ... I get angry at the fact that we weren't given [a good] chance to start life ...

There was a lot of drug and alcohol and violence and – a lot of moving, we didn't stay in one place too long. So, yeah, I cared for them until probably the youngest was probably about four when I left for a little while, I couldn't deal with it anymore. Then came back a little while later and again took on the role, and my Mum continually just – it was abuse and the drug and alcohol. It finally stopped when my daughter was three months old. [Mum] blew up and it went too far and I just put my foot down and I said, 'No more'. I was not going to repeat the cycle again. I cut all contact. All Mum's aggression and anger was then pointed toward Keira. We weren't even gone a month and Kiera decided to come. She was like, 'I've got to get out of here'.

The aunts

Some of the aunt carers had also grown up with parents who had severe challenges, alongside the children's mother or father – their own sister or brother.

We grew up in a domestic violence household. I think it's that generational stuff that goes on. I'm just lucky I've managed to get myself out of that, and so has my older sister. Unfortunately Katelyn [third sister] has not been able to do that. She has very low self-esteem, very low cognitive functioning ... I think she's not able to identify [her relationship] as domestic violence, but I think there has been a great deal of physical violence in the home as there has been verbal. (Vicki, 30)

I don't get to see my mother, and my father passed away quite a while back. I don't have any aunties or uncles or cousins or nothing. My Mum's had problems ever since I was little, [she] left when I was seven and Dad raised us on his own. My Mum's quite a lovely lady but she's just got a lot of problems. She lived in foster care herself and was abused [there], and she had a breakdown when we were children and was in a mental institution for a while. (Noelle, 29)

Challenges for the aunts included balancing support for their sister or brother with protecting the children. Much frustration and at times judgement was expressed about adult siblings' failure to accept responsibility.

I think she needs the support to realise, 'Okay, I've had four children, I've got to step up to the plate' ... she hasn't seen a counsellor, she hasn't done anything ... she constantly blames everyone else for all her problems. Like if you have problems in your life, you deal with it ... She owes Mum over \$40,000 and Mum keeps helping her with money and I said, 'Mum, she's a big girl, she can go out and get herself a job'. (Nellie, 27)

Noelle, 29, caring for the son of one of her sisters, described the frustration of providing support to another sister, in the process finding herself becoming the carer of another child.

[Nephew] doesn't have a healthy mother, she's struggling. Just because she's sleeping in the granny flat doesn't mean [child] is with her, he's with me in the house most of the time ... if he does go in there she screams at him half the time [swearing] ... I've been talking to [Department] for the last nine months and said, 'When are we going to actually get through to her, and when are you going to recognise me?' Because I've been doing this for a very long time and because he's not officially in my care I can't apply for any child care subsidies, I can't go and get work to improve my income ... so I'm kind of trapped at the moment. It's a moral decision. Do I just walk out the door and leave him here with her, just so I can get some money to be able to feed the children [through forcing child protection intervention]? Or do I just stay here and put up with [it]?

Although many of the adult sibling relationships were fraught, two young aunts caring for their sisters' babies had relatively positive relationships with their sisters, and some hope for their sisters' chances of resuming a parental role.

Me and my sister are very different people. I didn't agree with a lot of stuff she was doing and she didn't like that. We had a broken relationship for a while. [Sister's partner] is in prison now but she's [put] herself in rehab [where] she's doing really well. She's not quite where she needs to be, which she also knows, but with the support of everyone in there I believe she'll be able to get close. (Tabitha, 19)

She doesn't stay far from my Mum's house and I visit [Mum] very often, so she'll come in and say hi, and hello to the baby. So we've got a positive relationship and communication. (Una, 23)

A small number of aunts reported difficulties with their own parents (the children's grandparents) in relation to their caring role. Della was caring for one of her sister's children while the third sister, Vicki, was caring for another. She commented:

I think this situation has divided our family quite a lot, and has made us [Della and Vicki] feel isolated in that sense. I mean it must be really hard for Mum having her daughter's children removed. I feel like she is siding with Katelyn [third sister] rather than supporting

us. So it's really divided the family dynamics big time. Like we've said that [Katelyn] is old enough to look after herself, whereas these kids aren't, so the kids need to be put first. Mum wrote her a support letter for court for her to get the children back ... So it has had a real impact, and it has made Vicki and I feel quite isolated from our family, because Mum seems to be siding with Katelyn. And my Dad has bipolar, so one minute he's for Katelyn and then the next minute he's against. It's very up and down depending on what day of the week it is.

[My relationship with my Dad] is not the greatest, but it never has been; but now because I have the [nieces] I put my differences aside for them because it is their Pop. So like I keep it short and sweet on the phone ... I will tell him about the girls and what's been happening; but the girls talk to him and my Nan more so than I do. Like we Facetime each other and that on Facebook, which makes them really happy. (Nellie, 27)

Wider family relationships

Although not always possible, a key strength of these kin care arrangements was the positive relationships that many children were able to maintain across their wider family.

He kept contact with all his cousins, all his aunties, his Nana. (Cas, 26)

We always have extras, like our nieces and family friends who also do sport with us ... after training and sport on the weekend, they'll stay here with us. So I usually have a houseful of kids. (Emily, 31)

[Husband's] family are all in New South Wales, but [child is] quite close to them through Skype and Facetime, and she knows who they all are. (Isabella, 28)

Young Dan, living with his sister Fran, visited his grandparents regularly. Sitting in on the interview with Fran, their grandmother commented:

His first thing, if it's not 'Can I have some ice-cream?' is 'Where's Pop?' Down at the shed. They build stupid things, bits of wood with door knobs and bits of wire, and [he] takes them home.

Rewards of care

Despite all the demands and challenges, the young carers made many comments about the joy they derived from caring for the children. A few children were described as relatively straightforward to parent despite their difficult early lives.

She's really easy to deal with, my sister, like we've gotten some friends to look after her and they don't want kids at all. They're like, 'If having a kid is like her, then we're happy ... (Laura, 30)

Of her four nephews and a niece between the ages of 4 and 10, Demi, 24 and a sole carer, made the surprising comment:

They're all really great kids.

Other comments included the love and closeness of their relationships, seeing the children develop well and troubled behaviour abate; and having fun together. A few carers commented on their satisfaction at seeing positive relationships between their own children and the kin children, or the help they received from older kin children. A selection of their comments follows.

But like Tina and I just have always had such a big bond. I don't know whether it's because she's a girl but yeah, I kind of just love her as my own anyway. (Olivia, 29)

I think about it as quite humbling that I will be able to have a good influence on her upbringing. (Laura, 30)

The best thing is seeing them happy. You know, seeing them smile, seeing them laugh, seeing them getting along. They draw pictures together, they tell each other that they love each other of a night before they go to bed, they give each other cuddles and stuff, and that's what I want for them. I want them to be happy and to know that even though they've been apart, that they're always together. (Nellie, 27)

Well, it is always fun. It is always just boisterous, loud, there's people laughing. The boys love music, they really love art so it's always art, music, just everything. Their toys everywhere. I don't know how they do it. They fill the floor with just dust and dirt and grass everywhere – but I guess I've got dogs as well. It's really, it's full on, always on the go. (Demi, 24)

I couldn't imagine not having them, and just being able to give so much. I guess that's probably the nicest part. (Kelly, 27)

She's very hands on with the kids. If I'm trying to do a million and one things in the kitchen, and [toddler] has woken up from a nap, she's straight on it. I've got it, Bea, don't worry. I'll get him out of bed. On a Friday afternoon, usually, I take my stepdaughter to the park, but if I can't do that because ... pregnancy is taking a toll and I just need to sleep, she'll take the kids for me. She'll be like, 'We're just going to go to the park, we'll be back in an hour. You try and get some sleep'. (Bea, 23)

Lisa, 23, had had care of her cousin's infant Yvette for two years. A year later her sister Opal came to live with her in an informal arrangement. Some months later she also assumed care of Fleur, Yvette's half-sister. Living in the country, she had managed to purchase a house very young.

I left home when I was 14 when they [siblings] were little, and I knew that [my siblings] probably wouldn't last that long either. I think that was the main driver for me purchasing a house actually. I knew that in the future that they might need somewhere to go. So I bought this house and I told them, ever since they were little, 'If you ever need a place to go, don't hesitate. Just call me and I'll come and pick you up.' One Saturday she called me and she was crying and she said, 'I can't do this anymore. You need to pick me up.' So, I did, I picked her up.

It's been almost bliss. She's very helpful and she's a very good girl ... Yeah, well I love our little group now. If I didn't have my sister Opal, I probably wouldn't in the position to take [baby] Fleur on, because she is very supportive. She helps a lot with everything ... I enjoy the company. I was lonely before and I'm not so lonely anymore which is really nice. Just having Opal around is fantastic ... Yeah, we've got a good little family group now.

Support and assistance

A striking finding of this research project was that none of the 42 young kinship carers interviewed had ever met another young kinship carer. The peer support available to many grandparent carers through grandparent-focused organisations and support groups was not available to these young carers. However, a small number mentioned having engaged with online grandparent and other kinship carers support groups, including one run via Facebook.

Some young carers had considerable support from family members or friends; for others family support was not available due to family tensions, distance or other reasons.

Carers mentioned that a number of the children and young people in their care had had access to psychologists and other counsellors; less often, they mentioned that they had also been able to see a counsellor.

.....
Hearspace²¹ has been very helpful for her. She goes once a fortnight.
(Bea, 23)
.....

Knowing that Bella has another person who she can share things with, not just me is always a relief to know. So it does in some way share the burden of that parenting job. Because obviously I'm still young, I still have so many things to learn. Sometimes I don't have the answers but the [therapist] sometimes does have the answers for Bella, which is really helpful. (Nicki, 23)
.....

21 Hearspace Centres act as a one-stop-shop for young people who need help with mental health, physical health (including sexual health), alcohol and other drugs or work and study support.

Given that many carers were recruited via community organisations running kinship care programs, these services were also mentioned as providing both emotional and practical support, with Aboriginal services seen as particularly helpful. Kara described a helpful community services worker:

She says 'I will do what I can, but it obviously comes down to the best interests of Finn and what Finn wants. She's clear ... I'm like 'That's it, you're right, you understand me.' She'll say 'We're going to talk to the behaviour worker lady about that ... That's helpful, because you're left with an answer.

A Facebook group for kinship carers of all ages was an avenue for support for Della, 32:

There is a kinship support group on Facebook that a kinship sharer has set up. So I find that really helpful. I guess reading all their stories, going oh gosh. I thought we had tough and our struggles with Care and Protection were hard, but some of the things that other people are going through are ... it seems to be across the country ... It's not just little troubles that we're having. It's such a huge thing and seeing the people support each other on that is quite good. I guess it makes you feel like you're not alone in what you're going through.

However many young carers experienced a keen lack of support including casework, emotional and practical support. Some had looked for services to assist without success.

Not having someone to talk to before that, it was just crazy and ridiculous. It shouldn't be that hard. If a sibling is having to take over their care, something's happened ... the parents have died or there's child protection usually something like that ... and there's going to be a trauma there ... <What are the hardest things about becoming Ed's carer?> With my situation was finding support. So finding like where to go to see what was wrong, like whether it be his dyslexia. Even now so talking to his school, we're looking at possible autism spectrum disorder diagnosis just because ... like really bad sensory issues and just tiny triggers, little tics and things like that. You put them all together, they're quite big. (Violet, 18)

Two young carers were aware of the lack of support being an issue potentially affecting many others.

They're young ... and if they're not getting any support, they're not going to last ... They don't have as much patience as what elders do because they've been through it, they've raised their kids, they know the ins and outs of things. But we're still learning. I've only got one child, I'm still learning to be a mother, and I'm learning with both of them ... But yeah, I think if there was just someone to liaison with, to be able to say, 'You can do it, we're going to come out; this is the support that you're entitled to. We're not just going to leave you on your own, and just don't panic', and things like that. Because there's just not a lot of that. (Donna, 25)

We're not incapable – so don't look at the age. I was lucky because I do have that support, and a lot of these kids that aren't doing too well they could be great as well if you gave them that help. If you told them where to go they could do it. I kind of wonder how many kids have tried and failed and then you kind of wonder where those kids are today. (Violet, 18 years)

Nina, 28, articulated the benefit of good policy and support to break cycles of disadvantage.

For all kids in general, but more focused on those kids, to try and stop the cycle. Because they're sitting back looking at, they've been in this life – are they going to be that same person that their parents were? ... they pass down generations. To try and get them to know how to not be like that, how to stop the cycle.

As described earlier, financial assistance was mentioned repeatedly.

<What would help to make life a bit easier?> Not to have to beg for financial support. (Olivia, 29)

Financial definitely is the biggest assistance for you because children are expensive. Everything is going up. Nothing's free. (Vanessa, 31)

Like ... when they first get dropped off, within 24 hours you need to ... support them with clothes, bedding and food. We're pretty young, and not everyone has that kind of money sitting around to do that. Yeah and the education. That's the biggest for me, I reckon. (Vaughn, 27)

Many other areas of need were described. These included:

- A flexible range of supports particularly at the commencement of the placement.
- Information to help navigate the service system and find what services exist that might be relevant.
- Services that would actually address carers' needs rather than just make referrals.

... actual social workers that have the means to remedy stuff. Just to listen, we can scream until we're blue, that doesn't help, it would have to be able to help fix the things we're screaming about. (Noelle, 29)

- Help in answering children's questions about their families and circumstances.

Nobody answers your questions. Nobody answers the child's questions. When it comes down to it, Tina has been taken away from her parents. 'Are they dead? Are they alive?' 'Where are they?' 'When am I going to see them?' 'What do you think they're doing now?' 'Are they working?' 'Why can't they see me?' I don't know the answer. (Olivia, 29)

- Training in parenting, and in particular, in responding to traumatised children.
- More assistance with children's contact with their parents.
- Someone objective to talk to outside of the family.

If there was somewhere you could go to just say, 'Help me. My head's clouded, help me sort it out'. (Kara, 27)

- Respite care such as babysitting for occasional outings, time to rest, to catch up on housework, or to help with transporting children. Another person in children's lives was seen as potentially of benefit to children as well as to the carers.
- More opportunity for children to talk with trusted school staff, and more training for teachers in responding to traumatised children and understanding their behaviour.
- Support or counselling for children, and also for other members of the carers' families, such as carers' own children or partners, regarding the challenges of being part of a kinship family.
- Assistance with budgeting.

So like a financial budgeting course would definitely help young people. (Una, 23)

Not fitting the boxes

Obviously, to be a kinship carer your family has been through some stuff ... you feel so different from every other person in the world. (Kara, 27)

There were many comments about a general perception that kinship carers are almost all grandparents, and that the focus of support programs is on grandparents. While two young carers said they were comfortable to discuss their issues with grandparent carers, most others felt differently.

I went to the kinship carers support group. I went three times but then I didn't go back because they're all very old. (Olivia, 29)

A number of young carers commented that the support they need is different from that of grandparents. Many complained that there were forms of assistance they were not entitled to because they were not grandparents.

Everything just seems to be aimed at grandparents ... because we are raising our own children at the same time ... It's completely different to a grandparent taking in two grandkids when their other children have all left home ... it's all over the place ... It's a matter of understanding that family dynamics are totally different, and of offering different support, we have different needs. (Danielle, 27)

There are lots of other [things] that I don't qualify for because I'm not a grandparent. That's probably the hardest thing. (Cas, 26)

I'm not a grandparent, I'm a sibling, and they all think that's weird and that I don't fit into the category. Well I'm doing essentially what a grandparent would be doing, but ... (Mandy, 30)

More generally, young carers expressed a common frustration about a lack of awareness of their role as full-time carers of children. None of the generally-recognised categories seemed to apply to them; they were not identified as parents, adoptive parents, carers²², foster carers, grandparent carers, or for those in their later twenties, 'youth'. Their exclusion from recognised categories of carers had obvious implications for their access to needed supports.

Anytime I found something [for young carers²⁰], it's always been [that] they're looking after someone with a disability. I'm like, 'Well, that's not what we're doing'. (Danielle, 27)

I rocked up to the Youth Centre [and they helped me]. But then I turned 25 ... it's not fair, because I'm still young aren't I? So now ... I'm not a grandparent so I don't get help, and I'm not a youth so I don't get help, so what do we do? And that's what needs to change. (Kara, 27)

With Centrelink ... when you call they automatically just lump you in with foster carers and stuff, and it's like that's a completely different thing. (Leah, 28)

I've really, really looked into what is out there and there's just a huge gap. It's grandparents, [people] with disabled kids. It's respite for people with the old people. There's just nothing for people who are 25 to 65 you know. There's a huge gap. (Kelly, 27)

Two young women spoke about their lack of access to adoption and maternity leave entitlements.

It was a bit tricky how we've managed financially because there was nothing in our policy that said anything for becoming a kinship carer when it came to maternity leave ... when we looked at the policy, it said that if you are to adopt or if you actually give birth then you're entitled to eight weeks of maternity leave. I work for a really supportive organization and they agreed to pay me eight weeks at half pay ... technically they didn't have to pay me anything. (Vicki, 30)

It was a bit funny, because I said, 'My Mum's died, I'm going to have some time off' and they were fine with that. I'm like, 'Well do I get any time off for taking [my sister] – like just getting stuff sorted when she comes into my care?' They were like, 'Oh are you adopting her?' I'm like, 'No, she's my sister, I'm not adopting her'. So they're like, 'You can take carer's leave'. So I took a couple of days of carer's leave, but there wasn't anything else that work could offer me. (Mandy, 30)

22 See Glossary for definition of term 'carer'.

The need for recognition

Many young carers felt that a significant precondition for development of support programs was an understanding of their existence and circumstances.

<What do policymakers need to know?> That we exist, and it's not just grandparents. (Mandy, 30)

I feel we are kind of marginalised in the sense that it's abnormal, so it's almost as if we don't exist. (Nicki, 23)

Not to ignore [us] I think. Because everything says that it's aimed at grandparent carers, it leaves us elsewhere. (Danielle, 27)

Just the fact that we do exist, or the fact that just because we are younger doesn't mean we can't do this. (Olivia, 29)

Our lives essentially get put on hold. I don't think they realise there's a lot of restrictions when we take on the kids, so you just hit this one spot until the children are old enough or things change. It puts your life on hold, it makes you feel lonely ... (Noelle, 29)

One important aspect of recognition was articulated by Vanessa, 31:

<What sort of things does recognition mean?> I know it's a terrible thing to say, but something on a piece of paper stating that you are a legal carer for these children – you are the guardian of these children. [So] you can apply for a passport on behalf of these children; you have the right to have their birth certificates; you have the right to go into Medicare and get a Medicare card – act on their behalf. Because that's what you already do anyway.

Proposal for a pilot support service

In the interviews, carers were advised that the research project included a proposal to develop a pilot support service for young kinship carers, and were asked their views about this. Their feedback is reported in chapter 5.

Summary

The young carers interviewed were mostly young women, many of whom had started giving care while very young. Some had multiple kin children and, including their own children, large households. The Aboriginal carers were among the youngest at the commencement of their care responsibilities.

There was much evidence of carers' strong commitment to the children's care. They revealed insight into the children's situations and needs, and active concern to help them in any way possible. In most cases they had observed marked improvement in the children's development and wellbeing over the duration of their care.

The young carers experienced many challenges. These included working out a new role as parent to related children, especially when they were actually older siblings. Many were managing fraught family relationships and contact arrangements often with little assistance. Perhaps the most frequently mentioned was that of living with limited means and ongoing financial stresses. Some of those interviewed had children in statutory (formal) care arrangements and were thus receiving care allowances and occasionally other one-off financial support; however there were a number more where child protection had been involved but the care arrangement was not being financially supported. Other concerns regarding child protection were that care arrangements had frequently been poorly assessed, and that support to assist with family issues and contact arrangements was often not forthcoming.

As for many older kinship carers, the benefit of good care had often accrued to children at considerable personal expense to the carers. Many young carers had had educational and employment interruptions and compromises in their aspirations as young adults. While many had committed partners, a small number had lost their partners through taking on the children, and a number of the single carers were limited in their capacity for socialising and forming intimate relationships by virtue of their caring responsibilities. Some had good family support, and support from other organisations, but many felt isolated and unsupported. Carers were very aware of their exclusion from avenues of support open to carers in recognised categories, and were keen to see greater awareness of their existence and support needs.

“I’ve really, really looked into what is out there and there’s just a huge gap. It’s grandparents, [people] with disabled kids. It’s respite for people with the old people. There’s just nothing for people who are 25 to 65 you know. There’s a huge gap.”

Kelly, 27

Chapter 4

The lived experience of children and young people

This chapter documents the lived experience of 15 young women and one young man in the care of young kinship carers. There were ten individual interviews and two group interviews: one interview with 3 sisters²³ living with their aunt, and one with 3 young adults known to each other. Twelve of the young people were living with young kin carers who were also interviewed.

The young people's experiences are presented under the headings: *Circumstances of care*; *Being cared for*; *Financial issues*; *Life stage issues*; *Family relationships*; *Support and assistance*; and *The need for awareness*.

Circumstances of care

The 16 young people were living in Victoria and Queensland, fourteen in metropolitan areas and two in country towns. One was Aboriginal, and one was an immigrant from the Middle East. None were on statutory orders at the time of interview, but eight had been in the past. In four other cases child protection had been involved but had not authorised the care arrangement as statutory, although in two such cases their decision was reversed later.

Table 7 Age of young people at interview

Age	9–11	12–14	15–17	18–20	21–23	24–26
No. of young people	1	3	6	3	2	1

²³ While pseudonyms are generally used, in this group interview it was often not possible to determine which sister was speaking, hence at times they are referred to by numbers.

Most (11) of the young people were in their teenage years. All those under 21 were still living with their young carers except one 18 year old living with her grandmother. Of three aged 22 or over, one was living with family members. One young adult was single with 4 children. The third was partnered with an infant and stepchild and was pregnant; she was also a kinship carer²⁴ for her partner's sister.

Table 8 Age of young person at commencement of care with young kin carer

Age	3–5	6–8	9–11	12–14	15
No. of young people	1	2	3	5	5

Two-thirds (10) of the young people had moved to live with their young carer between the ages of 13 and 15 years, and one-third (6) between 3 and 11 years.

Table 9 Age of carers at young people's commencement of care

Age of carers	18–19	20–21	22–23	24–25	26–27	27–28	29–30
No. of carers	4	4	1	3	0	3	1

Over half (9) the young people's carers were 22 years or less at the time the young people moved in with them.

Table 10 Length of time with young carer

Age of young people at interview	Under 18			18 years or older				
	1–2	3–4	5–6	1–2	3–4	5–6	7–8	9–10
No. of young people	6	3	1	2	3	0	0	1

Note

'Time of care with young carer' for young people under 18 is defined as the time between when the care arrangement began and the date of interview. For young people 18 years or older the 'length of time with young carer' is defined as the time between when the care arrangement began and when it ended or the young person turned 18, whichever came first.

Half the young people (8) had been with a young kinship carer for less than two years, one-third for 3–4 years, with two for longer periods. The range of time in the care of a young kin carer was from one to ten years. All the young people were expecting to be, or had been, in alternative care long-term.

Table 11 Young person's relationship to their carer

Relationship	Carer's sister/ brother/sister- in-law	Niece	Cousin/cousin to partner of carer	Unrelated
No. of young people	5/1/1	6	2	1

The young people's primary carers were all women. Nearly half of the young people (7) were living with their sisters. In one instance a young woman was living with her brother and sister-in-law with the sister-in-law assuming the role of primary carer; in another instance a young woman was living with her male cousin and cousin's partner, with the cousin's partner assuming the role of primary carer.

²⁴ This young woman was also separately interviewed in relation to her role as a kinship carer.

Being cared for

Many positive comments were made about the young people's care. These included the experience of nurturing following neglect or abuse; security and stability; and opportunities to do things previously not possible, such as recreational activities, holidays and simply having fun together.

Stability, knowing that we you don't have to go anywhere else. That we can stay here. (Alyssa, 18)

<What are the best things about living with your aunt?> Everything. It's a lot better than any other house I've been to. There's love in this house. And animal love. And there's food. (Danika, 14)

... obviously giving me what I need and what I want. Just give me things that I could never really do when I did live with my Mum and Dad. That's one of the best things. (Pippa, 13)

Three sisters were looking forward to participating in their aunt's wedding.

Sister 2: We're bridesmaids and she's a groomsman.

Sister 3: I'm on the groom's side. I'm going to be the smallest one there. I have to get my suit soon ... I can't get it [yet] because I'd grow out of it by the time of the wedding.

Relationships with carers

The young people generally presented positive views of their relationships with their carers.

They're very kind. Although they're a bit strict sometimes. But I guess everyone's like that when they're looking after someone, especially a teenager. (Natalie, 13)

A number of young people appreciated the shared understanding that came with their carers' youth. They were sometimes seen as more easygoing than the young people's parents.

But it is good, because my sister's young and she knows what's sort of going on, yeah. (Natalie, 13)

The similarity in age definitely helps, because I know compared to a lot of my friends, I can talk to Nicki about a lot more things than they could with their parents. (Bella, 17)

... just the freedom. Lisa just doesn't have as many rules as my parents did. She's pretty chilled out in what I do and she doesn't really mind. She still wants me to do well at school and do well in life and stuff, but she's not strict as much as my parents were, she's a lot more laid back. (Opal, 16)

However some young people also described challenges in their relationships with their carers. Greater mutual understanding had sometimes developed with time.

It's difficult coming to terms with the fact that even though she's my sister, she is my Mum figure now. That's what I had trouble with a lot. All the time I just wanted my sister there, but she'd just be this Mum figure. But we go out and we do our sister days. For my birthday she actually got us tickets to the Gold Coast, for a sister weekend. (Kiera, 16)

[Age] 15, me and Leah would still be rocky ... I was a bad teenager. I was all like 'Rah!', and we would scream at each other really badly, but then mostly it was because of my Mum, though. We always used to fight, I was very defensive. Anything Leah did, I would act the same way I would with Mum, because it was how I grew up. Anyway, in the end, 16, 17, it got better ... I was just grateful. I didn't show it then because I had a lot of trauma ... It's good, we've gotten to a good stage. It's not going to turn back around, because I'm mature now and she's grown to know me, so we [both] know how to help. (Kayla, 20)

I feel like it's harder because they're still growing up with you. That's the main problem me and Nina had, that it was hard to establish if she was more my parent or my friend. So it's like; 'Do I tell her this? Will I get in trouble?' (Penny, 18)

Sometimes I'm just like 'Oh, but you're only my sister, you're not my Mum. You can't tell me what to do'. Then sometimes I'm like, 'But she is my guardian. So yes, she needs to tell me what to do.' (Natalie, 13)

In a small number of cases, bereavement had impacted care arrangements. Adjustment to the change was exacerbated for two young women who did not know their older sisters well prior to their mother's death, as in each case the older sister had moved away when they were little.

When my Mum died, it was a bit, I really didn't want to live with Mandy. I just felt that I would be better somewhere else. I wanted to live with [a neighbour]. But obviously that couldn't happen because I did have older siblings and uncles that could look after me: close family group before friends. So it was a bit rough at the start ... it did take quite a while, about a year to get sort of used to it. Yeah, they gave me a lot of things, like a bike to ride to school and a lot of opportunities to do things. I did Girl Guides for a year. So that was good. They've been pretty good looking after me, I'm really thankful. <Do you still wish a little bit you that were with [neighbour]?> No. I think Mandy and Nick give me a whole lot more opportunities than she could have given me. (Pippa, 13)

Conflict eventually put an end to Penny's many years of care by her cousin and his partner, but not to their relationship.

I think progressively over time as I grew older there was problems as in any family. I think what triggered it was my last boyfriend...[that] caused some strife. He was definitely trouble. That whole lust when you're like 16 years old ... I went through my little rebellious phase ... before I moved out, there was just fighting – like, 'Do this' and 'Do that'. It was just getting a bit much. But I feel now that I've moved out it's helped our relationship so much, we're closer than ever. I think we were just living out of each other's pockets too much and we just really needed our own space. (Penny, 18)

Perception of carer's role

Many of the young people expressed insight and empathy for situation in which their young carers found themselves.

I guess at the start it was difficult for Laura (sister). She didn't really know what to do. She was in a situation, it was just a bit odd. (Natalie, 13)

I think still she struggles to identify herself as her exact role to me. Because obviously, she doesn't want to be a parent, like, she can't be a guardian for me for my whole life and she wants to revert back to the sister role a bit more. Yeah, so it's a bit difficult on Nicki. (Bella, 17)

Carly was trying to figure out her own stuff as well, and trying to be a Mum [to her baby]. But then also a sister to me, and me just trying to pretty much 'learn how to walk' again ... but they still have to figure out the roles between themselves. Like me and Carly, it was hard with her being the sister and my Mum. But also the fact that Carly is young, and even though she's been pretty much my Mum my whole life, she's still never had to deal with a teenager. She has pretty much just left being a teenager – well she never really got the teenage experience, but she's just getting into the stage of being an adult herself. (Kiera, 16)

Awareness of their young relative's sense of obligation was expressed by a couple of young people:

I don't think it's always voluntary, because obviously Nicki saw how much difficulty I was in and ... of course she was going to jump in and save me, I guess. (Bella, 17)

I lived [with Dad] for not even six months, and then I didn't have a great time. Ended up somewhere else, and then I was going to go to foster care, and then Leah was like, 'Oh, I can't take you this time, it's hard', but then she ended up coming through and just taking me on anyway. (Kayla, 20)

Kayla was also aware of the demands that she had made on her 21-year-old aunt as a difficult, traumatised child:

I'm 21 next year and I would not take on the child that was me.
No hope in hell.

Realising the load on their carers, a number of young people wanted to help their carers through providing emotional or practical support²⁵.

I think as the young person, try to see things from their perspective.
(Pippa, 13)

They still have their young lives to live and they deserve to live it. I almost feel bad that I'm here, because I want to be like, 'Ah, go out', but at the same time they don't want to leave me and Kit home alone ... it's just like, I can't help because I'm younger and I can't be just like, 'Yep, go out'. (Daisy, 15)

I want to help when Nina and Russell go [on honeymoon]. I want to help them if they want more money to spend there, I want to give them some of my [savings]. (Jade, 14)

I used to get up at 12 and just do nothing with my day ... But now I just get up and I'll clean or hang out with Bethany, help Bethany, play with the dogs. (Alyssa, 17)

I can make [my younger sisters] stop fighting. Leah (aunt) can a bit, but not like I can, because we have this weird sister thing where they listen sometimes. (Kayla, 20)

Relationship with the carer's partner

For some young people, living with a young relative meant also living with and relating to their carer's partner. For these young people, the difficulties in this adjustment did not seem to have been great; their comments were generally positive.

He's great. He helps me with his homework. He's very nice, yeah. He's been there since – he's been dating my sister for a very long time. Since I was born. (Pippa, 13)

I go out with Wade and do some stuff sometimes, play cricket somewhere or basketball. (Jade, 14)

Penny, 18, had been cared for by her cousin Russell and his partner Nina. Russell had earlier helped Penny's mother care for her when she was newborn and he was sixteen.

I think having someone to look up to and all that, and because me and Russell were close ... Nina just treating us like we were her own kids and all that. So it was good.

²⁵ In this context we note that several carers interviewed also reported that some of these young people helped to care for the younger children (see *Rewards of care* in chapter 3).

The three sisters interviewed together described how their relationships with Wade, their carer's partner, developed over time.

Sister 2: We were actually talking about it today, about how at first we were like [tentative], we've grown on him over time. At first we were a little bit – we were like family, but we weren't very tight. Now we're like family. Blood.

Elder sister: See, me and Wade are still a bit far [apart], but I think it's because I was bad when I was their age. We never really got that connection, so it's more just like we're family but we're not that close. That's okay.

Sister 3: Wade's our homie.

Sister 2: He's like my blood uncle. He's like a father-figure at the moment, because Dad's not here. I see them as family, like parent-figures, but at the same time they're like my auntie and uncle.

For a young woman who had experienced significant trauma, building relationships with both her sister's partner Jack and Jack's father was therapeutic:

I had a bit of trouble with being around adult male figures, because of my past. It was good the way Nicki introduced me to him. Like, she would try to reassure me that everything is fine with him and tell me what ... his actions mean, I guess. So, that really helped me gradually get used to having an adult male in my life again. So, Nicki sort of gradually got me used to the idea of having someone like that again. [Also] Jack's father was quite kind and caring and not like my father. So he's sort of now the fatherly figure in my life. That actually was really good. (Bella, 17)

Vulnerability and resilience

I'm sort of just out of that bit of my life, and I'm just trying to be normal. (Kiera, 16)

All the young people had experienced significant trauma, and many described the impacts of emotional abuse and neglect, living with stigma, and poverty. A few had had quite serious mental health issues; some had benefited from therapeutic counselling and a small number had received inpatient mental health treatment.

When we moved to [city] and then I started at the school a couple of weeks later, I was still really sensitive about it. People would ask, 'Ah, can you ask your Mum if you can come over?' and then whenever I'd hear the word Mum I'd get really upset. That was when it was hardest. Now I just feel like it's something that happened, and if I choose to tell them I choose to tell them ... I've had some people tell me I'm crazy for some reason. They're like, 'You don't live with your Mum, you live with your sister – what?' It's like, 'That's weird'. I feel if they just knew ... that's a hard question because no one can understand. (Daisy, 15)

I used to have a counsellor, but my Mum got rid of her, and because it's hard for me to like get close to someone, to trust because of what I've been through, like I only spoke to her. (Stella, 17)

My Grandma took me to the hospital and then I have to see this psychologist. So now I go to these groups. (Alyssa, 17)

Some young people described their own behavioural problems without mincing words. For many young people, stability in a good care relationship appeared to be pivotal in recovery from mental illness and turning behavioural problems around.

Something good that's happened from moving out from my parents – when I was a kid I was a very aggressive child. I broke down Chloe's door one time because I was angry ... I used to get into fights every day at school. I used to abuse Chloe all the time. I'd punch her, beat her, literally. .. So yeah, I was a very asshole kid ... I'd use horrible insults as well. (Karina, 14)

It was hard, because Mum would teach me to just pretty much act like a psycho towards people, and if I didn't get what I wanted, to just scream and swear. So I pretty much had to learn to be normal again... It was really hard, because in Year 7 I was always known as the psycho chick ... I had to learn how to act like a new person, and I still struggle with it, because that person is still inside me. Sometimes when I'm really struggling to deal with something, it just comes back, and I've got to try and push it down. <What did the psycho chick do?> Screamed at everything. Hit people. It was bad. (Kiera, 16)

Kayla, 20, described her mental health episode and her carer's difficulty in understanding it.

I was a really messy child. I had a lot of mental illness myself, and I was just wild ... I was still very upset that I didn't have parents around ... I was alone, so although I had Leah there, it wasn't my parents, so I was very depressed about that for a lot of years. I would cry all the time. Every Father's Day, Mother's Day ... I actually ended up in psych wards a few times, so it wasn't a very good mindset ... I was just grateful [but] I didn't show it then because I had a lot of trauma. It was hard to look after me. Absolutely terrible.

I love Leah for how she is and I wouldn't want to change her for anything, [but] she wasn't very understanding with it ... She'd be like 'Oh, you're just going through a phase', and I'm like, 'I want to die'. But I think since [caring for] me, she knows how to deal with it a lot more now. I've had counsellors and psychologists and workers since I was six ... Whenever I went to the psych ward she would come, and then the nurses ... tried to explain mental illness, but she was a lot more closed-minded about it then.

... nowadays, not at all ... [it's] just the way she grew up. When she grew up, she probably had some pretty big depression and anxiety and stuff, but she never dealt with it. She never sought out help. I think that generation did that a lot more, whereas our generation are just like, 'It's okay to not be okay', and all these days about suicide awareness and stuff. She was a little bit in denial, because she was like 'Oh, shit, I just pushed it – I'm just going to show you my coping mechanism', which was just bottling it up or whatever. But the severity of me was a bit much to just sweep it under a rug. The rug was already full before I started sweeping.

Financial issues

Finances were mentioned by the young people as a source of stress for both themselves and their carers. They were often aware that money was limited and that they presented a financial burden to their carers. Many were very conscious of the costs of day to day living. Several young people were aware of financial difficulties either because the care allowance did not go very far towards their costs, or because their carers were not receiving an allowance at all. A few young people considered that financial support was the most important support needed.

I guess because, in my situation at least, Nicki isn't financially stable, she's still at uni, she's still trying to figure out her own life. (Bella, 17)

I feel like a lot of [the carers' ups and downs] was financial struggles – two more kids and things like that. (Penny, 18)

I feel like financial support is something that is very lacking right now. As me and Pia got older the payments from [Department] did increase, but I feel like it should have been the same amount [when we were younger] – because young kids do need a lot ... So I just feel like that's something definitely – like give financial support. (Penny, 18)

Sister 2: I know I eat a lot of food. That would be very costly.

Elder sister: Not just the food. It's like everything. You have to think about everything. Every piece of toilet paper you use, the toothpaste, the water, the electricity, the laying in your bed, the bed you buy, the bedsheets, the pillows, the mattress, the TV, the electricity, everything. That's just a small list, too ... Leah was working three jobs at the time and still was barely keeping up. That's what I was saying about financial stuff. Definitely the most important.

She doesn't really have much money, because she doesn't get much money for me. Because she's not getting the – I can't remember what payment it is. <Care allowance?> Yeah, that one. So she's only getting enough for food and stuff [Centrelink benefit], not for school and activities and stuff like that. (Kiera, 16)

A number of young people mentioned the cost of their schooling. Jade's advice to government was based on her experience of missing out.

I think it would be good if schools just let the kids go to school and didn't charge you for all your stuff and gave you a bigger help, because school is expensive for any kid, but especially kinship ... Some kinship people, or people [in general], are just too poor, the kids don't get to go out on excursions because they can't afford it. I never did when I was a kid, with my Mum in prep I didn't get to go on things ... all the kids got to go to a swimming thing ... I had to stay back with all these Year 3 teachers. I was like a little kid, I hated it. It's not fair on the kids either, because there's nothing that they did ... And the kids will pick up on things like that and get sad that their parents don't have money for this, and they'll start worrying about money and planning for when they need things. (Jade, 14)

As a new immigrant, at age 18 Victor was struggling to pay for his own education.

I wish I was in a school, it was really hard. If [worker] wasn't with me it could be very hard for me to pay our fees. So we can do our education, we can go forwards. Some people they left school because they can't pay ... It's really hard ... They sent me the bill, \$400 something. I was so shocked.

Involvement with child protection

What are [Department] like? Fun. They're two of them. (Venus, 9)

Unfortunately, Venus' comment was the only positive comment from young people about their experience with child protection staff. It would appear that the pressure of workloads, bureaucratic requirements and staffing issues made it difficult for child protection to provide the support that many young people would have liked.

[Child protection] were really slack with me, I didn't have much ID and stuff, I was kicked out at 12 ... [Carer] never got any payments for me. It was ridiculous. No help either, it's why it was so rough. (Kayla, 20)

Probably in the start if we had a worker that was explaining [things] to us, but whenever we asked someone, they would be like, 'We don't really know', because they keep saying 'Another week, another week, and then you'll be living there and now you're moving over there and now ...' Yeah, but I don't think they really knew even what was going on ... Or there were just rules ... That's basically I could only see Mum when they said I could, but they never paid, helped me with schooling or any of that stuff ... there was no point of me being on [an order] because they weren't doing anything to help me anyway. So I thought 'Well you're not doing anything to help me anyway. I might as well get off the order'. (Alyssa, 17)

.....

We had a lot of workers. We burned through a lot ... [it] was just ridiculous. They just drained my life – because of my Dad – he has such a violent temper. I think at one point we went through four workers in six months ... My friends had to have police checks just so I could stay at their house, which I thought was ridiculous. They're just really so involved in our life and it was just too much. They'd have to come to school meetings, they wanted school reports and just crap like that ... Then, Dan and Marly were in one [room] and me, Pia and Lila [in another]. Then it got to a stage where they were going to have to put Marly in our room because by [Department] laws anyone over the age of eight can't share a room with other sex. So it was going to be four people to a room. That's just what I'm saying, is that [child protection] is just ridiculous. (Penny, 18)

.....

Bella was 15 when abuse at home precipitated a mental health crisis. She felt that child protection was reluctant both to intervene to protect her and to provide financial support.

The Department were involved in moving me out in early May last year ... My mental health went down really fast and I was admitted to the emergency department from collapsing during Term 3. Then one of the social workers at the hospital advocated for me to move out into the boarding house again. But the [Department] never really came back in. They promised they would ask Mum to see a psychiatrist, but that never happened. I would say [Department] could have been more assertive, I guess. They left me and the other people in my life to deal with the stuff, because they thought I was almost 16 ... clearly [they considered] the abuse wasn't that bad. My psychiatrist told me that a lot of my issues with wondering whether I made the right decision to move out of home stemmed from [Department] not saying directly, 'Oh, your abuse is very bad and you are eligible to move out of home', that sort of thing. So, a lot of the responsibility to move out of home fell on me and [my sister]. That's really difficult, especially as most people prefer to be with their parents.

Penny expressed her views about case planning decision-making based on her own experience and observations of other children and families.

The situation that the four other kids [with carer] were in is just beyond ridiculous. They all went back to their parents and I'm just like, 'Are you kidding me?' So I don't know what it is these days ... I understand [child protection] don't want people in their system. I don't know if it's more money for the government to fork out, or if it's a burden to have kids in the system, which is absolutely stupid because there are parents out there that should not have their kids. My Dad was definitely one of them. I know a lot of people that are in the exact same position. I feel like it should be success for [some] people not to be with their parents. I understand...the whole point of going back to the parents, but honestly [for] some of them it's just stupid. Caleb's Mum – drugged off her head all the time ... Her partner is abusive. Are you kidding me?

... when kids are put into care, as soon as you know that there's going to be a glimpse of permanent, go for it. Because [carers] got stuffed around with my Dad for six years. After so long you should just get care of them. I just feel like it's a bit ridiculous that the kids get caught up in the system for three or four years and then they go back. If you're going to be in the system for more than two years you should just stay where you are.

Life stage issues

Adolescent mentality

Several young people commented on their wilfulness as adolescents and the challenges this presented for their carers and others.

Me being a teenager, obviously I have my moments. (Daisy, 15)

I'm the type of person that if I don't want to do it [school] I'm not going to put my mind to it and, as I said, I don't do anything for anyone. I do it for myself. That's just who I am. (Penny, 18)

There were just [Department] rules and I want to do to what I want anyway. 'You can't see your Mum unless blah, blah, blah' but I'll do it anyway because it's my Mum. (Alyssa, 17)

Schooling

A number of challenges for educational progress were described. Mental health crises had interrupted schooling for several. Several young people commented on the impact on their education of poverty and instability in their childhoods with their parents, and things they had missed out on.

It was just a share home because my Mum couldn't like really afford – so we kept on like moving – moving schools and stuff, that was really confusing. That's why I'm in year 10 because I had to go back [a] year again. (Stella, 17)

It was so stressful. I had to move schools and all that. It was like two schools in one year or something. (Penny, 18)

Bullying at school was mentioned by a few.

I used to get bullied quite a lot at the school and I just didn't really like it, the school and stuff there. (Opal, 16)

Lots of [boys] they bullied me in lunchtime. I had issues with them, like a fight and that's why I left. Actually so they were racist, like [racial groups] and they talk about this stuff ... So I get really upset and angry. Every time they tried to make things to fight with me. They were blaming me. They're just making up stories [so] we can get in fight with him ... So that's why I really feel bad and I don't go outside. (Victor, 18)

Despite the difficulties they had had, all the young people interviewed had aspirations to complete their education and qualify for an occupation. Daisy, 15, was aware that stability in her care had made her educational progress become possible.

Now I've been at the same high school for the past three years and I've grown really close to a lot of people. I've obviously told some people my situation and they're very supportive and understand. It's getting easier and easier as the years pass. School's good. Being Grade 10 next year it's going to get a lot more stressful, but it's going pretty well. I guess I'm glad just that – because when I was [location] I went to maybe five different primary schools. It's nice to have been at the same school for all my high school years. I have a group of friends that I love so much ... I am hoping to maybe possibly go to university and do whatever study I want there.

Something I do want is to go to Year 12 and pass that. (Stella, 17)

For Penny, 18, it was her young carers' determination to see her complete Year 12 in an academic stream that paradoxically led to poorer results and the end of a long and successful care arrangement. The relationship between the young person and her former carers did, however, improve once she moved out.

Russell and Nina always wanted me to do everything they didn't do. So Nina didn't finish school, and Russell didn't either. So they really pushed me to do school and I'm just not really that academic and I wasn't really interested in school. I kind of just wanted to go to TAFE to do my nursing. Then Nina was like. 'No'. That was really where the issue started... So I feel like there was so much extra stress and pressure that I didn't need ... I gave up a lot towards the end because

I didn't want it ... So I literally I went from getting 80s and 90s to 40s, because I didn't really care ... and as I said Russell and Nina didn't understand that.

Interests

The young people described a normal and diverse range of interests and recreational activities.

I do gymnastics. I really like that. (Kiera, 16)
Drawing (Venus, 9)
In school I am a good student. In sport I participate but I mainly go there because I get to put my music on on Thursdays, which is fabulous, and the teacher enjoys my tunes and it's good. Then when I'm at home I enjoy my reading, listening to music, looking after my lizard. (Danika, 14)
I play a lot of netball. (Opal, 16)
I do contemporary dance outside of school. (Pippa, 13)
I got my Learner's [Permit] yesterday. (Kiera, 16)
I play violin, piano and clarinet, but currently just mainly focusing on violin. I used to play in the school orchestra. When I graduated, one of my friends invited me to join the [name] orchestra, because ... she plays in that. We just had a concert a couple of days ago. (Bella, 17)

In their irrepressible style, the three sisters described singing together:

Elder sister: Both my parents play guitar.

Sister 3: My mum used to be a choir singer. We can all kind of sing, I guess. I never did lessons. I don't think Jemma ever did lessons.

Elder sister: I sang in front of 20,000 people. It was horrible. I sang Britney Spears, when I was 12.

Sister 2: I did dancing for a year and it was a concert we did. In Canberra. I quit because we couldn't afford it ...

<So do you ever sing together, the three of you?>

Elder sister: Yeah, a lot. In the car, mainly.

Sister 2: Yeah, we don't just sit down and say, 'Let's all sing, guys'. It's more like if a song comes on, we'll sing together.

Sister 3: Or when we're cooking in the morning.

Elder sister: That's more dancing to the song.

Sister 3: It's a bit of both.

Aspirations

With improved academic progress, young people were able to aspire to achieve future vocational goals. Working with people featured strongly. At least three wanted to become nurses, including the young man; another was considering primary teaching.

I'm doing my Certificate III in Allied Health ... and then I'll go on and do my Diploma and then ... I have to go to uni for one year to become a registered nurse ... I just I have a lot of older people that are nurses and they really influenced me to be a nurse. My grandmother was a midwife and I just really found that fascinating, and my Mum and a few of her friends, they all work in hospitals. I would like to just help people, yeah. (Opal, 16)

One young person was aiming to study engineering following a 'gap year' in which she planned to mentor children in computer programming. Another had achieved her aim of working in office administration. Another wanted to work with animals.

Life aspirations included to own a car, to travel, to have an overseas student exchange, and to have a family. The oldest three young people were all involved in volunteer advocacy for young people in care. One had completed a diploma in early childhood education, another was about to commence university studies as a mature age student, and the third was raising her own family as well as her partner's sister. Based on a happy experience of support, Penny, 18, wanted to join a volunteer mentor program for young people in kinship care.

Mirabel [Foundation]²⁶ was my life, they're like my second family. They have done so much for me – me, Pia, [and carers]. They're literally like those type of people that when I get married in the future I would definitely invite to my wedding. They helped me so much. They got me and Pia into dancing when Nina couldn't afford it. They helped pay for tutoring for me and Pia. They were a really good support for Nina as well ... I want to volunteer as a leader ... as soon as I turn 20 ... I keep in touch with them all the time.

Family relationships

Mothers and fathers

Almost all the young people had experienced trauma in the care of their parents, usually associated with parental substance abuse and mental illness. Many found these experiences very difficult to resolve.

I was just having suicidal thoughts and stuff. I was just really upset because I didn't think this stuff would go on for so long and then I was thinking Mum is never going to get better. (Alyssa, 17)

Apparently my Dad is [this] someone, but I don't believe it because he used to say he wasn't. And then I wouldn't want him to be my Dad anyway because – he is a person that takes needles and stuff in his arm. (Stella, 17)

²⁶ The Mirabel Foundation assists children who have been orphaned or abandoned due to parental illicit drug use and are now in the care of extended family (kinship care). <https://www.mirabelfoundation.org.au/>

My Mum committed suicide when I was little ... I remember little bits and pieces about her but not much because I was four at the time. My Dad's a drug addict and he has problems. No-one wanted him to know where we went to school or where we lived, but when we had to enrol he needed to sign the form – because my Dad's a bit fruit loopy kind of thingy. It's like all the drugs and stuff. Things like that just made [it] really, really hard. (Penny, 18)

Well [my mother] has a drug addiction and an alcohol addiction and a gambling addiction. She also had a hard life growing up. Her Dad did die, she was always with my Nan – her Mum. But [Nan] was actually a drug dealer ... [Mum] was pretty messed up. (Kiera, 16)

A good thing I guess is I know [now] I'm not in danger. When I was [with] Mum, it's not her fault, like she just trusts too many people and she kept on getting with paedophiles. (Stella, 17)

Pippa, 13, was still coming to terms with the loss of both her parents.

It was very hard and it still is hard ... My Mum was my everything. I went to her for everything ... [When Dad died] I was a lot younger. So I didn't really know what was going on. I sort of processed it and was like, 'Oh, he's not coming back'. Which was really hard. But I think I got over that, well I didn't get over it obviously because I miss him. But I was more like, sort of aware of my emotions and it was like, 'Okay, I have Mum. It's okay'. Then when she passed away I just ...

Kiera, 16, described her departure from home and her mother.

Carly had [baby] and she had moved out. When it was just me, [Mum] would tend to put a lot of her anger out more on me, and the boys but mainly on me. When I did leave, at first I just asked if I could stay for a couple of days – because when Carly did move out, my Mum said that I could stay there whenever I wanted. But then when I did, she got real angry at me and yelled at me. Because I knew she would do that, I had my stuff ready out the front. When Carly came, I put all my stuff in the car with Ned, my dog. Then I went back inside and I told her. I was like, 'Can I stay with Carly for a couple of days? She's here ready to pick me up'. This is going to sound really weird, but I thought she went to go get a knife to chase me with it. Because before ... she did slash Carly's tyres. She didn't [this time], but when she sort of crouched down and went to the drawer where it was, I didn't know what she was doing. So I bolted. I ran. Then she chased me down the driveway, but I'd already been in the car and left. I was only planning on staying for a couple of days, but then she said I can never come back and I can't get any of my stuff back.

Despite also acknowledging the trauma they had experienced, the three sisters described their past family life through comic routine.

Sister 2: There's actually a full fridge and pantry.

Elder sister: And doorknobs that don't get taken off.

Sister 2: And no slaps.

Elder sister: I'm not being dragged around by my hair. That's strange.

What is this? Is this a new way of transport?

Sister 3: I don't have to break out the window to get to school.

Elder sister: Literally, every single day.

Sister 3: I can just walk out the front door.

Sibling relationships

A benefit of care within the family for many young people was the capacity to continue their treasured connections to sisters and brothers whether living together or elsewhere. The commitment of the young people's carers to keep siblings together as much as possible was appreciated. A small number being cared for by older sisters indicated that the shared experience of grappling with painful relationships with their parents was helpful. Penny, 18, now with her grandmother, remained close to her sister still living with their cousin and his partner.

Me and Pia are always going to be close. Everything that we've been [through] – like the bond that we have is definitely unbreakable.

As for eldest girls who had become kin carers (see chapter 3), a couple of these eldest girls felt responsible for the wellbeing of their younger siblings, and appreciated the help of their carers in ensuring the children's safety and security. Alyssa, 17, was living with her friend's mother when she asked her carer to take on three of her younger siblings as well, while another remained with her grandmother.

Well it's good that all my siblings are together. We're all together instead of us to going to separate houses ... [Little sister] slept over the other day. Sometimes she comes and sleeps over. My Grandma brings her over.

The eldest of three sisters felt her responsibilities to the younger two acutely. For the younger two their relationship with their older sister was particularly supportive.

Elder sister: See, that's where they have each other. I was alone for a lot of years.

<Did you see each other in the time that you were alone?>

Sister 2: Maybe once a year.

Sister 3: I used to love going over there, because I would run into [elder sister] and then we used to go out the back and we would play with Millie [the dog].

Sister 2: We used to go do things.

Sister 3: That was the hardest thing.

Sister 2: As soon as we got to Leah's, I was so happy I finally got to live with [elder sister] again.

Elder sister: I felt so guilty as well, for so many years.

Sister 3: But it wasn't your fault.

Sister 2: I was just sad.

Elder sister: Yeah, but I don't know, I could have stayed and dealt with it to see you.

Sister 2: I was sad when you left ... It's better [now] because we still get to talk to each other and we can talk about Dad.

Sister 3: I have a little bit of trust issues. It takes me a little while before I can fully trust someone with most things.

Elder sister: As you would after having two parents neglect you.

Maintenance of sibling relationships was not always possible however. For Bella and Pippa, however, family issues had come between them and their siblings.

When we were growing up, my younger brother and I were quite close and we're a year and a bit apart. So, I've tried contacting him, but he's never really responded. (Bella, 17)

I do [miss my siblings], especially my sister Ellen. We were very close. She lived with me my whole life. Because my other siblings were much older than me, they moved out when I was really young. (Pippa, 13)

The extended family

Many young people were in contact with their wider family, contact that was much valued. Again however, some were out of touch with others due to family dysfunction.

Christmas at Nina's. Nina is definitely the glue of our family I think. Her and my auntie keep it all together. If it wasn't for them two I reckon we'd all just be off on our own kind of thing. (Penny, 18)

Sister 3: We try to avoid [seeing Mum] unless there's a family dinner and [Mum's] going to be there. We still go, because we have a cousin and she's amazing and we want to see them.

Sister 2: We want to see everyone else in our family.
(Interview with three sisters)

Support and assistance

Community service organisations

A number of young people had received support from community services. Several expressed their appreciation of consistent, supportive and understanding relationships.

The wellbeing coordinator and the chaplain, they would always be there for me if I needed someone to talk to. [The therapist] was really good to talk to. She would always listen, and if she didn't understand something, she'd go back and really ask me about it. I'm going to be starting animal therapy. (Kiera, 16)

.....

We had one worker for three years. We had a lady called Helen and she was honestly the best ... So it was really, really hard on us [when she left] ... but we got another worker at the end ... and we loved her as well ... They came to my house, and stuff like that, and spoke to us. Helen always used to take me and Pia out for lunch. They helped Nina – when we had school camps, clothing...when we started high school ... The financial support was nice, but I feel like the more understanding was better for me particularly. (Penny, 18)

.....

Three young people whose mothers had died all spoke of the value of their counselling but with some reservations about feeling 'different'.

.....

There's been times where I've gone to the guidance counsellor at school and just talked about it ... It was [helpful] ... just after Mum passed away, but now that it's been a couple years it kind of gets tiring saying the same story over and over. Sometimes I just want to talk to someone about it and I have friends for that. I have Kelly [carer] to talk about it as well, but it did help when [my brother and I] first came to [Kelly's home]. (Daisy, 15)

.....

<Do you like going to counselling?> Yeah, but I have to get out of school. (Venus, 9)

.....

I did see the school counsellor and people like that outside of school for a bit. Then it kind of made me a bit uncomfortable. So I was like, 'I don't think I want to do it anymore'. Yeah, a bit not normal ... [But] a few months ago, I wish I had spoken to someone outside of school. Outside of my family I guess, just to get things straight. Like, 'I am normal', and 'This situation, it happens', and yeah, 'I'm going to be sad, but I'm not going to be sad forever'. But I was given a lot of support. (Pippa, 13)

.....

Alyssa, 18, had had a very difficult home life prior to care and later became seriously depressed with consequential impact on her schooling. Following mental health treatment, she was planning to return to studies with support.

I left school at the start of this year. I got kicked out of school because my attendance was bad ... But I'm going to start, it's kind of like a tutor ... I go once a week and work with this lady and she helps me get my Certificate of General Adult Education ... so they help people who aren't in school get an education ... I met [her] at the TAFE on my first day and ... she said, 'You need to know it's going to help you with TAFE ... this is how we're going to do it'.

Unmet needs

Many young people felt that they and their carers had needed more support at different times. As previously described, many stressed the need for financial assistance above all. They also wanted effective casework, understanding, and a sense that workers involved with their case cared about them. They wanted help with the barriers their circumstances had placed in the way of their schooling including learning difficulties, mental health issues, and bullying.

Say if we had a fight at home, there would be no one that I could talk to. There would be no one anyway, but [carer would] also take my phone so I could never talk to friends or something ... Yeah, because every time we fought, she always had [partner] she could talk to, and I'd always just be sitting in my room screaming. (Kiera, 16)

I feel like definitely if [kids] have been through a lot of hard things, definitely counselling [is] a very strong one. I do notice that a lot of people in care have behaviour or learning issues and that's something they don't address a lot either. It kind of gets slipped under the rug, because my dyslexia didn't get picked up until I was in grade 6, which was too late for me. I struggled a lot through high school, and primary school, and I could have definitely done better. I could know more than what I do now if I had more help. (Penny, 18)

Tuned in to their carers' needs, they were keen to see their carers assisted practically, emotionally and financially. In addition to money, other examples of needed support included babysitting or other respite, or being able to share their issues with others via a Facebook page, website or blog, or a kinship support group.

Well definitely a lot more support because we had no-one and it was just Kelly, and her boyfriend Elliot, and he was obviously not even related to us [yet] he still decided to help out Kelly. We just needed more people, and more support. Kelly was only 20-something, and she's not rich or anything obviously. There wasn't much money. She was working full-time and she had to quit her job just to support us ... and then she looked for another job that was part-time. And there was just no-one to help. (Daisy, 15)

Victor, 18, who had arrived as a refugee still had significant outstanding needs for help when support from the Refugee Minor Program terminated at age 18. He had sustained an injury that made practical tasks difficult, was facing charges for assault following a bullying incident at school, and wanted to continue his education and learn to drive.

I'm not talking about just for myself. I'm talking about for people come here, and I don't want them to be in any trouble because of that bullying, that things ... Yeah, should government look after that things ... So maybe they will stop bullying others ... Yeah, I wish that service could continue all the time. It would be great and amazing ... until [young people] can stand by themselves.

The need for awareness

First of all I would like to tell them about these whole issues. Like it's not just me. I'm not talking about just for myself. Yeah, should government look after that things. (Victor, 18)

Annie had heard a radio interview conducted as awareness raising for this research project and pressured her older sister into making contact with the researcher for an interview. Both Annie and her sister Bella were subsequently interviewed. Bella, 17, commented:

I think there just needs to be more awareness. Like when I heard you on the radio, I was really surprised that someone was talking about it, because I didn't realise – I don't think people realise how difficult it is to be a young carer ... So, yeah, I just don't think there's enough support and understanding about how young carers have to struggle with so many things on top of just caring for the person as well ... I didn't think society knew about the young carers, because we [children and their young carers] don't get mentioned at all. Yeah, mostly we hear about the grandparents taking care of younger children, but we never hear about younger carers.

Young people were asked what people working in government or support programs might need to know about them and their needs. Understanding of their particular circumstances and financial assistance dominated their thoughts.

<What are the main things that you think people should understand when a child or a young person is living with a young relative?>
That you're going to need a lot of extra attention. I feel like for [younger sister] Iris, she feels very abandoned. So they would need that extra attention and reassurance that they're not going to go somewhere else, or they won't leave them. Just that extra support and just knowing they are there and caring. Yeah, [someone] that actually cares and isn't just like 'doing their job' too much, you know [like] people ... (Alyssa, 17)

I think they need to understand that sometimes people don't have grandparents and if it is – this is a very hard one. Yeah. Well I think trying to understand that it's not always going to be grandparents. There's other people that are willing to and able to look after the young one, like a brother or a sister. Yeah, they need to just sort of process that. (Pippa, 13)

Probably the fact that the age gap isn't that big, but they still have to figure out the roles between themselves ... She's had to learn how to do it all. (Kiera, 16)

Yeah, definitely financial. Unless someone in that position has a lot of money, then they're definitely going to need financial support, because depending on how many kids, mostly, but even just one kid is dead expensive. To put them through school when you didn't even plan on having a child, that's really enough, and then you have to pay for them to be alive, food, water, beds, light. (Kayla, 20)

Summary

The young people were generally very positive about their relationships with their carers, and expressed appreciation of the lengths their carers had gone to in order to provide them with a good home, including coping with the financial impost entailed. Both young people and carers had had to make significant adjustments to their changed relationships. Most of the young people had experienced significant development over the duration of their care, including recovery from trauma and mental illness, improved motivation and achievement in their schooling, and aspirations for future studies and occupations. These 16 young people thus bore witness to the benefit of the loving and stable care they had received.

While some young people had received various forms of external assistance, they articulated the need for improved support services across a range of areas. They were acutely aware of their carers' limited incomes and the high costs of providing care, and financial support was identified as the most important support required. Like their carers, they expressed the wish for greater awareness of their existence and circumstances.

“Yeah, that would be great. Finding other young carers to connect with ... I’d love to find how people deal with their frustrations. A blog between young carers would be fantastic.”

Lisa, 23

Chapter 5

Pilot project: Young kinship carers support service

This chapter describes progress towards establishing a pilot national support service for young kinship carers.

Feedback from the research participants

As mentioned in Chapter 4, young kinship carers interviewed were advised of the plan to explore the feasibility of establishing a pilot national support service. Given the size of the country it was envisaged that the most feasible approach might be to provide individual support by telephone and a website with information and an online discussion group. The research participants were asked for their feedback. Most were very positive. Several ideas were put forward; a couple of carers indicated a preference for face-to-face contact for support.

Being able to talk to other young kinship carers, that would be helpful. I think more assistance in knowing what is available too because there isn't really anywhere to go. (Danielle, 27)

Yeah, that would be great. Finding other young carers to connect with ... I'd love to find how people deal with their frustrations. A blog between young carers would be fantastic. I've been looking and looking online for something like that for ages and it's comforting to know other people are going through the same thing that you are. (Lisa, 23)

Actually half of my friends we've met through chat room to do with bands and music on the internet, we've been friends for eight or nine years now. <So can you imagine a chat room working with young carers, sibling carers and so on?> Yeah, that could work. (Mandy, 30)

Maybe having like the carers group for the old [carers], for grandparents, [but] for young [carers]. Like okay, maybe we won't be able to go once a month or anything, but at least so that we know each other; we're not alone. Hearing that someone is an aunt carer – yeah I know there are other aunt carers around—but seeing them and actually getting to talk to them, and maybe helping each other out, that's a difference. (Poppy, 25)

<Do you think a chat room would work?> I'm not too sure. I would prefer face to face, but that's just me personally. Or over the telephone. (Cas, 26)

I was more thinking of like a meet up where, to me it's about the physical connections with other young carers and you don't feel like you're the only one doing all this by yourself and there are other people who can maybe provide some sort of support, or just showing like, 'Hey you're not alone, we can do this together as a community', yeah. (Nicki, 23)

Proposal for a pilot support service

A draft proposal was developed as a starting point for discussions with prospective organisational partners. The service was envisaged to be staffed by a social worker with experience in providing support to kinship carers and to young people, possibly part-time in the first instance. The proposal included the possibility of a brokerage fund to assist individual carers with respite options; child care fees associated with carers' education or employment; costs of children's and carers' education; and specialist services for children with additional needs.

Given the hidden nature of the young kinship carer population, a vigorous and multipronged publicity strategy was seen as pivotal to the project's success.

Monitoring and evaluation were seen as important in order to develop the program and make any needed modifications, and potentially to provide a platform for advocacy for funding from the Commonwealth. Young kinship carers were seen as essential partners in the development of the proposal, its monitoring and review.

Development of the proposal

The pilot support service proposal was mentioned in various conferences presentations and other events to expose the idea to potential partners. Discussions were held with a small number of community organisations in different States.

Following a presentation at the National Foster Care and Kinship Care conference in September 2017, IFYS (Integrated Family and Youth Services) in Maroochydore Queensland expressed interest in taking the proposal forward, and subsequently presented a formal Expression of Interest. An interview with IFYS staff Joanne Roff (Area Manager, Child & Family Teams) and Paul Morton, (Manager, Push Productions) to discuss the IFYS Expression of Interest took place on 23 November 2017, conducted by the researcher and Emeritus Professor Dorothy Scott. It was subsequently agreed to pursue the project as a potential partnership and conduct joint fundraising, and IFYS hosted an initial visit by the researcher in January 2017.

In 2018 IFYS allocated \$75,000 seed funding to the project order to assist with establishment of the project.

To date the collaboration with IFYS to has included:

- Regular consultation with a view to establishment of the pilot program at IFYS.
- Working with young kinship carers on publicity, advocacy and co-design of the service model;
- Funding applications.
- Preparation of a program logic document.
- Funding a co-design workshop with young kinship carers and other developmental activities including consulting from the researcher.

Involvement of young kinship carers

Co-design workshop, November 2018

A co-design workshop was conducted at IFYS on 29–30 November 2018 with 10 young kinship carers from three States working with a facilitator, the program manager and the researcher. Participants' expenses were covered, and travel and accommodation were arranged by IFYS staff.

This was the first time that each young kinship carer had met another young kinship carer.

The workshop involved working sessions in which participants explored ways in which support might be provided, and how such a service might be publicised. Advocacy and funding approaches were discussed. A dinner on 29 November provided time for young people to get to know each other further.

The young people were invited to do a short video interview talking about their experience as a caregiver. Most participants agreed to do so and all gave consent for the video to be used in publicity.

A number of young kinship carers involved in the workshop expressed interest in providing ongoing assistance with publicity and advocacy.



Facebook page and closed Discussion Group

A Facebook page and (closed) Discussion Group have been established.
www.facebook.com/YoungKinshipCarers

The Administrators are the researcher and a young carer. A small number of young kinship carers not previously known to the existing group have made contact through Facebook.

Publicity and promotion

Five conference presentations have included young kinship carers who participated in the 2018 codesign workshop. One presentation comprised a panel of four young kinship carers. Radio, television and print media stories have also involved young kinship carers. Details of publicity activities are presented in chapter 6.

Partnership development

Consultations have taken place with Little Dreamers and The Smith Family, organisations with overlapping interests with a view to opportunities for collaboration:.

Little Dreamers is a community group of young carers who are developing a set of programs to support other young carers. Their remit includes people under 26 years of age caring for a family member with a serious illness or disability. <https://littledreamersonline.com/> Unlike other programs for young carers, this organisation is willing to embrace young kinship carers within its remit. Three meetings with *Little Dreamers* have been held to date, one including a young kinship carer.

The Smith Family is an independent children's charity helping disadvantaged Australian children to get the most out of their education, so they can create better futures for themselves. <https://www.thesmithfamily.com.au/> Two telephone meetings have been held with the CEO and Head of Policy and Programs at The Smith Family to discuss potential collaboration. Smith Family staff have expressed interest in assisting with a joint funding proposal and development of a program to support the education of children in the care of young kinship carers.

Discussions about possible areas of collaboration will continue in 2020.

Fundraising

The search for funding to underwrite the pilot service has proved challenging. Approaches have been made to several philanthropic and corporate funding bodies, to date without success. The fundraising effort will continue into 2020.

The way forward

Immediate priorities are to work with young kinship carers to:

- To continue awareness-raising and advocacy activities regarding the existence of young kinship carers and their unmet needs for support, including a deputation of young kinship carers to Federal Parliament.
- To continue fundraising including collaborative grant applications with suitable partner organisations.
- To maintain and develop the Young Kinship Carers Facebook page and Discussion Group.

“Being able to talk to other young kinship carers, that would be helpful. I think more assistance in knowing what is available too because there isn’t really anywhere to go.”

Danielle, 27

Chapter 6

Publicity and advocacy

This chapter details publicity and advocacy activities associated with the research project, including several items addressing broader issues relating to kinship care advocacy.

University of Melbourne Research project webpage

The webpage provided a summary of the research project and periodic progress reports. It included a 'Contact Us' button for young kinship carers interested to participate.

<https://healthsciences.unimelb.edu.au/research-groups/social-work-research/partnership-for-innovation-in-out-of-home-care/young-kinship>

Young Achievers Awards nominations

Two young people each caring for multiple children were nominated for Young Achiever Awards in 2018, one in Victoria and one in New South Wales. In Victoria, Rie was presented with a Certificate of Recognition at a ceremony on 18 May 2018 which the main researcher also attended. See *Meet the young kinship carers*, page iii.

Media publicity – print, radio and television

Pursuit (University of Melbourne online magazine) article by Andrew Trounson, 16 November 2016

Hidden burden as young carers pick up the pieces

<https://pursuit.unimelb.edu.au/articles/hidden-burden-as-young-carers-pick-up-the-pieces>

Facebook post by Megan Mitchell, Australian National Children's Commissioner,
18 November 2016

Young kinship carers need to be recognised.

Megan Mitchell – Australian National Children's Commissioner

ABC Radio National interview with Patricia Karvelas, Thursday 24 November 2016

Interview with Meredith Kiraly and a young kinship carer.

Australia's hidden carers keeping kids out of foster care.

<http://www.abc.net.au/radionational/programs/drawingroom/australia-s-hidden-carers-keeping-kids-out-of-foster-care/8054494>

ABC 7.30 Report Story by Josie Taylor, 16 May 2017

Interview with Meredith Kiraly, a young kinship carer and her young cousin.

The rise of kinship carers.

http://mpegmedia.abc.net.au/news/730/video/201705/730s_Kinship4_1205_512k.mp4

ACWA Press Release from 23 August National Kinship Care Forum, 28 August 2018

Critical Gathering Signals It's Time for National Action on Kinship Care

<https://www.acwa.asn.au/critical-gathering-signals-its-time-for-national-action-on-kinship-care/>

Article in *The Age* newspaper by Miki Perkins, 8 September 2018

Interview with Meredith Kiraly, a young kin carer and her sister.

Why caring for younger siblings can be a lonely path

<https://www.theage.com.au/national/victoria/why-caring-for-younger-siblings-can-be-a-lonely-path-20180907-p502g9.html>

The sisters whose story appears in this newspaper article are featured at the beginning of this report (see Meet the young kinship carers, page iii).

Article in *The Examiner* (Tasmania) by Isabel Bird, 5 April 2019

Kinship carer expert Meredith Kiraly says a special allowance would bring Tasmania in line with Australia (sic).

<https://protect-au.mimecast.com/s/-HszC81ZRASMjv3mHnEveG?domain=examiner.com.au>

ABC 774 Afternoons with Richelle Hunt, 27 May, 2019

Interview with a young kinship carer, Joanne Roff (IFYS) and the researcher.

<https://www.abc.net.au/radio/melbourne/programs/afternoons/afternoons/11132182>

Twitter feed by Queensland Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence, 25 June 2019

Description of the Young Kinship Carers Panel Presentation at the National Child Protection Conference, including a photo of the Minister with three of the young kinship carers.

Conference and seminar presentations 2018–19

- AIFS Conference, Melbourne, July 2018
 - Young and 'care-full': the hidden group of young kinship carers in Australia
 - Joanne Roff, Meredith Kiraly and a young kinship carer.
- ACWA Conference, Sydney, August 2018
 - Keynote Address: Kinship Care in Australia – what's happening?
 - An innovative platform for providing tailored support to young kinship carers
 - Meredith Kiraly, Joanne Roff and a young kinship carer.

- Foster Care and Kinship Care Conference, Gold Coast September 2018
 - Young and ‘care-full’: the hidden group of young kinship carers in Australia
 - Joanne Roff, Meredith Kiraly and a young kinship carer.
 - Are they kinship carers or are they foster carers? Exploring community kinship care
Meredith Kiraly
- National Kinship Care Forum, Australian Human Rights Commission, Sydney 23 August 2019
 - Keynote address: *My Life as a Young Kinship Carer*
Caryn Batty, young kinship carer of nephew and niece.
- Child Aware Conference, Brisbane, May 2019.
- *Interactive Workshop Policy Discussion: A policy framework for kinship care in Australia?*
- National Child Protection Conference, Brisbane, June 2019
 - Young kinship carers: supporting permanency through codesigning advocacy and support
 - Joanne Roff, IFYS Queensland, Meredith Kiraly and Panel of four young kinship carers.
- Kinship Care Week Seminar for Grandparents Plus, London, 8 October 2019
 - Young and ‘care-full’: the hidden group of young kinship carers in Australia.
Meredith Kiraly
- Meeting with the Parliamentary Friends of Grandparents Group, Parliament House, Canberra, November 2019. Megan Mitchell (National Children’s Commissioner), Karen Lizosoain (Mirabel Foundation), Meredith Kiraly (University of Melbourne), two grandparents and two young kinship carers.

Journal articles

My Life as a Young Kinship Carer

Caryn Batty, young kinship carer of nephew and niece.

Developing Practice, 2018 (51), 22–25.

Editorial *Australian children in kinship care—Hidden in plain sight?*

Meredith Kiraly

Developing Practice, 2018 (51), 2–9.

Kinship care in Australia—Making it a national issue

Meredith Kiraly

Developing Practice, 2018 (51), 36–43.

Editorial *Beyond poverty and disadvantage—achieving wellbeing for all Australian children in kinship care* Meredith Kiraly

Developing Practice, 2019 (52), 2–8.

Support for children in kinship care from the Commonwealth, States and Territories of Australia— a national policy survey

Meredith Kiraly

Developing Practice, 2019 (52), 9–24.

“I feel we are kind of marginalised in the sense that it’s abnormal, so it’s almost as if we don’t exist.”

Nicki, 23

Chapter 7

Discussion and conclusions

<What are the best things about living with your aunt?> **Everything.**
It's a lot better than any other house I've been to. There's love in this house. And animal love. And there's food. (Danika, 14, niece)

<What do policymakers need to know ... ?> **That we exist, and it's not just grandparents ...** (Mandy, 30, older sister)

This research project has identified a significant minority of kinship carers in their early adulthood years who grapple with considerable challenges with little support. Some of the issues they face are common to kinship carers of all ages. As in other age groups, primary responsibility usually falls to women, whether or not partnered. Complex intrafamilial dynamics prevail. Children bring legacies of trauma, and their parenting is anything but straightforward. Many households include large numbers of children, as kinship carers are often reluctant to see their young relatives separated. Financial stress is endemic. Indigenous children are overrepresented, and financial hardship is seen most acutely among Indigenous families.

Some issues play out differently for younger and older carers however, and there are other issues that are specific to particular age groups. Much has been written about the unmet needs of grandparent carers where fatigue and compromised health are common problems. Young kinship carers may have greater energy and better health, yet grapple with unique issues. These young people have been cast precipitously into an exceptional parenting role while in the transition from adolescence to adulthood that has been described by Arnett (2000) as 'emerging adulthood': this is the time in which young people may be completing their education, seeking employment, actively socialising with peers, partnering, and establishing independent housing. Young kinship carers often have little or no parental support, few financial assets and often come to their caring task bearing their own legacies of childhood

trauma. Some are caring for both their own and relatives' children, at times resulting in large numbers of small children in their households. They are called on to negotiate a hybrid role as a parent as well as a sibling, aunt or other relative, and to develop particular parenting skills for traumatised children when they are barely adult themselves. As two of our research participants reminded us, 'We're just kids as well'.

Many of the young women interviewed had interrupted their education and employment to provide care. While most expressed an intention to return to studies and establish a career, the researchers were left wondering how often their aspirations might be realised in the face of the ongoing demands of their care role. The proxy data from the census also provided some cause for concern about this. The census data suggested that the very youngest kinship carers appeared to have an advantage in their educational progress and employment when compared with very young parents, but that young parents in their later twenties had higher levels of education and income than kinship carers in the same age group. The census of course cannot tell us *why* this is the case. Do the demands of traumatised children and complex family relationships leave young kinship carers with less time and energy for their own self-development? Is it to do with the greater number of children in their households? How big a part does financial stress play?

Despite the challenges, our interviews bore witness to the benefit for children of the stable, loving care they were receiving from their young carers. Improved mental health, school progress, and frank happiness, were described by both the young people and their carers. These stories provide grounds for optimism with regard to these young people's capacity to break a cycle of disadvantage for the children in their care. Nevertheless, as seen in research with grandparents and other kinship carers, it is clear that children's progress accrues at significant cost to these carers.

Another concern in the census data was the indication that kinship carers generally have lower income than young parents. Financial pressures were frequently mentioned by the carers, and sadly felt keenly by many of the children and young people. Rental costs for larger houses were mentioned, as were costs of transport, health, counselling and educational services. The cost of children's schooling was frequently raised, despite most children being in Australia's state school systems originally established by legislation to provide free education for children. It would appear that reducing funding for public education over time has led to costs increasingly being passed on to parents and carers. Parents' contributions to the cost of schooling are now described as 'school fees' rather than 'voluntary contributions' as in the past, and schools appear to have reduced capacity for hardship waivers.

Many carers spoke of the importance of financial support, and of the critical need for care allowances. For those informal kinship carers not receiving care allowances, financial pressures were particularly great. A group of the research participants appeared to have fallen on the wrong side of a very unclear line regarding eligibility for statutory care status and associated financial support. While some children with young kinship carers (in both statutory and informal care) appeared to need child protection casework and monitoring, others were in stable long-term arrangements with limited needs for formal support other than financial assistance. At issue here is the fact of financial support being dependent upon statutory care status, and the State/Commonwealth division of responsibility for child and family services and support.

Poverty is known to influence children's life chances independently of other factors (Tucker, 2016). It can harm the brain, lead to poor physical and mental health, and create and widen achievement gaps among children. It can also harm children through the impact it has on their

families and the home and community environment²⁷. Poverty will almost certainly impact on kin children's educational and life opportunities, as well as those of their carers. Addressing financial hardship stands to reduce multiple risks including intergenerational transmission of disadvantage, yielding societal as well as individual benefits.

Two avenues for addressing this biggest issue in kinship care are evident. First, it is high time that real equity between the financial support of foster carers and statutory kinship carers is achieved across the States and Territories, including higher payments according to children's individual needs. Children in foster care and kinship care also need equitable access to brokerage funding²⁸. A more sustainable approach however would be to provide financial support on the basis of children's need rather than on the existence of a statutory order. This would allow more children to be supported outside of formal out of home care, with cost-saving associated with legal processes and statutory services. The New Zealand Government achieved this in 2009 when the Unsupported Child's Benefit was established alongside the Orphan's Benefit and set at the same rate as their national Foster Care Allowance. Australia has a two-tiered Double Orphan Pension payable under restricted circumstances; however both levels of this payment are well below the foster care allowance in any State or Territory. Achievement of a benefit similar to that in New Zealand would presumably require a formal Commonwealth/State Agreement.

Further to the issue of financial need is the fact that young kinship carers are excluded from a range of recognised groups who have associated entitlements to support for raising children. Young kinship carers are not identified as 'carers'; 'parents'; 'adoptive parents'; 'foster carers'; or obviously, 'grandparent carers'. They are thus not entitled to benefits such as services available to carers as defined by the Commonwealth including respite care services; they are not entitled to maternity and paternity leave, adoption leave, foster care allowances, or grandparent carer entitlements. Eligibility for mainstream community youth services ceases at age 25. Young kinship carers are also not identified as 'young carers' (refer Glossary), and are therefore ineligible for support from Carers Australia and its State and Territory counterparts. Given their exceptional 24/7 child care demands, kinship carers regardless of their age need access to all these forms of parenting support from which they are currently excluded.

Beyond direct financial support, both carers and young people articulated a range of other support needs. Many children required costly specialist services such as counselling, tutoring and allied health services, and many carers also needed counselling to manage their complex mission. Such services should be available to them on a priority basis, cost-free as for many other vulnerable groups. Once again, such supports stand to improve children's development and wellbeing and the adulthood outcomes of both children and young carers, preventing greater and more costly problems down the track.

A central issue described by many of young carers was the challenge of managing the disturbed family dynamics that surround themselves and the children. Young kinship carers who have dealt with their own parents' and relatives' mental illness and/or drug dependencies through their own childhoods were now tasked with shielding the children in their care from further trauma from negative behaviour by their own parents or siblings. One of many difficult situations described was that of a 23-year-old sibling carer charged with supervising contact between her own seriously disturbed mother and her two little brothers. In situations like these, the difference between the support for supervision of parental contact available to foster carers and kinship carers is thrown into stark relief. To expect young carers to supervise contact between their own parents or siblings and the children in their care is clearly a bridge too far. Whether or not within the statutory care system, there will always be a need for help

27 Murphy, D. and Z. Redd, *5 Ways Poverty Harms Children* www.childtrends.org/child-trends-5/5-ways-poverty-harms-children

28 Designated funds to purchase services or goods to address individual needs as a one-off response.

to manage challenging family relationships. Specific kinship family support services are needed for all kinship families.

Comments made by young kinship carers about putting children to bed and then 'googling' to search for avenues of support suggest that there is also a need for help to navigate the services that do exist. In addition, a uniform Commonwealth Government Statutory Declaration for Kinship Carers would provide verification of carer status and the authority to discharge the day to day responsibilities of parenting other people's children, including consent for medical care and educational activities, issues that still cause trouble for many carers.

Two minority groups warrant particular attention. Interviews with Indigenous carers suggested that young Indigenous family members may be called upon to provide care at particularly young ages. Census data suggested that the youngest carers of Indigenous children were more likely to also be Indigenous than were the older kinship carers of Indigenous children. These youngest carers were thus often providing care that complies better with the Aboriginal Child Placement Principle, and offers greater opportunities to keep children connected to family and culture. Once again, a particular focus on supporting care arrangements with very young Indigenous adults should generate long-term benefits for Indigenous children.

The census data also revealed an over-representation of culturally and linguistically diverse (CALD) children in kinship care. The carers and young people with a CALD background interviewed for this study were providing warm, secure care, yet most had particular needs associated with ethnicity and/or migration that would likely necessitate assistance at some stage if the children were to continue to thrive. A greater focus on such families is also likely to yield dividends.

We note that our proxy data from the Australian census is anything but definitive, since the actual number of children in kinship care in Australia and the relationships between these children and their primary carers cannot yet be extracted. Anticipated changes for the 2021 census are likely to make accurate data available for the first time. A funded research program will be needed to allow this data to be extracted and reported so future policy and programs can be developed on the basis of real knowledge of the prevalence and characteristics of children being cared for by family and friends.

As Danika and Mandy have so succinctly articulated in the quotes that open in this chapter, recognition needs to begin with awareness that these generous-spirited young kin carers exist and that they are determined to stick by their young relatives and provide for them as best they can regardless of the cost to themselves. We owe them support both in this mission, as well as to help them achieve their life goals and wellbeing alongside the mainstream of Australia's 'emerging adults'. A process of awareness raising has begun in partnership with the young kinship carers themselves. It will continue.

This is the second of two reports in a series entitled *Diversity in kinship care*. In this context, diversity relates to the wide range of ages and relationships of kinship carers to children, to children's and carers' Indigenous or CALD status, and to the informal or formal status of kinship care arrangements. We hope the two reports have succeeded in countering the myth that kinship care and grandparent care are largely synonymous, and will contribute to advocacy for equitable support for all children in kinship care and their carers.

“With the great support networks around everything that we do, and the connection that I have with them, and the love that I can see they have for my children, it just felt right in my heart.”

Emily, 31

Chapter 8

Recommendations

Many systemic changes that would improve the circumstances and wellbeing of young kinship carers and children are relevant to kinship care generally. Recommendations are made in this light, with some specific suggestions for young kinship carers and children in their care.

Overarching aims of the recommendations are:

- i. To determine the prevalence of children living in kinship care arrangements (informal and formal) in Australia and the circumstances in which they live.
- ii. To achieve recognition of the existence and characteristics of informal and formal kinship carers of all ages and carer/child relationships.
- iii. To promote equitable support for children in informal and formal (statutory) kinship care across Australia.
- iv. To reduce the number of children in out of home care by improving support to children in informal kinship care.
- v. To improve child protection intervention to ensure children's safety and wellbeing in kinship care.
- vi. To provide specific support to young kinship carers and children in order to improve their wellbeing and life chances.

Recognition of all kinship carers and children in their care

1.

The Department of Social Services (DSS) to develop policy that recognises informal and formal kinship carers of all ages and relationships (both familial and non-familial) as a vulnerable group with entitlement to particular support. In particular:

- Rename the *Grandparent Advisor Program* as the *Kinship Carer Advisor Program*.
- Enhance the capacity of this program to better respond to all kinship carers.
- Provide all benefits currently available to grandparent carers to all kinship carers.

Recognition of kinship carers as 'carers' in Commonwealth legislation

2.

The Commonwealth Government to review the legislated definition of a 'carer'²⁹ with a view to recognising kinship carers as 'carers' with associated entitlements. A suitable modification to the legislated definition might be:

A carer is an individual who provides personal care, support and assistance to another individual who needs it, or full-time care to that person's dependent children, because that other individual:

- a) has a disability; or
- b) has a medical condition (including a terminal or chronic illness); or
- c) has a mental illness or other condition causing significant parental incapacity; or
- d) is frail and aged.

²⁹ Definition in the *Commonwealth Carer Recognition Act 2010*: An Act to provide for the recognition of carers, and for related purposes (2010).

Authorisation of kinship carers to undertake their responsibilities for children

3.

A Commonwealth Government *Statutory Declaration for Kinship Carers*³⁰ to be created as a means to authorise kinship carers to undertake parental responsibilities and duties in the following circumstances:

- The child is in the care of a relative or other community member in the absence of a formal foster care arrangement or legal adoption, and their caregiver is not recognised as a statutory carer by an Australian State or Territory.
- The child cannot live with their parents for reasons of significant parental incapacity, death or whereabouts unknown. (This definition excludes alternative care for reasons such as educational access or parental absence for employment).

This Declaration should include the number of children in kinship care, and be authorised by a School Principal or General Practitioner familiar with the kinship family, and accord authority to the carer to arrange or obtain for children in their care:

- medical care
- school enrolment and activities
- Medicare cards
- Health Care Cards
- birth certificates
- exemption from state school fees and associated education costs
- the Special Child Care Benefit on an equal basis with grandparent carers
- eligibility for adoption and maternity/paternity leave
- eligibility to apply to the Family Court for special permission for a child to obtain a passport.

Equitable financial support for all children without parental support

4.

The Commonwealth Government two-tiered **Double Orphan Allowance** to be reviewed in light of societal change since its inception in the 1970s and current costs of caring for a child, renamed as the *Unsupported Child Allowance* and set at the highest foster care rate current in an Australian State or Territory. (Refer to the New Zealand *Unsupported Child Allowance*³¹ for a possible model).

5.

Carers' entitlement to the *Unsupported Child Allowance* for each child in their care to be demonstrated by a *Statutory Declaration for Kinship Carers*.

³⁰ This recommendation follows Recommendation 17 of the 2014 *Senate Inquiry into Grandparent Care*.

³¹ This recommendation follows Recommendation 9 of the 2014 *Senate Inquiry into Grandparent Care*.

National Child and Family Wellbeing Plan 2021

6.

The Commonwealth Government through the Department of Social Services to ensure that the *National Child and Family Wellbeing Plan*³² envisaged to succeed the National Framework for Protecting Australia's Children 2009–2020 includes a particular focus on promoting the wellbeing of children in kinship care, both informal and statutory.

Progressive reduction of out of home care in Australia through stronger community support for alternative family care

7.

Through an appropriate Intergovernmental Agreement, a new national program of community support services for children in kinship care to be developed³³ to allow for more children to achieve wellbeing and stability of care without the need for child protection involvement. Program components to include the *Unsupported Child Allowance* (Recommendation 5), casework support, family mediation and supervision of parental contact, counselling, and brokerage funding for exceptional costs of care.

National Kinship Care peak body

8.

The Commonwealth Government to fund a National Kinship Care peak body³⁴ in order to progress action to improve the living circumstances of all Australian children in kinship care both informal and formal.

Information regarding the prevalence and circumstances of children in kinship care in Australia

9.

A program of research to be funded by the Commonwealth Department of Social Services to include analysis of the 2021 census data in order to determine the prevalence of children in kinship care in Australia and their demographic characteristics in order to better understand their circumstances and inform ongoing development of policy underpinning social security benefits and programs.³⁵

32 This recommendation follows Recommendation 16 of the *2014 Senate Inquiry into Grandparent Care*.

33 This recommendation follows Recommendations 4, 5 & 9 of the *2014 Senate Inquiry into Grandparent Care*.

34 This recommendation follows Recommendation 34 of the *2015 Senate Inquiry into Out of Home Care*.

35 This recommendation follows Recommendation 6 of the *2014 Senate Inquiry into Grandparent Care*.

Specific recognition of young kinship carers

10.

The Commonwealth Government to formally recognise young kinship carers (30 years or under) as a group with particular needs similar to those of care leavers. In recognition of their particular needs, the Commonwealth Government to provide young kinship carers with access to:

- all services and entitlements specifically available to care leavers
- priority attention within the Centrelink Kinship Care Advisor program (as redeveloped from the Centrelink Grandparent Advisor program)
- the *Skills First Youth Access Initiative* – accredited Vocational Education and Training (VET) without tuition fees
- the Commonwealth Government *Study Assist* scheme
- augmented access to counselling sessions under the Medicare *Better Access to Mental Health Care* counselling program beyond the standard number per year
- free child care benefits to pursue studies and employment
- services for ‘carers’ and ‘young carers’ provided through Carers Australia and its State/Territory counterparts and other funded services, including respite care
- priority access to funded youth services.

Specific attention to young Indigenous kinship carers and children

11.

Specific attention to be accorded to the additional burden of extreme youth and poverty that accrues to young Indigenous kinship carers and kin children, and to the opportunity to improve outcomes under the Closing the Gap program by dedicated attention to such families.

Commonwealth and State/Territory child protection programs

Alignment of statutory care allowances across Australia

12.

Through an Intergovernmental Agreement, the disparity between allowances for statutory foster and kinship carers across the States and Territories of Australia to be rectified by providing equitable care allowances for all children in statutory care³⁶ set at the highest rate currently provided in any State or Territory. The Agreement to include a national mechanism for annual review of statutory carer payments, and a common process for decision-making regarding payment levels such that children in foster care and kinship care receive additional financial support equitably according to their individual needs.

³⁶ This recommendation follows Recommendations 34 & 39 of the 2015 Senate Inquiry into Out of Home Care.

Information about kinship carer-child relationships and stability of children's care

13.

Through an Intergovernmental Agreement, the Commonwealth to ensure that States and Territories develop their child protection databases to ensure that complete and accurate data about the age and relationship of all kinship carers is provided to the Australian Institute of Health and Welfare (AIHW) for the annual Child Protection reports.³⁷

14.

The States and Territories to produce annual reports regarding the relationship between children and their carers and the stability of the different types of kinship care arrangements in order to inform the development of policy and practice to better support kinship families in each jurisdiction.

Improvement of statutory kinship care programs

15.

Statutory kinship care policy to be reviewed via an appropriate Intergovernmental Council process to ensure consistency of practice in the various Australian jurisdictions including:

- the interpretation of child protection legislation regarding the making of statutory orders for children being cared for by family and friends
- thorough and timely assessment of the safety and suitability of prospective kinship care placements and of their support needs
- referral of all children in the care of young kinship carers to funded community-based kinship care services for support at the outset of care and as required from time to time
- specific alerts to be raised when carers are very young with a view to assigning priority for support.

³⁷ This recommendation follows Recommendation 2 of the *2015 Senate Inquiry into Out of Home Care*.

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'We're just kids as well' addresses a group of kinship carers both informal and formal whose existence is little recognised. This research project has demonstrated many excellent outcomes for traumatised children despite the demands on carers of assuming a challenging full-time care role at a young age. The project also revealed the severe hardships faced by young kin carers and their charges given limited financial and other supports currently available to them, and the threat posed to their early adult development, including completing their education and maintaining employment.

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More details about this research project can be found at: <https://healthsciences.unimelb.edu.au/research-groups/social-work-research/partnership-for-innovation-in-out-of-home-care/young-kinship>

Learn
and share
our culture

Juggling too
many things
makes me feel
I'm not 100%
for my girls

I was angry
I was in this
position due
to the
circumstances

I live in fear
that I'm not
doing the
right thing/
parenting right

I feel heaps of
gratitude when
he is happy and
doing well and that
I have a supportive
partner/his family
and work.

I'm grateful for
how far my sister
and I have come
I admire all those
fellow kinship
carers' courage
to overcome
adversity