

This document extracts specific content related to Kinship Carer assessment and training from the thesis, *Stability in Statutory Kinship Care : A Constructivist Grounded Theory Study of Placement Stability*. Sections from the thesis have been extracted into this document. For the full thesis to be reviewed please go the below reference.

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## **Abstract**

Kinship care is the largest placement type for children and young people on statutory child protection orders in Australia, and it continues to grow. Given the prevalence of this placement type and the disadvantage faced by children and young people in statutory care, it is important to build our knowledge about factors that improve placement stability. The concept of placement stability, while referred to often in out-of-home care literature and linked to positive outcomes for children and young people, has no consistent definition, and so is measured differently across various studies. This study aimed to build knowledge from the perspective of the participating kinship carers in relation to the pre-placement, carer, or child factors contributing to placement stability, how familial and non-familial kinship carers perceive placement stability in statutory kinship care, how factors differ if the placement is provided by non-familial kinship carers as compared to familial kinship carers, and finally, how the factors differ if the kinship carer identified as Aboriginal and/or Torres Strait Islander.

The theoretical framework for this study was a constructivist paradigm with a relativist ontology and subjectivist epistemology. The thesis applied a constructivist grounded theory methodology to prioritise the voices of familial and non-familial kinship carers in building an understanding of a stable statutory kinship care placement. The study included sixteen participants in the initial purposive sample and an additional four participants in the theoretical sample. The participants were kinship carers who self-defined as providing a stable statutory kinship placement in Queensland, Australia and were recruited through advertising with the kinship care peak body and kinship carer support agencies. Knowledge was created through semi-structured interviews and an iterative process of data analysis. A research limitation related to the sampling included very specific participants, that is the research participants were only recruited from Queensland Australia, and it involved kinship carers, however, did not include children or young people from kinship placements. In addition, another limitation related to the nature of qualitative research is that it relies on the researcher to gather, interpret, and represent the participants' perceptions and experiences.

The research developed a substantive grounded theory of a stable statutory kinship care placement and found six social processes that underpinned how the carer felt, thought, and acted. The core category was *feeling connected*, and the remaining five non-core categories were *seeing the need*, *being constant*, *empathising with*, *championing for*, and *being aware and accepting of the kinship context*. *Feeling connected*, a carer feeling, was found to be an active, emotion-based belonging process between the child, the kinship carer, and their family. *Seeing the need*, a carer thinking, was a combination of the absence of a capable parent and/or carer and a defining moment that saw the kinship carer make the decision to provide care. *Being constant*, a carer action, was described as having an active parenting presence with the child beyond the placement. *Empathising with*, a carer action, saw the kinship carer taking the child's perspective, resonating with their feelings and understand their circumstances. *Championing for*, a carer action, saw the kinship carer being child-led and observing the child in light of all that was and is positive and possible. The final social process was *being aware and accepting of the kinship context*, a carer thinking. This involved kinship carers being aware of strengths and struggles related to the child, the kinship carer and working with the statutory agency, and accepting these strengths and struggles. The study found that these social processes appeared to be at play when the kinship carer provided a stable kinship placement. The pre-placement relationship had an influence on some of the categories when the carer and child had a pre-placement relationship; however, when a child and kinship carer did not have the pre-placement relationship, they were still able to have a stable placement. Specific carer and child factors were not found to influence stability. Finally, where the kinship carer identified as Australian Aboriginal, culture influenced the social processes of *feeling connected* and *seeing the need*.

This thesis makes a contribution to knowledge about stability, from the perspective of the kinship carers who participated and is applicable to improving policy and practice in out-of-home care. The substantive theory developed directly informs practice improvements in the recruitment, assessment, support, and monitoring of statutory kinship carers, both familial and non-familial.



## EXTRACT FROM CHAPTER TWO - LITERATURE REVIEW

**2.2.3.b Kinship Carer Assessment and Training.** The assessment of statutory kinship carers involves a social assessment of the adult applicants and family members; however, specific training is not mandatory (Kiraly, 2019). This phase of a statutory kinship carer's journey is understood to be highly emotional for the kinship carer applicant. The child's trauma experiences see the kinship carer family plunged into crisis as they make the decision to provide care and engage with the statutory agency (Boetto, 2010). The assessment process involves interviews with the kinship carer applicants about their capacity to provide care, their motivation, their relationship, and their understanding of the child's trauma history. For many Australian jurisdictions, it also includes home safety checks, references from medical practitioners, and criminal and child protection history checks (Kiraly, 2019). Literature in the area has highlighted the negative effect of elongated assessment processes, noting its impact on both the kinship carer and the child (O'Brien, 2014). Another practice area identified has been the focus of the assessment being on the kinship carer's care provision ability at that specific point in time rather than their ability and commitment to acquire the necessary skills or provide the required environment (McGuinness & Arney, 2012). This finding goes back to the crisis-based timing of kinship care options being explored and the familial and non-familial kinship carer not necessarily having had the time to prepare and evidence their ability to meet the child's needs.

An Australian Kinship Program Model identified that the assessment should have a focus on how the kinship carer meets the child's needs, including their identity, cultural, linguistic, and religious needs, with a focus on promoting family relationships (Department of Community Services, 2007). This model suggested the need for a less formal and structured assessment for kinship carers where there was a pre-placement relationship with the child, while kinship carers without a relationship needed more formal assessment (Department of Community Services, 2007).

Another study found that a process of a kinship carer assessment that has resulted in kinship carers experiencing resentment is the assessment focus on the possible intergenerational transmission of abuse and what level of involvement the kinship carer had in the current child protection issues (Doolan, 2004). That is, the

assessment interview questions must explore whether the kinship carer will parent in the same manner that resulted in the child's trauma experiences, given their familial relationship or their significant social connection to the parent (Doolan, 2004). The assessment also needs to explore how the kinship carer will protect and buffer the child from these experiences, the role the kinship carer played in trying to protect the child from these issues while the child was with the parents and how the kinship carer will prioritise their relationship with the child over their relationship with the parent while acting as a statutory kinship carer (Kiraly, 2019). It is acknowledged that these topics are necessary in the assessment; however, they can be difficult for the kinship carer as these elements imply the kinship carer has a responsibility for what has occurred to the child. Exploring these topics while trying to engage and build a working relationship with the kinship carer applicant understandably results in tension between the practitioner and the kinship carer.

A 2010 literature review completed by a community organisation in New South Wales, Australia, focused on advocacy and practice improvement in relation to kinship care (Errington & Bernacki, 2010). The study noted that the assessment should consider the possible financial impact of the placement on the kinship family, transference related to the family of origin and the impact on relationships, the impact of the kinship role on the carer's health if they are older, and reunification planning for the child and parent (Errington & Bernacki, 2010). These factors ensure the placement can meet the child's safety needs and their developmental potential. Errington and Bernacki (2010) argued that while the exploration of these topics could be emotional for the kinship carer, it is important, as kinship care placements should not be presumed safe because of family connections. Another research project in New South Wales, Australia, included a review of selected literature, interviews and consultations with key stakeholders and finally focus groups with carers. The project found that while carers resented the concentration on risk, this was manageable if the practitioner's approach to the assessment was sensitive, inclusive, and respectful where the kinship carer's skills and knowledge were valued (McHugh, 2009).

While most studies did not look at the differences between the assessment process for familial and non-familial kinship carers, a 2015 study of non-familial kinship in

Victoria, Australia, did look specifically at this group. The study involved an analysis of government non-familial kinship care data, online surveys, and interviews and focus groups with non-familial kinship carers, young people who were cared for by non-familial kinship carers and practitioners from agencies working with non-familial kinship carers (Kiraly, 2015b). While numerous findings resulted from the study, as detailed above, in relation to the kinship assessment process, the study noted concern that the kinship carer assessment process was being applied to applicants who did not have a genuinely close relationship with the child (Kiraly, 2015b). These applicants should have needed to meet the assessment and training requirements of foster care, however, could access the less onerous requirements of a kinship assessment process, despite not truly having a significant relationship with the child needing a placement (Kiraly, 2015b).

In addition to the practice in relation to kinship assessments influencing statutory kinship care, the training requirements have emerged from numerous studies as having an impact (Kiraly, 2015b; Luu et al, 2020; McHugh, 2009; My Forever Family, 2019; O'Higgins et al., 2017). A 2019 survey was conducted by My Forever Family NSW looking at carer perceptions of services for children and young people in care. The survey found that about a quarter of carers reported as being unsatisfied or very unsatisfied with the training they received. Several factors were listed as contributing including difficulties in accessing training, the scheduled availability of training, the need to prioritise caring for the child over attending the training and at times, just not being offered training. In addition this survey found that kinship carers reported feeling less supported than foster carers (My Forever Family, 2019). From this survey, My Forever Family NSW commissioned a focus group study with 30 participant carers, including 20% whom were kinship carers (Luu et al., 2020). This study found that receiving training prior to placement was critical, however many acknowledged that most of the learning occurred once the placement commenced. Kinship carers receive limited or no preplacement training and so relied on their experience, training sourced by themselves, and informal peer supports. Nearly all participant carers said that receiving training about trauma and its influence on a child's behaviour was important; as well as being offered small group training with a facilitator that included opportunity for discussions with other carers (Luu et al, 2020).

Importantly this study included kinship, foster and adoption carers, and so some of the findings may have been less applicable to kinship carers.

Another study in Australia noted that ensuring kinship carers receive quality training in a supported way with a focus on assistance may facilitate potential kinship carers stepping forward, particularly with regard to Aboriginal and Torres Strait Islander families (O'Higgins et al., 2017). It is noted across the Australian jurisdictions that there is not a requirement for kinship carers to attend training; the courses that were made available are not specifically designed for kinship carers and can result in discussing topics like understanding trauma and family contact in a manner that kinship carers experience as shaming (The Senate Community Affairs Committee Secretariat; 2015). A 2015 Australian report aimed at profiling kinship care as a national issue found that all jurisdictions identified that training for kinship carers was an area for development, both in relation to the content delivered but also the delivery modes, to ensure that it meets the needs of kinship carers in groups and individually in metropolitan, regional and remote areas (Kiraly, 2015b). The training content needs to ensure it covers the general topics about understanding trauma and working with the statutory agency but also the kinship-specific challenges in providing care, such as the dual role the kinship carer now has within the family in connection with both the child and the parents (Department of Communities, 2011; McHugh, 2009). Training is an opportunity to share information and assist the kinship carer to reflect on their role as a carer, the child's needs, and the support required by the family to provide a safe and nurturing kinship placement.

The 2018 systematic review related to the needs of carers of Aboriginal and Torres Strait Islander children and young people in out-of-home care had similar findings. Specifically related to assessment and training, the review found that the statutory system struggled to provide adequate assessments or training to carers, and this contributed to carer burnout (Luu et al, 2018). It also found that the assessment process for Aboriginal and Torres Strait Islander people in remote communities involved additional barriers including potential kinship carers who were illiterate opting out of being assessed for fear of shame and embarrassment (Luu et al, 2018). Finally the requirement for applicant carers to pass a police check, deterred many Aboriginal and Torres Strait Islander people who have a criminal record for minor



offences and so assumed they would be not considered or approved (Luu et al, 2018). From the findings in this review, suggested practice improvements included changing the assessment and induction requirements to address the concerns of new carers, and reviewing the existing assessment policies to ensure new Aboriginal and Torres Strait Islander carer applicants are treated fairly. Other improvements included the development of new resources for carers to avoid cultural misunderstandings that relate to all phases of providing care including the recruitment, assessment, support and monitoring (Luu et al, 2018). This included clarifying literacy requirements and how an applicant's criminal history can be handled. This review clearly identified practice issues with the assessment of carer for Aboriginal and Torres Strait Islander children and young people.

Overall, the practice of assessment and training influences the placement provided by the kinship carer. The studies listed above highlight the topics explored during the assessment phase is a crisis driven time for the kinship carer family, whereby the assessment's focus on the child's trauma history, the carers capacity to meet the child's needs and ensure safety for the child is challenging. As stated, it is critical to this area of practice that there is a focus on the child while building a respectful relationship with kin and finally that information provision occurs.

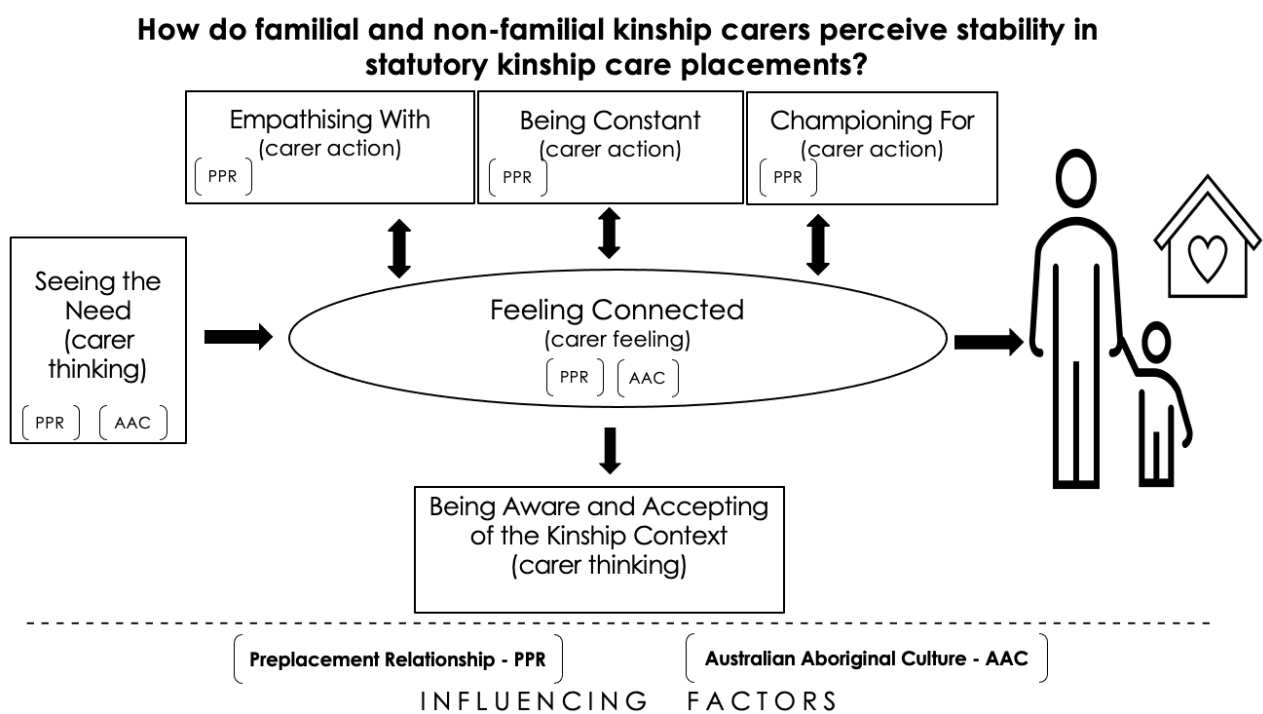


### 7.5 Substantive Grounded Theory: Stability in Statutory Kinship Care

Substantive grounded theory as it pertains to stability in statutory kinship care was constructed using an iterative process. This was initiated with and remained grounded in the participants’ perspectives of their reality as it related to stable statutory kinship care placements. This theory explains the major social processes at work when kinship carers provide stable statutory kinship care placement in a setting in Queensland, Australia. It is important to remember that this theory provides a conceptual and interpretive understanding (Charmaz, 2014) within the contexts of the participants and, therefore, may not apply to experiences in different circumstances. Figure 7.1 is the researcher’s pictorial representation of the theory and its six interconnected social processes, i.e., *feeling connected*, *seeing the need*, *being constant*, *empathising with*, *championing for*, and *being aware and accepting of the kinship context*.

**Figure 7.1**

*Substantive Theory of Stable Statutory Kinship Care Placements*



*Feeling connected*, a carer feeling, is a key social process of substantive theory related to stability in statutory kinship care. It represents the dynamic between the carer and the child that ensures that the child feels seen, heard, and valued (Brown & Sen, 2014). It is an active, emotionally based belonging process between the child, the carer, and their family.

*Feeling connected* is active in that it represents an involved effort, motivation, and determination. Kinship carers invested their time, attention, and parenting focus on the child; they committed to a child and described *feeling connected* as experiencing feelings of love for the child. Actively *feeling connected* incorporates being with the child and caring for them deliberately and purposefully. By actively connecting with the child, the adult caregiver takes the lead responsibility for how the child experiences their relationship. *Feeling connected* is emotional in nature. That is, it is felt by the kinship carer and incorporates an emotional response by the adult caregiver to the child or the subjective experience of affection of the caregiver for the child. The emotional nature of *feeling connected* is consistent with the parental bond, that is, a state of experiencing love that demonstrates itself through caregiving behaviour (Condon, 1993). An emotional *feeling connected* is aligned with a mother's love or always loving and caring for the child. It is tangible and experienced by the kinship carer. *Feeling connected* also refers to a shared dynamic in which the child belongs with the family. The belonging process presents as natural and almost seamless—that is, it simply happens. The description of becoming part of us and the pure relationship described the belonging process within *feeling connected*. Belonging as part of *feeling connected* also included the importance of immediate family, extended family and, for Aboriginal children and young people, their communities. The inclusion of community as part of the belonging process in *feeling connected*, as described by Aboriginal kinship carers, highlights their ability to provide children with a sense of belonging in terms of family, kin, and country. Australian Aboriginal culture was an influencing factor on *feeling connected* when the kinship family identified as Aboriginal. The presence of a pre-placement relationship between the child and the kinship carer was also an influencing factor when it existed. *Feeling connected* was likely to have commenced during the pre-placement phase. Where the kinship carer did not have such a relationship with a child, they tended to experience the *feeling connected* after the child began residing with them.

*Feeling connected* influenced the carer thinking about *being aware and accepting of the kinship context*. The feelings of connection by the kinship carer towards the child supported the kinship carer to be aware and accepting of the struggles associated with the kinship context. *Feeling connected* also influenced the carer actions of *being constant, empathising with the child and championing for the child*. As the kinship carer applied these behaviours in the kinship placement, this then influenced their feelings, seeing them feeling more connected to the child. Overall, *feeling connected* is an active, emotionally

based belonging process that sees the kinship carer provide a stable statutory kinship placement.

*Seeing the need* is a triggering social process that signals an initiation of the kinship placement. *Seeing the need* is a combination of the absence of a capable parent/carer or a defining moment resulting in the carer deciding to provide care. The absence of a capable parent or carer saw the kinship carer being aware that the child or young person had no parent willing and able to care for them, or they identified the absence of a statutory carer (foster or kinship) able to meet the child's needs. The second component of *seeing the need* involves kinship carers experiencing a defining moment that triggers their decision to provide care to a child. The defining moment and subsequent decisions result in the carer *seeing the need*, changing their life, and commencing caring for the child or young person. Defining moments vary for kinship carers and may include the death of a parent, feeling obligated, the kinship carer establishing a relationship with the child through a professional role or the very young child residing in a non-family based care setting like a residential setting, and the carer changing employment. The consistent element among these reasons is the moment in time where both the child's need for a capable carer and the defining moment leads to the kinship carer deciding to provide care. *Seeing the need* contributed to the core category of *feeling connected*. As the kinship carer was able to see the need for the placement, this contributed to the feeling of connection by the kinship carer towards to the child. Where the kinship carer and the child had a pre-placement relationship, the kinship carer was able to see the need for the placement by applying their knowledge of the child and their experiences from their pre-placement relationship. Aboriginal culture also appeared to influence *seeing the need*, with the sense of family and community and role of community Elders influencing this social process. *Seeing the need* is a combination of the absence of a capable parent/carer and a defining moment that triggers the statutory kinship care placement, and it is part of substantive grounded theory.

*Being constant* is one of four social processes used by the kinship carer concerning a child and contributes to establishing a feeling of connectedness between themselves and a child. Where the kinship carer and the child have a pre-placement relationship, the kinship carer will have been a constant for the child before the kinship placement commenced. *Being constant* means that the kinship carer has an active parenting presence that extends beyond placement. *Being constant* is described as the presence the kinship carer maintains with the child throughout their life; this includes when the child lives with them,

but also before, if a pre-placement relationship exists, and after the child is in placement. *Being constant* is the active parenting presence effected by the kinship carer that is related to the relationship with the child and not to the placement arrangement. While the placement of the child through a statutory agency takes place, *being constant* extends beyond the statutory placement. *Being constant* comprises being a safe adult for the child when the child lives with other people, including parents and carers; that is, the carer always serves in an active parenting capacity for the child. To do so, the kinship carer must maintain a strong sense of competence and confidence in their parenting abilities.

*Empathising with* is the second of the four social processes used by the kinship carer concerning the child and helps to establish the *feeling connected* between the child and carer. Empathy can be defined as feeling or understanding how another person feels or thinks (Cameron et al., 2019). Kinship carers empathised through perspective-taking and by being emotionally and compassionately empathic. *Empathising with* through perspective-taking is a logical process through which the kinship carer can understand how the child feels and thinks. The kinship carer can adopt the child's view without experiencing their coinciding emotions. In this way, kinship carers can attribute a plausible emotion to the child, explore potential causes for the child's emotions and link the child's emotions to their behaviour. This includes kinship carers being able to understand the child's developmental age and stage, the impact of trauma on their behaviour and the child's unique personality. Emotional empathy is also critical to the social process of *empathising with*. It describes the kinship carer's ability to connect to specific emotional moments in a child's life, enabling them to understand and communicate a child's emotions, which facilitates building an emotional connection. It sees the carer resonate with the child's feeling, take their emotional perspective, and communicate their understanding of the emotion to and with the child, which supports the building of connection between the child and care. Finally, *empathising with* includes compassionate empathy; that is, the kinship carer understands the child's situation, feels their emotions, and focuses on supporting the child accordingly. Compassionate empathy enables kinship carers to experience a child's emotions, to understand the child's perspective and regulate their own empathic response to ensure they can take action to support or help the child; this enables them to build relational trust and a connection between themselves and the child. Where the kinship carer and the child have a pre-placement relationship, *empathising with* the child is likely to have occurred during the pre-placement phase of their relationship. Kinship carers who can empathise with a child can observe the impact

an out-of-home care placement has for a child and the child's lived trauma experience and readily discuss the challenging behaviours displayed by the child. However, the child-specific empathy means the kinship carer can look past the behaviour. This results in the kinship carer providing an empathic, sensitive, and attuned carer response.

*Championing for* is the third of four social processes used by kinship carers when caring for a child and builds on the *feeling connected*. *Championing for* is child-led and observes the child in light of all that is positive and possible; the child is seen according to their full potential and is not limited by the adversity they have experienced. *Championing for* sees the carer be child-led; the kinship carer observes the child's needs and takes action accordingly, advocating or lobbying to have these needs met. Being a statutory kinship carer means that at times, the carer will champion in partnership with the statutory agency. At other times, it may mean *championing for* the child against the statutory agency. In addition to *championing for* in a child-led manner, the carer must also view the child in light of all that is positive and possible. *Championing for* includes the kinship carer's ability to accept the challenges of parenting a child and focus on what is positive and possible for the child. Where the kinship carer and the child have a pre-placement relationship, the kinship carer is likely to have championed for the child during the pre-placement phase of their relationship. To effectively engage in championing, the kinship carer must adjust their expectations of the child according to the latter's capabilities, trauma history and interests.

The final social process utilised by kinship carers in providing a stable kinship placement is *being aware and accepting of the kinship context*. Kinship carers must be aware and accept their strengths and struggles, as well as those of the child and of dealing with the statutory agency. Being aware and accepting is aligned with mindful parenting. This allows kinship carers to observe the child's needs as reflected in their behaviour, as well as their own needs as a kinship carer. Such an approach strengthens secure attachments, encourages empathy, and promotes emotional balance for the kinship carer. Kinship carers must be critically cognizant of the struggles and strengths and their personal impact and must be accepting of them.

As detailed above, the substantive grounded theory regarding stability in statutory kinship care includes *feeling connected*, *seeing the need*, *empathising with*, *being constant*, *championing for*, and *being aware and accepting of the kinship context*.





## Extract Chapter Eight - Discussion

### **8.1.1. Question 1: How do familial and non-familial kinship carers perceive stability in statutory kinship care placements?**

Kinship carers described stable kinship care as resulting from six interconnecting social processes. To understand the categories, the cognitive triangle was applied as the categories fell within either a carer feeling, a carer thinking or a carer action (Safran & Greenberg, 1988). The primary social process, and the core category, was *feeling connected*; the five secondary social processes or non-core categories were *seeing the need*, *empathising with*, *being constant*, *championing for*, and *being aware and accepting of the kinship context*. When a pre-placement relationship existed between the kinship carer and the child, this influenced some of the categories including *feeling connected*, *seeing the need*, *being constant*, *empathising with* and *championing for*. When the kinship carer family identified as Australian Aboriginal, their culture influenced the *feeling connected* and the *seeing the need*.

*Feeling connected*, a carer feeling, was described as the dynamic between the kinship carer and the child. This is an active, emotion-based belonging process between the child, the kinship carer, and their family. *Feeling connected* was described as active, in that it represents an involved effort, motivation and determination. Kinship carers invested their time, attention, and parenting focus on the child. They committed to a child and described *feeling connected* as experiencing feelings of love for the child. *Feeling connected* incorporated being with the child and caring for them in a deliberate and purposeful manner, resulting in the child experiencing feelings of safety, value, and care. By actively connecting with the child, the kinship carer took the lead responsibility for how the child experienced the relationship between them. *Feeling connected* was described as emotional in nature, in that it was felt by the kinship carer and incorporated the adult caregiver's emotional response to the child.

*Feeling connected* further referred to the perception of a shared dynamic in which the child belongs with the family. The belonging process was described as natural and almost

seamless; that is, it simply happened. The description of becoming “part of us” and the pure nature of the relationship characterised the belonging process within *feeling connected*. Belonging as part of *feeling connected* also included the importance of immediate family and extended family. For Aboriginal children and young people it also included the community. The inclusion of community as part of the belonging process in *feeling connected*, as described by Aboriginal kinship carers, highlighted the kinship carers ability to provide children with a sense of belonging in terms of family, kin, community and country. Overall, *feeling connected* was an active, emotion-based belonging process that resulted in the kinship carer and child experiencing a stable statutory kinship placement.

*Seeing the need*, a carer thinking and non-core category emerged as the second social process contributing to stability in statutory kinship care placements. This was defined as a triggering social process that signals an initiation of the kinship placement. *Seeing the need* was described as a combination of the absence of a capable parent/carer and/or a defining moment resulting in the kinship carer’s decision to provide a statutory care placement. The absence of a capable parent or carer resulted in the kinship carer becoming aware that the child or young person had no parent willing and able to care for them or identifying the absence of a statutory carer (foster or kinship) who was able to meet the child’s needs.

The second component of *seeing the need* involved kinship carers experiencing a defining moment that triggered their decision to provide care to a child. This defining moment and the subsequent decisions resulted in the carer *seeing the need*, changing their life, and commencing care for the child or young person. Defining moments varied for kinship carers; these included the death of a parent, feelings of obligation, the kinship carer establishing a relationship with the child through a professional role or a very young child residing in a non-family-based care setting (like a residential setting), and the carer changing employment. The consistent element among these reasons was a moment in time at which both the child’s need for a capable carer and the defining moment led to the kinship carer deciding to provide a statutory care placement. *Seeing the need* was thus a combination of the absence of a capable parent/carer and a defining moment that triggered the statutory kinship care placement and forms part of the substantive grounded theory.

*Empathising with*, a carer action and non-core category was described as the third social process used by the kinship carer towards the child which contributed to the establishment of the *feeling connected* between the child and kinship carer. Empathy can be defined as feeling or understanding and being moved by how another person feels or thinks (Cameron et al., 2019). Kinship carers empathised through perspective-taking and by being emotionally and compassionately empathic. *Empathising with*, through perspective-taking is a logical process through which the kinship carer becomes able to understand how the child feels and thinks. The kinship carers became able to adopt the child's point of view without experiencing their coinciding emotions. In this way, kinship carers could attribute a plausible emotion to the child, explore potential causes for the child's emotions and link these emotions to the child's behaviour. This included kinship carers being able to understand the child's developmental age and stage, the impact of trauma on their behaviour and the child's unique personality.

Emotional empathy described the kinship carer's ability to connect to specific emotional moments in a child's life, enabling them to understand and communicate a child's emotions; this facilitated building *feeling connected*, the primary social process described above. It saw the kinship carer resonate with the child's feelings, adopt their emotional perspective, and communicate their understanding of the emotion to and with the child, which supported the building of connection between the child and carer. Finally, *empathising with* included compassionate empathy: the kinship carer understood the child's situation, felt their emotions, and focused on supporting the child accordingly. Compassionate empathy enabled kinship carers to experience a child's emotions, understand the child's perspective and regulate their own empathic response to ensure they could take action to support or help the child; this enabled the building of relational trust and a connection between the child and the carer. Kinship carers who were providing stable statutory kinship placements described being able to empathise with a child, observe the impact of an out-of-home care placement for the child and the impact of their lived trauma experience, and readily discuss the challenging behaviours displayed by the child. However, this child-specific empathy meant the kinship carer could look past the behaviour. This resulted in the kinship carer providing an empathic, sensitive, and attuned carer response to the child.

The fourth social process, a carer action, described by kinship carers as contributing to stability in statutory care was *being constant*. This was described by the kinship carers in

relation to a child and contributed to establishing a feeling of connectedness between themselves and the child. *Being constant* was described as the kinship carer having an active parenting presence in the child's life that extended beyond placement. It was described as the presence maintained by the kinship carer with the child throughout their life; this included when the child lived with the caregiver, but also the time before (if a pre-placement relationship existed) and after the child entered into the statutory kinship placement. *Being constant* describes the active parenting presence displayed by the kinship carer as it related to the relationship with the child, and was irrelevant to the statutory placement; that is, the kinship carer maintained an active parenting presence regardless of where the child resided. *Being constant* incorporated being a safe adult for the child when the child lived with other people, including parents and carers; in other words, the kinship carer always served in an active parenting capacity for the child. To achieve this, the kinship carer maintained a strong sense of competence and confidence in their parenting abilities.

*Championing for* was the fifth social process, a carer action described by kinship carers when discussing factors that promoted stable kinship care. Kinship carers described their *championing for* behaviour when caring for a child and linked it to the kinship carer feelings connected to the child. *Championing for* was described as being child-led and observing the child in light of all that was and is positive and possible. The child was seen as their full potential, not limited by the adversity they had experienced. *Championing for* saw the kinship carer be child-led; that is, the kinship carer observed the child's needs and took action accordingly, advocating or lobbying to have these needs met. *Championing for* the child included the kinship carer seeking out assistance and feeling a sense of competence regarding their ability to parent effectively. Being a statutory kinship carer at times meant the carer was *championing for* the child in partnership with the statutory agency; at other times, it meant *championing for* the child against the statutory agency. In addition to *championing for* in a child-led manner, the kinship carer also viewed the child in light of all that was positive and possible. *Championing for* also involved kinship carers' ability to accept the challenges of parenting a child in out-of-home care and focusing on what was positive and possible for the child. This included the kinship carer supporting the child by strengthening their sense of autonomy and individuality while maintaining optimism. To effectively engage in *championing for*, the kinship carers adjusted their expectations of the child according to the child's capabilities, trauma history and interests, while observing the child in light of all that is positive and possible.

The sixth and final social process, a carer thinking process, described by kinship carers that contributed to providing a stable statutory kinship placement involved the kinship carer *being aware and accepting of the kinship context*. Kinship carers described themselves as being aware of and accepting their strengths and struggles, as well as those of the child. The kinship carers also described themselves as being aware and accepting of the strengths and struggles in relation to the statutory agency. The kinship carers described these particular strengths and struggles as centring around the practices of the statutory agency, along with the carers' knowledge and expectations of that agency. The statutory agency's practices that were identified as strengths included focusing on the early days of the placement, understanding, and dealing with the kinship relationship and the extended family, and intervening in the placement based on the child's assessed needs. Kinship carers reported that the department positively impacted placement stability when it focused its engagement on the early stages of the placement. In addition to these strengths, the kinship carers described the statutory agency's involvement as a strength when the kinship carer had knowledge of the system (including legislation) and could therefore balance their expectations.

The statutory agency was described as a struggle to engage with when their practice involved a lack of casework, specifically in the fields of managing parental family contact, listening to the child, and actioning basic case-management responsibilities. The other area of struggle in relation to the statutory agency involved the kinship carer's feeling that the statutory agency did not respect their role as a kinship carer. Being aware and accepting of the strengths and struggles of the three key parties in a statutory care placement (the carer, child, and statutory agency) was described as aligning with literature in the area of mindful parenting.

In summary, the participants in this study understood stability in statutory kinship care as the kinship carer *feeling connected* to the child, *seeing the need* for the statutory placement, *emphasising with* the child, *being a constant* for the child, *championing* for the child's cause, and *being aware and accepting of the kinship context*. While some literature in relation to stability in statutory kinship care focuses more on the length of a single kinship placement, placement length did not emerge as a part of core or non-core categories for this study's participants (Coakley et al., 2007; Gleeson et al., 2016; Kemmis-Riggs et al., 2018; Salazar et al., 2018; Winokur et al., 2015). This study's finding in

relation to the specific social processes linked to stable kinship care as perceived by the kinship carer participants whereby the quantitative factor of length of placement did not emerge offers a contribution to out-of-home care literature. Moreover, while the study did collate data on length of placement in the demographic information, participants did not discuss the length of the statutory placement as being linked to stability. This is despite the participants receiving information in the preamble of the research interview about length of placement and number of placements being linked to stability (see Appendix 4: Guidelines for Interviewing & Questions). It was clear from the study's findings, that this group of familial and non-familial kinship did not perceive the placement length as forming part of a stable kinship placement.

In relation to placement length it is noteworthy that the average length of kinship placements in this study was seven years, while a 2015 systematic review of kinship care found across nine studies that the average length of a stable kinship placement was three years (Winokur et al., 2015). Given that the placement length for this study's participants is longer than the timeframe for stable kinship care placements identified in other studies, it could be argued that these results support the definition of providing stable kinship care defined by participants in the present study.

As detailed in chapter six and seven, the core category of *feeling connected*, and non-core categories of *seeing the need*, *being a constant*, *empathising with* and *championing for*, confirm and extend existing kinship placement stability literature. The core category of *feeling connected* supported the findings that placement stability was linked to caregivers being responsive and nurturing to the child's need and being commitment to the child (Coakley et al., 2007; Gleeson et al., 2016; Salazar et al., 2018). *Seeing the need* confirmed and extended the existing literature in relation to the placement stability in statutory kinship care. The current literature in relation to motivation to provide kinship care details specific factors, including family loyalty and attachment to the child (Lernihan & Kelly, 2006). While some participants in this study included these concepts, they were not consistent across all participants. *Seeing the need* emerged as being a combination of the absence of a capable parent/carer and a defining moment.

The non-core category of *being constant* is in line with existing research that linked having an active parenting presence beyond placement to stability in statutory kinship care (Coakley et al., 2007; Salazar et al., 2018; The Care Inquiry, 2013). *Empathising with*

extends literature in relation to placement stability in kinship care. The construct appears minimally in the kinship literature, noting that kinship carers understand and cope in response to a child's behaviour when they provide an empathic, sensitive, and attuned parenting response (Kemmis-Riggs et al., 2018). The construct of *empathising with* was found in a New South Wales study of children, non-relative permanent carers, and birth families with a focus on understanding the experiences of contact. The study found that many carer families needed professional assistance to build skills in relation to empathic communication and showing empathy (Wright & Collings, 2019). Further to this the study suggested the need to recruit non-relative permanent carers with personality traits that predispose them to display empathy and compassion for birth families (Wright & Collings, 2019). Finally *championing for* is in line with to the current kinship placement stability literature which found that successful kinship carers were able to seek out help for the child in their care, possessed advocacy skills to ensure the child's needs are met and were ambitious and optimistic for the child (Gleeson et al., 2016; Kemmis-Riggs et al., 2018; Salazar et al., 2018, The Care Inquiry, 2013).

When considering the current placement stability in relation to statutory kinship care the non-core category of *being aware of and accepting the kinship context*, differed from the existing literature. Current literature has found that specific carer and child factors contribute to placement stability for kinship care (Boetto, 2010; Farmer & Moyers, 2008, Winokur et al., 2015). These specific factors did not emerge consistently in this study which could be linked to the small sample size. This study found that the factors identified differed greatly from participant to participant, with the only point of consistency being that each participant was consciously aware and accepting of the child factors and carers factors that made providing kinship care a struggle or a strength. This finding therefore differs from the existing literature and may provide an opportunity for future research.

As detailed above, this study's findings were consistent and extended the current literature in relation to placement stability in kinship care with one non-core category that differed. In addition, the length of placement, which appears as a foundational element to much of the research in this area did not emerge as part of a stable kinship placement. This study found that a stable statutory kinship care placement occurred where *feeling connected* exists between the kinship carer and the child, the kinship carer *sees the need* for the placement, the kinship carer is able to *empathise with* the child, *be constant, champion for*, and is *aware and accepting of the kinship care context*.

### **8.1.2 Question 2: What pre-placement relationship, carer and/or child factors contribute to stability in statutory kinship care placements?**

**8.1.2.a Pre-Placement Relationship.** The majority of kinship carers in this study (fifteen of the twenty participants) described themselves as having a pre-placement relationship with the child. However, the profile of this relationship was not consistent across the group: some had provided informal care for the child, while others had not; some had known the child from birth, while others had not; some had known both the child and the parent, while others had only known the child and not the parent. The study found that a pre-placement relationship was not essential to having a stable kinship care placement. For those with a pre-placement relationship, however, the kinship carers described the factors that contributed to stability—namely, *feeling connected*, *seeing the need*, *being constant*, *empathising* and *championing for*—as commencing between the kinship carer and the child during the pre-placement relationship phase.

The time at which *feeling connected* emerged appeared to differ for the pre-placement relationship group compared to kinship carers who did not have a pre-placement relationship with the child. While both groups described felt a consistent connection, those with a pre-placement relationship described active and emotion-based belonging as a process that commenced prior to the beginning of their role as a kinship carer. *Seeing the need* due to the absence of a capable parent or carer, along with the defining moment and related decision-making, was consistently described both by carers who had a pre-placement relationship with the child and by those who did not. Those with a pre-placement relationship saw the need firsthand, while those without a pre-placement relationship learned about the need via the extended family or the statutory agency. *Empathising with* was consistent across kinship carers with and without pre-placement relationships; here, the area of difference was whether the kinship carer began to empathise with the child prior to the statutory placement. Participants who had a pre-placement relationship with a child described *being constant* slightly differently compared to those who did not have such a relationship. Kinship carers with and without a pre-placement relationship described *being constant* via the active parenting presence (which extended beyond placement). However, some kinship carers with a pre-placement relationship described *being constant* as commencing before the statutory placement was made, while kinship carers without a preplacement relationship describing *being constant*



as commencing after the placement was made. That is, while all kinship carers described *being constant*, for those without a preplacement relationship, this only began when the child was placed with the kinship carer. For the group with the pre-placement relationship, their description of *being constant* commenced before the placement.

Overall, this study has found that where a pre-placement relationship existed, if the social process of *feeling connected* existed between the child and the kinship carer, and the kinship carer was able to *see the need* for the statutory placement, *empathise for* and with the child, *be a constant* for the child and *champion for* the child's cause, then this contributed to stabilising the statutory kinship placement as it sometimes commenced prior to placement and continued once the placement was made. While 75% of participants in this study had a pre-placement relationship and described their placement as stable, a further 25% did not have a pre-placement relationship but also described their placement as stable. As noted in earlier chapters, while pre-placement relationship has been identified as contributing to stability in numerous studies (Farmer, 2009b; Winokur et al., 2015), other studies found that it did not contribute to stability (Kiraly, 2015). This study is in line with the current literature which states that at times a pre-placement relationship contributes to stability in the kinship placement, but equally at times it does not contribute to stability. The present study found that the type of pre-placement relationship of kinship carers with self-defined stable kinship placement was varied and not consistent; however, the social process between the kinship carer and the child was consistent for those with a pre-placement relationship. It was these social processes identified by the Kinship Carers — *feeling connected*, *seeing the need*, *empathising with*, *being constant* and *championing for* — that contributed to the stability of the statutory kinship placement, as they commenced in the pre-placement phase of the relationship between the child and the kinship carer.

**8.1.2.b Carer Factors.** Specific carer factors identified by the kinship carers did not emerge as contributing to stability of the statutory placement, as detailed in chapters five, six and seven. The small sample size of the study may explain why specific or similar carer factors did not emerge in the research. While carer factors were discussed by participants during the data collection phase, there was no consistency in which carer factors were identified and how these contributed to stability. Participant kinship carers described different carer factors as strengths, including their relationship with the child, communication, their marital relationship, being consistent and fair, understanding of

trauma, being younger, being older etc. Thus, as noted, the carer factors identified as contributing to stability in the kinship placement were not consistent; however, being aware of the carer's own strengths and accepting of these in the context of providing a kinship care placement was found to be consistent.

This study also found that kinship carers were aware and accepting of factors about themselves that made stability a challenge or struggle. The kinship carers identified a varied group of factors that made stability a struggle, including the carer's age, work responsibilities, marital relationship, health, feelings about the Department, energy as a parent etc. Again, these factors were not consistent in this study; however, the carers' conscious awareness of the carer factors that made stability a struggle and their acceptance of this in the context of providing kinship care was consistent. Current literature has found that carer factors including the relational connection to the child, that being grandparents provided more stable kinship placements, that maternal family provided more stable placements, that struggles included carer health issues and had access to fewer economic and social resources (Breman, 2014; Farmer, 2009a, Harden et al., 2004, O'Neill, 2011). This study's findings differ from this literature; however this could be linked to the small sample size of the study. Overall, the study found that the carer factors identified by the kinship carers as contributing to stability were not consistent across the cohort. The factor that was consistent was the kinship carers' ability to be aware and accepting of their own strengths and struggles in relation to providing kinship care. This conscious awareness and acceptance contributed to the stability of the kinship placement.

**8.1.2.c Child Factors.** Specific child-related factors did not emerge consistently as contributing to stability in kinship care, which is understandable given the small sample size. As detailed in the previous findings chapters, kinship carers identified numerous different factors in relation to the children that contributed to stability; these included the child being 'amazing', 'determined', 'strong', 'smart', 'resilient', 'a live wire' etc. None of these factors were consistent across the cohort. Kinship carers also identified child factors that made stability a challenge, but these again were not consistent. The child factors that made stability a struggle included sleep disturbances, mental health issues, the child having attention deficit disorder, developmental delays, issues related to being a teenager and disabilities. In summary, the specific child factors identified as contributing to stability in the kinship placement were not consistent; however, the kinship carer being aware of

the child's strengths and struggles and accepting of these in the context of providing kinship care placement was consistent. This finding contributes to existing kinship placement stability literature which states that child factors including the child being younger, with less complex behaviours, with a preplacement relationship to the kinship contribute to stability (Boetto, 2010, Farmer 2009a, Harden et al., 2004, O'Neill, 2011). As stated above, the child factors differed in this study, the area of consistency, was the kinship carers conscious awareness and acceptance of factors about the child that contributed to stability and those that made it a struggle.

In summary, for this research question, while the pre-placement relationship contributed to the stability of a kinship placement if one was present, it was found that those without a pre-placement relationship could still go on to have a stable kinship care experience. It was further found that no specific carer or child factors contributed to stability other than the kinship carer having a conscious awareness of those carer and child factors that contributed to stability and those that made stability a challenge. This conscious awareness and acceptance of the kinship context by the carer was the factor that contributed to stability.

### ***8.1.3 Question 3: How do these factors differ when a non-familial kinship carer provides the statutory kinship care placement?***

The social processes identified in 8.1.1 as contributing to stability in the kinship placement were consistently similar when the placement was provided by a non-familial kinship carer as compared to a familial kinship carer. *Feeling connected, seeing the need, emphasising, being constant, championing for, and being aware and accepting of the kinship context* all emerged as factors that contributed to stability in placement for non-familial kinship carers. This study aimed to add to the small body of knowledge in relation to non-familial kinship carers. The study extends current literature in that it specifically considered the similarities and differences between familial and non-familial kinship carers in relation to placement stability (Breman, 2014; Kiraly & Hoadley, 2012; Kiraly, 2019). It further extends the current literature by detailing the demographic information collected about the non-familial kinship carers who self-identified as providing a stable kinship placement.

As detailed in chapters five, six and seven, ten non-familial kinship carers participated in this study. Five of these non-familial kinship carers commenced their relationship with the child through their paid working roles and two through their role as former foster carers of

the children's parents; of the remaining carers, one was an adult foster sister of the child, one was the former foster carer of the child, and one was a member of the Indigenous community and therefore considered community kin.

Five non-familial kinship carers, four had a family-type role with either the child or the child's parent. It could be argued that these non-familial kinship carers already had a familial-type caring role for the child or their parent. That is the relationship is closely aligned with family caring for family and so is very similar to a familial connection. For this group, it is plausible the *feeling connected* for familial kinship carer is similar. One caregiver was considered kin through their identified culture and in line with the legislated placement principle (Child Protection Act Qld, 1999).

Of the remaining five non-familial kinship carers who knew the child through a paid professional role, four worked as part of the statutory child protection system and one worked in the child's school. This group of five all discussed in detail how *seeing the need* formed part of their decision to become a kinship carer for the child. Examples included the non-familial carer seeing the absence of a capable parent/carer and experiencing a defining moment that triggered their decision to pursue the statutory kinship care placement. Through seeing the need, this group, with no familial link to the child or young person described *feeling connected* the same way that kinship carers who shared a blood tie described it. The core and non-core categories interacted together, that is, the influencing factor of the preplacement relation meant that this sub-group of non-familial kinship carers got to know the child, saw the need for the placement and built a connection.

Half of the non-familial kinship carers in this study had professional or paid roles through which they interacted with the child, and it was through these roles that they built relationships with the children and later became approved kinship carers. This group did not play a role in the child's life that could be considered family-like. The five non-familial kinship carers who initially had professional or paid roles in the child's life and later moved to having the personal relationship of a kinship carer with the child noted numerous factors—including personal losses for the child, perceived failings of alternative care options available, believing they had something unique to offer the children—as contributing to their *seeing the need*. They shared that the decision to move from a professional role to a personal role was not made quickly but was instead timely and

considered. They identified knowing the child for a significant period of time, seeing the system failing the child in relation to placement options, and the non-familial carer making a timely and considered decision about moving from the professional role to the carer role.

In summary, the factors that contributed to stability for non-familial kinship carers were the same as those identified by familial kinship carers. In terms of the profile of non-familial carers, half had professional roles in the child's life prior to becoming kinship carers, while the other half had either played a caring family-type role for the child or the child's parent (despite not having a blood familial connection) or were considered kin through the Aboriginal and Torres Strait Islander cultural definition of kin.

#### **8.1.4 Question 4: How do these factors differ when the kinship carer identifies as Aboriginal and/or Torres Strait Islander and provides the statutory kinship care placement?**

As detailed previously, the definition of a kinship carer who identified as Aboriginal and/or Torres Strait Islander included participants who themselves identified as Aboriginal and/or Torres Strait Islander, as well as those where the participant's partner identified as Aboriginal and/or Torres Strait Islander. The rationale for this decision was the acknowledged impact of Aboriginal and/or Torres Strait islander culture on the couple's kinship parenting of the child, therefore resulting in a placement that was influenced by their culture.

Of the twenty kinship carers in this study, six identified as Indigenous (all Aboriginal) and fourteen were non-Indigenous. Of those six, three were familial kinship carers and three were non-familial kinship carers. When the kinship placement was provided by a kinship carer who identified as providing an Indigenous placement, the factors contributing to stability (*feeling connected, seeing the need, empathising with, being constant, championing for, and being aware and accepting of the kinship context*) were consistent and did not differ. However, aspects of Aboriginal culture were discussed as part of these factors. Within *feeling connected*, the process of belonging to 'community' emerged. As detailed in chapters six and seven, community incorporates a sense of belonging, including the cultural, emotional, and social ties that bind Aboriginal and Torres Strait Islander people to family, kin, and country (Aboriginal Child, Family and Community Care State Secretariat, 2020). The construct of community appeared both in *feeling connected*

and in *seeing the need*, particularly at the placement point whereby the decision was made for the child to reside with the kinship carer. Both the inclusion of community Elders in the family decision-making for placement and the Aboriginal construct of 'family,' in that it included immediate family, extended family, and community, played a role. Some kinship carers in this study were considered kin through the Aboriginal construct of family, and thus to be family; the carer was not an immediate family member, but rather extended family or a member of the Aboriginal community. When describing *empathising with, being constant, championing for, and being aware and accepting of the kinship context*, the kinship carers who identified as providing an Indigenous placement connected the construct of family, along with being active members of their cultural community and their community as a whole, with being part of these social processes. Culture was discussed as being an important part of their kinship placement for these participants. This study has extended literature in the area of placement stability in kinship care, in that it identified social processes influence by Aboriginal culture. The cultural construct of family and community influenced stability, as did the inclusion of community Elders in placement decision making.

In summary, the factors that contributed to stability for kinship carers who identified as Indigenous were consistent with the factors identified by kinship carers who were not Indigenous. However, Aboriginal culture made up a part of these factors, specifically the way in which family decisions are made through family-led decision-making and the inclusion of community Elders, how the structure of family is experienced through culture and the community, and the way in which being part of the Indigenous community forms part of how the kinship carer lives their daily life.

Overall, the research questions found that kinship carers understand the stability of statutory kinship care as *feeling connected, seeing the need, empathising with, being constant, championing for, and being aware and accepting of the kinship context*. While a pre-placement relationship contributed to this stability when it existed, those without such a relationship still went on to provide stable kinship care. No specific child or carer factors contributed to stability; however, the kinship carer being aware and accepting of the child and carer factors that both contributed to stability and made it a struggle, did contribute to stability. The factors identified by familial kinship carers as compared to non-familial kinship carers were consistent, as were those between kinship carers who identified as Aboriginal and those that did not.



## Extract from Chapter Nine - Conclusion.

### **9.1.2 The Assessment and Training of Kinship Carers for Children and Young People Requiring Statutory Out-of-Home Care (Familial/Non-Familial)**

This study had findings in relation to policy and practice improvements in the area of kinship care assessment and training. It will firstly address the area of assessment, followed by training.

**9.1.2.a Informing Policy and Practice in the Assessment of Statutory Kinship Carers.** This study found that six social processes contributed to the stability of a statutory kinship placement: *feeling connected, seeing the need, empathising with, being constant, championing for, and being aware and accepting of the kinship context* (including the kinship carer's own strengths and struggles, the child's strengths and struggles, and the strengths and struggles of working with the statutory agency). The assessment process can be improved at a practice level by exploring all six of these areas. Each of the Australian states stipulate the format of the statutory kinship assessment. In Queensland, the initial kinship assessment involves a social assessment process that addresses motivation, capacity to care for the child, understanding of the child protection issues, relationship with the child, ability to work with the Department and others (Department of Communities, 2014). This study's findings can be applied to the questions and topics covered in kinship assessments. In this study, *feeling connected* was identified as the



active, emotion-based belonging process that occurs between the child and the carer.

Potential questions could include:

- If you have known the child prior to this assessment, how would you describe your relationship?
- If you have known the child prior to this assessment, how do you feel about the child?
- If you have not known the child before this assessment, how do you think you will build a connection with the child?

The above questions assist in exploring the existing *feeling connected*, or the carer's ability and intention to build a connection if the placement is approved.

*Seeing the need* was also identified in this study. This included the kinship carer seeing the absence of a capable parent/carer and a defining moment, resulting in the carer deciding to provide care. The following questions could be added to the formal assessment process to draw out this *seeing the need*:

- Can you tell us your understanding of why the child needs a kinship placement?
- Can you tell us about your understanding of the child protection issues for child?
- What made you decide to consider providing kinship care for the child?
- How did you decide to become a kinship carer for the child?
- Who did you talk to about this?
- How long did it take you to decide this?

*Being constant*, which also emerged in the theory, saw the kinship carer as having an active parenting presence for the child beyond the placement. Related questions that could be incorporated into the kinship assessment include:

- If you knew the child before considering becoming a kinship carer, what was your relationship like? Have you ever looked after or taken care of the child?
- If approved to care for the child, describe how you intend to parent the child? If a friend who knows you well, was asked to describe you as a parent, what would they say? Can you tell me how you would parent child? What would be the most important parenting things for you to do as child's Kinship Carer? Can you share a parenting success you have had? Can you share a parenting fail you have had and what you would do differently if you could have a redo?
- If approved to provide care, what are your expectations of your role if the child returns to his/her parents' care?

The above questions will assist in exploring how a prospective kinship carer will be a constant for the child.

Assessing how a prospective kinship carer empathises with the child can add to the statutory kinship assessment. Questions that explore perspective-taking could include those that address both being emotionally empathic and compassionately empathic.

These could include:

- What do you think the child feels about the kinship assessment?
- What do you think the child feels about his/her family?
- What do you think the child feels about the issues that led him/her to need a kinship placement?

Questions that explore emotional empathy could include:

- If you have a relationship with the child, how do you feel when you see the child struggling with child protection issues? What do you do to manage these feelings? Do they impact on how you interact with the child or the child's parents?
- Can you think of a time when you have been caring for another person who experienced sadness or hurt? How did it make you feel? What did you do about it?

These questions could assist the assessment of a kinship carer to cover how the applicants currently empathise. The final question could draw out compassionate empathy: *'Given the responses to the above questions, did you take any action in relation to what the child was experiencing?'* Together, these questions help to build an understanding of how the kinship carer applicant currently empathises and gives a sense of what education and training they have in the area to support enhancing their *empathising with* skills.

*Championing for* appeared as being child-led and observing the child in light of all that is positive and possible. This construct could be explored during the kinship assessment process with some of the following questions:

- If you have known the child before this assessment, tell me about your relationship. If you had to describe the child in 100 words to a stranger, how would you describe them? What have been the child's main achievements since you have known them?
- If you are a parent, tell us how you advocate to get your child's needs met.
- If successful with being a kinship carer, what skills and abilities would you apply to advocate for the child's needs?

- If you are a parent, tell us about the values that inform your parenting decision-making.
- In choosing to be considered as a kinship carer, how will you advocate for things you believe the child needs?

These questions could assist in drawing out the *championing for* behaviours of the applicant kinship carer during the assessment. It would assist the assessor in understanding how the behaviours exist in the present, as well as inform what support and training the carer would need if approved. For example, if the applicant reported that during a school issue with a teacher, they advocated for their own child by demanding the teacher change the child's grade on an assignment, this could highlight a need for training in relation to managing conflict and emotional intelligence with a focus on considering all parties' perspectives. If the applicant gave an example in which they saw their child being berated by a teacher using name-calling, but did not feel confident in intervening and left, this could highlight the need for training in having difficult conversations. Building an understanding of an applicant's *championing for* skills during the assessment can assist the practitioner to apply this knowledge in the training and supporting areas of the kinship role.

The assessment process provides a good opportunity for the practitioner to build knowledge of the kinship applicant's understanding of the kinship context. This will focus on their awareness of what their own strengths and struggles might be when being a kinship carer, the strengths and struggles the child will face (particularly when being placed with the kinship family), and the strengths and struggles of being involved with a statutory child protection agency. Questions for the assessment about the applicant's strengths and struggles could include:

- What strengths do you bring to the role of kinship carer?
- What strengths will your family bring to the role of kinship carers?
- If I were to ask your referee for your greatest strength in relation to being a kinship carer, what would they say?
- What are you likely to struggle with in being a kinship carer?
- What do others think you will struggle with?
- If you have considered becoming a kinship carer before, why did you opt not to, and what has changed?

Questions about the strengths and struggles in relation to the child could include:

- When you think about 'child' living with you, what will 'child' find easiest?
- What will 'child' struggle with the most about living with you?
- What are 'child's' strengths, and what are 'child's' biggest challenges or struggles?

Questions about working with the statutory agency and the associated strengths and struggles could include the following:

- What has been your experience of the statutory agency to date?
- What would you describe as the strengths of working with them, and what are the struggles?
- When thinking about becoming a kinship carer, what do you think will be the easy parts of working with the statutory agency, and what may be a challenge?
- Given that the Statutory Agency will be the legal decision-maker for the child, are there decisions you will struggle to follow given that you will be providing daily care for the child?

Questions that explore the applicant's understanding of the kinship context will inform the training and support required for the kinship carer within the context of the placement. This allows the practitioner to understand how realistic the applicant's understandings of the struggles are and provides an opportunity to explore this understanding and share information about the struggles. As detailed above, this study's findings in relation to stability can be applied to the practice of kinship carer assessment work.

#### **9.1.2.b Informing Policy Practice in the Training of Statutory Kinship Carers.**

In the Queensland statutory setting, kinship carer applicants are not required to complete any formal pre-placement or post-placement training. This study's findings can inform the training offered to kinship carers, both before and after placement. When considering the core and non-core categories, training may be provided to build knowledge or support kinship carers skills development in the categories of *seeing the need*, *feeling connected*, *empathising with the child*, *championing for*, *being aware and accepting* of the kinship context. The non-core category of *being constant*, may not be supported by training, however the importance of it could be reinforced by training the carer in relation to topics like understanding the impact of trauma and providing trauma informed care.

When considering the substantive theory developed in this study and training for kinship carers, the areas of training could focus on reflection—that is, training that provides a small amount of knowledge but allows the kinship carers to apply this and reflect on how this knowledge impacts on them, their family, and the child. The training identified could also include areas in which there is specific knowledge to be shared, and finally training where the focus is on building skills. Prior to or shortly after the placement, providing formal training either in a group or one-on-one could occur in relation to *seeing the need*. This training content could focus on reflection. The construct of *seeing the need* emerged in the study as being critical to the kinship applicant being willing to provide care. If, in the pre-placement phase or shortly after the placement, training is offered, it should provide an overview of why and how statutory child protection intervention occurs, with specific details including the focus on parent–child connection, family contact, reunification and the court processes. This would assist the kinship carer applicant to *see the need* for the placement, but also require them to consider a way to balance their role as a kinship carer with their role in the larger family and kin network. Another area of training, either before the placement or shortly after, could focus on understanding the impact of adversity and harm on a child or young person, commonly referred to as ‘understanding trauma.’ The importance of these topics are supported in literature, with training specifically in relation to parenting children who have experienced trauma, understanding the impact of trauma on development and practical strategies to enhance healing being reported as invaluable (Department of Communities, 2011; Luu et al, 2020). This training could support the kinship carer to see the need for the placement but could also assist in building onto two of the other social processes, the *feeling connected* and the *empathising with* the child. Training kinship carers in this area requires the practitioner to remain empathic and emotionally intelligent, as for many kinship carers, the adversity and harm experienced by the child can cause the applicant kinship carer to experience a level of shame, particularly where a preplacement relationships existed (Breman, 2014). This area of training may be best provided one-on-one rather than in a group setting, as it allows the kinship carer and practitioner to explore the topic as it specifically relates to the child needing the placement.

Another area of training could focus on the acquisition of specific knowledge around the workings of the statutory agency, key positions, what the different child protection orders mean, how they apply to the kinship carer’s daily care and parenting decisions, how the court process works, how to access support, how statutory decisions are made, how to have a decision reviewed if there is disagreement, etc. Building the kinship carer’s

knowledge of the statutory agency and how it works will assist in helping them to be aware and accepting of the strengths and struggles of working with the statutory agency.

Finally, offering specific skills training to kinship carers during the pre-placement phase or shortly after the placement begins to support them in *empathising with* and *championing for* the child could in turn support placement stability. In relation to *empathising with*, this would include all three types of *empathising with*: that is, *empathising with* by perspective-taking, emotional empathy, and compassionate empathy. This training could be offered in a group setting or one-on-one but would cover the three different types of empathy and contain activities that allow the carer to practise the skills of understanding and apply these three different types of empathy to the specific child's experiences. The inclusion of empathy training would also allow the kinship carer to practise those skills in relation to both the child and other key people in the statutory setting, including the parents, the kinship carer's immediate and extended family, themselves and even workers in the setting. Being able to build empathy skills could enhance the stability of the kinship placement.

The final component of skills development is in relation to *championing for*. While the feelings in relation to *championing for* cannot be trained, the skills in relation to how the kinship carer can effectively champion in a team setting are very important. Providing the kinship carer with training on how to champion in an effective way for the child, both in the statutory setting and in relation to getting the child's needs met across other settings, including education, health, within the extended family and other areas, could result in the carer experiencing fewer challenges in providing care. Training assists to reinforce the importance of the kinship carer role for the child, and as a key part of the care team, that includes the statutory agency. In summary, providing training that allows the kinship carer to reflect, build knowledge and practice skills across the areas of *seeing the need*, *feeling connected*, *championing for*, *empathising with* and *being aware of the kinship context* could support stability in placements once they begin.



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