A kinship care practice framework: Using a life course approach

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Abstract

In recent years kinship care has become a major contributor to the delivery of out-of-home care services in most western jurisdictions. Over time, statutory kinship care has been modeled on the more established foster care system. Yet the particular nature of kinship care differs from stranger care arrangements in important ways. This often results in kinship carers and their children being disadvantaged and poorly responded to within foster care dominated systems.

This article discusses the development of a kinship care practice framework that responds to the particular needs of kith and kin carers and the children they care for within statutory systems of care, and which also takes into account the particular complexities of kinship care practice.

Recognizing that kinship carers come to the role at different ages, from siblings, aunts and uncles, as well as grandparents, the framework takes a life course approach that responds to both the generic and age-specific needs of the carer. Life course issues and challenges are considered across four domains supporting practice that is: child centred; relationship supportive; family and culturally responsive; and system focused.
Introduction

Throughout human history children have been looked after and supported by people other than their parents. Child care support is provided, and children have been permanently cared for by kin. Yet this fundamental expression of relationship between family members has only recently featured as a care option for vulnerable children within statutory systems of care.

Over the past twenty years there has been an important shift in child welfare toward the use of extended family systems to support and care for vulnerable children. Governments across the industrialized world now prioritize kinship care as the preferred care option for children who cannot live with their parents. In Australia statutory kinship care, which includes kith and kin placements, now provides 50 percent of all statutory care (AIHW, 2015). Similarly, in New Zealand 51 percent of children in out-of-home care are in a family/whanau placement (CYF 2014). Whilst slower to advance in the UK, there has nevertheless been a notable increase in the number of statutory family and friends placements in recent years (Farmer 2009). Despite these increases, research and practice development has not kept pace with the growth of kinship care internationally.

Although kinship care has developed as a distinct care type in child welfare statutory services, practice responses to kin carers have generally been modeled on traditional foster care approaches. As kinship care, and professional experience within it, have increased, writers and practitioners have argued against this one-size-fits-all approach (O’Brien 2014, 2012; Doolan, Nixon & Lawrence 2004; author 2003). The ongoing debate in the international literature questions whether kinship care is essentially different from foster care requiring kinship-specific practices (O’Brien 2014). It is clear that there are differences. For example, the child is generally known to the kinship caregiver – indeed the caregiving relationship may be well established when the placement is formalized. Kinship caregivers may find child welfare involvement intrusive or even offensive and the dynamics within the kinship care system may cause practitioners to feel uncertain about their role and responses. Research suggests that relative caregivers can find it more difficult to enforce protective restrictions during parental access (Rubin et al 2008), something that requires a careful practice response. Drawing on the literature, Testa (2013) also suggests that kinship caregivers may underplay their child’s
behavior difficulties, which is a problem in view of research showing the level of disability and complex needs of children in kinship care (Mitchell, 2014; Breman, 2014). Further, Breman (2014) found two common stressors for kin carers not experienced by foster carers: conflict with the birth parents (77% of the sample) and financial stress (52% being on income support and/or being in debt). There are also age-cohort differences between foster and kinship carers. Grandparents looking after grandchildren tend to be dominant in kinship care which is not the case in foster care. Also, while there are young foster carers, it is less likely that they would be caring for children as close in age to themselves as is the case when kinship carers are caring for siblings. Aldgate and McIntosh (2006) caution against assuming that kinship care arrangements are ‘risk-free-zones’. Difficult challenges for practice arise from these matters and from the particularly complex and multi-layered kinship care family dynamics in which the carer frequently has a central place. The generic models and approaches from foster care available for practitioners are not necessarily helpful when working specifically with kin. Writers are now beginning to develop practice models that are designed to support the needs of kinship carers, for example O’Brien’s (2014) conceptual model for kinship care assessment, and a growing focus on developing models of therapeutic care tailored to kinship care (McPherson & MacNamara 2014).

Practice frameworks have the potential to integrate research evidence, ethical principles and practitioner experiential knowledge in ways that support good practice in the field (Author 2013a). Beddoe and Maidment (2009) argue the importance of engaging multiple sources of knowledge to strengthen practice. Others suggest the need to develop ethical frameworks that can assist workers to navigate murky areas of practice, particularly when practice decisions can have a critical effect on human rights (Lonne et al 2009). Author (2012, p.48) capture these ideas, reinforcing the connection between diverse knowledge domains and practice action:

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frameworks based on research findings, ethical principles, natural justice and
human rights, will help to clarify and reinforce practice behaviours that
support good outcomes for children and their families.
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This article adds to the practice-focused initiatives within the kinship care area, through the creation of a kinship care practice framework that responds to the particular needs of kith and
kin carers within statutory systems of care. It is the result of a research/practice collaboration between OzChild, a non-government child and family service in Victoria Australia, and academics at the University of Melbourne. Senior practitioners and researchers came together in an iterative process, contributing research and practice knowledge and building the framework based on that knowledge. In doing so, however, an immediate difficulty presents itself – kinship carers themselves are not homogeneous. Indeed, even within grandparent cohorts of kinship carers differing life course challenges and issues can apply. For example, Purcal, Brennan, Cass and Jenkins (2014) illustrate age-cohort differences within a grandparent carer group when they categorize grandparent caregivers across three life course stages: young grandparents under 55 years of age; mid-life grandparents aged between 55-64 years; and older grandparents aged from 65 years onward. Whilst there may be common issues across the three cohorts, their experiences will also differ according to their particular life stage. Purcal et al (2014) note that the younger grandparents in their study were more strongly attached to the labour force than the older grandparents. Perhaps not surprisingly, mid-life and older grandparents were more likely to experience long-term illness or disability. In conclusion they suggest “more individually tailored, age-sensitive policy design and improved age-appropriate service provision could improve the circumstances of grandparents and the grandchildren for whom they care” (Purcal et al 2014: 484).

Grandparents looking after grandchildren has become synonymous with kinship care, and the limited kinship care research has generally focused upon them as a caregiver cohort. It is clear that grandparents play a critical role in the care of grandchildren. A broader range of relatives are nevertheless involved in supporting vulnerable children including siblings caring for their brother or sister; aunts and uncles, and ‘family friends’ or people known to the child or parents via their communities. In the UK, siblings caring for siblings is the second largest group of kinship carers (Selwyn and Nandy 2012), and in the US, sibling care while small, may be the third-largest group after grandparents, aunts and uncles (Denby and Ayala 2013). There are as yet only limited statistics about the number of family friends caring for children in Australia or elsewhere. Two studies from Victoria found that 20% (Kiraly and Humphreys 2014) and 12% (Breman, 2014) of carers in their samples were kith rather than kin. For this reason we have taken a more nuanced responses to kinship care support, based on a developmental life course approach.
A life course approach to kinship care practice

Theorizing around life course is now well established and popular within the social and behavioural sciences (Alwin 2012). Elder (1985:32) captures the dynamics within life course theorizing that are helpful in understanding kinship care:

*Life course dynamics arise in part from the interplay of trajectories and transitions, an interdependence played out over time and in relation to others.*

*Interdependence emerges from the socially differentiated life course of individuals, its multiple trajectories and their synchronization.*

This interpretation incorporates the important relational interdependencies that characterize kinship care, while at the same time embracing the life course development of individuals within families.

While much has been written about human development and the life course we will focus briefly here on normative life course issues in adulthood that are particularly relevant to kinship carers and their children.

*Early Adulthood*

Early adulthood, has been identified as occurring from the ages of 18 years to 35 years. It is considered an important time for identity confirmation, synonymous with role transitions: completing education, beginning work, partnering/marrying, and parenthood (Arnett, 1997). Relational development becomes important as partnerships develop and new families form (Harms 2010). During this stage, young adults continue to draw upon their parents for emotional and financial support, indeed some will continue to live at home with their parents. In general, there is often less connection with siblings during these years, as young adults make their way in the world of work. Increasingly peers provide emotional and practical support. According to Harms (2010: 325) “young people today also face the challenges of a capsulized workplace and increasing pressure to have tertiary qualifications”. Pressures in accommodation where young people are priced out of the housing markets, or where there is a constrained rental market, can also create stress and crisis for some. For kinship carers of siblings educational, employment, relationship and financial challenges can intensify in the context of a lack of support from parents normatively available to their peers.
While young adulthood is typically a time for coupling and relational development, middle adulthood is characterized by partnership stability.

**Middle Adulthood**

There are differing views about the parameters of what might be called middle adulthood, but in this article we will identify the age range from 35 to 65 years. Although middle adulthood is often characterized as being a time of negative deficits—menopausal transitions and coping with an empty nest—the problem focus in early writings tends to present misconceptions of mid-life (Lachman et al. 2015). Alternatively, middle adulthood can be seen as a peak time in terms of income generation, work status, leadership, and self-confidence. Seen from a multidirectional perspective, Lachman et al. (2015:24) notes that mid-life “can be seen as a pivotal period in the life course in terms of a shift to a focus on maintenance and stability of functioning”. Some will become parents for the first time during this phase, while others will enjoy grandchild relationships. Networks are often well established, and friendships consolidated. They note, nevertheless, that middle adulthood can also be a time of multiple role pressures and financial hardship for some, which is potentially exacerbated in kinship care situations. Time can be heavily divided between work and family, with some taking on the responsibilities of caring for their parents, and coping with loss when parents die. From an individual perspective, there can be both gains and losses during this stage in life:

*Gains in control come from acquiring experience, developing mastery, reaching a peak of knowledge, competence and expertise. At the same time there are declines in functioning, performance and productivity, with increasing constraints tied to ageing.* (Lachman et al. 2015: 25).

**Late Adulthood**

Late adulthood is defined here as being from 65 years onward. During this time people are less attached to employment and move toward retirement in the formal sense, although timing with respect to retirement is likely to be influenced by the resources people have available to them. There tends to be a decline in physical and cognitive functioning, which may include mobility issues (Harms 2010). Loss within relationships becomes more common as friends and loved ones experience declining health or die. Many people, however, remain in warm and satisfying
relationships over many decades, and the grandparent role can create an important sense of
generativity and purpose. Indeed, the ‘new aged’ has been identified as “the healthiest,
wealthiest and most active cohort of old people in history” (Edgar 2002:17). Not all experience
this however. Some experience poverty, frequently seen among kinship carers (Kiraly, 2015;
Breman, 2014), a poverty specifically increased by the financial burden of caring for young kin.
This added financial pressure occurs alongside the loss of the grandparent-grandchild
relationship, and can be further complicated by grief and guilt relating to their own parenting.
Some also experience health and mental health concerns, unexpected caregiving
responsibilities, and some experience loneliness and ageism (Harms 2010).

Considered in the context of briefly explored life course changes, there are particular challenges
for kinship carers adapting to a caregiving role. For example, kinship carers may feel out of sync
with their peers when the caring role impacts on their ability to maintain their friendship
network. Feelings of isolation can be a problem for carers across the life course. The young carer
may experience a loss of social life impacting on their partnering opportunities. They may
experience difficulty with the sibling/parent role, particularly as they often share a trauma
history with their sibling. Similarly, grandparents across the middle and late adulthood years,
have to deal with being both grandparent and parent. These carers have to manage
relationships with their own children, whilst also having to consider their children’s parenting,
and their own. Carers in middle adulthood can also find themselves torn between competing
demands – balancing work and unexpected child care responsibilities or caring for children while
they care for their own elderly parents. These kinship dynamics feature across the life course,
but the nature of the issues differ for early, middle and late adulthood carers.

Insights from life course theory provide the backdrop to the kinship care practice framework,
reminding us of normative life course changes and the challenges that kinship carers can face
when caring for a child. The framework then integrates key messages from kinship care research
across four domains supporting practice that is: child centred; relationship supportive; family
and culturally responsive; and system focused (figure 1).

Figure 1 about here
The framework’s practice domains

The first three practice domains outlined below have been identified in the literature, and by the practitioners involved in this project, as being important to good practice in child welfare. We add the fourth systems-focused domain as it is particularly important to the support of kinship carers. According to Author (2012:18) “good outcomes for children are measured in terms of their social and intellectual competence, and their physical and psychological wellbeing. Good outcomes are achieved through positive parenting, a stable family life, strong family and kin relationships, community involvement and supportive social networks”. Across the framework’s practice domains and triggers these measures of good outcomes are reinforced.

Child-centred

Over the past few decades there has been an increased emphasis on the development of child-centred practices (Bessell, 2013; D’Cruz & Stagnitti 2008). There is no agreement on what constitutes a child-centred approach but Goodyer (2011:17) does identify some basic practice principles: “engaging with children and their families, understanding and providing services that reflect their individual needs, and seeing and taking into account their wishes and feelings”. Interpreting a child’s interests through an adults lens can miss important opportunities to engage children in solutions. In this regard authors have noted the critical importance of fostering children’s participation in order to understand their particular needs (author 2015). Understanding the needs of the child from the child’s perspective, and developing kinship carer awareness of the child’s perspective is an important idea in the kinship care practice framework.

Being child-centred is also about working toward good outcomes for children. Children in care can experience complex problems (Tarren-Sweeney 2013; Osborn & Bromfield 2007; Mitchell, 2014). Indeed Tarren-Sweeney’s research suggests “such difficulties are a hallmark feature of the clinical presentations among a large proportion of children in care” (2013:734). They may experience poor mental health, and their family history may be characterized by trauma. They may well have experienced abuse, neglect and trauma, with their accompanying effects on attachment and development, including brain development (author 2014; Stronach et al, 2011). They may have experience placement disruption causing placement vulnerability. They may have specialist educational needs. While children in out of home care confront many
challenges, they can also be resilient. Caregivers and practitioners need to understand the child’s needs, build on strengths and acknowledge their capacity for resilience in overcoming adversity.

**Relationship-supportive**

The notion of relationship building is a familiar theme in contemporary practice with children and families (Ruch 2010). Child protection workers need to manage the tensions inherent in protecting children and supporting families to care for them. Child protection is practiced in a context of uncertainty, powerful emotions and often deep anxiety. This is a difficult context in which to build relationships. Yet, research indicates the importance of the relationship in child and family practice (Trotter 2004:162):

*When workers made use of the various relationship skills the clients generally did better on the outcome measures. The clients saw the workers’ ability to listen and understand their problems as particularly valuable. These qualities were also related to improved outcomes.*

Whilst the evidence supporting relationship-based practice is early in development, and caution is expressed in terms of critiquing research findings, the cultivation of relationships that are “strong in collaboration, alliance, expressed empathy, and positive regard” are generally endorsed (Kazantzis et al 2015:426).

In the context of kinship care, relationship based practice is particularly important. The dynamics of kin relationships can be fraught, particularly when a child has been removed from their parents because of child abuse or neglect. Issues of contact can create safety concerns that the kinship carers may struggle to manage in the context of family loyalties (Kiraly and Humphreys, 2013, 2014). Maintaining positive family relationships is important to the child’s long term interests and wellbeing. The maintenance of sibling relationships, for example, is considered important across international jurisdictions, yet it seems that what McCormick (2010) refers to as the *relationship rights* of siblings are not always at the forefront of practice. A collaborative relationship between worker and carer can help workers to understand the difficulties carers face and work toward child safety within the context of strengthened family relationships.
Family and culturally responsive

Connected to relationship-based practice is the need to be both family and culturally responsive. Ecological theory and research and theory that integrates culture, meaning, learning and development, as well as a range of family theories provide important lenses and pointers for practitioners in kinship care (Bronfenbrenner, 1979; Garbarino, 1992; Vygotsky, 1978; Brunner, 1990; Sewell, 2005). Families can be a source of great strength for kinship carers, providing both emotional and practical support (author 2010). At the same time family relationships can be fraught, and the worker needs to be able to assess the risks and opportunities within the extended family network (Brown & Sen 2014).

Although there has been much written about the importance of cultural responsiveness in child protection (Miller & Jones Gaston 2003), cultural interpretations can nevertheless be discordant in practice (Author 2006). The ability to be culturally responsive requires attention to attitude, knowledge and skills (Diller 2004; Lum 2003). This is a particularly salient issue in Australia given the overrepresentation of Indigenous children in kinship care (AIHW, 2015). It requires a willingness to engage with culture, understanding community dynamics and the historical interventions that have impacted on children and families, particularly indigenous peoples (Gilbert 2013; Ruwhiu 2013, Kiraly et al 2015). It includes working in partnership with local communities to strengthen access to cultural networks of support, identifying traditional sources of knowledge, and thinking beyond the formality of professional care in ways that enable the nurturing of cultural knowledge (Fulcher 2012).

Research relating to the reunification of children from care to their parents is limited and there are significant gaps in the reunification knowledge base. That said, research does suggest that children in kinship care are less likely to be reunited in a timely way with birth parents (Shaw 2010; Bronson et al 2008) raising issues for practice. Parental engagement is important to successful reunification (author 2013a), and key practice messages from the literature supports the meaningful engaging of parents in the work.

System focused

We have added ‘system focused’ to the framework because a considerable amount of the research into kinship care suggests that kinship carers are not receiving the system support they...
need to provide well for their children. Whether in response to implicitly held assumptions that
kin carers should meet the cost of caring for their kin, or for some other reason, kinship care is
funded at a significantly lower level than foster care in some jurisdictions (Breman, 2014). Yet,
kinship carers face many physical and socioeconomic difficulties (Boetto, 2010, Dunne and
Kettler, 2008, Breman, 2014), and they often have poor access to services (Wichinsky, Thomas,
Dejohn & Turney 2013). Specific socio-economic differences can also be age-stage related as the
costs of providing for children exacerbates normal financial fluctuations, for example, when a
caregiver may be expecting to enter retirement. Caregivers further report feeling “isolated from
friends and family, and feeling unsupported at a time when they are likely to need greater social
support” (Strozier, 2012:876). Developing support systems that are age-relevant to the
caregiver’s own life course expectations require a shift from a one-size-fits all response. The
social support of an early adult care giver will differ from caregivers in middle and late
adulthood. Hence responding to the particular needs of the caregiver creates opportunities to
explore different types of informal support.

Practical assistance is of critical importance to kinship caregivers, and research indicates that
“financing is at the heart of kinship care” (O’Brien 2012:135). O’Brien argues that kinship care
has evolved in a piecemeal fashion, generally built on a foster care model, but not always
resourced as such. Despite having children with often extremely difficult behavior kinship carers
receive fewer services in Australia and elsewhere (Farmer 2009, Bromfield and Osborn, 2007;
McHugh and valentine, 2010). Kinship carers are also often left to ‘fend for themselves’ when it
comes to casework support and assistance from social workers (Brown & Sen 2014). This is
therefore an area that the practice framework seeks to address. It reinforces the importance of
workers being an advocate for kinship carers, supporting their practical, legal and financial
needs, and using both informal and formal systems to do so.

Turning knowledge into action: the framework’s kinship care practice triggers

The framework’s practice triggers are informed by both the life course perspective and issues
identified in the kinship care research across the four domains above (figure 1). It is important to
note that there are some triggers that are common across carer age cohorts, and some that are
more specific to the particular life stage. The generic triggers are influenced by the parental
environment cluster model (Burke, Chandy, Dannerbeck, and Watt 1998:397) which:
posits three clusters of factors in the parental environment that affect parental ability to create and maintain an environment of well-being for children.

Although originally developed as a model of neglect, Denby and Ayala (2013) note the relevance of its three clusters: Parental Skills; Social Support; and Resource management; to kinship carer concerns.

The parenting skills cluster, as the name suggests, focuses on the knowledge and skills required to parent children well. This includes having an understanding of children’s development, developing good parent/child communication patterns, and the practical skills of parenting – for example providing daily care and adopting positive disciplinary techniques. Denby and Ayala suggest that for a younger carer who has not previously cared for a child, this can be particularly important to the development of skill and knowledge. Likewise grandparents may be holding onto old values, beliefs and practices about parenting that are no longer acceptable today. Further, care of children who have experienced abuse and neglect, and therefore significant trauma, involves having a strong knowledge of attachment and attachment disorders, and development that has been affected by trauma (Tarren-Sweeney 2013), as well as knowledge about how to help children heal, and develop, despite their experiences (Manley et al 2014; Perry, 2006). Some children and carers will also need specialist therapeutic support.

The second cluster relates to the development of social support systems including, where possible, the strengthening of family involvement and support. Working to engage informal support systems for parents has been identified as important in the literature (Hunter & Price-Robertson 2014). Indeed Melton (2013:1) suggests that informal support can often be more helpful to parents than formal programs, which often “have little logical relation to the needs and hopes of the children and families for whom they are intended”. Research indicates that kinship carers frequently experience isolation (Lin 2014). Building sustainable systems of support, that are life course specific, through family or community networks can be critical to their wellbeing. This remains, however, an ongoing practice challenge as carers may not have access to a positive social or familial network that they can be linked into; nor one that wants to deal with the challenges of the children they are caring for. While existing networks can sometimes be activated through skillful casework intervention, realistically, social supports such as respite, camps or social activities for children may need to be resourced. While funds are
often available for such support in foster care, it is difficult to access this funding in kinship care. Specific intervention may also be needed to help kinship carers develop a support system. There are some promising programs in the Family Services area which aim to build sustaining social networks (Mitchell, Absler and Humphreys, 2015) and this presents an opportunity for service development in kinship care.

The third cluster relates to resource management, and the carer’s ability to access resources. Where children have significant emerging mental health difficulties, or other disabilities, this includes ability to access specialist assessment and treatment services of the child. It also includes educational support for the children, financial assistance, access to good housing and health care, legal advice, counseling support, and practical assistance such as respite and day care (Denby & Ayala 2013). Research repeatedly notes the disadvantage faced by kinship carers in terms of access to these resources (Farmer 2009; O’Brien 2012; Testa 2013; Valentine, Jenkins, Brennan & Cass 2013; Harnett, Dawe & Russell 2014). This indicates a very real need for workers to advocate on behalf of the kinship caregivers to assist them to access formal and informal supports. In some jurisdictions it also means challenging community, political and policy assumptions that kin should meet the full cost of such services.

The generic practice triggers apply to carers of all ages, and specifically focusing upon Informed by the environmental cluster model described above and they asking questions about the degree to which practice supports the strengthening of parenting skills, the way in which generation of family and community support is being generated, and the advocacy support that is being provided.

In addition to the generic practice triggers, the kinship care research and insights from the life course literature are woven into specific triggers that are life course specific across the practice domains. For example, the child-centred triggers provide practice reminders relating to the need for child-centred assessments, while at the same time being cognizant of the carers own developmental needs. The British Assessment Framework (HM Government 2015) and the Looking After Children framework, developed in the UK and used elsewhere, including in parts of Australia provide a comprehensive set of assessment domains that focus specifically on the child’s developmental needs (health, education, emotional development, identity, family and
social relationships, social presentation). Importantly, however, the British assessment framework also includes parenting capacity (basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability) and family and environmental factors (resources, community, family’s social integration, income, employment, housing, wider family, family history and functioning). Other jurisdictions also have specifically designed kinship carer assessments to support kinship care practice.

The relationship supportive triggers touch on relationship dynamics, both in terms of the worker/family and dynamics within the family itself. They address some of the complicating relationship factors that emerge in kinship care, for example, siblings raising siblings and the inherent issues with respect to discipline. They raise questions about issues around the wider family relationships and their potential to impact on placement safety and stability. Triggers also touch on the management of relationship in the context of multiple roles, and reinforce the need to facilitate positive change through the worker/family relationship. Use of the triggers in this domain operate in the context of knowledge of the importance of the kin relationship between carer and child, and the need at all times to support this primary relationship. Strengths, competency and resiliency based practice is vital in this task (Saleebey, 1996; Hetherington and Blechman, 1996).

The family and culturally responsive triggers explore areas of connection to family and culture, which can be different according to the age of the carer. In terms of culture, younger carers may be working through their own issues relating to cultural beliefs, needs and identity. Older carers may have cultural networks that can be a real strength if worked with as such. With respect to family the triggers encourage an exploration of both the risks and opportunities within the family system. The exploration may expose significant isolation or unsupportive networks requiring highly skilled and creative efforts to expand a very limited informal social support system.

The system focused triggers recognize the importance of system support for kinship carers and in particular their practical, legal and financial needs. The worker is encouraged to advocate on behalf of the kinship carer exploring their needs, for example for respite support, transport and accommodation. The system focused triggers also touch on the broader needs of carers, for
example, supporting their educational needs. There is an emphasis on strengthening both formal and informal age-appropriate support, increasing the visibility of carers, reinforcing both their rights and needs.

The practice triggers are not intended to be a check list. Rather, they are reminders of good practice that can facilitate the exploration of the needs, wants and hopes of kinship carers and their children.

Conclusion

While the focus of this article has been on kinship care, it is acknowledged that an age-related approach might also be relevant across caregiving types, for example, to support the particular needs of foster carers. Practice frameworks provide a means through which research, ethical principles and experiential knowledge can be brought together to support practitioners in their everyday work in particular areas of practice (author 2013b). While acknowledging that kinship care and foster care share some issues in common, in developing the kinship care practice framework we are reinforcing the need for kinship-specific responses that are more aligned to the particular needs of kinship carers and their children. Its knowledge base is drawn from the research, practice literature, and from the insights from senior practitioners in the field. Hopefully for organizations it provides both a high level vision of good practice in kinship care, and for practitioners it provides an accessible tool to support them in their work.

References

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Author (2006)
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Author (2013b)
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Author (2012)
Co-author (2014)
Co-author (2015)
Co-author (2013)
Co-author (2014)
Co-author (2015)


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Figure 1: Kinship Care Practice Framework

**System focused**
- Are we advocating for the carer’s practical, legal and financial needs (e.g., respite, transport, housing, rights)?
- How might we help build age-appropriate support systems (e.g., using technology, support groups)?
- How do we increase the visibility of young carers?

**Family and culturally responsive**
- Are we supporting family involvement and understanding risks and opportunities, particularly when working towards restoration?
- How might we respond to the child’s and carers parallel cultural identities and needs?
- What age-appropriate cultural connections can carers make?

**Relationship supportive**
- Are we strengthening parenting skills?
- Are there parallel trauma experiences with the child and carer and how might we respond to these?
- How do development needs impact on placement care and safety, e.g., the carers social needs?

**Child-centred**
- Are we advocating for the carer’s practical, legal and financial needs (e.g., respite, transport, housing, rights)?
- Are carers aware and realistic of their rights and responsibilities?
- How do we support mid-life carers to meet their specific needs, particularly balancing work and family?

**LIFE COURSE ISSUES (Harms 2010) and CHALLENGES**

**Young adult carers**
- Relational development
- Multiple partnerships
- Gender and sexual identity
- Moral and/or spiritual dimension
- Occupational identity
- Energy of youth
  - Less visible as carers
  - Sibling/carer role complexity
  - May share trauma history
  - Loss of social life and opportunities

**Middle adulthood carers**
- Partnership stability
- Established friendship network
- Balancing paid work and family
- Hormonal changes
- Occupational transitions
- Aged parents
- Existential issues and losses (e.g., parent)
  - Caring for multiple children
  - Out of sync with peers
  - Relationship dynamics with parents?

**Late adulthood carers**
- Longevity, including women’s
- Decline in physical and cognitive functioning including mobility
- Relational loss (e.g., partner, siblings)
- Retirement and job loss
- Spirituality/religion as protective factors
  - Role confusion
  - Out of sync with peers
  - Reduced income
  - Sole caregiving and isolation