This document extracts specific content related to Kinship Carer support and monitoring 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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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.c Kinship Carer Placement Support and Monitoring. Kinship care has been found to provide a more stable placement than other forms of care; however, there is a body of literature stating that this is reduced if kinship carers do not receive sufficient support (Farmer & Moyers, 2008; McHugh, 2009; Palacios & Jiménez, 2009). The study by Farmer (2009b) in the United Kingdom, while not specifically addressing the support and monitoring needs, found that stable kinship care placements were provided when carers demonstrated particularly high commitment to the child. Such carers were able to put the needs of the children before their own and were determined not to give up (Farmer, 2009b). Specifically, this study found that kinship carers demonstrated higher levels of commitment than foster carers. When applying these findings to the support of kinship carers, the support work needs to encourage, enhance, and support the commitment levels of the kinship carer. The provision of financial and non-financial supports was also

identified as contributing to positive placement outcomes in a kinship care placement (Farmer, 2009b).

In 2015, a Victorian study in relation to non-familial kinship carers found the stressors of care provision included the child's challenging behaviours, carer fatigue, challenges with the statutory system, conflict with the child/ren, conflict with family members, the child's physical or mental health, and financial struggles (Kiraly, 2016). The stressors tend to cluster across three areas: child-related, carer-related and working within the statutory system. As well as these stressors, several non-familial kinship carers stated that information about the statutory system and support services, specific knowledge in relation to the child's history and support to help the carer know how to best respond to the child given their trauma history were all lacking, leading to added stress for carers (Kiraly, 2016). Kinship carer participants indicated that the best thing about their role was being able to give children new opportunities and help them develop (Kiraly, 2016).

A New South Wales research project that included a literature review, stakeholder focus groups and carer focus groups pointed to the importance of providing the same types of support services that would be provided to foster carers, including medical, dental, educational, clothing and gift allowances (McHugh, 2009). The research project made a practice recommendation that kinship carers should be offered access to support services, including respite such as childcare, social, and recreational activities, and camps (McHugh, 2009). These two studies highlight the requirement of support and monitoring to have a three-way focus in working with the carer, supporting them with the child, supporting the carer's needs, and finally, supporting the carer in working with the statutory system (Kiraly, 2016; McHugh, 2009). Support needs to focus on child-related matters, assisting the carer to understand and respond to the varied needs and behaviours of the child. It needs to include a focus on the kinship carer and how they are managing, responding, and feeling in relation to the child, the placement experience, and the family. Finally, it needs to have a focus on sharing information and educating the kinship carer in relation to the statutory system and the support services available (McHugh, 2009).

The New South Wales out-of-home care kinship model proposes that practice be strengths-based and family-based and that culturally appropriate decision-making processes be implemented within case planning to facilitate decisions about relative or kinship care placements (Department of Community Services, 2007). Supports need to focus on areas that improve placement stability, including those relating directly to the child and carer (Department of Community Services, 2007). Supports should focus on improving intra-familial relationships; this could include the facilitation of contact and relationship-building across all parties (Department of Community Services, 2007). Supports directly from a caseworker should be based on the needs of the family but may include home visits, phone contact and emails. Additional specialist supports are structures around the stressors identified by the carer and include training, peer support, respite care or practical support (Department of Community Services, 2007).

An Australian systematic review of twenty-two articles or publications found that placement instability was related to the unmet support needs of carers for Aboriginal and Torres Strait Islander children and young people in foster care (Luu et al, 2018). The review found that supporting carers in key areas would better equip them to provide culturally safe and stable placements. Supports needed to include sustainable financial supports that met the cost of living, access to additional care supports like respite, afterschool care or day care and improved collaboration and communication with the statutory agency (Luu et al, 2018). In addition, it noted that the support needs of the carer directly linked to the needs of the child being adequately met by the statutory agency, which included culturally supportive and responsive care planning for children and additional child focused supports when children have complex behavioural needs. This study found that it was critical for kinship carers of Aboriginal and Torres Strait Islander children and young people, that a greater focus on supporting the kinship carer and the extended family for the changes to their family brought about by providing care for a child in the statutory system. It noted that when a family provides kinship care, this can result in additional strains to the family network, and so support to address this needs to be provided (Luu et al, 2018). The findings included both practical supports for the family and carer, as well as those for the child

Alongside the supports above, more recently, researchers have presented a practice framework with key theoretical underpinnings and domains to drive service delivery in kinship practice. The Kinship Care Practice Framework using a life course approach was recommended for practitioners applying a strengths-based lens with a focus on building competency and resilience with the kinship carer across four practice domains (Connolly, Kiraly, et al., 2016). The first domain of the practice framework is 'child-centred,' ensuring the child's needs remain the focus of the case work and include child-centred assessments (Connolly, Kiraly, et al., 2016). 'Relationship supportive,' the second domain, sees the support and monitoring focusing on the relationship dynamics and is supportive of how these dynamics can be addressed to best support both the child's needs for parental connection and the kinship carer's need to know the contact is safe (Connolly, Kiraly, et al., 2016). The third domain is 'family and cultural responsiveness,' which refers to practice that explores and supports the child and carer in relation to connecting to family and culture (Connolly, Kiraly, et al., 2016). It sees the support work assisting the kinship carer to address challenges and promote culture for the child.

The final domain is 'systems focus.' This refers to the practitioner understanding the importance of supporting the kinship carer in the complexities of providing care within the statutory setting. In addition, the practitioner should assist the kinship carer in addressing the practical, legal, and financial needs of the carer's family (Connolly, Kiraly, et al., 2016). While this practice framework does not appear to have been evaluated, it does draw on kinship literature. Furthermore, it applies the findings of numerous studies suggesting that support should be strengths-focused; consider the needs of the child, carer, and the family; and enhance the carer's ability to navigate the statutory system (Farmer, 2009b; Kiraly, 2016; McHugh, 2009; Sheahan & Klaassen, 2010).

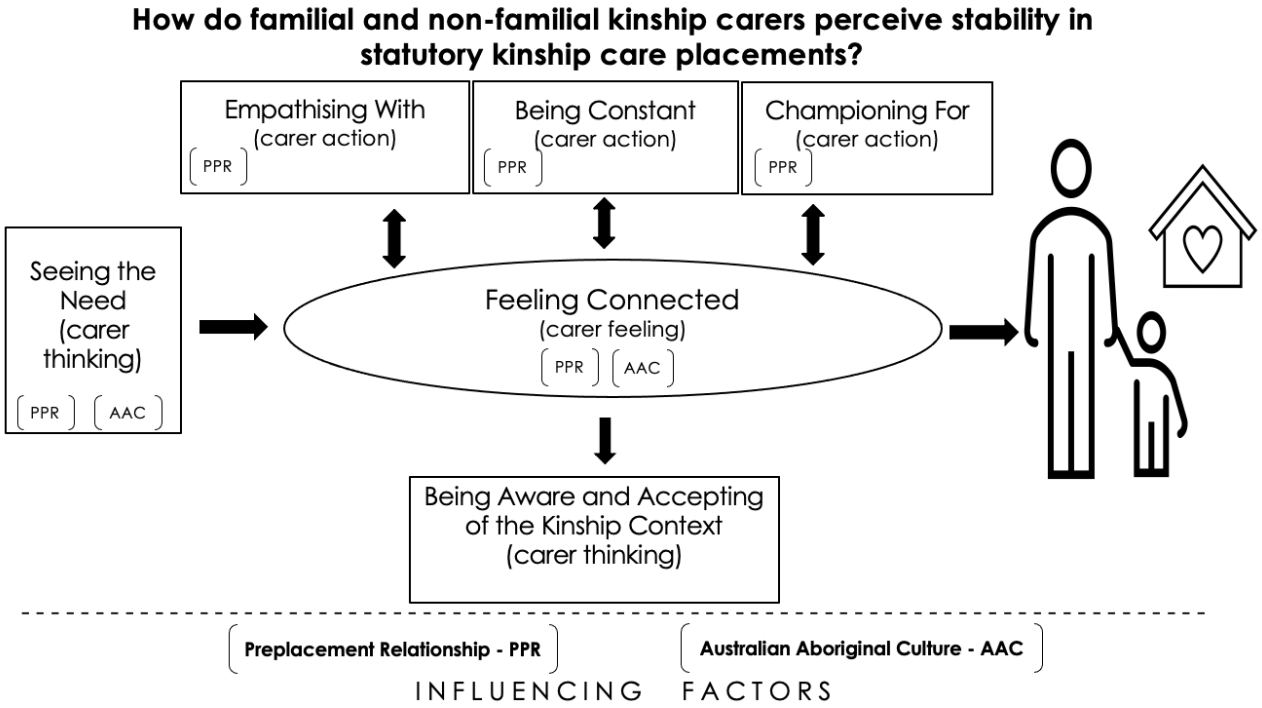
Extract from Chapter Seven - Substantive Theory: Stability in Statutory Kinship Care (continued)

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*, emphasising 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

9.1.3 Statutory Case Work, Carer Support and Placement Monitoring

This study's findings in relation to *feeling connected*, *seeing the need*, *being constant*, *championing for*, *empathising with*, and *being aware and accepting of the kinship context* could inform statutory case work, carer support and placement monitoring, and thereby enhance placement stability.

In relation to *seeing the need*, practitioners can apply this construct to the casework support and placement monitoring. This includes ensuring that the reasons the child is on a child protection order are consistently affirmed with the kinship carer and their family. Highlighting the ongoing importance of the kinship placement, while also acknowledging and validating the contribution of the kinship carer and their family, may contribute to stability in the kinship placement.

Feeling connected can be supported and monitored through statutory case work with both the kinship carer and the child. This study found that *feeling connected* was an emotion-based belonging process that occurred between the child and the kinship care family. The placement support work should therefore monitor this connection, ensuring that both the kinship carer and the child are given time to reflect on how the connection is going. The practitioner should ensure that they are looking for evidence of that connection and then reinforcing their observations with the kinship carer. This is an opportunity to acknowledge, affirm and validate the connection. Where the statutory case work involves an active level of reunification between the parent and the child, ensuring that the kinship carer is provided with an opportunity to debrief, share worries, and express emotions will assist in building and maintaining the *feeling connected*. Supporting kinship carers to build connection with the child should be a focus throughout much of the placement support and monitoring. Creating and facilitating experiences for the kinship carer, their family, and the child to build connection together could contribute to stability in the kinship placement.

Through placement support and monitoring, practitioners can build the kinship carer's ability to empathise, which may contribute to placement stability. This includes ensuring the kinship carer is encouraged to regularly *empathise with* the child via perspective-taking, as well as being emotionally and compassionately empathic with the child. Practitioners can ask the kinship carer how the child is experiencing the placement, statutory casework, or school; then, when areas of difficulty arise, the practitioner can assist the kinship carer to consider the child's perspective or reflect on how the child might be feeling. Where the practitioner identifies the kinship carer using empathy, this can be acknowledged and validated as an important part of providing a safe and nurturing home for the child. Where the kinship carer or members of the kinship family are struggling to empathise, the practitioner can provide upskilling in this area and offer activities to assist in

building the kinship carer's ability to empathise. This could also include training in relation to emotional intelligence or trauma-informed care.

This study's findings in relation to *championing for* can be applied to placement support, monitoring and statutory case work. Supporting the kinship carer to see the child in light of all that is positive and possible can be encouraged and reinforced by the practitioner during the support visits by ensuring discussion that draws on what the child's achievements have been. In addition to how the kinship carer sees the child, *championing for* involves advocating for the child's needs. Through the placement support and monitoring, the practitioner can support the kinship carer in advocating for the child. This can include the practitioner providing informal skills development in relation to advocacy, having difficult conversations, actioning complaints processes if the carer determines the child's needs are not being met, and understanding the statutory setting to ensure that advocacy can occur successfully within that setting. This support and monitoring is about encouraging the kinship carer to see the child in a positive light, as well as providing key information and training, so that if and when the kinship carer needs to champion the child's needs, they experience success in doing so.

The final construct in this study found that kinship carers who provided stable kinship carer placements were aware of the strengths and struggles that arise in relation to the child, the carers themselves and the statutory agency, as well as accepting of these strengths and struggles. The support and monitoring process is particularly important in relation to all three areas. Ensuring the support and monitoring visits allow the kinship carer time to debrief and discuss both the strengths and struggles could contribute to stability. As noted in the previous chapter, this conscious awareness is linked to mindful parenting; thus, ensuring that mindful parenting techniques are introduced and reinforced during the support visits could contribute to stability in the placement. Throughout the support and monitoring phase, if the practitioner maintains an understanding of the strengths and struggles experienced by the kinship carer in relation to themselves, the child and the statutory agency, the practitioner can explore strategies to enhance these strengths and buffer the struggles. The practitioner can also support the carer in relation to accepting the kinship context.

The statutory casework is another area in which practitioners could apply this study's findings to contribute to stability in kinship care. This study found that the presence of key

practices strengthened the provision of the placement, and the absence of these same practices made the placement a struggle. Within the statutory casework, it was important for the practitioner to understand the importance of the kinship relationship and the impact that providing care has on both the immediate and extended family. This could be translated into ensuring that while the practitioner maintains a child centred approach to their role, they remain family focused. In practice this means ensuring that time is spent engaging and actioning tasks in relation to the child, but also engaging with the kinship carer about the extended family. Ensuring the child's views and wishes are heard and actioned, and the practitioner is actioning the reported positives and worries in relation to statutory casework decisions like parent child contact or reunification planning. Critically being child centred and family focused means that the practitioner and statutory casework is able to explicit behave in a manner that ensures the kinship carers knows that their role is understood, respected, and valued. It's through this approach that the statutory casework is able to balance the level of intervention within the placement and family based of the assessed need of the child.

Another key practice found in this study was the importance of the statutory casework in the early days of the placement. This means the practitioner needs to build a trusted professional relationship in the early days of the placement, being responsive to the expressed needs of the kinship carer, while informally educating the kinship carer on how the statutory system works and what the kinship carer can expect both from the statutory agency but also from the practitioner. The focus on the early days of the placement, means that the kinship carer is able to build a sense of realistic expectations about the statutory casework.

Some of the processes of the statutory casework cannot be altered based on the areas the kinship carer identifies as strengths or struggles; however, practitioners can apply their knowledge to how they communicate the statutory casework and what supports are implemented for the kinship carer, child, parent, and family. For example, the parent–child contact ordered by the court may be an area of the casework that the kinship carer finds challenging because the child has to attend, but at times the parent fails to attend. Firstly, the practitioner can ensure that the kinship carer's worries about this are acknowledged as important and are understood as being part of the kinship carer empathising with the child. That is, the kinship carer and the practitioner can understand that the child may experience a sense of rejection and loss if that contact does not eventuate. Given this

identified issue, the practitioner and kinship carer could develop strategies to ensure the child is supported with these feelings, is given an opportunity to talk about them. The kinship carer and the practitioner could develop a strategy to ensure that an alternative positive experience is organised if the parent fails to turn up, therefore supporting the child to cope with the feelings of rejection but equally have a positive activity to move on to. In demonstrating an understanding of the kinship carers worries for the child, the statutory practitioner could undertake additional work with the parent to enhance their understanding of the impact on the child but also develop practical strategies that might see the parent more able to attend the contact. Alternatively, the practitioner and/or the kinship carer could communicate with the court about the impact on the child and request changes. This example highlights how the practitioner's understanding of the kinship carer's strengths and struggles with the statutory agency can be applied to the statutory casework to ensure the child's needs are met, and the kinship carers worries are heard and actioned. Existing literature supports the links between stability and the statutory agency's ability to collaborate in a meaningful way with the kinship carer, the importance of valuing the kinship carer and extended family, and the statutory casework being matched the needs of the child (Buehler et al., Kalinin et al., Kiraly, 2015b).

The other component of statutory casework that was highlighted in this study was the importance of practitioners understanding the dual role that familial kinship carers can play within the family: specifically, the kinship carer's role with the child and also with the parent. Across the statutory casework, placement support and monitoring, this duality of roles is understood as a challenge and so working with the kinship carer to identify strategies to minimise the negative impacts could contribute to stability in the kinship placement. This is an opportunity to practitioners to remain focused on families being unique and having different needs, accepting families are their own experts and that in partnering with the kinship carer, working through these challenges or struggles may contribute to stability in the placement.

In summary, this study's findings in relation to *feeling connected*, *seeing the need, being constant*, *empathising with*, *championing for*, and *being aware and accepting of the kinship context* can be applied to out-of-home care policy and practice to improve the stability of kinship care.

List of References

Aboriginal Child, Family and Community Care State Secretariat. (2020). *The concept of community*. ABSEC. https://www.absec.org.au/images/downloads/AbSec-Policy-Brief-Community-of-Belonging.pdf

Aldgate, J. (2009). Living in kinship care: A child-centred view. *Adoption & Fostering, 33*(3), 51–63. https://doi.org/10.1177/030857590903300306

Aldgate, J., & McIntosh, M. (2006). *Looking after the family: A study of children looked after in kinship care in Scotland*. Social Work Inspection Agency.

Alemu, G., Stevens, B., Ross, P., & Chandler, J. (2015). The use of a constructivist grounded theory method to explore the role of socially - Constructed metadata (web 2.0) approaches. *Qualitative and Quantitative Methods in Libraries (QQML), 4*, 517–540.

Annells, M. (2016). Grounded theory method: Philosophical perspectives, paradigm of inquiry, and postmodernism. *Qualitative Health Research, 6*(3), 379–393. https://doi.org/10.1177/104973239600600306

Arney, F., Iannos, M., Chong, A., McDougall, S., & Parkinson, S. (2015). *Enhancing the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle: Policy and practice considerations.* CFCA Paper No. 34, Issue.

Australian Institute of Health and Welfare (2001). Child Protection Australia 1999–00. AIHW Cat. no. CWS 13.

Australian Institute of Health and Welfare (2011). Child Protection Australia 2009–10. Child Welfare Series no. 51. Cat. no. CWS 39.

Australian Institute of Health and Welfare (2015). Educational outcomes for children in care. Linking 2013 child protection and NAPLAN data. https://www.aihw.gov.au/reports/child-protection/educational-outcomes-for-children-in-care-linking/contents/table-of-contents

Australian Institute of Health and Welfare (2016). The views of children and young people in out-of-home care. *Bulletin, 132*, 23.

Australian Institute of Health and Welfare (2020). The Aboriginal and Torres Strait Islander Child Placement Principle Indicators 2018–19: measuring progress . Cat. no. CWS 77. Canberra: AIHW.

Australian Institute of Health and Welfare (2021). *Child Protection Australia 2019–20.* Child Welfare Series no. 74. Cat. no. CWS 78.

Bath, H. (2015). Out-of-home care in Australia: Looking back and looking ahead. *Children Australia, 40*(4), 310–315. https://doi.org/10.1017/cha.2015.39

Boetto, H. (2010). Kinship care: A review of issues. *Australian Institute of Family Studies, Family Matters,* (85), 67. http://www.aifs.gov.au/institute/pubs/fm2010/fm85/fm85g.html

Breman, R. (2014). *Peeling back the layers, kinship care in Victoria: Complexity in kinship care.* http://www.baptcare.org.au/advocacy/research/Pages/Research.aspx

Breslin, L. (2009). *Discussion paper: Supporting our relative and kinship carers.* The Benevolent Society, Sydney, NSW.

Bridge, A. (2001). Kinship care and Aboriginal communities. *Developing Practice: The Child, Youth and Family Work Journal, 1*, 8–10. https://search.informit.org/doi/10.3316/ielapa.200115660

Broad, B. (2006). Some advantages and disadvantages of kinship care: A view from research. In C. Talbot & M. C. Calder (Eds.), *Assessment in Kinship Care* (pp. 13–24). Russell House Publishing.

Brown, L., & Sen, R. (2014). Improving outcomes for looked after children: A critical analysis of kinship care. *Practice, 26*(3), 161–180. https://doi.org/10.1080/09503153.2014.914163

Buehler, C., Rhodes, K., Orme, J., & Cuddleback, G. (2006). The potential for successful family foster care: Conceptualizing competency domains for foster parents. *Child Welfare, 85*, 523–558.

Burgdorf, V., Szabó, M., & Abbott, M. J. (2019). The effect of mindfulness interventions for parents on parenting stress and youth psychological outcomes: A systematic review and meta-analysis. *Frontiers in psychology, 10*(1336). https://doi.org/https://doi.org/10.3389/fpsyg.2019.01336

Cameron, C. D., Hutcherson, C. A., Ferguson, A. M., Scheffer, J. A., Hadjiandreou, E., & Inzlicht, M. (2019). Empathy is hard work: People choose to avoid empathy because of its cognitive costs. *J Exp Psychol Gen, 148*(6), 962–976. https://doi.org/10.1037/xge0000595

Cassidy, J. (2008). The nature of the child's ties. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 3–22). The Guilford Press.

Cavanaugh, D. L., Sutherby, C. G., Sharda, E., Hughes, A. K., & Woodward, A. T. (2020). The relationship between well-being and meaning-making in kinship caregivers. *Children and Youth Services Review, 116*. https://doi.org/ 10.1016/j.childyouth.2020.105271

Chang, J., & Liles, R. (2007). Characteristics of four kinship placement outcome groups and variables associated with these kinship placement outcome groups. *Child and Adolescent Social Work Journal, 24*(6), 509–522. https://doi.org/10.1007/s10560-007-0092-y

Charmaz, K. (2000). *Grounded theory: Objectivist and constructivist methods*. Sage Publications.

Charmaz, K. (2014). *Constructing grounded theory*. Sage Publications.

Child Protection Act 1999. (Qld). https://www.legislation.qld.gov.au/view/html/inforce/current/act-1999-010

Clarke, A. E. (2019). Situating grounded theory and situational analysis in interpretive qualitative inquiry. In A. Bryant & K. Charmaz (Eds.), *The SAGE handbook of current developments in grounded theory* (pp. 3–48). SAGE Publications Ltd. https://doi.org/https://www.doi.org/10.4135/9781526485656

Coakley, T. M., Cuddeback, G., Buehler, C., & Cox, M. E. (2007). Kinship foster parents' perceptions of factors that promote or inhibit successful fostering. *Children and Youth Services Review, 29*(1), 92–109. https://doi.org/10.1016/j.childyouth.2006.06.001

Condon, J. T. (1993). The assessment of antenatal emotional attachment: Development of a questionnaire instrument. *British Journal of Medical Psychology, 66*(2), 167–183. https://doi.org/https://doi.org/10.1111/j.2044-8341.1993.tb01739.x

Connolly, M., de Haan, I., & Crawford, J. (2016). Focus on stability: A cohort of young children in statutory care in Aotearoa New Zealand. *International Social Work, 60*(1), 111–125. https://doi.org/10.1177/0020872814554855

Connolly, M., Kiraly, M., McCrae, L., & Mitchell, G. (2016). A kinship care practice framework: Using a life course approach. *British Journal of Social Work*, bcw041. https://doi.org/10.1093/bjsw/bcw041

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.) Sage Publications. https://doi.org/https://doi.org/10.4135/9781452230153

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Sage Publications.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.

Cuff, B. M. P., Brown, S. J., Taylor, L., & Howat, D. J. (2014). Empathy: A review of the concept. *Emotion Review, 8*(2), 144–153. https://doi.org/10.1177/1754073914558466

Delfabbro, P., & Osborn, A. (2005). Models of service for children in out-of-home care with significant emotional and behavioural difficulties. *Developing Practice: The Child, Youth and Family Work Journal, 14*, 17–29.

Denzin, N. K., & Lincoln, Y. S. (2011). *The SAGE handbook of qualitative research*. Sage Publications.

Department of Communities, (2011). *Kinship Care: A Literature Review*. https://www.communities.qld.gov.au/resources/childsafety/foster-care/kinship-care-literature-review.pdf

Department of Community Services (2007). *Out-of-Home Care Service Model Relative/Kinship Care*. www.community.nsw.gov.au/docswr/_assets/.../oohc_model_kinship.pdf

Department of Communities, Child Safety and Disability Services (2013). *Kinship Care (CPD632-2)*.

Department of Communities, Child Safety and Disability Services (2014). *Kinship Care - Program Description*. Queensland Government. https://www.cyjma.qld.gov.au/resources/dcsyw/foster-kinship-care/kinship-care-program-description.pdf

Department of Health and Human Services. (2017). *Manual for Kinship Carers*. https://services.dffh.vic.gov.au/manual-kinship-carers-word

Doolan, M., Nixon, P. & Lawrence, P. (2004). *Growing up in the care of relatives or friends: Delivering best practice for children in family and friends care*. F. R. Group.

Downie, J. M., Hay, D. A., Horner, B. J., Wichmann, H., & Hislop, A. L. (2010). Children living with their grandparents: Resilience and wellbeing. *International Journal of Social Welfare, 19*, 15.

Errington, L., & Bernacki, M. (2010). *Grandparent Kinship Care in NSW Uniting Care Burnside supporting grandparent kinship carers*. https://www.aph.gov.au/DocumentStore.ashx?id=df78cc8e-e521-4306-866e-de688af89f86&subId=205697

Farmer, E. (2009a). How do placements in kinship care compare with those in non-kin foster care: Placement patterns, progress and outcomes? *Child & Family Social Work, 14*(3), 331–342. https://doi.org/10.1111/j.1365-2206.2008.00600.x

Farmer, E. (2009b). Making kinship care work. *Adoption & Fostering, 33*(3), 15–27. https://doi.org/10.1177/030857590903300303

Farmer, E. (2009c). What factors relate to good placement outcomes in kinship care? *British Journal of Social Work, 40*(2), 426–444. https://doi.org/10.1093/bjsw/bcp007

Farmer, E., & Moyers, S. (2008). *Kinship care: Fostering effective family and friends placements*. Jessica Kingsley.

Fejo-King, C. (2013). *Let's talk kinship: Innovating Australian social work education, theory, research and practice through Aboriginal knowledge: Insights from social work research conducted with the Larrakia and Warumungu Peoples of the Northern Territory / Christine Fejo-King*. Christine Fejo-King Consulting.

Font, S. A. (2015). Is higher placement stability in kinship foster care by virtue or design? *Child Abuse Neglect, 42*, 99–111. https://doi.org/10.1016/j.chiabu.2015.01.003

Galbin, A. (2014). An introduction to social constructionism. *Social Research Reports*, 26, 82-92.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine de Gruyten.

Gleeson, J. P., Hsieh, C., & Cryer-Coupet, Q. (2016). Social support, family competence, and informal kinship caregiver parenting stress: The mediating and moderating effects of family resources. *Children and Youth Services Review, 67*, 32–42. https://doi.org/10.1016/j.childyouth.2016.05.012

Goulding, C. (1998). Grounded theory: The missing methodology on the interpretivist agenda. *Qualitative Market Research: An International Journal, 1*(1), 50–57. https://doi.org/10.1108/13522759810197587

Guba, E. G. L., Yvonna S. (1989). *Fourth generation evaluation.* Sage Publications.

Harden, B. J., Clyman, R. B., Kriebel, D. K., & Lyons, M. E. (2004). Kith and kin care: Parental attitudes and resources of foster and relative caregivers. *Children and Youth Services Review, 26*(7), 657–671. https://doi.org/10.1016/ j.childyouth.2004.02.001

Harden, B. J., D'Amour Meisch, A., Vick, J. E., & Pandohie-Johnson, L. (2008). Measuring parenting among foster families: The development of the Foster Parent Attitudes Questionnaire (FPAQ). *Children and Youth Services Review, 30*(8), 879–892. https://doi.org/10.1016/j.childyouth.2007.12.015

Hayes, A. (2010). *Families then and now, 1980–2010* Australian Institute of Family Studies. http://www.aifs.gov.au/institute/pubs/factsheet/fs2010conf/fs2010conf.html

Kalinin., D, Gilroy., J, Pinckham., S (2018), The needs of carers of Aboriginal and Torres Strait Islander children and young people in foster care in Australia: A systematic literature review, July 2018. Macquarie University and The University of Sydney, Sydney: Australia

Kemmis-Riggs, J., Dickes, A., & McAloon, J. (2018). Program components of psychosocial interventions in foster and kinship care: A systematic review. *Clin Child Fam Psychol Rev, 21*(1), 13–40. https://doi.org/10.1007/s10567-017-0247-0

Kenny, M., & Fourie, R. (2015). Contrasting classic, Straussian, and constructivist grounded theory: Methodological and philosophical conflicts. *The Qualitative Report, 20*(8), 1270–1289. https://doi.org/10.46743/2160-3715/2015.2251

Khan, S. N. (2014). Qualitative research method: Grounded theory. *International Journal of Business and Management, 9*(11). https://doi.org/10.5539/ijbm.v9n11p224

Kiraly, M. (2015a). Commentary: Kinship care. *Children Australia, 36*(2), 43–45. https://doi.org/10.1375/jcas.36.2.43

Kiraly, M. (2015b). A review of kinship carer surveys: The “Cinderella” of the care system? *Child Family Community Australia (CFCA) information exchange, 31*, 1–28.

Kiraly, M. (2016). *Family links: Kinship care and family contact* [Doctoral dissertation]. https://minerva-access.unimelb.edu.au/handle/11343/108608

Kiraly, M. (2019). Kinship care: Making it a national issue support for children in kinship care provided by the Commonwealth, states & territories of Australia report of national policy survey. https://doi.org/10.3316/ielapa.852221910787218

Kiraly, M., Humphreys, C., & Hoadley, D. (2012). *They need that connection’ kinship carers and support staff speak about contact between children and their families.* University of Melbourne.

Kiraly, M., & Humphreys, C. (2016). ‘It’s about the whole family’: Family contact for children in kinship care. *Child & Family Social Work, 21*(2), 228–239. https://doi.org/10.1111/cfs.12140

Lernihan, U., & Kelly, G. (2006). Kinship care as a route to permanent placement. In D. Iwaniec (Ed.), *The child’s journey through care: Placement stability, care planning, and achieving permanency* (pp. 99–112). Wiley-Blackwell.

Lutman, E., Hunt, J., & Waterhouse, S. (2009). Placement stability for children in kinship care: A long-term follow-up of children placed in kinship care through care proceedings. *Adoption & Fostering, 33*(3), 28–39. https://doi.org/10.1177/030857590903300304

Luu, B., Wright, A.C., Blythe, B., & Wilkinson, D. (2020). Standards of training for out-of-home carers: The views of carers in NSW. Sydney: Institute of Open Adoption Studies, The University of Sydney.

Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research, 11*(3). https://doi.org/10.17169/fqs-11.3.1428

McGuinness, K., & Arney, F. (2012). *Foster and kinship care recruitment campaign literature review*. The Centre for Child Development and Education, Menzies School of Health Research, Darwin, Northern Territory.

McHugh, M. (2009). *A Framework of Practice for Implementing a Kinship Care Program - Final Report*. https://www.arts.unsw.edu.au/sites/default/files/documents/11_Report_ImplementingAKinshipCareProgram.pdf

McHugh, M. (2013). *An exploratory study of risks to stability in foster and kinship care in NSW: Final report* (SPRC Report 19/2013). Sydney: Social Policy Research Centre, University of New South Wales.

Messing, J. T. (2006). From the child's perspective: A qualitative analysis of kinship care placements. *Children and Youth Services Review, 28*, 1415–1434.

Mills, J., Bonner, A., & Francis, K. (2006). Adopting a constructivist approach to grounded theory: Implications for research design. *Int J Nurs Pract, 12*(1), 8–13. https://doi.org/10.1111/j.1440-172X.2006.00543.x

Morse, J. M. (2012). *Qualitative health research: Creating a new discipline*. Left Coast Press.

My Forever Family MFF. (2019). NSW carer survey 2019: Report of findings. Sydney: MFF. Retrieved from www.acmyforeverfamily.blob.core.windows.net /assets/pages/MFF%202019%20Carer%20Survey%20Report_Final.pdf

Nash, J. M. (2010). *Kinship Care: An Exploration of the Practice Issues Encounted By Queensland Child Protection Practitioners* [Masters of Social Work thesis, University of Queensland]. Brisbane.

National Health and Medical Research Council Australian Research Council Australian Vice-Chancellors' Committee. (2015). *National Statement on Ethical Conduct in Human Research 2007 (Updated May 2015).* www.nhmrc.gov.au. Retrieved 18 September 2016, from https://www.nhmrc.gov.au/_files_nhmrc/ publications/attachments/e72_national_statement_may_2015_150514_a.pdf

O'Brien, V. (2014). Responding to the call: A conceptual model for kinship care assessment. *Child & Family Social Work, 19*(3), 355–366. https://doi.org/ 10.1111/cfs.12025

O'Higgins, A., Sebba, J., & Gardner, F. (2017). What are the factors associated with educational achievement for children in kinship or foster care: A systematic review. *Children and Youth Services Review, 79*, 198–220. https://doi.org/ 10.1016/j.childyouth.2017.06.004

O'Neill, C. (2011). Support in kith and kin care: The experience of carers. *Children Australia, 36*(2), 88–99. https://doi.org/doi:10.1375/jcas.36.2.88

O'Neill, M., Risley-Curtiss, C., Ayón, C., & Williams, L. R. (2012). Placement stability in the context of child development. *Children and Youth Services Review, 34*(7), 1251–1258. https://doi.org/10.1016/j.childyouth.2012.02.018

Osborne, J., Hindt, L. A., Lutz, N., Hodgkinson, N., & Leon, S. C. (2021). Placement stability among children in kinship and non-kinship foster placements across

multiple placements. *Children and Youth Services Review, 126*. https://doi.org/10.1016/j.childyouth.2021.106000

Palacios, J., & Jiménez, J. M. (2009). Kinship Foster Care: Protection or Risk? *Adoption & Fostering, 33*(3), 64–75. https://doi.org/10.1177/030857590903300307

Patton, M. (1990). *Qualitative evaluation and research methods* (2nd ed.). Sage Publications.

Paxman, M. (2006). *An issues paper: Outcomes for children and young people in kinship care. http://www.community.nsw.gov.au/__data/assets/pdf_file/0016/321730/research_outcomes_kinshipcare.pdf*

Perry, G., Daly, M., & Kotler, J. (2012). Placement stability in kinship and non-kin foster care: A Canadian study. *Children and Youth Services Review, 34*(2), 460–465. https://doi.org/10.1016/j.childyouth.2011.12.001

Price, S. J., Price, C. A., & McKenry, P. C. (2010). *Families & change: Coping with stressful events and transitions*. Los Angeles: SAGE.

Purvis, K. B., Cross, D. R., & Lyons Sunshine, W. (2007). *The Connected Child*. McGraw Hill.

Richmond, G., & McArthur, M. (2017). *Foster and kinship carer recruitment and retention - Encouraging and sustaining quality care to improve outcomes for children and young people in care.* Australian Catholic University. https://doi.org/10.24268/fhs.8305

Rigney, L. (2006). Indigenous Australian Views on Knowledge production and Indigenist Research. In J. K. N. Goduka (Ed.), *Indigenous peoples' wisdom and power. Affirming our knowledge through narratives* (1st ed., pp. 32-48). Ashgate Publishing Ltd.

Rodwell, M. K. (1998). *Social work, constructivist research*. Garland Pub.

Safran, J. D., & Greenberg, L. S. (1988). Feeling, thinking, and acting: A cognitive framework for psychotherapy integration. *Journal of Cognitive Psychotherapy, 2*(2), 109–131. https://doi.org/10.1891/0889-8391.2.2.109

Salazar, A. M., Jones, K. R., Amemiya, J., Cherry, A., Brown, E. C., Catalano, R. F., & Monahan, K. C. (2018). Defining and achieving permanency among older youth in foster care. *Child Youth Serv Rev, 87*, 9–16. https://doi.org/10.1016/j.childyouth.2018.02.006

Sallnäs, M., Vinnerljung, B. and Kyhle Westermark, P. (2004). Breakdown of teenage placements in Swedish foster and residential care. *Child & Family Social Work, 9* (2), 141–152.

Schwandt, T. (2007). *The SAGE dictionary of qualitative inquiry*. Sage Publications.

Secretariat of Aboriginal & Islander Child Care (2005). *Stable and Culturally Strong Out-of-Home Care for Aboriginal and Torres Strait Islander Children*. SNAICC.

Sinclair, I. (2005). *Fostering Now: Messages from research.* Jessica Kingsley.

Skoglund, J., & Thørnblad, R. (2017). Kinship care or upbringing by relatives? The need for 'new' understandings in research. *European Journal of Social Work, 22*(3), 435–445. https://doi.org/10.1080/13691457.2017.1364702

Smyth, C., & Eardley, T. (2008). *Out-of-Home Care for Children in Australia: A Review of Literature and Policy.* Social Policy Research Centre (UNSW).

Stene, K. L., Dow-Fleisner, S. J., Ermacora, D., Agathen, J., Falconnier, L., Stager, M., & Wells, S. J. (2020). Measuring the quality of care in kinship foster care placements. *Children and Youth Services Review, 116*. https://doi.org/10.1016/j.childyouth.2020.105136

Tarren-Sweeney, M., & Hazell, P. (2006). Mental health of children in foster and kinship care in New South Wales, Australia. *J Paediatr Child Health, 42*(3), 89–97. https://doi.org/10.1111/j.1440-1754.2006.00804.x

The Care Inquiry (2013). *Making not Breaking: Building Relationships for our Most Vulnerable Children*. https://www.adoptionuk.org/the-care-inquiry-report

The Senate Community Affairs Committee Secretariat (2015). *Out-of-home care*. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Out_of_home_care/Report

Thomson, L., McArthur, M., & Watt, E. (2016). *Literature review: Foster carer attraction, recruitment, support and retention*. Australian Catholic University. https://doi.org/10.24268/fhs.8304

Thornberg, R., & Dunne, C. (2019). Literature review in grounded theory. In A. Bryant & K. Charmaz (Eds.), *The SAGE handbook of current developments in grounded theory* (pp. 206–221). SAGE Publications Ltd. https://www.doi.org/10.4135/9781526485656

Tilbury, C., Burton, J., Sydenham, E., Boss, R., & Louw, T. (2013). Aboriginal and Torres Strait Islander Child Placement Principle: Aims and core elements. Secretariat of National Aboriginal and Islander Child Care (SNAICC). https://www.snaicc.org.au/wp-content/uploads/2015/12/03167.pdf

Urquhart, C. (2019). Grounded theory's best kept secret: the ability to build theory. In A. Bryant & K. Charmaz (Eds.), *The SAGE handbook of current developments in grounded theory* (pp. 89–106). SAGE Publications Ltd. https://www.doi.org/10.4135/9781526485656

Wilson, R., & Australia. Human Rights Equal Opportunity Commission. (1997). *Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families.* Human Rights and Equal Opportunity Commission.

Winangali. (2017). *Evaluation - Aborginal and Torres Strait Islander Family Led Decision Making Trial*. https://www.snaicc.org.au/wp-content/uploads/2018/05/Evaluation_Report_ATSIFLDM-2018.pdf

Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, permanency, well-being children removed from the home for maltreatment. *Cochrane Database Syst Rev, 1*(1), CD006546. https://doi.org/10.1002/14651858.CD006546.pub3

Winokur, M. A., Holtan, A., & Batchelder, K. E. (2015). Systematic review of kinship care effects on safety, permanency, and well-being outcomes. *Research on Social Work Practice, 28*(1), 19–32. https://doi.org/10.1177/1049731515620843

Winokur, M., Holtan, A. & Valentine, D. (2009). Kinship Care for the Safety, Permanency, Well Being Children Removed from the Home for Maltreatment. *Campbell Systematic Reviews*, 1, 1–171.

Wright, A. C., & Collings, S. (2019). Permanency with lifelong connections: Casework practices to support positive relationships between carer and birth families. *Developing Practice: The Child, Youth and Family Work Journal*, 53, 92-109.

Yellow. (2020). *Yellow Social Media Report for 2020 - Part One - Consumers*. https://2k5zke3drtv7fuwec1mzuxgv-wpengine.netdna-ssl.com/wp-content/uploads/2020/07/Yellow_Social_Media_Report_2020_Consumer.pdf