

This document extracts specific content related to Kinship Carer recruitment practices 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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**THE UNIVERSITY  
OF QUEENSLAND**  
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**Stability in Statutory Kinship Care:  
A Constructivist Grounded Theory Study of Placement Stability.**

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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.a Kinship Carer Recruitment.** Numerous literature reviews and studies specifically related to statutory kinship care detail factors that influence the recruitment of kinship carers (Boetto, 2010). During the recruitment phase for kinship carers, potential familial or non-familial kinship carers are approached by the statutory agency in relation to a specific child's need for a placement (McHugh, 2009). In line with the legislation, the child and applicant carer are either related to each other or known to each other. This is a time of crisis whereby the family and child are experiencing adversity, heightened emotions, and shame (Boetto, 2010). A focus on family values by the kinship carer appeared to be a specific motivation to care for the child, including a commitment to and love for the child (Coakley et al., 2007). In a study comparing the placement stability between foster care and kinship care, it was found that family obligations and expectations motivating the decision to provide care during the recruitment process contributed to stability in the placement (Harden et al., 2008). Other motivating factors identified as contributing to the recruitment of kinship carers included the kinship carer wanting **the family to remain**

together, specifically not wanting siblings to be separated or for children to be placed in foster care (Lernihan & Kelly, 2006).

A 2017 qualitative study of statutory kinship carer recruitment practices in Australia gathered data from 20 non-government and government organisations across all Australian jurisdictions (Richmond & McArthur, 2017). The study found that there was a lack of rigour and resources in finding kin for children and young people which resulted in poor placement decisions for children, especially for Aboriginal and Torres Strait Islander children (Richmond & McArthur, 2017). The practices of recruitment included diagrammatically representing the children and family members like a family genogram or family tree (Lutman et al., 2009). The completion of a network map or ecomap allowed the practitioners to diagrammatically display non-familial connections, including the strength of the relationship within a child's life (Lutman et al., 2009). As well as detailing the resources and practices of recruitment, it found that both the recruitment and retention of kinship carers should be a priority for agencies and governments at all levels in policy and practice (Richmond & McArthur, 2017).

A 2009 research project in New South Wales, Australia, focused on developing a framework of practice for the implementation of a kinship care service (McHugh, 2009). This project included a literature review and focus groups with stakeholder practitioners and kinship carers. It found that recruitment should occur via family group conferencing methods. This is a process of approaching family members, inviting them to participate in decision-making and then facilitating group decision-making meetings whereby the statutory imperatives are shared with the family and the family then engages in planning to address the child's need for safety, protection, permanence, and wellbeing (McHugh, 2009). The process, as specifically related to the recruitment of kinship carers, is about gaining an understanding of the relationships between the family and their community—that is, their immediate and extended family, and significant friends—as well as providing the family group with information about the child's specific needs (McHugh, 2009). In addition to family group conferencing, this research project also noted that in Canada, recruitment occurred via the appointment of a specific 'finding family' position where they located family using a variety of strategies, including using the government transport data for

drivers' licences (McHugh, 2009). While not able to secure a kinship placement for all children referred, 98% of the cases ended successfully, connecting a child to family members (McHugh, 2009). McHugh (2009) found that a challenge in the recruitment of kinship carers was the practice of statutory workers only having a cursory search for kinship placement options given their workloads and competing priorities. Some research findings suggested the importance of practitioners being more diligent, focused, and active in examining and exploring possible kinship care options (Farmer & Moyers, 2008; Nash, 2010; Richmond & McArthur, 2017). Research also noted that time is required to accurately map and, importantly, connect and engage with the child's kinship network, as it can include family who live in other areas; importantly, it emphasised that building a trusted engagement can take time (McHugh, 2009).

Numerous studies did not specifically consider the recruitment practices but applied their findings to the application of practice. Lutman, Hunt, and Waterhouse (2009) noted the importance of considering both the maternal and paternal side of a child's family during the recruitment of possible kinship carers. A 2009 study in New South Wales, Australia, collated data from three sources: existing kinship literature, interviews with key stakeholders (government and non-government practitioners) and then focus groups with statutory kinship carers (Breslin, 2009). This study found that family group conferencing, or the practice of inviting family and people who are significant to the child to meet and jointly make decisions related to the child, was identified as a process that assists with the identification of possible familial and non-familial kin. The inclusion of this practice was also linked to placement stability (Breslin, 2009).

An Australian systematic review of the needs of carers of Aboriginal and Torres Strait Islander Children and Young people in foster care was completed in 2018 (Kalinin et al., 2018). This review included twenty-eight research articles or publications from 2000 to 2017. The review found the risk of placement instability in out-of-home care centered around support and recruitment, availability, and retention of carers (Kalinin et al, 2018). In relation to carer recruitment, the review found that the following factors impacted on recruitment of carers for Aboriginal and

Torres Strait Islander children:

- Traditional Aboriginal or Torres Strait Islander child rearing practices being a mismatch with expectations or standards of the out-of-home care system,
- Disproportionately more material disadvantage experienced by an aboriginal and Torres Strait Islander families, therefore impacting of availability of extra resources to provide care,
- The statutory agency failing to identify children's and young people's Indigeneity resulting in poor placement exploration (Kalinin et al, 2018).

This review suggested improvements in relation to the cultural engagement for children and young people as a strategy to improve the recruitment of kinship carers. It also noted that statutory agencies need to revise their recruitment of carers policies to ensure Aboriginal and Torres Strait Islander carer applicants are fairly treated, with a focus on out-of-home care models accommodating Aboriginal and Torres Strait Islander traditional child rearing practices, particularly in relation to shared care of children (Kalinin et al, 2018). The review argued that these improvements could result in improved recruitment of Aboriginal and Torres Strait Islander carers; kinship, and foster care, for Aboriginal and Torres Strait Islander children and young people.

Finally, numerous studies identified that the process of the recruitment of familial and non-familial kinship carers could be improved via the support, information provision and resourcing of statutory kinship carers, all of which result in concerns for people considering providing kinship care (Coakley et al., 2007). These elements are detailed in the following sections, as they relate more specifically to practice during the assessment and support phases. However, these studies highlight the relationship between good practice in the kinship carer assessment and support phases and the increased recruitment of kinship carers (Coakley et al., 2007).

In summary, the research related to kinship recruitment practice highlights the need to allow time to find the child's kinship network, the importance of and engaging the kinship network as both a means of gathering and giving information about the child, and consider all the kin network including the familial, both maternal and paternal, network and the non-familial network.



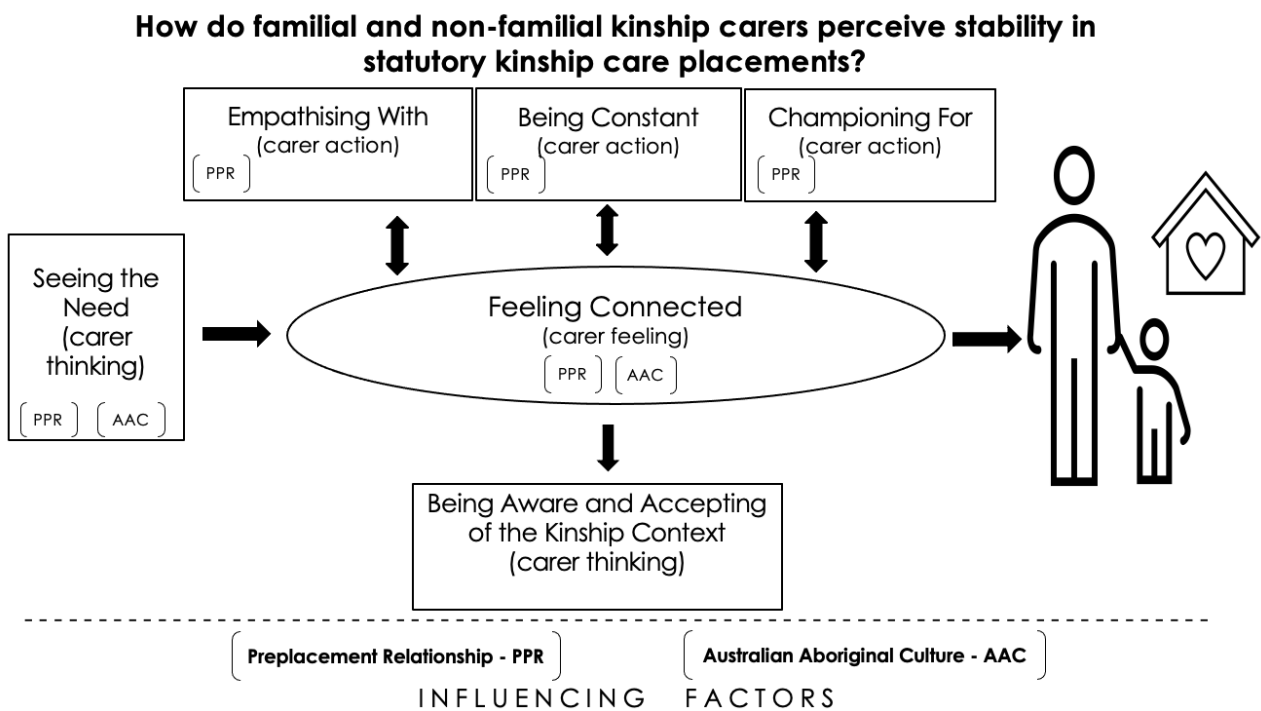


### 7.5 Substantive Grounded Theory: Stability in Statutory Kinship Care

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*.







**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.



### **9.1.1 Recruitment of Kinship Carers for Children and Young People Requiring Statutory Out-of-Home Care (Familial/Non-Familial)**

The findings for this study inform the practice and policy areas for kinship care recruitment by statutory agencies and those working in the out-of-home care sector. The areas of recruitment have been clustered into three areas: informing statutory kinship care policy, informing practice to find kin, and informing practice to engage kin.

**9.1.1.a Informing Statutory Kinship Care Policy.** Numerous Australian states have clear policies detailing the directives and practices for statutory kinship care. In Queensland, these include a Kinship Care Policy, a Kinship Care Program Description, and a Kinship Care Literature Review (Department of Communities, 2011; Department of Communities, 2013; Department of Communities 2014). While these three publications detail the Queensland Government's current directives and priorities, this study makes considerable findings that are not adequately covered in these documents. The most critical finding for recruitment policy and practice was that of kinship carers *seeing the need*. As previously stated, this emerged as a combination of the absence of a capable parent/carer and a defining moment at which the carer decided to provide statutory care. The kinship carer being aware of the absence of a capable parent/carer was the first critical element. The Queensland policy documents in this area discuss the inclusion of a genogram and ecomap process to be conducted with the parent and child, with the goal of identifying possible familial and significant community networks that might be kinship options; however, the process of engaging these parties, assisting them to 'see the need' and critically engaging those who are not identified by the parent or child is not covered (Department of Communities, 2014). This study highlights the importance of explicitly addressing this issue in policy, as well as providing statutory and out-of-home care practitioner guidance on how this can be done, enabling practitioners to balance the parent and child's right to confidentiality and the child's right to reside within their family. **This is**



further addressed below with a focus on practice; however, it is imperative that the policy directive supports the improvements in practice.

This study found that both the maternal and paternal family provided stable statutory kinship, which is an important factor to include in policy. The statutory practice of engaging both the maternal and the paternal family when a child requires an out-of-home care placement is critical. The current Queensland Kinship Program Description documents the practice of using a genogram to perform the early identification of kinship care options and further states that both the paternal and maternal family should be mapped. However, neither of the other documents reinforce the importance of both sides of the child's family (Department of Communities, 2014). It is acknowledged that, at times, when a child has statutory involvement, the child's paternity may not be detailed on their birth certificate, nor provided to the statutory agency. Being explicit that paternal and maternal kin can provide a stable statutory kinship care placement is important to guide the work of practitioners in recruiting kinship carers. The next finding from the study noted that while immediate extended family could provide stable statutory kinship care placements, so could more distant extended family. This can be achieved through the process of creating a genogram (Department of Communities, 2014). This finding highlights the importance for practitioners to identify and engage both immediate family and extended family, as both can provide a stable statutory kinship care placement.

In addition to the process of creating a genogram to document the close and extended familial ties in the paternal and maternal family, the Queensland Kinship Program Description suggests the use of an ecomap to explore the significant people in the child's community network (Department of Communities, 2014). This study found that the non-familial carers appeared to be two distinct groups: those who had previously played a caring role in the child's life, and those who had played a professional role. This study's findings suggest that a potential policy improvement may be to include the professional group specifically in any policy directives and practice guidelines, as it includes more than teachers and coaches.

This study found that while the majority of kinship carers had a pre-placement relationship with the child, a quarter did not. This is important when considering policy directives for finding kinship options as it highlights another area of potential policy improvement. While the genogram process will identify extended family who may not have a pre-placement

relationship with the child and/or the parent, the eco-map process will not detail this for non-familial kinship options who do not have a pre-placement relationship, nor is it supposed to. The study found that four familial and one non-familial kinship carer/s had no pre-placement relationship with the child. The non-familial carer was known to the Indigenous community; in line with the Queensland Child Protection Act 1999 Section 83 and the Child Placement Principle, they were approached for the child's placement (Child Protection Act Qld, 1999). The Kinship Care Program Description notes the inclusion of consultation with Aboriginal and Torres Strait Islander services to ensure kin networks are explored (Department of Communities, 2014). This document prefaces the exploration of kinship options as the practice of "documenting the relationships and quality of the relationships" (Department of Communities, 2014, p. 10). Given that there was no pre-placement relationship in a quarter of the stable statutory kinship placements in this study, statutory policy needs to state clearly that while the type of relationship and its quality are important, it is also essential that family without these relationships are engaged in the process of kinship exploration, as these placements can also proceed to providing stable statutory kinship care.

This study of stability in statutory kinship care found that the majority of children were under 12 years old when placed with their kinship carer, with almost a quarter of children being over 12 years of age. This finding highlights the importance of policy explicitly directing practice to prioritise the recruitment of kinship care placements for all children and young people, regardless of age. In addition to the importance of recruiting for children all ages, including those over 12 years, this study's findings regarding children moving from a residential setting to stable kinship care should also inform policy. While acknowledging the small sample size in this study, 40% of the children had an out-of-home care placement prior to being placed in their stable statutory kinship care placement. Eleven per cent of children resided in a residential care placement specifically designed for children and young people with complex or extreme behavioural support needs (Department of Child Safety, 2020). It is vital to ensure that practitioners have a policy directive to continue to explore kinship care for all children subject to a statutory order where they have not secured a long-term family-based care placement, including those with complex behavioural support needs.

This study found that the majority of kinship carers were aged between 30 and 45 years of age when commencing their kinship care role. This finding can inform the communication

strategies used to engage this group. The use of a genogram and ecomap was detailed in the Queensland Kinship Program Description to identify familial kin or significant members of the child's community (Department of Communities, 2014). However, the program description did not provide policy directives or guidance in relation to the next practice step of contacting and liaising with familial kin or significant members of the child's community. This next step could be informed by this study's finding in relation to the age of kinship carers. Policy should include the use of basic communication strategies, such as requesting telephone or email contacts for the people identified; however, to maximise improvements, it should also consider strategies that would engage people whose contacts details have not been provided by the parent or child. Social media provides a communication and engagement platform that could support the recruitment strategies of statutory agencies to connect with possible familial and non-familial kin. With 90% of Australian people aged between 30 and 50 years of age using Facebook, this platform provides the functionality to directly message a person, see their 'friends' and reach out to request engagement without breaching the child's or the parents' confidentiality (Yellow, 2020). This is one example of applying the age range of carers to improvement engagement strategies. The next section will detail the practice improvements informed by this study.

**9.1.1.b Informing Practice in Finding Statutory Kinship Carers.** The findings in relation to this study contribute to our knowledge about stability in statutory kinship care. The policy improvements outlined above provide the directives for practice. This section will detail possible practice improvements informed by the study's findings specifically related to finding statutory kinship carers.

This study found that *feeling connected* was the core component of a stable statutory kinship placement. In cases where the carer and child had a relationship before the statutory order was made, it was identified that *feeling connected* existed. This can be applied to the practice of finding kinship carers. The Queensland Program Description details the use of the genogram and ecomap process to identify possible familial kin and significant community networks; however, it does not provide key practice guidance in relation to how this is done and the level of information to share with kin (Department of Communities, 2014). This study found that *feeling connected* was an active, emotion-based belonging process between the child, the carer, and their family. When applying this to the practice of finding kinship carers, we need to use the information gathered through

the genogram and ecomap process, then build on this with information obtained from the parents, child, and other key parties. Questions such as those presented below will assist practitioners in building an understanding of who already exists in the child's life and has a connection with them.

- Of the people identified, does the child feel connected to any of them, or does the parent?
- How was this connection built?
- What does the connection look like?
- How long has it existed?
- Does the child feel safe when with this adult and their family?
- Are there any adults not identified in the genogram or ecomap that the child feels connected to?

This study's findings highlight the importance of *feeling connected*; thus, using *feeling connected* to inform our exploration of possible kinship placements means that we draw on possible success factors for a stable statutory kinship care placement.

Two other findings from this study can inform the practice of finding kinship carers: *being constant* and *championing for* the child. Both emerged as components of stable statutory kinship care in this study. Information-gathering by practitioners in relation to these components can add to practice in the area of finding kinship carers. Questions asked of children and parents during the genogram and ecomap process in relation to *being constant* could include the following:

- What other adults help look after you/the child?
- If a parent went to hospital and needed to stay the night, who would look after you/the child?
- If you/a parent needed help with the house, name three adults you would ask.
- If child had a birthday party, which adults would you invite? Who wouldn't be allowed to come, but you wish they could?
- Other than 'parent,' name three other adults you have known for the longest time.

*Championing for* was described in this study as being child-led and seeing the child in light of what is positive and possible. The following questions in relation to *championing for* can assist in the practice of finding statutory kinship carers:

- Name three adults that see the best in you (or the child).
- Name three adults who are always on your (or the child's) side.

- If you (or the child) were running a race at school, name three people who would be there cheering for you.

These questions assist both the parent and the child to share information about which other adults have played a constant role in the child's life and have *championed for* the child. They should be used with other key parties to build up a picture of who has played a constant role in the child's life and *championed for* them, as these roles contribute to providing a stable statutory kinship placement. The above questions provide insight into both familial and non-familial kinship options. This study found that half the non-familial kinship carers knew the child through their professional role, and it was in this role that they initially became a 'constant' for the child. This highlights the importance of drawing on both the familial information and community network to ensure that practice is considering familial and non-familial kinship options.

Using the above elements to explore and find kinship carers relies on the inclusion of a pre-placement relationship between the possible kinship carer and the child or their parent. This study found that while the majority of kinship carers had a pre-placement relationship with the child, a quarter did not. As stated above, this study's findings support improvements to policy directives that require the consideration of those without a pre-placement relationship. But how does this work in practice? The practice of engaging familial and non-familial parties for whom no pre-placement relationship exists, can be complex. Of the five participants who did not have a pre-placement relationship with the child, one was found and engaged by the statutory agency and one was engaged by the non-custodial parent (who was made aware of the statutory intervention with the custodial parent), and the final were three Indigenous kin who were found and engaged through family Elders. Critically, these findings highlight the importance of the statutory agency engaging the parents, family and, in particular, the Indigenous community in finding kin. While it is the practice of the statutory agency to identify, find and contact possible kinship options, it is equally important that the agency implement practices that invite and request the parents, family, and Indigenous community to also do this. At a practice level, it should be clear how any kinship options located can be actioned in a timely and respectful manner. This type of practice is further discussed below.

As addressed in the above policy area, this study found that both the maternal and paternal family provided a stable statutory kinship care placement. The practice of

engaging both is covered in policy; however, the practice of finding paternal family when the paternity of the child is unknown or not shared with the statutory agency does create an issue in practice. While this study did not have any participants for whom this was the case, the results related to stable kinship care being provided by the paternal family do confirm the importance of practitioners striving to continually re-address this knowledge and seek information from more than just the individual parents (i.e. asking close and extended family, the community network etc.). In relation to paternity, this study had one paternal family participant who made it clear that the level of violence and impact on their family's safety caused by the child's father meant that they did not provide kinship care. However, when the child's father died suddenly, this paternal family became the child's kinship carer. From a practice perspective, the risk of violence by the natural parent is not only a paternal family issue but does critically highlight the importance for the statutory agency and out-of-home care services to understand and accept this valid reason for not providing kinship care; however, it is equally important for them to recontact family if the circumstances change in relation to the risk of violence.

The other findings in relation to this study that can inform kinship practice in finding kinship carers concern the inclusion of the community for Aboriginal and Torres Strait children and families. As previously stated, Aboriginal and Torres Strait Islander children are disproportionately over-represented in the statutory setting (Bath, 2015). This over-representation highlights the importance of considering this study's findings in relation to practice. This study had six kinship carer participants who identified as Aboriginal. The findings revealed that community Elders played an important role in the process of finding kinship carers. The inclusion of family, extended family and community Elders resulted in kin being found that did and did not have a pre-placement relationship being contacted and involved in decision-making for this child. These findings reinforce the practice of inviting, including, and prioritising the voices of Aboriginal and Torres Strait Islander community Elders and family. While the Queensland Kinship documents do identify the importance of liaising with Aboriginal and Torres Strait Islander agencies, they do not explicitly detail the practice of finding kin by establishing formal practices with community Elders (Department of Communities, 2014). This study's results would need to be considered further by Aboriginal and Torres Strait Islander people to effectively determine possible practice improvements.

This study found that 40% of children had other out-of-home care placements prior to entering their stable kinship placement. This result supports the Queensland practice of the ongoing exploration of kinship carers, as detailed in the Program Description (Department of Communities, 2014). While it details the requirement to continue exploring kinship placement options provided the child is not in a long-term placement, and further suggesting that this occur during the Case Plan Meetings; it could be improved by making specific reference to examining the both the child's family and community network, as this study found that half the non-familial kinship carers had known the child through a professional role prior to providing kinship care.

The final finding that could influence the practice in finding kinship carers relates to the age of the majority of the kinship carers. As noted above, the majority of kinship carers began providing care when aged between 30 and 54 years. As discussed previously, policy improvements could be made to ensure more contemporary communication platforms, such as social media, are approved for use. With 90% of people in this age range accessing social media, the practice of finding kinship carers could be improved by utilising these platforms (Yellow, 2020). As well as facilitating direct contact with people, they also allow practitioners to see these people's friends and connections, review their likes and dislikes, and overall, make a preliminary assessment of how this person could assist with the goal of finding kin. For example, if an adult family member has a Facebook profile, and they are regularly posting images and quotes promoting illicit drug use, they may be unlikely to be an appropriate kinship option for the child; however, they may still be able to assist the practitioner in contacting other family members.

In addition to using the web to search for individual kin, it can also be used to build the overall profile of a kinship carer. If the profile of statutory kinship care is enhanced through social media and online avenues, with the inclusion of key information, online training, and other resources, when individuals are faced with this complex decision, they may feel better supported and more readily able to access these supports. The enhanced practice of utilising the information available on the web to find and connect with possible kinship options could see improvements made to the practice of finding kin.

In summary, considerable findings of this study could be applied to improve the practice of finding kinship carers.

**9.1.1.c Informing Practice in Engaging Statutory Kinship Carers.** This study contributes to informing the practice of engaging statutory kinship carers across two areas: ensuring the engagement is focused on assisting the carers to *see the need* for the placement, and the importance of the parents and/or family in assisting with approaching kin for the placement. *Seeing the need* emerged as a component of a stable statutory kinship care placement in the study's findings. The statutory practice of ensuring that family, extended family, and significant people in the child's community network are provided adequate information to ensure they understand the child's need for a kinship placement emerged as critical. To engage family for the purpose of engaging possible kinship carers, the statutory agency should encourage and support the family to do this, either alongside the statutory agency or independently. This study found that about a quarter of participants were approached directly by either the parent or the extended family. More than a third were approached jointly by the parent or family and the statutory agency, with a quarter being approached by the statutory agency directly. This process of encouraging family to participate collaboratively in key decision-making for the child, particularly in securing a kinship placement while the parent works on the child protection issue with the statutory agency, is referred to as family-led decision-making (Winangali, 2017). The process sees all parties plan collaboratively to achieve set goals, whereby there are actions agreed upon by all parties, including the statutory agency and individual family members. The aim of this process is to provide a culturally sensitive environment and a family-inclusive forum in which the process is enhanced and underpinned by the families' strengths and expertise (Winangali, 2017). This study's findings support the inclusion of family-led practices to engage possible kinship carers. This practice saw the engagement of kinship carers who both did and did not have a pre-placement relationship with the child. It also resulted in some non-familial kinship carers being identified, specifically those who had an established professional relationship with the child but were considering moving to a personal relationship. Overall, jointly planning with parents and family to seek an appropriate kinship carer when the child could not reside with their parent resulted in a stable statutory kinship care placement in this study.

Upon finding the possible kinship carer through the parent, family or statutory agency, the engagement needs to be focused on working with the possible kinship carer to enable them to 'see the need.' This study found that *seeing the need* was a combination of the absence of a capable parent/carer and a defining moment for the kinship carer, resulting in them deciding to provide a statutory placement. These findings indicate that, to engage



kinship carers, our practice must include providing critical and thorough information. This does not discount the balance in relation to both the child and the parent confidentiality; rather, the information must provide the possible kinship carer with sufficient quality and quantity of information to allow them to formulate an understanding of the child's need for a kinship placement. This finding also highlights that the practice of engaging the possible kinship carer and requiring a decision as to whether they will consider providing care should not be rushed. While the majority of this study's participants provided the first placement for the child, 40% provided a kinship placement after the child had previously resided in another statutory placement. Engaging the possible kinship carer with key information while accepting that they may need time to consider the decision are practice improvements informed by the findings in this study. Real engagement must allow for questions to be asked and decisions to be considered without feeling pressured and rush. It should take time and be focused on building a relationship so that even if a placement is not an option, the child and family member could start **a having** contact and building a connection.

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