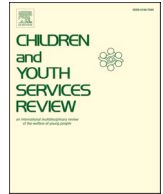


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“The most challenging aspect of this journey has been dealing with child protection”: Kinship carers’ experiences in Australia

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ABSTRACT

When children cannot live at home with their parents, a placement with relatives or family friends has become a preferred first option in many Western countries in out-of-home care systems. Whilst practised by Indigenous communities for centuries, this is a relatively new model of out-of-home care in Western child welfare systems. Kinship care has emerged as a form of care that is arguably worth investing in. It offers kin children the opportunity to remain connected to family and community. Studies suggest that kinship care results in promising outcomes for children’s education, health, and wellbeing. There is a growing awareness of kinship carers’ experiences of services designed to support them and their kin.

This study aimed to investigate the experiences of kinship carers in caring for their kin children and engaging with services designed to support the kinship placement. A mixed-methods approach was adopted, including participants who had the full-time care of one or more kin children, with or without statutory child protection involvement. The nine individuals identified for in-depth interviewing were purposively selected to ensure diversity in cultural identity and geographical location across Australia. Quantitative analysis enabled the reporting of descriptive statistics and overall patterns relating to the nature of rewards and challenges encountered by carers. The qualitative component of the study design allowed for an in-depth exploration of key issues highlighted in the survey.

Consistent with earlier research, kinship carers reported experiencing financial stressors and significant challenges pertaining to their kin child’s difficulties. An unanticipated finding, however, was the level of stress experienced by kinship carers in relation to their interactions with child protection and other government support services. Simply put, services intended to support the placement were experienced as disrespectful, ignoring families’ requests for help or offering a surveillance role only. For Aboriginal kinship carers, this experience of disrespect was compounded by racism and racial micro aggressions throughout the placement assessment process.

Based on these findings, further investigation into child protection and other government agency practices is urgently required to assess and support kinship care placements. In the context of Australia’s legacy of the stolen generation of Aboriginal and Torres Strait Islander children, further research needs to explore culturally sensitive and safe practices that would strengthen and support kinship families to raise their children within their cultural contexts.

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1. Introduction

Existing research indicates that children and young people in kinship care fare better than those in foster care: they stay in placement longer, have greater educational continuity, and have better health and mental health outcomes (Winokur, Holtan, & Batchelder, 2018). That is, kinship care is a promising out-of-home care model. At the same time, however, the international evidence demonstrates that kinship carers, as a cohort, are older and in poorer health and experience more stress than foster carers (Harding, Murray, Finch, & Frey, 2020). Kinship carers, who are grandparent carers, often come into the role in an emergency placement situation, following years of difficulty with their own child's mental health, violence or substance abuse issues (McPherson & MacNamara, 2014). They also often have limited access to social capital (Taylor et al., 2020). This suggests that kinship carers, in Australia as elsewhere, need to be better supported in their provision of this potentially superior model of care. Determining how they can be best supported, however, requires having a much better understanding of the experiences of carers in Australia. There are currently significant gaps in our knowledge of carers' experiences of services designed to support the kinship placement. This project aimed to address these gaps.

Relative/kinship care (hereafter referred to as kinship care) has been defined as "out-of-home care where the caregiver is: a relative (other than parents), considered to be family or a close friend, a member of the child or young person's community (in accordance with their culture)... For Aboriginal and Torres Strait Islander children, a kinship carer may be another Indigenous person who is a member of their community, a compatible community, or from the same language group" (AIHW, 2021, p. 91). Formal kinship care in Australia refers to care that is reimbursed by the state or territory for the care of the child (or where carers have been offered but have declined reimbursement). Informal kinship care is care which is not reimbursed or formally acknowledged as part of the out-of-home care system. Formal kinship-care placements in Australia are now more prevalent than foster care and are the fastest growing form of out-of-home care (AIHW, 2021). On 30 June 2020, 93% of Australian children in out-of-home care were in home-based care, with 37% of these in foster care and 54% in relative/kinship care (AIHW, 2021). These figures are in stark contrast to 53% in foster care and 34% in kinship care in 1998–1999 (AIHW, 2000). Until late in the twentieth century, Australian state and territory child welfare policy and practices were geared towards placing children in foster care arrangements rather than with family or kin (Scott & Swain, 2002). Today, most children in out-of-home care are placed with kin. Where state and territory data are available, acknowledging this data may be limited and inconsistent across state and territories, these placements are reported to be most commonly with grandparents (20%), or aunts /uncles (8%) (AIHW, 2021).

Internationally there appears to be a similar trend. In the USA, for example, "more children are being raised by their grandparents today than at any time in recent US history" (Duerr Berrick & Hernandez, 2016, p. 24). There is some evidence, primarily emerging from the USA, that children in kinship care are faring better than their counterparts in foster care (Harnett et al., 2012; Winokur et al., 2018). A systematic review of 62 studies involving outcomes for children in care, for example, found that children placed with kinship carers had fewer behaviour problems and stronger adaptive behaviours, compared with children placed in foster care (Harnett et al., 2012). More recently, a systematic review of 102 international studies examining the "kinship care effects on safety, permanency and well being" (Winokur et al., 2018, p. 19) highlights evidence that children benefit from placement in kinship care. This review found that—when compared to children placed in foster care—children in kinship care demonstrate a lower rate of behavioural and emotional difficulties, are more stable in their placements, and experience lower levels of depression and higher levels of overall well-being (Winokur et al., 2018, p. 19).

The unprecedented growth of formal kinship care in Australia

represents a paradigm shift in social policy informing out of home care. Some argue that the impetus for the shift is primarily economic, based on the assumption that kin care costs less than other forms of out-of-home care (Boetto, 2010). Others suggest that, irrespective of the political motivation to bring kinship care into favour, policymakers need to understand the critical differences between the previous system, which was founded on the work of volunteers who were connected to charitable organisations, versus the emerging model of care by relatives. The latter is often characterised by implementation at a time of family crisis and can, for this reason, lead to a range of challenges for kinship carers (McPherson & MacNamara, 2014).

1.1. Contextualising kinship care and kinship carers

Kinship care may be formal care, where children are placed as a result of statutory involvement, or informal care, where there may be an absence of agency assessment or involvement (Gordon, 2016). The emergence of formal kinship care as the preferred care option in recent decades has, in many respects, preceded the development of a comprehensive social policy framework and has done so despite the "practice wisdom" that they should be a last resort rather than the first option for vulnerable children assessed as needing placement away from their birth families (Scott & Swain, 2002). Kiraly and Humphreys (2017) advise that the social policy shift which enabled the growth of formal kinship care is difficult to trace in terms of its origins. They suggest, however, that there was a growing awareness of the importance of community and family connections in Australia for Indigenous children and that, for all children, "an increasing focus on family contact may have been a factor" (Kiraly et al. 2017, p. 230).

The literature on kinship carers suggests that they experience a unique journey in terms of becoming and remaining a carer of a child/children who have experienced significant harm (Gentles-Gibbs & Zema, 2020; Koh, Daughety, & Ware, 2022; Lin, 2018; McPherson & MacNamara, 2014). In a recent major study of kinship carers in New Zealand, the experiences—including the "joys and challenges" of becoming a grandparent kinship carer—were reported by more than 1100 grandparents raising their grandchildren (Gordon, 2016, p. 3). This study was described as the "largest study of social, emotional wellbeing and economic issues affecting grandparent caregivers in the world to date" (Bundle, 2017, p. 10). Research participants indicated that they loved having the children in their care but also reported a range of emotional, financial, health and housing difficulties (Gordon, 2016). In a review of surveys involving kinship carers, Kiraly (2015) noted that a major concern associated with taking on the care of kin children was an impact on personal finances. Most costs were associated with day-to-day living expenses, but some related to expensive specialist assessment and treatment of children's special needs. For some, the costs of protracted legal proceedings had been particularly burdensome. This review concluded that carers had a myriad of unmet needs, ranging from meeting legal expenses to support for helping with their kin child's homework (Kiraly, 2015).

A study involving 116 kinship and 210 foster carers in Australia highlighted some critical distinctions between kinship carers and foster carers. The kinship carers were older and more likely to experience stress and mental health concerns, compared to their foster care counterparts (Harding et al., 2019). This study confirmed earlier research by Kiraly (2015) that kinship carers have less access to training and support services and less contact with service providers than foster carers. Another Australian qualitative study that sought to gain a deeper understanding of the experiences of grandparent carers identified the paradox for carers whose experiences were "simultaneously made up of pain/pleasure, myth/reality, inclusion/exclusion, being deserving/un-deserving, visible, invisible and voiced/silenced" (Backhouse & Graham, 2010, p. 306).

In the United Kingdom, a study explored the journeys of grandparent kinship carers from initial assessment through to placement and beyond

(Hingley-Jones, Allain, Gleeson, & Twumasi, 2019). Participants in the study indicated that initial assessments and decision-making with respect to their grandchildren were often made during a family crisis. For some, these unplanned placements led to major impacts on grandparent carers' capacity to work, plan for their retirement and attempts to manage what had become difficult family relationships. The authors critique social policy and social work practices in place, concluding that grandparent carers are often left on their own to address the complex emotional needs of their grandchildren who had experienced early trauma (Hingley-Jones et al., 2019). In another small qualitative study conducted in the USA, grandparent carers expressed dissatisfaction with a welfare system that appeared to exclude them from critical decisions, highlighting service gaps and unmet support needs. The study concluded that the voices of grandparent carers needed to be included in the development of policies and programs designed to support them (Gentles-Gibbs et al., 2020).

1.2. Indigenous carers in an Australian context

In Australia and elsewhere within the Anglosphere, racism and racially biased attitudes and beliefs within child protection agencies in part served to perpetuate the removal of Indigenous³ and poor children from their families and communities to be placed with white, middle-class families who were seen as "more appropriate" families (Gatwiri, McPherson, Parmenter, Cameron, & Rotumah, 2019). A seminal Australian report by the Human Rights and Equal Opportunity Commission (1997) found that "Indigenous people often see welfare departments as unable to assist them and their communities. They perceive the departments as bureaucracies which require a lot of paperwork, judge Indigenous people's lives and ultimately remove their children" (pg.397). To date, there remain ongoing gaps in culturally safe practices, which increase mistrust and fractured relationships between child welfare services and institutions and Aboriginal carers (Gatwiri et al., 2019). The implications of this, as the current Australian Institute of Health and Welfare Report advises, is that Aboriginal and Torres Strait Islander children continue to be over-represented in the out-of-home care population and are ten times more likely than non-Indigenous children to be removed from home and placed in care (AIHW, 2021). Despite the existing significant social, economic and political disadvantage, recent research has shown that Aboriginal and Torres Strait Islander kinship carers take on the carer role due to the "strong attachment," a deep sense of "family and cultural responsibility", mistrust of foster care experiences of Aboriginal children being placed "with strangers" and to "look after their own children in a culturally informed way" (Irizarry, Miller, & Bowden, 2016, p. 206). More research is needed to understand how to support and strengthen culturally safe care.

To contextualise these issues, the recent policy direction in favour of kinship care is based on a Western understanding of care and is in stark contrast to an Aboriginal and Torres Strait Islander perspective, where kinship systems have been long established as fundamental to the sovereignty and transfer of Indigenous Knowledge (Day, 2017; Graham,

³ ³ In this paper, we have chosen to use the phrase 'Indigenous Peoples' when referring to First Nations Peoples of the world. The terms 'Aboriginal and Torres Strait Islander Peoples' and 'Indigenous Peoples' are used interchangeably to acknowledge the diverse nation groups that make up the Country, as outlined in Best Practice Guidelines by Woodward, Hill, Harkness, and Archer (2020, p 19). The Guidelines "adopt the terms Aboriginal and Torres Strait Islander Peoples; Indigenous Australians Peoples; Indigenous Peoples; and First Nations Peoples to refer to the huge number of unique individuals, family groups, clans, language groups and others, who are descendants of Australia's First Peoples" (p. 19). We acknowledge; however, different individuals and groups choose to identify in diverse ways. In this paper, Indigenous, Aboriginal and Torres Strait Islander Peoples are upper cased throughout "in accordance with Australian academic protocols" (p. 19).

1999). Aunty Mary Graham advises that "it doesn't matter how Western and urbanised Aboriginal people have become, this kinship system never changes" (Graham, 1999, p. 45). There is a clear incongruence between the recently developed (Western) out of home care policies relating to kinship care and the longstanding traditional understanding of kinship, held by Indigenous communities in Australia. Welfare practices may have emerged before a comprehensive policy framework, based on a culturally sensitive understanding of kinship care, has developed. Considering Australia's shameful legacy with respect to welfare practices where Indigenous children were historically stolen from their families (Human Rights and Equal Opportunity Commission, 1997), it could reasonably be theorised that Indigenous kinship carers may experience a lack of cultural safety in their interactions with child protection systems. Cultural safety in this context is defined as an "environment which is spiritually, socially and emotionally safe, as well as physically safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need" (Williams, 1999, p. 213). Fundamentally, cultural safety assumes a decolonial lens that:

critically explores issues of power imbalances and social inequities, aiming to achieve systemic change by confronting stereotypical assumptions as the tools of dominant systems and structures. Cultural safety aims to ensure that First Nations Australians' cultural and treatment preferences are upheld and respected within (health) systems... In Australia, critical reflection by healthcare professionals, on their own white privilege and the ongoing impacts of trans-generational trauma, originating from colonisation and power imbalances, is essential... (Lokugamage et al., 2021, p. 4).

Put simply, a critical reimagining of what is legitimised as "proper care" calls for a decolonial approach that acknowledges the role of white supremacy in child welfare practices in Australia and the importance of self determination and cultural and community strengths with Aboriginal and Torres Strait Islander communities through kinship and laws of the land.

2. Theoretical framework: a critical constructionist narrative approach

A critical constructionist narrative theoretical approach was selected in this study to account for the inherent complexity in kinship care and to recognise that the experiences shared were likely to involve multiple personal and structural meanings across a range of contexts. The critical constructionist narrative perspective focuses on the co-construction of knowledge and meaning in a partnership between the researcher and participants, while considering "the broader social construction of that story within interpersonal, social and cultural relations" (Esin, Fathi, & Squire, 2014, p. 204). In this study, critical narrative constructionism enabled the examination of the interplay between individualised meaning-making processes and wider systemic factors at play in participant's narratives. This considered the power relations within the story—that is: how the institutional and societal power informs everyday discourses, how "individuals make sense of their experiences through narratives, and [how] they bring together the micro (personal) and the macro (social or institutional) situations in place" (Souto-Manning, 2014, p. 163). The careful and intentional examination of how people tell and interpret their subjective experiences helps researchers to identify how power and language contribute to empowering and disempowering discourses among people who are marginalised by structural processes (Tascon & Gatwiri, 2020). According to Silas et al. (2010), critical perspectives in social work assist us to examine: i) cultural and organisational contexts, ii) how power is used, iii) our positioning and reflectivity and iv) understand how value systems inform practice.

Our own research positioning is taken into consideration within this theoretical approach. Three of the five authors in this manuscript are currently kinship carers with insider knowledge of both the policy

processes and lived experience. While this disclosure can be seen as a limitation—one that informs potential bias—we suggest instead that this ‘insider knowledge’ is a valid form of knowing that which sometimes is not accessible to ‘outsiders’. We acknowledge that often in qualitative research, there is an “indissoluble interrelationship” or what Chase (2005, p. 665) refers to as a researcher’s *interactive voice* which is the complex interplay “between voices of [participants] and their own in research processes” (Esin, Fathi, & Squire, 2014, p. 209). As such, both the participants, are “interlocked in an interactive process” (Mertens, 2010, p. 19) where knowledge is co-constructed. However, it was still necessary to scrutinise our subject positioning in this research in order to minimise bias. An important strategy in the design phase of the study was to ensure that a sensitive peer supervision/debriefing protocol was in place for each member of the research team.

In this study, we explored how the experiences of kinship carers who are often older, in poorer health and have greater financial instability than their foster carer counterparts, may be particularly salient. In addition, a critical examination of the power instituted by the statutory out-of-home care ‘system’ of kinship care is necessitated. Kinship care has only emerged in Australian policy as a form of out-of-home care relatively recently, replacing the previous policy to remove children from their family and extended family. This historical and policy context may impact on kinship carers’ experiences with those in power—for example, decision makers within the child protection and out-of-home care systems and other professional support services.

3. Research design and process

3.1. Rationale

As outlined above, there has been significant growth in reliance on kinship carers. If they are to retain their own sense of wellbeing, as well as have proper capacity to support the young people in their care, the out-of-home care system needs to have a much more comprehensive understanding of their needs. The study sought to extend knowledge about the unique needs of kinship carers (as opposed foster carers) based on their experiences of caring for their kin and interacting with the professional service system. Ethics approval was obtained by the University (protocol number 2020/128). An important ethical consideration was the provision of appropriate support and referral information for those survey respondents and interview participants who felt vulnerable. Appropriate referral information was offered to participants who indicated that they may need counselling or advocacy support.

3.2. Methodological approach

This project adopted a mixed methods approach implemented across two phases (Cresswell, 2012). Phase one data collection included an online survey, the design of which was informed by the available literature, including a recent study involving kinship carers undertaken in New Zealand (Bundle, 2017). Phase two data collection involved in-depth interviews, developed and informed by the outcomes of the survey. In-depth, semi-structured interviews offered an opportunity to explore in greater depth the lived experiences of kinship carers and to elaborate on the issues raised in the survey. All interviews with Indigenous participants were conducted by an Indigenous researcher (Author 3). All survey respondents and interview participants were de-identified to protect their privacy and are reported here with the use of pseudonyms.

4. Research questions/aims

This study was part of a larger study which included a focus on kin children. The present study aimed to investigate kinship carers’ experiences of those professional support services designed to directly or indirectly support the kinship placement. The broad research questions

were:

- What are the experiences of kinship carers?
- What are their experiences of services designed to support the placement?

4.1. Sampling and recruitment

Prospective survey participants were current kinship carers who had accessed the Australian grandparent/kinship carer private support group on Facebook. This group was an online, unfunded, peer support group, moderated by volunteers. The group had 1,600 members who ranged in age from late teens to early 80 s. Information about the whole study was placed by the group moderator on the site and consent was sought from individuals to participate in the study anonymously. Survey data were collected directly by the research team via the use of Qualtrics survey software. The survey was accessible for four weeks. At the completion of the survey, participants were invited to be interviewed.

Nine participants were interviewed. These participants had consented to participate in an interview and had included their contact details for arrangements to be made. They were purposively selected to ensure diversity in cultural identity and geographical location across Australia. Interviews were semi-structured and used primarily open-ended questions to enable participants to elaborate on their survey responses.

Information gathered from survey participants included:

- Circumstances leading to the kinship care placement
- Positive experiences and challenges faced as a kinship carer
- Experiences with support services, and
- Recommendations to policy makers in relation to kinship care

4.2. Data analysis

Quantitative analysis using SPSS software enabled the reporting of descriptive and summary statistics for sociodemographic variables, as well as the type and frequency of challenges encountered by respondents. The qualitative component of the study design allowed for an in-depth exploration of the key issues highlighted in the survey. Interviews were digitally recorded and transcribed and an inductive narrative thematic analysis of the qualitative data was performed, which identified patterns in the data. The multidisciplinary team, comprised of kinship carers and non-carers, Indigenous and non-Indigenous scholars, engaged in an iterative process throughout the analysis phase, workshopping the emerging themes with reference to the research questions. The research team closely followed Braun and Clarke (2006) stages of thematic analysis, these being which were: 1) organising and familiarising ourselves with the data, 2) making general sense of the data, 3) coding the data, 4) categorising the data into themes, 5) an interpretation of themes and 6) writing up our analysis of the data. In analysing the data, we focused both on the semantic and latent levels of analysis, where semantic theme analysis explored the “...explicit or surface meanings of the data” without “looking for anything beyond what a participant has said” and latent analysis examined the deeper meanings which influence “underlying ideas, assumptions, and conceptualisations – and ideologies” (Braun & Clarke, 2006, p. 84).

5. Results

5.1. Participant characteristics

The survey was completed by 510 individual kinship carers who represented a total of 345 households. Kinship carer households were caring for a total of 842 kinship children and young people. Of the 345 households, most (n = 270) had one to two children in their care, whilst

74 households had 3 to 5 children. One kinship carer household had 6 kin children in their care.

The most common relationship to the children was that of grandparent. The majority of the 510 carers ($n = 428$) indicated that they were maternal or paternal grandparents/step-grandparents or great-grandparents. Forty-nine respondents were aunts or uncles, and five were cousins. The remaining respondents were older siblings ($n = 3$) family friends, ($n = 12$) neighbours/former neighbours, ($n = 7$) a former partner of the child's parent ($n = 6$), or chose not to identify their relationship to the child.

Most survey respondents indicated that they were between 46 and 65 years of age ($n = 366$), with 55 carers reporting that they were between 66 and 85 years of age. The remaining 89 carers were between 18 and 45 years of age. Most were female ($n = 350$), 155 were male and 5 respondents did not specify gender. In terms of cultural identity, most carers identified as Anglo Australian ($n = 277$) whilst nineteen carers identified as Aboriginal or Torres Strait Islander. Other respondents identified as British ($n = 148$), European ($n = 53$), Maori ($n = 7$) Middle Eastern, ($n = 4$) or African ($n = 2$).

Nine survey respondents were selected to participate in a follow up interview, based on their indication that they were willing to do so. Participants were purposively selected to ensure that a range of states and territories were represented. In light of the over-representation of Indigenous children in out-of-home care, the experiences of Aboriginal and Torres Strait Islander carers were especially valuable. Each state was represented by interview participants; however, the Australian Capital Territory and Northern Territory were not. Four interview participants identified as Anglo- Australian, three were Aboriginal Australians, one was Middle Eastern and one European.

5.2. Geographic location

The majority of the 345 carer households were from Victoria ($n = 140$) with the next most common states New South Wales ($n = 85$) and Queensland ($n = 62$). Thirty-one households were from South Australia, ten from Western Australia, nine from the ACT, seven from Tasmania, and one respondent was from the Northern Territory.

5.3. Source of carer income

The most common source of income for households was government benefits, including the age pension, disability support payments and other government payments ($n = 154$). The next most frequently cited source of income was paid employment ($n = 151$). Sixteen households were self-funded retirees, fifteen were self-employed and the remaining nine did not disclose their source of income.

5.4. Placement status

The majority of the 842 children were placed on state and territory-based Children's Court long term guardianship or permanent care orders ($n = 518$). One hundred and sixty children were reported to be on interim (temporary) Children's Court orders. Sixty-eight children were reported to be on orders made by the federal Family Court of Australia. A further ninety-six children were described as 'informal' placements with no existing court order in respect of the placement.

5.5. Kinship carers' experiences of parenting kin children

Here we integrate findings from the survey and interviews, with reference to overall trends. Of the individual carers completing the survey ($n = 510$), most indicated that the experience of parenting their kin child was, for them, mostly a pleasure with *some* challenges, (42%, $n = 216$). For 19% ($n = 98$) of respondents, the experience was reported to be a pleasure or *mostly* a pleasure. The proportion of respondents, however, who found the experience to be *very* challenging was 29%. (n

= 152). A detailed breakdown indicating the range and pattern of responses is at Fig. 1 below.

Survey respondents then addressed the question: *thinking about your life as a kinship carer, what is the greatest reward for you?* The greatest reward that individual carers ($n = 510$) indicated most frequently was knowing that their children were safe and well (34%, $n = 176$). The second most frequently nominated response was experiencing joy in raising the children (22%, $n = 112$). Involvement in their child's learning was rated as the greatest reward by 17% of respondents ($n = 87$) and involvement in kin children's hobbies and interests was rated by 15% ($n = 76$) respondents. The least frequently indicated reward (aside from 'other' which was 2%, $n = 8$) was being connected to other kinship carers (10%, $n = 51$). Fig. 2 provides an overview of the pattern of responses relating to the greatest reward in caring for kin child/ren.

Reporting on the greatest challenge faced as a kinship carer, 23% ($n = 117$) of survey respondents indicated that the dominant issue in their lives were the difficulties experienced by the child or children in their care. The second and third most frequently indicated primary challenges were finances (20% $n = 103$) and the relationship with the kin child/ren's parents (18%, $n = 92$). Fig. 3 below indicates the pattern of responses in relation to the greatest challenge faced in being a kinship carer.

5.6. Kinship carers experiences of services

Reporting on their experiences of interactions with government and non-government support services, carer households ($n = 345$) revealed that government-funded services—in particular housing, child protection and Legal Aid—were found by many to be unhelpful or very unhelpful. At the same time, a proportion of respondents (21%) indicated that Legal Aid was very helpful. In other words, respondents appeared to have polarised experiences of Legal Aid services. Approximately one third of respondents found Child Protection very unhelpful. Only 7% found Child Protection very helpful and 14% helpful. From among the listed services, those that respondents found most helpful were non-government support agencies. Nearly half (49%) found them to be helpful or very helpful. Table 1 below provides a detailed breakdown of responses.

6. Thematic findings

Overwhelmingly, survey respondents and interviewees indicated that they did not experience services as adequately meeting the complex needs of their kin children. Three dominant themes were identified: a sense of abandonment by child protection agencies; major financial stress; and the experience of disrespect from professionals where for Indigenous carers, this disrespect included a lack of cultural safety. Each of these themes are discussed below.

6.1. Abandonment by child protection and other support agencies

This theme emerged from kinship carers who described a sense of being let down or in some situations ignored, having responded to a request by child protection authorities to take on the care of their kin child or children. As grandparent carer John explains:

DHHS (the state child protection agency) do a "drop and run," they did not see the children for almost five years, they believed that because the children are living with grandparents that they are safe.

Others talked about the shock that they experienced on initial placement of their kin child, when the child or children were placed, without critical information being made available to carers by the relevant authorities. For some, this included Medicare details and birth certificates, which in several cases took some months for carers to obtain:

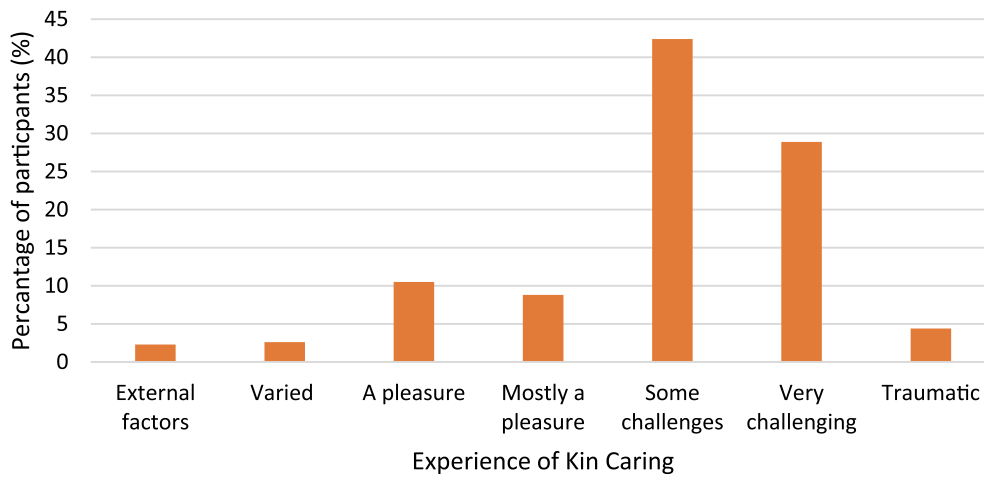


Fig. 1. Participant experiences (%) of caring for kin children.

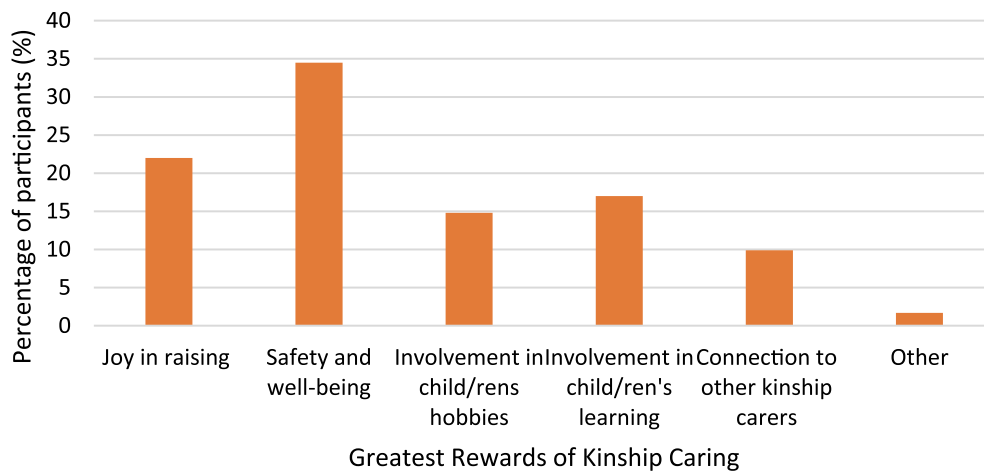


Fig. 2. Greatest reward in caring for kin child/ren.

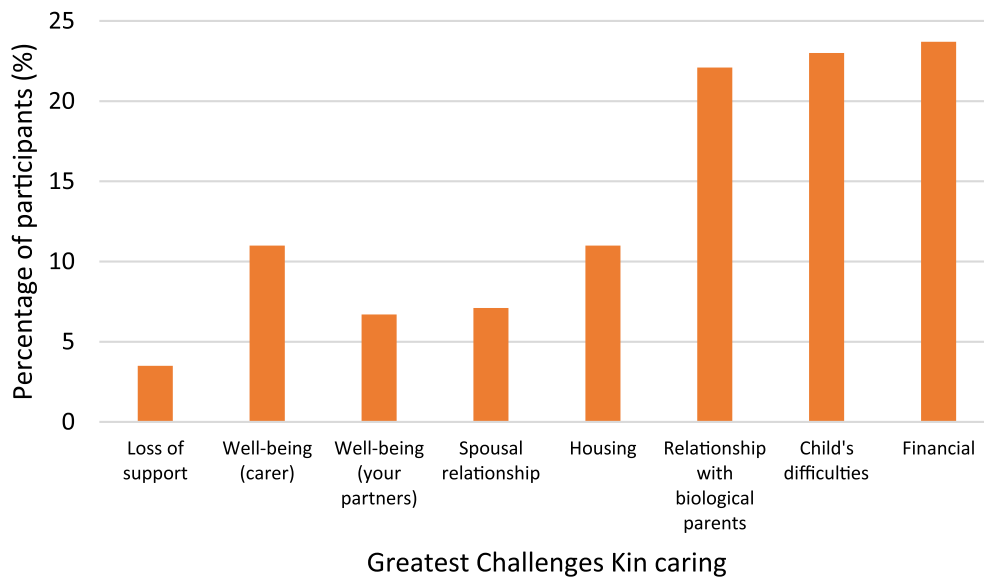


Fig. 3. Greatest challenge faced in being a kinship carer.

Table 1
Kinship carers' experiences of services.

Services	Very Unhelpful (%)	Unhelpful (%)	Sometimes Helpful (%)	Helpful (%)	Very Helpful (%)
Centrelink (Government financial support)	12	14	40	20	15
Medicare (Public Health Provision)	12	17	30	23	18
Legal Aid	37	14	14	14	21
Child Safety/Child Protection	32	17	30	14	7
Housing Department	46	15	13	9	18
NDIS (National Disability Insurance Scheme)	23	11	23	25	18
Non-government family support agency	20	9	23	28	21
Kinship carer support service	14	18	27	23	19

Our kin babies had multiple and complex medical needs when placed with us. The placement was made in an emergency, but six months later there were no birth certificates, no Medicare cards and not even an official letter to verify that I was the carer—nothing! The more I called child protection about these basic needs the more frustrating it became... If DHHS supplied birth certificates, Medicare cards, immunisation record etc. would have made life a lot easier. Instead, I had to fight for a year to get these simple necessary things that are important. It would also be nice if child protection treated us carers with respect, not expecting us to bear the financial burden ... (Joan, Grandmother)

Another carer reported on their kin child's difficulties becoming more challenging as they approached adolescence but the support service did not increase with their increasing complex needs:

I initially had 3 children and no financial support. I tried to work but child protection said I could not leave the children with my husband. I left a great job. House was needing repair. Used my super and all other finances to make it liveable. Even borrowed money from family. Second child now in foster care due to lack of support from services, no respite from extreme behaviours not even support from police when she ran away after not getting her own way. Broke windows and dented car from kicking and held the whole household to ransom. The eldest child has severe disabilities that took many months to link into supports but were still not enough. (Mary, Aunt)

Dorothy, a great-aunt carer, described a sense of shock where, in taking on her three nephews who had been living interstate, she began to realise that they had a range of complex needs as a result of the trauma that they had experienced. She said that she tried and tried to obtain information from the child protection department about services and professionals that could help, to no avail:

Eventually, a parcel arrived in the mail. It was a box, about the size of a shoe box, from child protection, with a range of brochures and pamphlets in it. I went through the entire box and there was not a single service that would be appropriate for the boys—oh wait—yes there was one... it was a music group..., and when I contacted them they only offered services to large groups, for example schools. That was when I realised that we were in this alone. (Dorothy, Great Aunt)

Mary, a grandparent carer, identified a simultaneous sense of abandonment and intrusion by the child protection agency who were described as playing a monitoring and surveillance role:

We are feeling like formal supports were not there at the beginning, yet we experience the fears and traumas of 'dealing with child protection' who announce that they need to 'monitor' the placement with irregular visits. There is a lack of support in education spaces, limited mental health supports, we are feeling like our children with a range of unmet needs are just 'slipping through the cracks'. (Mary, Grandparent)

Yet another carer outlined the experience of support services and financial assistance being terminated when the (Family Court) court orders were finalised:

Once our Final Court Orders came thru all services were cut. We were told from Child Safety if we wished to proceed with Government Financial

Assistance we would have to relinquish the children. Despite the youngest being handed to us when she was 27 days old on discharge from detox at the local Hospital. (Susan, Grandparent)

Whilst a dominant theme was that of 'abandonment' by child protection services, an exception at interview was, Kerry, who revealed that.

We seem to have been really lucky with the (child protection) department... mostly they leave us alone, but if I really need something, like a letter for a child care subsidy, I usually get it quite quickly. Also, when the baby came to us they made sure that I had all of the equipment that I needed... (Kerry, Grandparent)

Some carers identified limited support from other agencies, both government and non-government, noting for example the Centrelink dedicated information hotline for Grandparent Carers. The advice offered enabled carers to understand their entitlements for financial assistance and to make appropriate application:

Centrelink has actually been very helpful once I discovered the Grandparents line, but neither child safety nor Centrelink told me about it. It was Grandparents Raising Relatives and Grandchildren. Prior to that Centrelink was extremely difficult. (Nancy, Grandparent)

Whilst seen as a helpful service to Grandparent carers, there did not appear to be a similar advice line service available to non-grandparent kinship carers:

So, we are just left in the dark. No one tells us anything and the Centrelink line won't talk to us because we are 'just' informal carers who are, or were, family friends. (Jane, Aunt)

The Mirabel Foundation, a charitable support agency for kinship carers and their children in Victoria and southern New South Wales, was also noted by a number of Victorian and New South Wales respondents, who elaborated on the value of social connection with other kinship families, including informal and non-judgemental support and support groups, excursions and camps offered to their kin children.

Mirabel has helped us all to feel that we are not alone in this... other families are in similar situations and our kin kids get to connect with others who really 'get' them'. (Jane, Grandparent)

Others highlighted the role of non-government organisations as offering genuine but limited support to their family in terms of advice, practical assistance in the early stages of the placement and for three respondents, occasional respite care.

6.2. Lack of respect from professionals

Whilst the sense of 'abandonment' was evident as a dominant theme, so too was an experience for many carers that they were not recognised for the valuable role that they played in their kin child's life and for some, were treated disrespectfully by professionals. Nanak reflects on their experience;

The most challenging aspect of this whole journey has been dealing with child protection. They would have to be the worst department ever. They

constantly lie, treat carers like dirt, and never answer phone calls, texts or emails. They never take responsibility for any of their actions. If (child protection) supplied birth certificates, Medicare cards, immunisation records etc. it would have made life a lot easier. (Jackie, Grandmother,)

A common source of disagreement between carers and child protection professionals was around the issue of contact with birth parents:

Kinship Carers are continually bullied and children made to see their parents even when the children have said to them they do not want to see their parent's as they are physically sick. One of our children was sexually assaulted on an access visit at McDonalds. (John, Grandparent)

For Aboriginal kinship carers, the experience of services extended beyond a lack of respect. It was experienced also as a deep lack of cultural safety in the interaction with child protection services. Interactions with non-Aboriginal child protection workers, for example, who were responsible for conducting a parenting capacity assessment of the carers, were experienced as demeaning and culturally insensitive.

When we had to do the placement assessment we had to justify who we were. It was very culturally insensitive. Non-Aboriginal people should not be doing the parenting assessment—they don't understand the children's cultural needs. Then a trained independent cultural assessor came out. This Aboriginal assessor showed respect and cultural understanding as an Aboriginal person. (Maree, grandparent).

Maree elaborated;

At the beginning it was ridiculous – they (child protection) made us feel like the criminal— lack of understanding of the family and placing most (of the grandchildren) with a parent who was a drug addict, prostitution criminal activity etc. The risks to the children were extreme and included extreme violence. Child protection didn't believe us... The kids were removed in a terrible situation by police who used pepper spray. Two were placed with me and the other five were returned to the mother and later removed again. When I look at what has happened to me, when case workers increase your stress levels, it is very difficult to offer quality care. (Maree, grandparent)

Another Indigenous grandparent carer, Karsha, talked about the difficulties that she had experienced from child protection agencies, as an Aboriginal woman who had fair skin:

It is very difficult to hear... workers making assumptions about me being "white", people making disparaging and racist remarks about my skin colour. (Karsha, Grandparent)

Karsha described a range of challenges in becoming a kinship carer that impacted her personal life—for example, a loss of friendships after noticing that some of her network didn't understand the challenges that she faced as a carer: "People don't understand; they walk away from you". In spite of the challenges, Karsha was clear: "I would rather my grandkids be with me than in foster care". The experience of professional disrespect, racism and cultural insensitivity therefore compounded the overwhelmingly negative experiences for these carers.

6.3. Major financial stress

The third dominant theme to emerge was that of financial stress that kinship carers had not anticipated they would experience as a result of their decision to become carers. In some situations, this was as a result of the legal costs involved in securing the care of their kin child—in other circumstances, it related more to the complex psychological or health needs of the child or children in their care:

We are living week to week. Grandparents are stopping the cycle of drug abuse and domestic violence and our grandchildren are thriving, not just surviving. We are saving the government millions of dollars each year. We should not have to privately fund & fight for the safety & care of our grandchildren. We have spent of \$100,000.00 & counting on legal fees.

Yet, most of the biological parents & their partners are funded by Legal Aid. If Child Protection had sought an order in the Children's court, we would not have had to pay significant legal costs, (to go to Family Court) and would have been supported financially and would have minimised the damage that has occurred with the relationship with our daughter. (Wendy, Grandmother)

Vera and Betty talked about the sense of being completely 'drained', with living costs and sometimes legal costs as being their greatest challenge:

It is (caring for my kin) mentally, emotionally and financially exhausting, draining. I am feeling like I am getting old, caring into my mid-70s. I have lost my freedom, I have no time to myself, had life planned out after kids had grown up, friendships have failed, my marriage has failed... The cost of caring is the biggest challenge. (Vera, Grandparent)

Our household costs are extremely high, as our youngest grandson is severely intellectually disabled and incontinent. Both children have food sensory issues, so our food bill is very high. Acknowledge us as formal carers when the court order is by the Family Court. We spent our life savings \$150,000 in legal costs and setup costs. We had to take out two significant loans to help us with the legal expenses. (Betty, Grandparent)

Others talked about being unable to realise their future plans:

We had to change our lifestyle completely. I had a senior government role and had to move down to a lower paid role, to work more child friendly hours... Before becoming carers, we had hoped to go travelling around Australia in our caravan in our retirement. Now that can never happen. The cost of raising them means that we will need to keep working... just this weekend three out of four of them have parties. (Maree, Grandparent)

Another carer described severe financial stress and housing instability, having taken on the care of four kin children in addition to her own children.

Our family didn't realise taking in kin would put us at risk of homelessness. We were saving for a mortgage deposit. Becoming a carer suddenly moved the goal posts and made our goal impossible due to lending laws that unfairly bias carers. We were then told that in spite of a spotless record we would be unlikely to find anyone prepared to rent to a family of our size and we earn far too much for department of housing. On the Kinship carers Facebook page many are in the same position. We tried to help and it compromised our basic needs in ways we weren't prepared for. (June, Aunt)

Elaborating further on challenges as a carer and their kin child's complex needs and difficulties at interview, Nanak explains:

My granddaughter (11 years) is lovely; she enjoys swimming, karate and she is kind and loving. That said, I have lost friends because no one else understands. I lack sleep, privacy, money and support. My kin child needs ongoing psychiatric help, she has complex sensory issues, ADHD, is bullied at school. She has physiotherapy and OT appointments on a regular basis. I have to pay for all of this. I had to wait 6 months just for a paediatric appointment and then I was out of pocket \$200. I had given up a good job to care for her. We need more support! We should not have to jump through hoops to get it... It is heartbreaking looking for services. (Nanak, grandmother)

7. Discussion and implications for policy

The findings in this study suggest that whilst many kinship carers do experience the joy of caring and the knowledge that their kin children are safe and well, many also identify stress associated with services failing to offer meaningful support in a respectful and culturally safe manner. Financial distress was noted by a number of carers who, in some cases, have made great financial sacrifices in order to offer their kin

children a safe environment. What was not anticipated, however, were the extreme situations that were described, at times involving kinship carers initiating court proceedings at their own expense to ensure that their kin child had a safe family environment to grow up in Australia. For some, these unanticipated costs involved considerable personal sacrifice. Homes were re-mortgaged and retirement plans placed on hold in order to seek guardianship orders via the federal Family Court of Australia. For some carers, even where child protection authorities had advised that they should take this action, it came as a shock to learn that they would then be left without any formal support services nor eligibility for financial assistance to raise their kin child.

The findings suggest that practices may or may not ensure financial and other support for children who are living with kin because they are unable to live with their biological parents. The implication of this is that some kinship placements may be at risk, simply because carers are unable to afford the cost of securing the placement for their kin child. In other situations, the costs of meeting their kin child's complex medical and/mental health needs added to the stress surrounding the placement itself. In these scenarios, consistent with a critical perspective (Salas, Sen, & Segal, 2010), a pervasive sense of helplessness on the part of the kinship carers in the face of the "all-powerful" bureaucracy meant that they seemed to believe that they had no choice but to comply with advice that they would need to self-fund essential or specialist services for their kin child.

Findings suggest that the services designed to support kinship care placements were, in fact, experienced by many carers as a source of stress, and by some as distress. The perception of power held by authorities, combined with the implicit or explicit threat that some carers experienced, prevented some carers from voicing their concerns publicly. Offered the anonymity of this study, however, carers revealed time and again a sense that they had been betrayed, lied to and that the child protection agency had done a 'drop and run' in relation to their kin children. A graphic example of this was offered by Dorothy who, having persistently sought advice, guidance and support from her local child protection service and struggling with her great-nephews' challenging behaviours, received a box full of pamphlets in the mail.

Ironically, in spite of a sense of abandonment by the child protection service, some continued to experience the intrusion of monitoring, supervision and surveillance. This related to the other dominant themes identified where carers experienced a lack of respect and recognition for their work in caring for their kin child. This too was often expressed in a conflicted way where, for example, the frustration of being undervalued, not listened to or ignored was experienced in the context of having accepted responsibility for caring for a child, usually at the expressed request of child protection. Having agreed to the request to care for the child/ren, many kinship carers experienced disrespect and a lack of professional care and courtesy.

The experiences of disrespectful attitudes behaviours were described with such intensity by carers at interview and with consistency within the survey, that further analysis and discussion in relation to this experience is warranted. We theorise that within statutory agencies responsible for child protection and out-of-home care, organisational cultures may negatively impact on staff attitudes and professional practices. We are mindful that just forty years ago, the Australian policy was one of removal of children who were deemed to be 'at risk' with a preference for placement in (non-Indigenous) institutions rather than with family (Swain, 2014). In a report presenting different types of institutions offering out-of-home care for children in Australia from 1788 to the 1980s, Swain (2014, p. 3) noted that.

Children were both powerless and at risk as they navigated their way into adulthood. Placed where beds were available, moved when institutional efficiency demanded, cut off from kin whom authorities judged as neglectful, they were all too often left with no-one to whom they could turn for care and support.

Underpinning this dominant form of practice may not only have been

that it was seen to be the "best" option, but that the alternative—placement with kin—was seen to be problematic.

We suggest that these often racist beliefs, although no longer part of formal policy, may continue to pervade organisations and impact on professional attitudes and behaviours. Further research that investigates supportive and culturally safe practices in kinship care, the role of organisational culture and professional attitudes in maintaining these practices, is urgently required.

Within the context of the limitations of this study, some tentative recommendations are proposed.

Firstly, a comprehensive study investigating the issues emerging in this study is urgently required. Secondly, a practice framework that builds professional knowledge in relation to the role of kinship care within the Australian out-of-home care system and the history of kinship in Indigenous communities is a priority. On the basis of enhanced knowledge and cultural sensitivity assessments of the unique needs of kin placements to become a sustainable, nurturing home environments for children and young people who are unable to live with their parents, might be possible. This practice framework is conceptualised by the research team as being part of a comprehensive policy response, which ensures that appropriate financial, practical, emotional and therapeutic supports are in place from the outset. The practice framework could inform Actions Plans which are planned to accompany the recently launched strategy *Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031* (Commonwealth of Australia, 2021). As one of the participants reflects:

Policy makers need to understand that kinship carers are only interested in the best possible outcome for their grandchildren. The Department need to stop reconciling children with their parent when they are unfit. They need to listen to our side of the story. We know the children's parents better than they do. (Jackie, grandparent)

There are a number of other implications for policy development and service delivery. The findings suggest that there is a critical and urgent need for those who hold responsibility for child protection services in Australia; state and territory governments, to consider what actions they might take that can lead to enhanced kinship care service responses that are culturally safe, respectful and genuinely supportive of carers. Nationally, the Australian Children's Commissioner might identify and respond to the key findings of this study, recognising that kinship care now dominates the Australian out of home care service system and continues to grow as the placement of choice by statutory interveners. A national approach to address these issues appears to be warranted, in order for kinship care to become a sustainable model of service delivery. Finally, a strategic opportunity might be created, with the development of action plans currently underway to support the newly revised Framework for Protecting Australia's Children 2021–2031.

8. Limitations

There are a number of limitations evident in this study:

1. The convenience sampling and recruitment strategy meant that our survey respondents and interview participants were drawn from a single source, that being an online National kinship carer support group. That being the case, it is not suggested that this group is a representative sample. Voluntary surveys tend to under-represent the most disadvantaged cohorts and those with lower literacy or mastery of English. That said, the source had a national representation, with 345 households represented from across Australia.
2. As a small project with limited funding, we were able to interview a small number of participants.

9. Conclusion

This study confirms and extends previous research. Consistent with

previous research is the experience of overwhelm, lack of structural support and financial disadvantage where kinship carers have agreed to commit to caring for their kin children. Kinship carers are not a homogenous group. They do, however, consistently report that theirs was not a planned life choice and that many come to the role of carer in an emergency or crisis (Kiraly, 2015). This study confirmed that the decision to take on the role of kinship carer may be made in the context of serious concerns about the safety and wellbeing of their kin child/children in the care of their parents. Having said 'yes' to becoming and being a kinship carer, the trajectory for Australian carers appears to be fraught, with many experiencing abandonment by essential services, financial disadvantage and, for some, extreme hardship along with the experience of disrespect by key professionals within the child protection system.

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Declaration of Competing Interest

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

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