



Kinship care in the welfare system: The lived experience and the case for reform

Juliette Borenstein^{a,*}, Margarita Frederico^a, Patricia McNamara^b

^a Social Work and Social Policy, La Trobe University, Bundoora, Victoria, Australia

^b Department of Social Work, University of Melbourne, Parkville, Victoria, Australia

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ABSTRACT

Across the globe the customary practice of kinship care; family and friends caring for children unable to live with their parents, has become increasingly important as a government-sanctioned response to child protection concerns. This hybrid of public and private care (known in Australia as formal or statutory kinship care, and in the UK and USA as kinship foster care) has in many countries displaced non-related foster care as the preferred alternative care arrangement for children. With increasing use, this has proved problematic, with reports of unequal treatment, carer hardship, and worker confusion; especially concerning given the disadvantage of carers and their young kin. Research and policy development has been slow and restricted in its focus, with the views and experiences of stakeholders under-represented, leaving the practice field and service users inadequately supported. A recent study from Victoria, Australia aimed to bring forward the voices of stakeholders in scoping the operation of formal kinship care in 17 non-government kinship support programs. Taking a critical approach, the research drew on theoretical, empirical, and experiential evidence, and applied mixed methods, collaborative and participatory processes, and an ethical and ecological lens. Findings were based on a survey ($n = 93$), focus groups ($n = 42$), and interviews ($n = 7$), with carers, young careleavers, and workers, and data was analysed for themes and content. The research interrogated key elements of formal kinship care: its nature; the government's engagement with carers; standards of care; the carer's role and good care; the worker's role and good practice. Findings highlight the complexity and distinctiveness of formal kinship care, not addressed in policy or practice, and resulting in worker confusion, unmet support needs, and compounded disadvantage for carers and their young kin. System elements identified as obstructing good care and practice include inadequate resourcing, paradigm conflict, confusion of imperatives, and misdirecting assumptions about family care. The study substantiates the pertinence of stakeholders' views and experiences, and provides a basis and imperative for reform.

1. Introduction

Kinship care is the accepted term where a child is unable to live with their parents, and their care is assumed by family or friends (Hunt, 2003). This umbrella term describes both private and voluntary arrangements ('informal kinship care'), as well as where kin are co-opted by government to provide alternative care within the public welfare system (referred to here as 'formal kinship care') (Koh et al., 2021). The focus on formal kinship care in this paper, despite informal kinship arrangements greatly outnumbering those within the child protection system (Kiralý & Humphreys, 2017), is due to the particular challenges it poses for both policy and practice.

From the last decades of the twentieth century, cultural, practical,

and fiscal factors (Connolly, 2003) led to a shift in Australia and other western countries from preferencing non-related foster care, to prioritising family and friends as default carers for children subject to protective intervention (Kiralý & Farmer, 2021). The rapid paradigm change in Australia and other jurisdictions, has required a significant cultural and professional shift (Connolly et al., 2017). With policy and research lagging, this has been problematic, especially given the emerging complexity of the new public/private form of care, the often-disadvantaged circumstances of carers and their young kin, and a field still calibrated to non-related foster care (Boetto, 2010).

Early commentators signalled that poor 'fit' of kinship care within the public welfare system could lead to unequal resourcing, unclear guidelines, and uncertain practice (Connolly, 2003, Aldgate & McIntosh,

* Corresponding author at: La Trobe University, Kingsbury Drive, Bundoora, Victoria, Australia.

E-mail address: julietteborenstein@gmail.com (J. Borenstein).

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2006, O'Brien, 2012b). Despite consensus about the benefits of formal kinship care for children and young people (Winokur et al., 2018; Xu & Bright, 2018), the potential for oppressive outcomes for kinship families was also noted (Ainsworth & Maluccio, 1998, Palacios & Jimenez, 2009). These concerns were realised with successive inquiries in Australia substantiating the complexity of formal kinship care, the distinctive needs and hardship of kinship families, and the confusion of workers (Senate Community Affairs References Committee, 2014&2015; Ombudsman Victoria, 2017). Research, however, has tended to focus on the relative efficacy of formal kinship care, especially in comparison to non-related foster care (Taylor et al., 2020), and the views and experiences of stakeholders have been under-represented. The study presented here utilises a critical approach sensitive to context, equity and diversity, to enhance understanding of formal kinship care. It considers individual experience, inequitable impacts, and the cultural, social, and other structural factors that influence care (Levin & Liberman, 2019). Central to this approach is knowledge of context and particularity of experience (Skoglund & Thornblad, 2019), where stakeholders are primary informants in making a case for reform.

2. Background

2.1. What is formal kinship care?

Formal kinship care has developed haphazardly (O'Brien, 2012b), and its conceptualisation remains contested (Skoglund & Thornblad, 2019). Its hybrid character as private family care within a public system (Munro & Gilligan, 2013), creates confusion about its nature (Scannapieco & Hegar, 1999), and causes uncertainty about roles and responsibilities (Testa, 2013). The position adopted by governments has been to treat formal kinship care as a variant of non-related foster care, applying the same conceptual and regulatory framework (Munro & Gilligan, 2013). Challenges to this stance have come from practice, research (e.g. Irizarry et al., 2016; McHugh, 2009; Aldgate & McIntosh, 2006), and commentary (e.g. Skoglund & Thornblad, 2019; Connolly et al., 2017; O'Brien, 2012b; Boetto, 2010).

2.2. The complexity and diversity of formal kinship care

The layered complexity of formal kinship care derives from: the private/public nature of the care; structural factors (Doidge et al., 2017); intra-family issues; heterogeneity of care arrangements (Skoglund & Thornblad, 2019); and influence of cultural assumptions relating to ideas of family, child maltreatment, and care (Munro & Gilligan, 2013). Notably, in the Australian context, prevailing views on family and kinship are often at odds with an Aboriginal frame of reference (O'Brien, 2017).

Complexity also lies in the balancing of child safety with family privacy and autonomy (Munro & Gilligan, 2013; O'Brien, 1997), and in negotiating division of roles and responsibilities between family and government (Daly, 2020). Navigating this complexity, carers and workers have reported confusion, frustration, and anxiety (e.g. Irizarry et al., 2016; Brisebois, 2013; Warren-Adamson, 2009; Peters, 2005).

2.3. The predicament of formal kinship families and kinship workers

Kinship families experience intersectional disadvantage. Poverty is a strong correlate of involvement in the welfare system, together with family violence, and parental substance abuse and mental health issues (Fernandez & Delfabbro, 2021; Bennett et al., 2020; Bromfield et al., 2010). Care-experienced young people have higher comparative rates of mental health issues, learning difficulties, physical and intellectual disabilities, and diagnosed behavioural problems (Ernst & Young, 2021; Qu, Lahaussé & Carson, 2018).

Compared to non-related foster carers, kinship carers experience disadvantage relating to age, gender, health, education, and finances,

with Boetto (2010) observing 'the seriousness of issues and the multiplicity of needs that are common among kinship carers' (p. 63). In Australia, Aboriginality is associated with even higher levels of disadvantage (AIHW, 2023).

Also contributing to the carers' burden is the crisis precipitating the care, and the complexity of issues associated with traumatised children (McPherson & McNamara, 2014), as well as the difficulty of negotiating often conflictual family relationships (Kiraly & Humphreys, 2017). The adverse impact of the caring role is a consistent theme in the literature (e.g. Kiraly & Humphreys, 2017; Lin, 2018; O'Brien, 2012b). Becoming a kinship carer also changes relationships inside and outside the family (Kiraly, 2015; Boetto, 2010).

Often overlooked, is the effect on workers of their role in child protection practice. Ferguson (2017) described 'the powerful impact of unbearable levels of complexity and anxiety' (p. 1007). Other researchers have reported the confusion, frustration, ambivalence, and fear associated with formal kinship practice (Beeman & Boisen, 1999; Brisebois, 2013; Peters, 2005; Warren Adamson, 2009). The parameters of the worker's role also create tension with professional values (Lonne et al., 2013), and limit their effectiveness (Braithwaite, 2021; Lonne et al., 2013). The constrained practice is argued to deprive workers of power and resources, rendering carers and their young kin voiceless and under-served (Braithwaite, 2021; Bastian, 2020; Cronin, 2019; Ferguson, 2017).

2.4. The situation in Victoria

With the legislative prioritisation of kinship care (Children, Youth and Families Act, 2005), a support model was implemented with responsibility shared between government and non-government kinship programs, with government child protection workers retaining core responsibility for statutory functions (DHS, 2009). While specialised workforce training was envisaged in the original model (DHS, 2009), this has not been implemented, and the base requirement for workers are qualifications relating to child development and human behaviour, or significant cultural or lived experience (DFFH, 2024).

Under the kinship care program model, support services for formal kinship care arrangements include case management, financial, practical, and cultural support (DHS, 2009). An evaluation of aspects of the model in 2016 established that there was lack of clarity in the division of child protection, support and case management roles (KPMG, 2016). Despite amendments (Andrews, 2018), and rapidly increasing use of formal kinship care – now over 75 % of out-of-home care placements (Australian Institute of Health and Welfare, 2023), adequate guidance is still lacking, and the policy approach is still based on a foster care paradigm (Connolly et al., 2017). Support for kinship families is provided within a child protection system described as forensic, coercive, and bureaucratic (Bastian, 2020; Sheehan, 2021). Successive reports have criticised the inadequacy of support for kinship families (e.g. Victorian Auditor General, 2022; Ernst & Young, 2021; Ombudsman Victoria, 2017): A recent survey noting that formal kinship carers in Victoria receive significantly less support from government than non-related foster carers, and sustain greater financial impact from the care (with Aboriginal carers most impacted) (Ernst & Young, 2021).

3. Rationale for research

Formal kinship care, a complex and distinctive hybrid of private and public care, is increasingly used, but remains poorly understood. Calls for a differentiated approach, and clearer practice guidance have gone unanswered (McPherson et al., 2022). Early concerns about this form of care have been realised, and there has been sustained criticism of insufficient guidance, practice confusion, and inadequate and inequitable support for kinship families, resulting in hardship and likely compromised care (e.g. Boetto, 2010; Irizarry et al., 2016; Kiraly & Farmer, 2021). This is particularly of concern because of the

intersectional disadvantage of kinship families (Qu et al., 2018), and the importance of quality and sustainability of the care (McLaren et al., 2024). To improve outcomes for kinship families, a broader evidence-base is required, incorporating knowledge of individual experience, inequitable impacts, and the cultural, social, and other structural factors that influence care.

4. Aim

The overall intent is to mount a case for reform of formal kinship care, based on the findings of the study presented. Evidence is drawn from the views and experiences of participants in the practice, integrated with knowledge from other sources. The specific aim of the study was to clarify the conceptualisation and operation of kinship care as a child protection measure in Victoria, informed by the comparative views and experiences of stakeholders.

5. Study design

5.1 Research Strategy.

A critical approach was used to gain an in-depth understanding of a complex social phenomenon (McNeill & Nicholas, 2019), where structural factors, equity and diversity are of central relevance, and the desired outcome is for 'actionable' knowledge (Borenstein et al., 2021; Houston, 2010). A critical framing directs a focus on stakeholder views (e.g., Bastian, 2020; Fisher, 2016), diverse sources of knowledge (Beddoe & Maidment, 2009), and underlying causal factors (Walsh & Evans, 2014). It also highlights issues of inequality (Walsh & Evans, 2014), and participation of stakeholders (Strega & Brown, 2015).

5.2 Research Approach.

Qualitative and quantitative methods were used to create a comprehensive picture of formal kinship care (Denzin and Lincoln, 2013). As accessing participant perceptions was central to the study design, *interpretive phenomenology* (Creswell & Poth, 2018) was adopted to capture the 'lived experience' of individual participants in their particular context (Lopez & Willis, 2004). To provide a representation of the patterns of participants' aggregated responses, quantitative measures were also used to augment the qualitative data.

5.1. Participants

The study involved purposive sampling (Liamputtong, 2019), on an 'opt in' basis, of carers, workers, and young care-leavers connected with 17 non-government kinship programs (including one specialised Aboriginal support program) across Victoria.

5.2. Methods

A survey (online, in hard copy or by interview) and focus groups were employed for collection of data from carers and program staff. The survey included open, closed, and forced choice questions. The implementation was in three stages: survey design and pre-test; survey rollout; and finally focus groups and face-to-face interviews.

5.3. Analysis

While analysed separately, qualitative, and quantitative data were integrated to provide both the pattern and detail of participants' responses. Survey data were represented using descriptive statistics from Qualtrix survey software. Text responses from the survey, and transcribed focus group and interview recordings, were organised around themes and content using the survey software Excel and NVivo version 10. A form of iterative and reflexive thematic analysis was used (Braun et al., 2019; Braun & Clarke, 2012) to identify patterns and dominant themes. Consistent with a critical approach, inductive, deductive, as well as 'retroductive' (inferring backwards from a described

phenomenon to the circumstance which produced it) processes (Houston, 2010) were used to identify emerging perspectives, test theory against participant responses, and explore causal factors. Reflexivity, integrity of design, triangulation of data, peer examination, and use of thick description were used to ensure analytical rigour (Drake & Heath, 2010; Morse et al., 2002).

6. Ethics Approvals

Approval for the study was granted by La Trobe University Human Ethics Committee (Application No. 14-067, approved 18 November 2014), by Anglicare Victoria Research Ethics Committee (Application No. 2014-12, approved 22 December 2014). Participation in the research was based on informed consent, given the power differential between service users, workers, government, and funded agencies, the safety and wellbeing of participants was protected, and access to participation was supported. Consideration was given to containment of, and response to, potential harm to participants, for example resulting from continuing trauma from past welfare practices. Guidance was sought from a representative Aboriginal agency in relation to appropriate processes for data collection in Aboriginal communities; these were followed to mitigate harm to Aboriginal participants.

7. The research question

The question addressed in this study was:

What are the comparative views and experiences of formal kinship carers and workers in relation to:

- the nature of statutory kinship care (especially compared with non-related foster care),
- the role of the state, the carer-state relationship, and appropriate standards of care,
- the role of the carer, and what constitutes good care, and
- the role of the worker, and what constitutes good practice?

8. Findings

8.1. Participation

The survey was undertaken by 40 carers and 53 workers. Six focus groups were held: two with carers ($n = 21$); three with program staff ($n = 17$); and one with young care-leavers ($n = 4$). There were 7 individual interviews with carers. Focus group participants and interviewees were predominantly female, constituting 90 % of carers, 88 % of program staff, 71 % of interviewees, and 75 % of young care-leavers. Among carers, 6 identified as being of Aboriginal descent. Of the 35 carers who provided information about themselves: 27 (77 %) were grandparents (24 grandmothers and 3 grandfathers), 4 were aunts (11 %), 2 (6 %) were 'other relations', and 2 (6 %) were 'kith' (non-related). Eighty-five percent of carers surveyed were female. The modal age range was 56 to 65 years, with nearly a quarter of carers over 65 years. Average period of care was around 4 years, but ranged from 8 months to 17 years. Nearly half of the carer survey respondents had three or more children in their care. Of the 41 worker survey respondents who provided demographic information: 5 were male, and 36 female, averaging just over 3 years' experience in kinship care, although more than a third had five years or more. The modal age range was 26 to 35 years. 15 program staff also had experience working in foster care, and 3 identified as being of Aboriginal descent.

8.2. The elements of formal kinship care

8.2.1. The nature of formal kinship care

Carers, young people, and workers were asked to characterise formal kinship care in comparison to other forms of care (non-related foster or

parental care, or other caring roles), and to identify important aspects of the caring role. Differences were found both within and between cohorts: with carers notably having different role-identification depending on their individual circumstances. Integrating responses provided an overview of perceptions of formal kinship care from the perspective of different stakeholders, and identified often mis-directing assumptions underlying this form of care.

Carers' Perceptions.

The majority of carers (76 %) saw their role as most like a *parent*, although many qualified this, saying that it was a *more complex composite role* ('mother + father + most of all a Loving Nan'). Many noted the *limited rights and additional constraints and considerations* ('Can't get the child's hair cut without the parents' permission'). There was a *sense of loss* in having to swap a grandparent's role for that of a parent ('...we do not have the benefit of treating them (the children) as normal grandparents (would)').

Aboriginal carers had notably distinct views on family and kinship, emphasising: the importance of identity, connection, culture, and community; the authority of family; a different conception of kinship care and family; different family and cultural norms; the family as conveyor of culture and identity.

More generally, carers distinguished kinship care from non-related foster care by reason of the *different motivation* ('Foster carers are paid to care for the children... we do this out of pure love'), the *lesser support and respect* ('Carers aren't protected from parents, and get less support, less quickly'), the *emotional connection and knowledge of the child* ('They are my blood and I love them as if I had given birth to them...'), the *added complexity* of existing relationships ('Providing for their physical needs is tiring but not as difficult as juggling the relationships between my adult children, the children in my care and my other six grandchildren...').

Anger was expressed at the expectations of the role, the lack of rights for carers, and the lack of respect for the role. Two carers described their role as: 'a glorified babysitter with no rights at all...', and 'Just a carer, with no real role, other than look after the child, go to far too many meetings, answer to the practitioner all the time...'.
Assumptions carers believe underlie formal kinship care practice.

- That they do not need support
- That they will necessarily assume the care of young kin
- That they make a decision to care rather than having it 'put onto them'
- That they are responsible for misdeeds of parents
- That they are more difficult than foster carers

The perceptions of young care-leavers.

The consensus of young care-leavers was that the carer's role was most like a parent, and they expressed appreciation of the 'family element': 'It's a sense of home ... Staying with someone that you know is definitely more comfortable than being placed with a stranger'; 'It's really nice to have someone that you know and can share stories and give you a sense of who you are.'

Workers' perceptions.

Workers agreed that formal kinship care was distinctive, and more complex than non-related foster care. As one worker described:

'[k]inship carers are dealing with complex family dynamics ... being asked to play the role of a statutory carer – they are required to be grandparents, mothers/father, uncles/aunts, play a parenting role whilst adhering to Court Conditions and processes involved with child protection.'

There was identification of greater support needs, and higher risk to carers because of existing relationships which could become volatile ('The parents know where their children are, they know the address ...'). There was also perceived emotional coercion involved in the original placement ('...they paint foster care as a terrible way to go'). Workers

also recognised a different practice approach ('relationship management within families'; 'more family service type of a framework'), and they saw practice hampered by low recognition of formal kinship care ('our society's not supporting these children...').

Like carers, the majority of workers (57 %) felt that the carer's role was most like a parent, but many saw the role as multi-faceted. Workers noted that the role may vary from family to family, and was not clearly defined. The ambiguity of the role in terms of pre-existing family relationships, was highlighted. Workers also identified the lack of rights and higher expectations associated with the role ('...kinship care is like, "Well, you need to do more."').

Assumptions workers believe underlie formal kinship care.

- Families will persist with care with less or no support
- Carers should not accept support, or prioritise their own needs
- A higher obligation for kin to provide care
- A kinship carer will support contact with parents and other family members

Important aspects of the caring role.

Workers and carers agreed that safety, nurturing, and stability were the three most important imperatives of formal kinship care. While supporting these goals, young care-leavers also valued pursuits which meet their socio-emotional needs, such as 'friends and social connections', and 'extra-curricular activities'.

8.2.1.1. The role of the State, the Carer-State Relationship, and appropriate standards of care. Participants were asked about the engagement of carers and government in formal kinship care, and about the standards of care.

Government-Carer Engagement.

Carers and workers differed in their views about the role government should play in formal kinship care, with the largest group of carers (49 %) advocating for *practical and financial support only* (c.f. 4 % of workers), and most workers (67 %) preferring a partnership with kinship families (c.f. 35 % of carers), with *shared responsibility for the child*. Notably, only 19 % of workers thought that the government should be actively involved to *supervise and monitor* to ensure the quality of care for the child (c.f. 3 % of carers).

Carers nominated desired elements of the government's role, including:

- education for carers as early as possible to help them acquire the knowledge and skills relevant to the needs of the child;
- counselling and support for the children, especially those with special needs;
- financial, emotional, and practical support for carers, flexibly applied;
- respite from the caring role.

Workers identified the need for:

- carer training and information (e.g. about processes and advocacy);
- worker training (e.g. about trauma, attachment, drugs and alcohol, mental health, conflict resolution, family dynamics);
- general and therapeutic support;
- community education;
- monitoring.

Carers discussed their *experience* of the government's role with strong emotion. Anger or resentment was expressed in nearly three quarters of comments from focus groups and interviews regarding child protection interventions, with particular criticism of the 'hands-off' approach after a child is placed ('I was begging them to help, and there was just

nothing...'). Carers' lack of rights and standing in relation to their young kin, was also noted by carers and workers. The predominant themes in carers' accounts were a sense of being let down, getting less than what they were entitled to, being intimidated, disrespected ('glorified babysitters ...'), and having their sacrifices and commitment taken for granted ('GIVE US CREDIT'). They also expressed their discomfort with the nature of the intervention, which was seen as intrusive.

Young care-leavers shared carers' adverse responses to interactions with child protection workers. They reported either no contact, or interactions which they found to be intimidating and 'tick a box' in terms of formality and structure. This resulted in a reluctance to engage, and feeling overlooked and unheard. They also emphasised the difference that financial support would have made to their care experience.

Workers substantiated carers' concerns, reporting from their perspective that the role of government to inform and support carers is not fulfilled, with a 'hands-off' approach prevalent ('Once they put the kids in a bed, they're gone ...'), and with lack of resources having an adverse impact on kinship families. It was also noted that carers are too scared to complain ('So many of the carers are afraid that if I make a noise, child protection will take the kids and put them in foster care. So, they suffer ...'). One respondent summed up the views of many in asserting the need for 'support of kinship families practically and financially working in partnership with regular monitoring by a caring case manager'.

Standards of Care.

Participants were asked about the applied and desired standards for formal kinship care. The actual threshold standard in Victoria, applicable to all carers with a parental role, is based on 'an unacceptable risk of harm' (S.10 Children, Youth & Families Act, 2005), with quality-of-care processes (DHS, 2014b) elevating the required standard to 'good quality care'. There was considerable difference of opinion among carers and workers about what the standard was, and what it should be. Most workers (58 %) described the *applied* standard to be 'adequate or good enough'. Carers were divided in their views, but the majority (63 %) believed it to be a standard higher than 'good enough', for many (32 %), it was viewed to be 'nurturing, safe, and appropriate care'. Concerningly, a significant proportion of carers (26 %) didn't know the standard applied.

In relation to the *desired* standard of care, 'nurturing, safe, and appropriate care' was supported by most workers (56 %). While also endorsed by carers (32 %), support was divided with the other aspirational standard 'like the care of a good parent' (36 %). Carers (46 %) and workers (51 %) agreed that the standard should be the same as for parents. In addressing *desired* standards, some carers and young care-leavers proposed outcome measures in the domains of need-fulfilment, social and emotional wellbeing of the child, and the child's safety, security, and development. Young care-leavers emphasised their need for a sense of safety, attributing less importance to the carer's financial position, and the general tidiness of the home. Suggested quality indicators were that the child is comfortable, happy, supported, feels accepted and loved, and that the family is happy.

An Aboriginal carer and young care-leavers made the point that standards are subjective, and that yelling and fighting can be normal within some family cultures. In relation to factors relevant to a decision to terminate a placement, workers and carers were agreed as to greatest concern about circumstances affecting the safety, stability, and development of the child.

8.2.1.2. The role of Carer, and what constitutes good care. Stakeholders were asked about the goals, priorities and important aspects of the care provided by kinship carers.

Workers and carers agreed about what a kinship relationship could bring to the care: commitment, nurturing, emotional support, and a sense of belonging. The top care priorities for carers and workers were safety, nurturing, and stability. For *Aboriginal carers*, supporting familial

and cultural identity, and connection, was paramount ('Culture and family is our strength, and this is where we can heal'). The priorities for young care-leavers were to feel comfortable and safe, and to have stability.

Carers described feeling overwhelmed, abandoned, and alone ('We don't have anybody'). They saw their role as insufficiently supported and respected, particularly in comparison to non-related foster carers. One carer spoke of the perseverance required to have issues addressed ('...it just took letters after letters'). They asserted their authority as family, and there was resentment that their knowledge of the child was not respected. Carers reported coercion from child protection workers to take a child, exploiting their greater motivation, and lack of recognition for their self-sacrifice in continuing the care. They also complained of the lack of support, with unavailability of respite specifically mentioned, and reported the sense of obstruction to their caring role.

Workers reflected on the structural aspects of the caring role: insufficient role clarity, lack of rights accruing to carers, system constraints, and 'overloading' from higher expectations of the carer's contribution. They noted that stress, and lack of resources and support, impact on carers' capacity to care. Carer training, support, and self-care were considered necessary to address this. Workers also identified the importance of an individual approach to setting expectations for carers.

8.2.1.3. The role of the Worker, and what constitutes good practice. Participants were asked to describe what is important in a worker's role and practice. Both carers and workers emphasised the complexity and difficulty of the practice, the depth of need to be addressed, and the consequent requirement for skilful work and adequate support and training, as illustrated in these comments:

'It's a minefield for the worker' (Worker).

'Good practice is an ongoing process involving broad knowledge, constant reflection and never stopping at the many layers of complexity because there are more!' (Worker)

'I think they [the workers] just have to be incredibly well trained, and that's what seems to be lacking.' (Carer)

'You need supports, no matter what, even if it's your relations ... You just need the support.' (Carer)

Carers were shown to value most highly worker knowledge, approaches and behaviour which addressed their immediate practical needs, e.g. knowledge about legal and welfare systems, responsiveness in providing timely help, exploring family supports and emergency contingencies, and help accessing services.

Workers showed sensitivity to the carer's position by emphasising the importance of being respectful, collaborative, and acknowledging the carer's role. They also saw as important, knowledge about child development, and how to work with children and families.

There was a striking convergence of views among participants about what good practice looks like, and improvements required to the current model. Carers and workers described the urgency of need, especially at the beginning of the care arrangement, which workers' practice needs to address. The preferred approach for most workers and carers could be characterised as *family support*.

Carers wanted support which was timely, respectful, non-judgmental, collaborative, flexible, individually tailored, and personal, offered by experienced, knowledgeable and skilled workers. They also expected the system of support to operate efficiently and equitably.

Young care-leavers also wanted a more responsive service system. Some, but not all, of the young people asserted the need for direct work with them so that their views are heard and acted on. Positive worker attributes were identified as comfortable, friendly, genuine, compassionate, accepting, and understanding.

Program staff identified systemic issues with the practice; inadequacy of current guidance, and financial and other resources, and the

adverse effect of workload and bureaucratic requirements. The importance of foundational work in the early stage of the care arrangement was emphasised. They advocated an individualised, relationship-based practice to strengthen the family and its networks. Workers asserted the need for more resources and funding to alleviate the stress of carers, to offer more carer education and practical support (such as respite), and to enable more extensive support work, 'triaged' according to the needs and capacity of the family. The practice they proposed was described as holistic, empowering, and relationship-based, comprising family strengthening and support, practical and emotional assistance, access to services, advocacy, and 'walking alongside' the family.

9. Discussion

The evidence of stakeholders proved central in providing both an account of the reality of kinship care practice, as well as indications of the underlying mechanisms (assumptions; structural factors) (Houston, 2010) which shape its operation. The following discussion brings together the evidence regarding the elements under study, to provide a comprehensive view of formal kinship care in Victoria.

9.1. How is formal kinship care operating in Victoria?

9.1.1. The nature of formal kinship care

The findings establish that most carers, young care-leavers, and workers view formal kinship arrangements as a *complex form of family care*, most like parental care, but *distinct from non-related foster care*. This is at odds with current Victorian policy and practice, still calibrated to the foster care paradigm (Connolly et al., 2017), but consistent with the prevailing view of kinship and non-related foster care as functionally and emotionally different (e.g. Testa, 2013, O'Brien, 2012a, Yardley et al., 2009; Aldgate & McIntosh, 2006). Testa (2013), framing formal kinship care as a collision of family and bureaucratic systems, saw the consequences of lack of accord on the terms of care provision, as producing individual and social 'stresses and ... strains' (p.350). This is borne out in the emotional content (anger and/or resentment) of most carer responses.

Study findings also confirm the *heterogeneity* of formal kinship care, obscured by generalising assumptions (Connolly et al., 2017; Kiraly & Farmer, 2021), also not addressed in policy or practice. Consistent with previous studies (e.g., Holtan, 2008; valentine et al., 2013), participants' responses demonstrated a diversity of understandings about formal kinship care, evident in the different self-identification and perspectives of carers, and in accounts of young care-leavers and workers. Of note, was the different understanding of formal kinship care among Aboriginal carers, premised on a communal view of parenting, and a heightened sense of the importance to Aboriginal children of identity, connection, culture, and community. The findings also confirmed the individuality of situation and experiences of relatives and unrelated 'kith' performing the same caring role (Connolly et al., 2017; Kiraly et al., 2021).

Also brought to light by the study are the 'myths and partial truths' (Kiraly & Farmer, 2021, p.187) that underlie policy and practice, which for formal kinship care include the assumption that families will enduringly provide, and that women in families (and disproportionately Aboriginal women) will naturally and inevitably step up to provide care for their kin, regardless of their own circumstances or capacity.

9.1.2. The carer-state relationship in formal kinship care

Findings showing the diverse views of carers and workers about carer-state engagement in formal kinship care, evidences the dissonance in the practice field. Carers' preference for *practical and financial support only*, stands in contrast to the desire of most workers for a *partnership with kinship families, with shared responsibility for the child*. Also notable is that only about a fifth of workers subscribed to the approach of *support and monitoring* required in the current regulatory system.

Carer experiences of how the government currently exercises its role were mostly negative, consistent with other research (citing interventions which were 'hands-off', disrespectful, intimidating, intrusive, and inadequate). Carers were aware of the higher levels of support received by non-related foster carers and were resentful of the lack of equity. While some carers wanted to be left alone, contrary to assumptions that this is the predominant view of kinship families, most indicated that they need and want assistance, and see this as the government's role. While not universal, many carers valued the monitoring, supervision, and safety net role of government.

The response of young people to the role of government, as exercised by child protection workers, was also predominantly negative. While they valued a focus on their interests and circumstances, the young care-leavers experienced worker contact as often intimidating, scary, task-focused, and unhelpful.

Confirming carers' experiences, workers highlighted inequity of resourcing, inadequate financial and practical support, 'dump and run' practices, and lack of respect shown for carers. Some workers noted the consequence of this, in requiring reactive and crisis-driven practice to assist families in acute need.

9.1.3. The care standards

Despite statutory specification of threshold and quality standards for all carers, there was considerable confusion among participants concerning care standards in formal kinship care. As one worker noted:

'The government currently doesn't specify standards or rules for kinship carers... This is very confusing for kinship carers as they then don't know what is expected of them.'

While carers and workers agreed that the standard should be the same as for parents, there were divergent views about the applied and desired standard. Concerningly, over a quarter of carers didn't know the standard applied, and many carers consequently were in constant apprehension that their kin would be removed from their care ('They [the carers] were so suspicious of child protection, and scared that they were going to snatch her'). This manifest confusion and anxiety for carers has been found in other research, and is seen to impact the willingness of carers to ask for support (Bekaert et al., 2021; Brennan et al., 2013; Irizarry et al., 2016).

Consistent with other research findings (Irizarry et al., 2016; Peters, 2005), the reported confusion of workers has resulted in acceptance of lower levels of care ('I believe that the standard of care which is currently applied is failing children in kinship care'), and application of different care thresholds. Concerns were also raised by Aboriginal workers and young care-leavers about the subjectivity of decision-making ('you would be pushing your own values on that carer and the way they bring up children').

The demonstrated confusion about care standards for formal kinship care, risking consistency, efficacy, and fairness of practice, indicates either lacking consensus or ineffective communication within the current system.

9.1.4. The carer's role

It is evident that the carer's role in statutory kinship care is operating as a child protection intervention superimposed on a family practice. The scope of this role, as it is understood by participants, has been found to be unclear, with varying views of what is important in the care. Workers, for their part, struggle to reconcile their responsibilities in relation to conflicting framings of the care, and carers find the responsibilities onerous.

The results show a uniquely loaded role for kinship families. Contributing factors included carer disadvantage, impacts of assuming care (e.g., the emotional and physical toll, lost employment, financial cost, changed life course, detriment of other family members), and the circumstances in which the child came into their care (themes of coercion, shock, lack of preparedness, and 'dump and run' practices).

Continuing challenges for carers included the additional needs of their young kin, ongoing family issues, their own responses to the care, and system compliance. Carers related their views and experiences with significant emotional content, and with reports of high levels of stress and distress, a sense of coercion and fear, lack of support and respect, and feelings of loss, grief, and isolation.

Aboriginal carers described a different relationship to their caring role. In a context of strained material resources, there was a sense of automatic and compelling obligation relating to any Aboriginal child in the community, with a motivation to maintain family and cultural connection.

The central assumption apparent in the accounts of participants, was that kin will provide care altruistically, in the context of a 'gift relationship' (Testa & Slack, 2002). This is evidenced by the disparity of support between kinship carers and non-related foster carers, and by the 'hands-off' approach to kinship families. There is also, given the preponderance of female carers (and female workers), a maternalist assumption (Horsfall & Dempsey, 2015) that women will fill the nurturing and protective roles required for children deprived of parental care. Female kin (and especially Aboriginal grandmothers and aunts) act on this assumption in accepting the responsibility of care, often despite a lack of choice and capacity.

Workers provided a systemic view of the factors adding to the carer's burden, including inadequate resources, lack of role clarity, and ambiguity and conflict inherent in the role, especially regarding continuing rights of the child's parents. Highlighted by workers, and carers, was the lack of status and rights associated with the role, in terms of recognition and involvement in decision-making. Workers also noted the lack of preparation and education for carers.

9.1.5. The worker's role

Consistent with previous findings (e.g., Irizarry et al, 2016, Peters, 2015), workers described a challenging professional role that is stressful, confusing, conflicted, anxiety-provoking, and overwhelming (a burden noted by carers and young care-leavers). Notable was the sense of responsibility which workers felt in their role. One practitioner observed, this is not a role for new graduates.

Workers cited ambiguity and lack of clarity in their role; conflicting imperatives (family support, child welfare, child protection, reducing agency risk); clashing values and practices between systems; inadequate provision to meet diverse and complex needs; and high bureaucratic load. The result was worker confusion and sense of overwhelm, and inconsistent practice both within and between organisations.

Underlying factors revealed in participants' responses, were confusing policy signals from government (family preservation v child safety), as well as unrealistic expectations of the role, assuming workers can keep children safe, without specialist training, without adequate support to offer, and in the face of structural disadvantage. The worker's role has been characterised as unlike any other in the out-of-home care field (Borenstein et al, 2018).

Workers' descriptions of their practice conform to a *family support* role ('You have to listen to the family and work with them to establish goals'), which is at odds with the existing regulatory approach, but consistent with what was preferred by carers.

While some carers were positive about the support they received from workers, most responses identified structural, process, or attitudinal issues with the practice. Major themes included lack of helpful support, lack of orientation and information, carers feeling taken for granted and disrespected, lack of responsiveness, lack of parity with non-related foster carers, worker turnover.

10. Implications

10.1. Theoretical

This analysis has revealed the need to address the unexamined

assumptions underlying policy and practice in formal kinship care, such as regarding; the approach to child maltreatment, the equivalence of formal kinship care to unrelated foster care, the acceptable burden for carers and workers, what is a recognised family form, and the agency of children in expressing their views and preferences. Work is needed to clarify the nature of formal kinship care, reassess how society should consider kinship families, how it addresses child protection issues when a child is with kin, how the burden of care should be shared, and how the children at the centre of consideration, should be engaged.

10.2. Methodological

The study's application of a critical approach, using mixed methods, and interpretative phenomenology, proved effective for inquiring into formal kinship care as a complex social phenomenon. In contrast to the 'linear perspective' (Taylor et al., 2020) previously applied in kinship research, this approach enabled in-depth, holistic, and humanistic scoping of formal kinship care. The methodology is particularly apposite for use in this area, given the focus on ecological, ethical, and participatory processes, and individual and societal change (Levin & Liberman, 2019).

10.3. Practical

The evidence supports re-conceptualising formal kinship care as family care, with family autonomy and some degree of support and supervision. Confusion about the state-carer relationship, and lack of clarity about roles and division of responsibilities for the care, suggest the need for greater specification. There were also many suggestions made for a better resourced, more responsive, and coherent practice approach, underpinned by carer and worker training. A dual focus on child and family emerged as a strong theme. The practice style desired by stakeholders is relational and partnership based. Also identified was the need for community development, building an infrastructure of peak bodies, service hubs, and community services. It was argued that a community-focused approach has the capacity to increase recognition of statutory kinship care, and better serve the needs of kinship families.

10.4. Further research

Further critical research would be useful to extend the findings regarding underlying drivers of statutory kinship care. Also, research is needed to bring forward the voices of those still under-represented: parents, male carers, and carers' children. There is also a continuing need to examine the views and experiences of children and young people who are living (or have lived) in a statutory kinship care arrangement. Further research is also required into kinship care in Aboriginal communities, given distinctive cultural and historical factors, the over-representation of Aboriginal children in the care system, and the more highly disadvantaged circumstances of Aboriginal kinship families.

11. Limitations of the study

This study was geographically based and the results, while indicative, cannot necessarily be generalised to other contexts. The sample size was also relatively small, although care was taken to maximise representation. Participants engaged on an 'opt-in' basis, which may also bias the sample to those more able or willing to participate. Findings also presented a snapshot rather than a longitudinal view of the practice. The target group for the research were affiliated with non-government agencies, and kinship support work within government may be different in significant ways, although issues relating to the care should be similar.

12. Conclusions

Formal kinship care represents a solution to keeping children with family, fulfilling society's drive for economy, and adding to depleted resources of alternative carers. It is also however conceptually underdeveloped, politically under-acknowledged, and economically under-resourced. Formal kinship care has developed largely without consideration of the lived experience and views of stakeholders about its actual operation and impact. The toll of the care and support work, evident from the accounts of carers and workers in this and other studies, has not been adequately considered for either its short-term or broader implications. The study showed that a disproportionate burden falls on women performing caring roles, especially Aboriginal grandmothers and aunts: women already subject to disadvantage and contextual constraints. In addition, misdirecting assumptions have been shown to increase expectations of the caring role. The result is compounding disadvantage for those already marginalised, and an additional risk factor weighing against the advantages of care by kin. The broad evidence produced in the presented study, highlighting lived experience, provides a blueprint for reform to redress the damaging impact of current practice, and to better meet the needs of kinship families.

CRedit authorship contribution statement

Juliette Borenstein: Conceptualization, Methodology, Investigation, Formal analysis, Writing – original draft. **Margarita Frederico:** Supervision, Conceptualization, Writing – review & editing. **Patricia McNamara:** Supervision, Conceptualization, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors do not have permission to share data.

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