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Unrecognized: Kinship care by young aunts, siblings and other young people

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Abstract

Much literature about kinship care has focused on grandparents, with limited attention to other kinship carers. This article describes results from the second part of an Australian research project that explored the prevalence, experiences and support needs of kinship carers aged 18–30 years through interviews with 41 kinship carers. Most were sisters or aunts. Findings included deep commitment of the carers to children in their care and the children's positive development over time. Young kinship carers described personal costs of caring, including sudden adjustment to the task of parenting distressed children, suspension of studies, jobs and career development, pressures of intrafamilial conflict, a lack of recognition of their existence and support needs, and above all, financial stress. The need for multifaceted support to be available to this group of kinship carers is identified.

KEYWORDS

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

1 | INTRODUCTION

Kinship care is defined as 'family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature' (United Nations, 2010, p. 6). A signal benefit is that children remain in touch with a range of family members to an extent rarely possible in foster care (Nixon, 2008). A number of studies have noted children's comments about the importance of contact with grandparents, aunts, uncles, cousins and siblings living elsewhere (Kiraly & Humphreys, 2016; Messing, 2006; Sands, Goldberg-Glen, & Shin, 2009). Fifty-two percent of all children in out of home care are living with formal (statutory) kinship carers (AIHW, 2020); however, analysis of administrative data suggests that around 82% of all kinship care in Australia is arranged informally (Kiraly, Hoadley, & Humphreys, 2020). For Aboriginal children, relationships across the wider family have particular significance. Aboriginal culture includes a view of family in which aunts may be regarded as mothers, uncles as fathers and cousins as sisters and brothers, reflecting heightened obligations to care for children as needed (Atkinson & Swain, 1999). This cultural imperative has

intensified due to the impact of the Stolen Generations' experience,ⁱ including intergenerational trauma, substance abuse, family dysfunction (HREOC, 1997) and continuing overrepresentation of Aboriginal children in out-of-home care (AIHW, 2020).

Most international research about kinship carers has focused on grandparents, and surveys associated with services oriented towards grandparents in several countries have reinforced this focus (Kiraly, 2015). Census data tell a different story however. Although the percentages of grandparent, aunt/uncle and sibling carers in Australia are not known (Kiraly et al., 2020), in the United Kingdom, a study using 2011 census data estimated that, in England, grandparents constituted around half (51%) of all kinship carers (Wijedasa, 2015). Carers designated as 'relation-other' (aunts, uncles, cousins and other close relatives) were second in size (27%), with siblings also a significant group (23%). Wijedasa's study replicated earlier research using 2001 census data by Selwyn and Nandy (2012) that estimated grandparents in England to be providing 44% of kinship care, 'other relations' 17% and sibling kinship carers 38%. These researchers also identified that the vast majority of kinship care in the United Kingdom was occurring informally, that is, outside of statutory

child protection arrangements (Selwyn & Nandy, 2014). As an unexpectedly large cohort, Selwyn and Nandy (2012) explored sibling carers in greater detail, finding them to be predominantly young, single, poor and with limited education. Roth, Lindley, and Ashley (2011) also explored the circumstances of British sibling carers through interviews and a survey, finding that they suffered myriad disadvantages and limited support, both financial and nonfinancial as well.

Given the number of aunts who act as kinship carers, it is surprising that so little has been written about them; only one such article was identified. Davis-Sowers (2012) conducted 31 interviews with Black American aunts, identifying a perceived lack of agency in their decision to provide care in the face of strong cultural pressure. Two British studies found that kinship care placements with aunts and uncles were less stable than with grandparents (Farmer & Moyers, 2008; Hunt, Waterhouse, & Lutman, 2008). Both studies concluded that one factor may be the strain of raising additional children alongside the carers' own. Aunts and uncles also feature little in the wider literature, leading Milardo (2009) to call them the 'forgotten kin' and to suggest that an important area of people's lives including significant influences on personal development has thus been overlooked. Children's relationships with their aunts and uncles are also often inextricably connected to friendships with cousins that may become longstanding, but the literature about cousins is even sparser. A detailed literature search identified only one article apparently exploring children's cousin relationships in the context of divorce (Victor, 2015); however, the only reference to cousins turned out to be in the title.

The notion of kinship care also embraces care by people outside of the family such as friends, neighbours, teachers and others of significance to children, once again a group that has attracted scant attention. Kiraly (2019) interviewed nonfamilial kinship carers and kinship support workers, identifying great diversity within this group, and notable differences from familial carers in terms of their support needs. One other minority group of kinship carers, male carers, was identified in the literature. Through a survey of kinship carers, Denby, Brinson, Cross, and Bowmer (2014) identified notable caring capacity and resilience among male carers. Differences between male and female carers were however found to relate more to demographic factors such as marital status, ethnicity, education, income and number of children, than to gender or relationship to the children.

This three-part study was initially inspired by the focus on sibling carers in the British studies mentioned above, but with the variation of including all young kinship carers. Part 1 explored the prevalence and demographic characteristics of households where kinship care was taking place using 2011 Australian census data (Kiraly et al., 2020). Twenty percent of kinship care households were found to be headed by carers aged 30 or less. In Part 2, interviews were conducted with young kinship carers and children with an experience of such care. Part 3 comprises action research activities including codesigned advocacy and support for young kinship care families, media interviews and conference presentations with young carers, and is ongoing as of 2020. This article describes the interviews with carers conducted in Part 2.

In this article, *formal* or *statutory care* refers to care ordered by the child protection authority in an Australian State or Territory, as opposed to *informal care* where no such order exists. *Children* is used to include people aged up to 17 years; the term *young people* refers to the carers. *Cousins* may refer to carers looking after their own cousins, their partner's cousins or their cousins' children.

2 | METHOD

Part 2 of the study aimed to explore the lived experience of young kinship carers aged 18–30 years and children aged 9–17 years with a particular view to the circumstances, well-being and challenges facing both carers and children, and the diversity of care relationships involved. The study was approved by the University of Melbourne Human Research Ethics committee (Ethics ID: 1341257). Interviews were conducted with 41 young carers who had commenced caring for kin children when aged 18–30. Twenty-six had formal care arrangements and 15 informal.

There are no support services oriented to young kinship carers either face-to-face or online, and no natural places of gathering. Recruitment was therefore challenging, and early efforts yielded few responses. Support services for formal kinship carers were approached, including a large Aboriginal service. Services to culturally and linguistically diverse (CALD) communities were also contacted. Information about the study was placed in service e-newsletters; interviews for radio, television and a major daily newspaper were conducted; and the study was promoted in conference presentations. The project webpage included a 'Contact Us' button for recruitment. The Western Australian child protection service undertook a mailout to young kinship carers in that state. Small numbers were recruited through each of these avenues, the most fruitful being via kinship care support services. With much persistence and time, numbers of participants grew, and the final sample was much larger than initially expected. Most were from Victoria, with smaller numbers from four other Australian states/territories.

Interviews were semistructured and were recorded and transcribed. Twenty-nine interviews of up to an hour were conducted face-to-face and 12 by telephone due to distance and resource constraints. Participants were given a \$40 gift voucher. A thematic analysis of transcripts was conducted (Thomas & Harden, 2008). The NVivo software package was used to code material to nodes developed to reflect the research aims. Codes were developed as a team, and coding was undertaken by two researchers until there was satisfaction about consistency of data interpretation. In quotations, names and potentially identifying details have been changed to protect confidentiality.

Young kinship carers may be considered to be a vulnerable population due to age and the likelihood of having experienced trauma. Information sheets stressed the voluntary nature of participation. The interviewers, a psychologist and a social worker, were mindful of potential distress and were flexible in the conduct of interviews. The option of follow-up counselling was provided. One carer was followed

up, and this offer reiterated, although eventually she indicated that talking further to the researcher had been sufficient. With consent, advocacy was undertaken on behalf of a small number of carers, in one case leading to authorization as a formal carer and a substantial allowance back payment. Around one-quarter of participants have subsequently participated in Part 3 of the study. In relation to research with Aboriginal participants, we note that both interviewers have undertaken cultural awareness training and their actions were guided by this.

A limitation of the study is that due to opportunistic sampling, formal carers were overrepresented. Caution is thus needed in generalizing from these carers' experiences to all young kinship carers.

3 | FINDINGS: CARE IN A YOUNG KINSHIP FAMILY

3.1 | The kinship carers

Thirty-five carers were women and six were men. The women were mostly aunts (15) or older sisters (15). There were six cousins, three of whom were also looking after children with different relationships to them (e.g., sibling plus nephew). Three other carers had children related to them in more than one way (Figure 1). Half of the 41 carers were partnered; thirteen had no other adults in their households.

Ten carers were Aboriginal, two of whom were looking after children regarded culturally as siblings or nephews through previous fostering within the carer's family of origin. Four carers were born overseas, three in East Asia and one in Africa, and one came from a Pacific Islander family. All but one of the cousins were of minority status: two had CALD identities, three were Aboriginal and one had an Aboriginal partner.

Half the carers were under 23 when they commenced caring for kin children. The aunts and uncle were on average 3 years older than the sibling carers, and the young men were on average 3 years older than the young women. The five nonfamilial carers were the oldest cohort; three of these were male (Table 1).

Most carers expected to provide long-term care. The sample included a number of large households, including carers' own children (Figure 2). Several carers were looking after children with disabilities or developmental delay, and a small number also had children of their own with developmental issues such as autism. Twelve female carers had taken on the care of newborn babies, and five more were caring for infants under 2 years.

3.2 | The decision to become a carer

Young people became carers for a range of reasons. Thirty carers mentioned parents' substance dependency as a reason the children needed alternative care. Fourteen indicated that one or both of the children's parents had significant mental health issues. At least 12 carers had children whose mother and/or father had died (in two cases both parents).

Carers expressed strong commitment to the children's care. Many had been very involved with the children prior to assuming their care; some had been actively assisting the children's parents or another relative carer, often their own mother. Sometimes, the children's grandmother or another older carer had been unable to provide care, and the only other alternative was seen as foster care, an option perceived as undesirable in removing the children from their family. The sibling carers' decisions to provide care were frequently expressed as an imperative, especially after the death of a parent, as for Kieran after her mother suicided:

<How long did the two of you take to make up your mind that you were going to do it?> Straightaway, on the spot ... there was no way that [brothers] would go anywhere else. There was nowhere else for them to go but us ...

Some of the aunts appeared to have made a more deliberate decision, aware that this would change their lives radically. A small number had themselves been in kinship care as children. At 21, Demi started

FIGURE 1 Relationships: kin carers interviewed to children

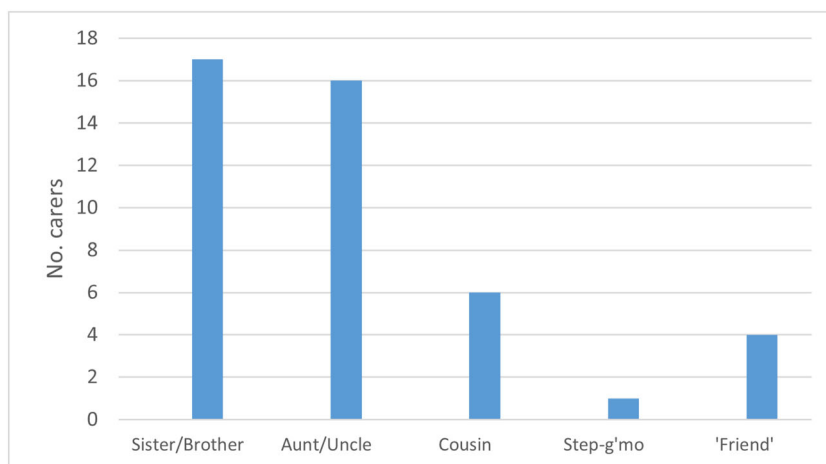


TABLE 1 Mean age of kin carers at commencement of care

Sisters and brother	Aunts and uncle	Cousins	Nonfamilial carers	Young women	Young men
21.7	24.8	22.5	25.8	23.1	26

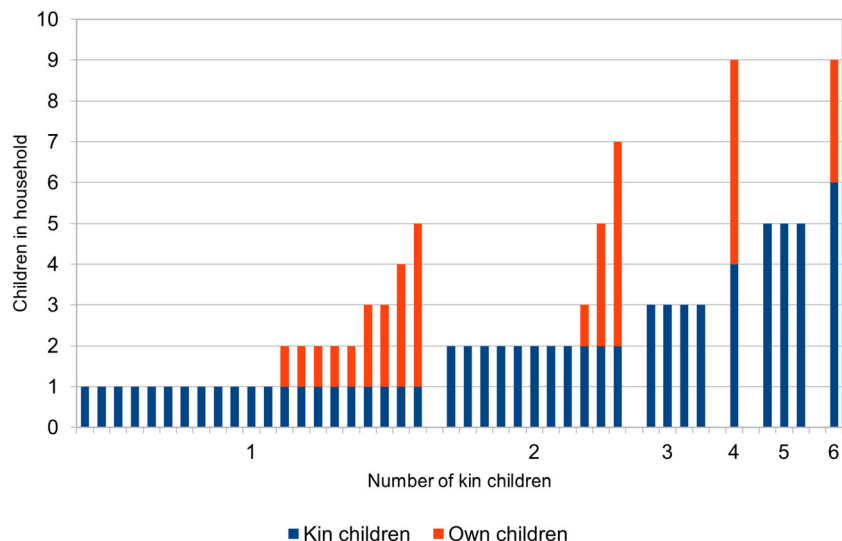


FIGURE 2 Number of children in households of kin carers

caring for one, then two of her nephews and nieces, subsequently ending up with all five.

I originated in kinship care too, so it was a really great thing to be able to come and be able to help these kids ... their grandmother had custody of all five of them ... it was too much for her ...

Nina, driven by a love of children and a commitment to their well-being following her own difficult childhood, had cared for numerous children related in different ways, including infants and teenagers.

For these kids—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.

Each of the cousins was influenced by a specific cultural understanding of family. One Aboriginal carer referred to her young cousins as nephews and nieces and another as sons and daughters. The importance of maintaining family connection to break the destructive cycle of child removal was expressed by Donna:

I'm sick of seeing kids in care, getting taken away and then ending up either dead, in jail, on drugs, in the system At the end of the day identity is the most important thing to have.

Decisions of the five nonfamilial carers were considered and altruistic. For three, cultural factors also played a part in their decision:

The Department found the boys and they put [them] 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)

Despite the carers' youth and often lack of parenting experience, most considered that their assessments by child protection were superficial and frequently, tardy. Aged 20, Lisa assumed the care of her cousin's baby at short notice.

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 ... 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 housesitting, but yeah sure, I'll take her'. That was it.

3.3 | The experience of care—strength and challenge

The carers displayed maturity beyond their years. Empathy was frequently born of their own childhood trauma, and they showed considerable insight into the children's issues. Many displayed determination and resilience in the face of limited social and practical support. A deep bond of love was seen between carers and children, as described by one aunt:

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)

The challenges of care at a young age were, however, considerable, and becoming a parent-substitute early in adulthood was a big adjustment for most.

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. (Naomi)

For me the hard part is I didn't expect to take up parental responsibilities so suddenly. Everything happened so quickly where she had to stay over at my place and I had to get her out of the home, talking to all the different police, child services and the school and I think that was a bit stressful for me. (Nicki)

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 younger 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)

When children first came to live with their carers, many were described as having emotional, behavioural and educational difficulties. Three young women had needed inpatient mental health care following family trauma but were doing well at the time of interview. Children's progress over time was frequently mentioned. Infants had thrived; children were happier, more settled and progressing educationally.

She's getting a lot better but at the start it was [acute] ... She suffers from PTSD, depression, anxiety and obviously lots of mental issues. So she still sees her psychiatrist, but she's definitely getting better being removed from that toxic environment. (Nicki)

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

Many of the carers identified schooling as a way out of disadvantage, and many were actively engaged with the children's schools. Leah was 21 when she took on the first of three nieces.

With Kayla 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.

Three aunts, three sisters and a cousin had experienced the breakdown of care with another child; in all but one case this was a boy, and in all but one case the elder of siblings. Five of the seven maintained regular and amicable contact with these children, but for the other two, there had been a breakdown in communications with both the child and other close family members, causing considerable pain. Permanent care case planning was the trigger for unresolvable conflict with the father of Cas's nephew.

There was no support for us I'm sorry I'm so emotional about it. It was definitely very hard ... You shouldn't have to do that as a family, go against a family member. (Cas)

3.4 | Social life and intimate relationships

Most of the carers wanted to maintain a social life; however, care of the children naturally limited this. Social life for some had become child-friendly activities. A small number felt isolated.

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 (Nellie)

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)

Care responsibilities had an obvious impact on opportunities to build intimate relationships. At least three carers had lost partners through becoming carers. A small number commented that any potential partner would need to be able to fit in with their lifestyle as carers.

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 ... We're not getting very far. (Noelle)

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

3.5 | Financial stress

Financial stress was an overwhelming theme. Most carers were working part-time or had given up work altogether. Although some had partners in the workforce and most received a small social security payment such as Family Tax Benefit, the overwhelming majority were experiencing financial difficulties; these were obviously greater for the informal carers who did not have care allowances. Numerous comments were made about the struggle to manage school fees, uniforms and excursion costs, and also rent, utility costs and transport. The need for greater financial assistance was mentioned repeatedly.

It's really overwhelming a lot of the time and I feel bad for [the children]. I feel like sometimes I'm probably a bit too snappy but it's just because I'm stressed about money most of the time, and food They'll eat every second of the day if it were up to them, anything and everything. (Leah)

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

There appeared to be considerable variation in whether those caring for infants were deemed eligible for child care benefits. Vicki, with two children of her own plus her infant niece, was working and trying to complete her studies. She felt frustrated that her own mother received free childcare as a grandparent carer, but as an aunt, she was deemed ineligible.

Unlike for foster carers, child protection care allowances were usually set at the lowest of several levels regardless of children's needs. The process of obtaining financial assistance was also sometimes stressful. There were difficulties in care allowances being started and backdated. Frustration was expressed about promised financial assistance that did not materialize.

Before I signed up for the children they said, 'You get a regular payment for food, electricity, but [child protection also] pay for everything else like sports activities, uniforms, clothing, beds, everything' Nothing came ... Single mother, working part-time, going to no job to look after the children full-time. I risked a lot. (Olivia)

3.6 | Family relationships

Family relationships and parental contact arrangements presented challenges for many. Although the cousins and nonfamilial carers were less embroiled in complex family dynamics, most of the familial carers had experienced similar troubled childhoods as the children for whom they were providing care.

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 [third sister] has not been able to do that ... there has been a great deal of physical and verbal violence in the home. (Vicki)

Family conflict frequently continued into the care arrangement, making it difficult to balance support for children's parents (carers' own siblings or parents) with protecting the children. Some aunts reported difficulties with their own parents in relation to their caring role. Vicki's sister Della, also caring for a child of the third sister, described their current circumstances:

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

For sibling carers, kinship care sometimes meant being placed in a position of authority regarding their own mothers. Kara, a mother of two, described being called upon at age 21 to supervise her own mother's visits with her little brothers. After a traumatic scene that distressed the whole family, she simply refused to continue.

They made me supervise three accesses with Mum and it ended up with Mum screaming at us from the back of our people-mover, going off. It was awful.

A key strength of these kin care arrangements was nevertheless the positive relationships that many children were able to maintain across their wider family, as recognized in literature cited earlier.

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

3.7 | Education and employment

Half the young women (18) had interrupted their education; 20 women and two men had interrupted employment. Many were pursuing work and studies as where possible, often part-time; others intended to resume when the children were older. For some, their life experiences had led them towards a career in human services, and some had or were working towards relevant qualifications.

I was studying Bachelor of Social Work, but I am now on an 18 month break ... So for now it's full-time carer. My grades are good, but I just can't pay enough attention to study. (Danielle)

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 ten years. I've just wanted to learn how to support and help him ... That's what led me into this sector. (Vicki)

Completing education and establishing a career were common goals; others were to have a holiday, to travel, to marry and to have their own children. One carer wanted to do a student exchange, and another to establish a restaurant. Often carers aspired primarily to better economic circumstances or housing. Most appeared optimistic that they would be able to achieve their goals in time, like Lisa (23), caring for her sister and two infant cousins.

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. <What would you be doing if you weren't parenting?> Probably midwifery.

Noelle, however, saw no clear path forward while caring for the two sons of her two sisters and grappling with difficult extended family issues.

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

3.8 | Rewards of care

Despite the challenges, many comments were made about the joy of caring for the children, including close relationships, seeing children develop well and troubled behaviour abate; and having fun together. A few commented on their satisfaction in seeing positive relationships between their own children and the kin children, or the help they received from older kin children.

The best thing is seeing them happy. You know, seeing them smile, laugh, seeing them getting along. They draw pictures together, give each other cuddles and stuff, and that's what I want for them, to be happy and to know that even though they've been apart, that they're always together [now]. (Nellie)

3.9 | Recognition and support

Some young carers had support from family members or friends; for others, this was not available due to family tensions, distance or other reasons. For the formal carers, kinship care programmes helped both

emotionally and practically; Aboriginal services were seen as particularly helpful. A number of the children had access to counselling, less often the carers. A small number mentioned involvement with an online support group for kinship carers of all ages, as Della described:

It's such a huge thing and seeing the people support each other is quite good. It makes you feel like you're not alone in what you're going through.

Some carers had looked for services without success. They described the need for active casework services, information about relevant services, peer support, training in parenting (in particular responding to traumatized children), assistance with children's contact with their parents, respite care, and counselling for both children and themselves.

Strikingly, none of the young carers interviewed had ever met another young kinship carer. In fact, many carers had difficulty in being understood and recognized as kinship carers. Sometimes this directly related to their youth, as for Leah:

I look young myself so they don't take me seriously. [For example] hospital visits. Like when my eldest niece was really sick one time—they said, 'Oh your friend can leave.' I said, 'I'm not her friend, I'm her guardian, and I need to be here to find out what's going on.' I'm like, 'Yes, I drove her here. Yes, I'm old enough to drive.' But yeah, that's difficult.

A small number reported that authorities had difficulty understanding their circumstances and that many categories of people for whom services or benefits existed did not apply to them; they were not identified as parents, adoptive parents or Carersⁱⁱ. Exclusions had obvious implications for access to needed supports. Some mentioned the need for a means to prove their care role when applying for children's birth certificates, Medicare cards and the like. The disparity with grandparent carers with regard to recognition was frequently mentioned.

Anytime I found something [for Young Carersⁱⁱⁱ], 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)

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 ... the policy said that if you are to adopt or if you actually give birth then you're entitled to eight weeks of maternity leave ... they agreed to pay me eight weeks at half pay ... technically they didn't have to pay me anything. (Vicki)

Everything just seems to be aimed at grandparents ... because we are raising our own children at the same

time ... It's a matter of understanding that family dynamics are totally different, and of offering different support, we have different needs. (Danielle)

A number of carers suggested that a precondition for the development of needed support was awareness of their existence and circumstances.

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

4 | DISCUSSION AND CONCLUSIONS

This research identified a cohort of young kinship carers with evident capacity to rise to the challenge of caring for vulnerable child relatives despite their youth. As Davis-Sowers (2012) found in her study of Black American aunts, we observed deep commitment among these young kinship carers generally, despite their economic disadvantage. Interviews bore witness to children's improved mental health, school progress and happiness in general. These stories provide grounds for optimism with regard to young carers' capacity to break a cycle of disadvantage. Nevertheless, these young carers were grappling with considerable challenges with little support; and as also seen in other kinship care research, the children's progress was clearly being made at significant cost to the carers' own lives. While some issues are common to kinship carers of all ages, others play out differently for younger ones and across the various carer relationships. Many issues articulated by these young carers reflected their life stage as much as their relationship to the children in their care. These young people have been cast precipitously into an exceptional parenting role while in the transition from adolescence to adulthood, a period described by Arnett (2000) as 'emerging adulthood', when young people are completing education, seeking employment, actively socializing, partnering and establishing independent housing. Young kinship carers are parenting traumatized children when they are barely adults themselves, and with the added complexity of negotiating hybrid roles of parent and sibling, aunt, and so forth. Some are also raising their own children at the same time.

A particular concern was that half the carers in this study had had to interrupt their education and employment to provide care. We wondered how often their aspirations to return to studies and career might be realized in the face of the ongoing demands of care and complex family relationships that mean scarce time and energy for self-development. Another issue described by many of the young carers was the challenge of managing the complex family dynamics that surround the children and themselves with very little external help. Challenges varied with the relationships of carers to children, a graphic example being those sibling carers who were expected to supervise their own mother's or fathers' contact with their younger siblings. The difference between the availability of casework support to foster carers and kinship carers, both formal and informal, is thus thrown into stark relief. Our study also echoed the British studies that

identified the particular disadvantages accruing to sibling carers (Roth et al., 2011; Selwyn & Nandy, 2012). It also suggested that sibling carers may experience a heightened sense of obligation to provide care to their younger sisters and brothers.

Two other cohorts of young carers showed possible trends; however, these groups were too small to draw firm conclusions. The six male primary carers were older than the women; none were caring for infants, and with one exception they were caring for boys only. Only one appeared to have had an employment interruption as a result of the caring role; none had interrupted their studies. As Denby et al., (2014) also found in her study of male kinship carers, these six men appeared to be more than up to the task of assuming the role of primary carer. Among the six cousin carers, it was striking that in each case family cultures (either Aboriginal or CALD) included a strong element of obligation with regard to care relationships across the extended family, with three of the six also caring for children related in other ways than as a cousin.

As in many previous kinship studies, financial pressures emerged overwhelmingly as the biggest issue (see, e.g., Kiraly, 2015; Nixon, 2008). The cost of children's schooling was frequently raised, despite most children being in school systems established under legislation to provide free education. The erosion of education funding over time, leading to transfer of schooling costs to families in whatever circumstances, was thus apparent. Financial stress was often particularly acute for the informal kinship carers; and indeed even the formal carers spoke of the inadequacy of care allowances in relation to the true costs of care. The fact that such financial support is dependent upon statutory care status, thus leaving the majority without care allowances at all, is a matter that has been commented on over many years (see, e.g., Gibbons & Mason, 2003). A just society would provide financial support on the basis of children's need rather than on the existence of a statutory order and allow more children to be supported outside of formal out-of-home care once safety concerns have been addressed. The New Zealand Government achieved such an arrangement condition in 2009 when the Unsupported Child's Benefit was established at the same rate as the national Foster Care Allowance. Addressing financial hardship for all vulnerable children in alternative care stands to reduce multiple risks, including intergenerational transmission of disadvantage, and to yield societal as well as individual benefits.

These young carers' experiences demonstrated how kinship carers are excluded from a range of other supports available to families raising children. They are not recognized as parents or adoptive parents and thus excluded from maternity, paternity and adoption leave. Kinship carers are not identified as *Carers*ⁱⁱ under legislation and therefore ineligible for services such as respite care or specific *Young Carer*ⁱⁱⁱ programs. Informal carers struggle with recognition as persons responsible for decision making about children, such as medical authorities and the like. Kinship carers other than grandparents miss out on the Grandparent Child Care Benefit and exemptions from seeking employment as a condition of receiving unemployment benefits; and informal carers are deprived of the casework support sometimes available to formal kinship carers. Given their exceptional

care role, kinship carers of all ages and care relationships should have access to all these forms of parenting support. Particular support is needed for the most vulnerable young kinship carers: the extremely young, those with large households of children, single carers with no other adult in the household, carers of children with special needs, carers unable to generate income through work, those looking after the most challenging children, and carers dealing with extreme family conflict. It is well-established that dedicated support to kinship carers makes a difference to the stability of kinship care arrangements (O'Brien, 2013). With better support, some younger relatives may also find a way through challenging care arrangements that would otherwise break down.

5 | CONCLUSION

Enduring, supportive relationships are central to well-being across the life cycle (Gilligan, 2006). It was impossible to remain unmoved by the determination of these young carers to give children a good start in life, often better than they themselves have had. Recognition is needed that these young kinship carers exist and are determined to stick by their young charges and provide for them as best they can, despite the personal cost. They need help with this mission, as well as to assist them to achieve their own life goals and well-being alongside the mainstream of Australia's 'emerging adults'. Part 3 of this study, a programme of national awareness-raising and advocacy, has begun in partnership with a group of young kinship carers. Visibility may prove to be the next step in recognition, and thence potentially stronger support for this valuable group of young carers.

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ETHICS APPROVAL STATEMENT

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

DATA AVAILABILITY STATEMENT

Research data are not shared.

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ENDNOTES

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

- ⁱⁱ *Carer*: A person who provides unpaid care and support to family members or friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged. <https://www.carersaustralia.com.au/about-carers/who-is-a-carer/>
- ⁱⁱⁱ *Young Carer*: A Carer as defined above who is under 25 years. <https://www.carersaustralia.com.au/about-carers/young-carers2/>

REFERENCES

- AIHW. (2020). *Child protection Australia: 2018–19*. Australian Institute of Health and Welfare.
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480. <https://doi.org/10.1037/0003-066X.55.5.469>
- Atkinson, S., & Swain, S. (1999). A network of support: Mothering across the Koorie community in Victoria, Australia. *Women's History Review*, 8(2), 219–230. <https://doi.org/10.1080/09612029900200208>
- Davis-Sowers, R. (2012). "It just kind of like falls in your hands": Factors that influence Black aunts' decisions to parent their nieces and nephews. *Journal of Black Studies*, 43(3), 231–250. <https://doi.org/10.1177/0021934711415243>
- Denby, R. W., Brinson, J. A., Cross, C. L., & Bowmer, A. (2014). Male kinship caregivers: Do they differ from their female counterparts? *Children and Youth Services Review*, 46, 248–256. <https://doi.org/10.1016/j.childyouth.2014.09.003>
- Farmer, E., & Moyers, S. (2008). *Kinship care: Fostering effective family and friends placements*. Jessica Kingsley Publishers.
- Gibbons, L., & Mason, J. (2003). Challenges posed by kinship care: A study focussing on New South Wales. *Children Australia*, 28(4), 12–18. <https://doi.org/10.1017/S1035077200005769>
- Gilligan, R. (2006). Creating a warm place where children can blossom. *Social Policy Journal of New Zealand*, 28, 36–45.
- HREOC. (1997). *Bringing them home: Report of the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*. Human Rights and Equal Opportunity Commission.
- Hunt, J., Waterhouse, S., & Lutman, E. (2008). *Keeping them in the family*. British Agencies for Adoption and Fostering.
- Kiraly, M. (2015). *A review of kinship carer surveys*. Australian Institute of Family Studies. <https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca-paper31.pdf>
- Kiraly, M. (2019). Non-familial kinship carers—Who are they and what support do they need to nurture children? *Child & Family Social Work*, 24(4), 449–457. <https://doi.org/10.1111/cfs.12624>
- Kiraly, M., Hoadley, D., & Humphreys, C. (2020). The nature and prevalence of kinship care—Focus on young kinship carers. *Child & Family Social Work*, 1–9.
- Kiraly, M., & Humphreys, C. (2016). 'It's about the whole family': Family contact for children in kinship care. *Child & Family Social Work*, 21(2), 228–239. <https://doi.org/10.1111/cfs.12140>
- Messing, J. T. (2006). From the child's perspective: A qualitative analysis of kinship care placements. *Children and Youth Services Review*, 28, 1415–1434. <https://doi.org/10.1016/j.childyouth.2006.03.001>
- Milardo, R. M. (2009). *The forgotten kin: Aunts and uncles*. Cambridge University Press. <https://doi.org/10.1017/CBO9780511657542>
- Nixon, P. (2008). *Relatively speaking: Developments in research and practice in kinship care*. Blacklars.
- O'Brien, V. (2013). *Kinship care: Stability, disruption and the place of support services*. University College Dublin School of Applied Social Science.
- Roth, D., Lindley, B., & Ashley, C. (2011). *Big Bruv Little Sis*. Family Rights Group.
- Sands, R., Goldberg-Glen, R., & Shin, H. (2009). The voices of grandchildren of grandparent caregivers: A strengths-resilience perspective. *Child Welfare*, 88(2), 25–45.

- Selwyn, J., & Nandy, S. (2012). Sibling kinship carers in England: Evidence from the 2001 population census. *Children and Youth Services Review*, 34(1), 194–199. <https://doi.org/10.1016/j.childyouth.2011.09.015>
- Selwyn, J., & Nandy, S. (2014). Kinship care in the UK: Using census data to estimate the extent of formal and informal care by relatives. *Child & Family Social Work*, 19(1), 44–54. <https://doi.org/10.1111/j.1365-2206.2012.00879.x>
- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, 8, 45–55. <https://doi.org/10.1186/1471-2288-8-45>
- United Nations. (2010). *Guidelines for the alternative care of children*. United Nations General Assembly.
- Victor, R. S. (2015). Still part of the family? How divorce affects a child's relationship with grandparents, uncles, aunts, and cousins. *Family Advocate*, 38(1), 22–23.
- Wijedasa, D. (2015). *The prevalence and characteristics of children growing up with relatives in the UK: Part I*. University of Bristol.

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