

Stability in statutory kinship care: A grounded theory study of placement stability in Australia

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ABSTRACT

This constructivist grounded theory study explored the concept of placement stability from the perspective of statutory kinship carers who self-identified as providing a stable kinship placement in Queensland, Australia. Twenty statutory kinship carers participated in semi-structured qualitative interviews. The study developed a substantive grounded theory of how Kinship Carers perceive a stable statutory kinship care placement and found six social processes that underpinned how the kinship carer felt, thought and acted. The core category was feeling connected. The five non-core categories were seeing the need, being constant, empathising with, championing for, and being aware and accepting of the kinship context. The study found no differences between familial and non-familial kinship carers perception of stability. It found that some of the categories were influenced when the kinship carer family identified as Australian Aboriginal or a preplacement relationship existed between the kinship carer and the child. The substantive theory developed by this study was applied to social worker practice in out-of-home care.

1. Introduction

Statutory kinship care, also described as formal kinship care, is an arrangement with child protection legal parameters setting the context for the care, including statutory child protection orders. Informal kinship care is a care setting negotiated within the family without a legal order (Boetto, 2010). Child protection data from many Western countries, including Australia, revealed a significant rise in statutory kinship care in the last twenty years (Kiralý, Hoadley & Humphreys, 2020). Statutory kinship care is now Australia's largest out-of-home care placement type, showing a rise from the year 2000, whereby kinship care made up 30 % of the placement types, and foster care made up 56 %, to 2020, when kinship care made up 54 % and foster care made up 37 % (Australian Institute of Health and Welfare, 2001; Australian Institute of Health and Welfare, 2021). Statutory kinship carers include two groups: familial kinship carers who are biologically or legally related to the child; or non-familial kinship carers, sometimes referred to as kith carers, who are a member of a child's community and considered by the child to be significant to them (McHugh, 2013).

Research about children and young people in kinship care tends to focus on comparing outcomes between kinship care and foster care

(Winokur, Holtan & Batchelder, 2015). A systematic review of 102 studies comparing the outcomes for children in kinship care placements to children in foster care placements found no statistical difference in the length of their placement, length of their time in out-of-home care, developmental service utilisation, physician service utilisation and mental health service utilisation across low risk, unclear risk and high-risk groups (Winokur et al., 2015). The study found that children in kinship care experienced fewer behavioural problems and mental health disorders, better wellbeing, less placement disruption and required fewer mental health services (Winokur et al., 2015).

Examining the concept of stability for children in this type of placement is crucial as it is linked to improving their outcomes.

1.1. Construct of stability

Placement stability in kinship care is a concept examined in child welfare research. How it is measured differs in some countries. A study in the United States (O'Neill, Risley-Curtiss, Ayón, & Williams, 2012) notes that the Department of Health and Human Services defines placement stability in foster and kinship care as two or fewer placement moves and having the same carer across a period of eighteen months.

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Winokur, Holtan, and Batchelder's (2015) systematic review of kinship care outcomes reported measuring placement stability across four different areas. Six studies measured stability based on the number of individual placement settings. Another six studies measured stability as a length of time in each placement. Nine studies measured the time spent in the out-of-home care system as a measurement of stability. Finally, five studies measured stability as a rate of placement disruption (Winokur et al., 2015). Placement disruption or breakdown refers to the unplanned cessation of a child residing with their kinship carer and seeing the child moving to another placement or living arrangement. The cessation of placement is often instigated by the kinship carer or the statutory agency (McHugh, 2013). More recently, an Australian study applying a longitudinal analysis examined how exposure to different types of care, kinship compared to foster care, related to developmental outcomes of children who had experienced out-of-home care over five years (Delfabbro, 2020). This study linked placement stability to fewer carer or placement changes and noted that this was associated with better outcomes for children and young people. Specific to placement stability, it was found that carer changes were more prevalent in foster care than in kinship care (Delfabbro, 2020). The variations in how placement stability is measured confirm that the construct of placement stability, while appearing as a homogenous measure, is, in fact, not.

1.2. Stability research

Research into kinship care placement stability outlines protective factors, risk factors and comparisons of stability in kinship care to other forms of care, as well as identifying the distinction between familial kinship carers and non-familial kinship carers within the kinship group (Aldgate & McIntosh, 2006; Chang & Liles, 2007; Downie, Hay, Horner, Wichmann & Hislop, 2010; Lutman, Hunt & Waterhouse, 2009). Lutman, Hunt & Waterhouse's (2009) study of 132 children in statutory kinship care in the United Kingdom identified four child protective factors related to stability, including disruption was less likely if the child was young at the point of the placement, if the carers were grandparents, if they had previously cared for the child full-time and if the child had never lived elsewhere. The stability measure in this study was the length of time. This study found that the majority of children were placed with grandparents (62 %), aunts and uncles (26 %), other relatives (7 %) and an adult known to the child (5 %). Placements were less stable when provided by aunts and uncles than by grandparents. However, the study did not report on the stability of non-familial kinship carers. (Lutman, et al., 2009).

A United Kingdom study of 270 child case files identified several factors contributing to kinship placement instability (Farmer, 2009). There was a greater risk of placement instability when the child was older, displayed challenging behaviours, there was an absence of high carer commitment, and contact between the child and family was not supervised (Farmer, 2009). The same study also found that children with high levels of previous adversity and difficult behaviours were significantly less likely to have a placement breakdown or disruption if residing in a kinship placement compared to a foster care placement. In addition, this study found that kinship carers showed particularly high levels of commitment to looking after the children in placement compared to foster carers. Grandparents comprised 45 % of the carers in this study, aunts and uncles 32 %, with the remaining kinship carers being siblings, older cousins or friends (Farmer, 2009).

Another study in the United States of America examined the longitudinal state-wide administrative data of children in out-of-home care to explore the possible explanations for kinship care placements being more stable than foster care placements. Over 50,000 placements were reviewed, finding that kinship stability data was based on the profile of the child able to be placed in kinship care as well as the government policy preferences for kinship care (Font, 2015). In addition, it was argued that the policy preference led to foster care placements being disrupted as children were moved to kinship placements (Font, 2015).

This study suggests that kinship care provides a limited stability advantage, with the longevity of placements being impacted by government policy (Font, 2015). This study did not explore the difference within the kinship carer group, that is, the difference between familial kin and non-familial kinship carers.

The stability of placements with foster, familial, and non-familial kinship carers was examined in Canada in a large-scale study involving over 1200 families (Perry, Daly & Kotler, 2012). This study compared stability within foster care placement and kinship placements, differentiating between familial-kin carer placements and non-familial kin carer placements. The study found that foster care placements were four times more likely to end in the first month, with kinship placements remaining more stable than foster care placements. Within kinship placements, those that involved a genetic, marital or adoptive link, that is, a familial kinship care placement, were more stable than those provided by non-familial kinship carer (Perry et al., 2012). An earlier study in Sweden also found placements with non-familial kinship carers were less stable than placements with familial kinship carers (Sallnäs, Vinnerljung, & Westermark, 2004). Of interest in the Australian context is to establish a better understanding of stability in familial kinship care as compared to non-familial kinship care.

Research supports the notion that kinship care provides greater placement stability, even when the construct is measured differently; however, placements with non-familial kinship carers were not as stable as placements with familial kinship carers (Perry et al., 2012; Sallnäs et al., 2004; Winokur et al., 2015). Across kinship research, studies about placement stability tend to define it in the context of the length of placement, the length of time in out-of-home care or the number of placement disruptions.

Gaps in Research

The current research about stability in this growing out-of-home placement type highlights several gaps in our knowledge. Research into statutory kinship care focuses on two main areas: the stability of the placement and carer-related studies. Research concerning stability and kinship care has tended to focus on grandparents as familial kinship carers, which means there is a gap in understanding kinship care when provided by non-familial kinship carers (Kiraly et al., 2020). Current research has shown that when children have a pre-existing relationship and are placed when younger, they have more stable placements (Farmer, 2009; McHugh, 2013). Many studies have found kinship care placements to be more stable than placements in foster care (Winokur et al., 2015). Notably, studies vary in their definition of stability from the length of placement and the length of time in out-of-home care to the number of placement disruptions (Winokur et al., 2015). When comparing the outcomes of children in foster care to those in kinship, the research shows many positive outcomes for children in kinship care in the areas of behaviour development, permanency, and positive mental health (Winokur et al., 2015). The limitations of the current body of research are that the majority of the studies have been conducted in the US and the UK, with small numbers of research being conducted in Australia (Aldgate, & Delfabbro, 2020; McIntosh, 2006; Farmer, 2009; Kiraly et al., 2020). The increasing use of statutory kinship care in many Western countries means it is important for researchers to create new knowledge in this field. Given these factors, it is important to understand kinship placement stability when provided by a familial kinship carer as distinct from when a non-familial kinship carer provides it.

Finally, studies of stability in statutory kinship care have included quantitative and qualitative methodologies. Quantitative studies have used case file reviews, surveys, and clinical instruments (Delfabbro, 2020; Winokur et al., 2015). Qualitative studies have included individual and small group semi-structured interviews with children and carers or focus groups (Aldgate & McIntosh, 2006; Chang & Liles, 2007; Downie et al., 2009; Lutman et al., 2009; Winokur et al., 2015). The use of constructivist grounded theory as a method of enquiry in stability in

statutory kinship care is atypical. It therefore contributes to the body of kinship care knowledge. This paper is informed by doctoral studies examining stability in statutory kinship care. The next section will detail the methodology for this study.

2. Methodology

The current study applied constructivist grounded theory as a methodology to investigate the research question: re The paradigm holds a relativist ontology, assumes a subjectivist epistemology, utilises naturalistic methodologies, and sees the social construct, the 'stable kinship care placement' as constructed by the individual people experiencing it, that is, the kinship carers who have provided stable kinship placements (Charmaz, 2014). The study was conducted in Queensland, Australia and differentiated between familial and non-familial kinship carers to address the gap in current research. The purpose of applying constructivist grounded theory methodology was to address the previously discussed gaps in current research; namely, the method did not predefine placement stability and prioritised the views of kinship carers who provided the placement. This methodology involved participant kinship carers defining stability and, with the researcher, co-constructing knowledge about stability in statutory kinship care.

The research was reviewed and ethically approved by the University of Queensland Human Research Ethics Committee A (2017001610), School of Nursing, Midwifery and Social Work, at the University of Queensland.

2.1. Sample

This study focuses on stability of statutory kinship care placements in Queensland, Australia, where the kinship care placement occurred after 1999. The sample included twenty participants recruited during the initial purposive sampling stage and a subsequent theoretical sampling stage. A purposive sample of sixteen statutory kinship carers who self-identified as providing a stable kinship care placement was recruited via advertising with local kinship support agencies. The advert briefly detailed the research and invited interested carers to contact the researcher. Of the initial sixteen statutory kinship carers, eight were familial kinship carers, and eight were non-familial. Theoretical sampling was required to reach theoretical saturation. An additional four kinship carers were recruited, two familial and two non-familial. Theoretical sampling is the grounded theory strategy that sees the researcher implement additional data collection strategies if the initial data does not meet theoretical saturation (Charmaz, 2014). For this study, the researcher required the inclusion of theoretical sampling because the data collected from the purposive sample continued to provide new insights meaning the substantive theory was still developing. The theoretical sampling mirrored the purposive sampling strategy, with participants recruited through advertising with the local kinship support agencies. In completing these interviews, the researcher applied the same interview protocol as the initial sample, however, considered the new data alongside the developed substantive theory. These four interviews did not result in any additional insights or information therefore meaning additional data collection was redundant, as the substantive theory was fully developed.

Of the twenty participants, all were female kinship carers, with six identifying as Indigenous, more specifically Australian Aboriginal, and fourteen identifying as non-Indigenous. Of the six Australian Aboriginal kinship carers, three were familial, and three were non-familial kinship carers. Within the familial kinship carers group, six were from the paternal family, and four were from the maternal family. More specifically, five were aunts, two were grandmothers, one was a great-grandmother, one was a great-aunt, and one was a second cousin. Of the non-familial kinship carers, five knew the child through their paid working roles. Of the remaining five non-familial kinship carers, two knew the child through their role as former foster carers of the children's

parents, 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 Australian Aboriginal community and was therefore considered community kin.

In this study of twenty participants, fifteen kinship carers described themselves as having a preplacement relationship with the child(ren). Nine were non-familial kinship carers, and six were familial kinship carers. Five kinship carers had no preplacement relationship with the child, four were familial, and one was a non-familial kinship carer. The length of the placement (as of the date the participants were interviewed for the study) for children and young people in a self-defined stable kinship placement ranged from three to seventeen years.

2.2. Data collection and analysis compare

This study collected data between May 2018 and July 2019. The researcher conducted individual semi-structured interviews for up to one hour with each participant either in person at a venue of the participants choosing or remotely via Skype. Participants were asked for demographic information, including name, age, cultural background, details for family genogram mapping, relationship to the child and placement dates. The researcher then shared that the aim of the study was to understand what stability in kinship care means to kinship carer because stability in statutory kinship care was a concept used frequently however studies define and measure it differently for example, some studies defined stability as a length of a placement, while others defined it as the number of placements over a period of time or the number of placement disruptions. The researcher then asked the participant open-ended questions including:

- Tell me about the stable statutory kinship placement.
- Tell me about your relationship/ contact with CHILD before she/he was placed with you.
- What factors meant your placement with CHILD was stable?
- What if anything contributed to stability in the placement?
- What if anything made stability in the placement a challenge?
- What is your definition of stable kinship care?

With the participant's consent, the researcher took an audio recording of the interview and completed memos during the interview.

The data from each interview, including the interview audio data and the researcher's memos, were transcribed and managed within NVivo. This study applied inductive reasoning, followed by abductive reasoning, to analyse the data. Data analysis took the form of a three-phase, initial, focused, and theoretical coding technique that produced results grounded in the participants' data (Khan, 2014). Data analysis commenced within initial coding, or labelling data segments by reading the data at a literal level, an interpretive level, and finally, a reflexive level (Mason, 2010). The initial coding involved the researcher considering the data with a focus on two questions 'what is the participant's primary point?' and 'how do they interact with it?'. Initial coding involved identifying concepts representing the participants' interview data (Khan, 2014). Table 1. provides an example of the initial coding.

Table 1
Initial coding example.

Interview Transcript	Initial Code	Memo Written
Yeah, his mother lived with me while she was pregnant and for about five months after. I was her support person, and I was the first person to see CHILD alive. And I've been probably the one constant in his life. Because his mother's been to jail and jailed again and Rehab now. (Familial Kinship Carer – Non-Indigenous – with a Preplacement Relationship)	connection constant absence of caregiving	Feeling Connection Being around from the beginning, feeling part of the child's support network.

(Clarke, 2022).

After the initial coding for participant interviews, the codes and researcher’s memo data formed the data for the focused coding. This coding phase enabled the identification of emerging core categories and supported the organisation of codes and categories (Kenny & Fourie, 2015). The focused coding process enabled the synthesis, analysis and conceptualisation of large segments of research data. The final phase of coding applied was theoretical coding. The coding process was not linear in that the researcher obtained new data, compared it to previously established categories and focused codes, and then refined and compared it to the new collected data. The three-phase coding ensures the analysis shifts from description to conceptualisation (Khan, 2014). The theoretical coding of the initial sample did not result in theoretical saturation. Theoretical sampling was applied, and an additional four participants were recruited, interviewed, and their data analysed. Below in Table 2 is a coding example of the interview data from the initial and theoretical sampling stages, alongside focused and theoretical coding and the researcher’s memos. It demonstrates how the additional interview data offered no new properties or insights about the categories; therefore, theoretical saturation was reached (Charmaz, 2014).

3. Results

This study produced the substantive grounded theory of how kinship carers perceive stability in statutory kinship care. The substantive theory emerged as categories related to either carer feeling, thinking or acting, or the cognitive triangle (Safran & Greenberg, 1988). This theory explains the major social processes as perceived by kinship carers providing a stable statutory kinship care placement in Queensland, Australia (See Fig. 1). The Substantive Theory is the researcher’s pictorial representation, including the core category—feeling connected, and five non-core categories: seeing the need, emphasising with, being constant, championing for, and being aware and accepting of the kinship context.

In addition to the core and non-core categories, a preplacement relationship between the kinship carer and the child appeared to influence five of the six 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 appeared to influence two categories: feeling connected and seeing the need. The study showed no differences in how non-familial and familial kinship carers perceived stability.

3.1. Feeling connected

The core category of this theory is ‘feeling connected’, a carer feeling. It was described as the dynamic between the kinship carer and the child. It is an active, emotion-based belonging process between the child, the kinship carer and their family. Feeling connected was described as active, representing an involved effort, motivation and determination.

“It was just simple I was their nan, I already knew them, I already loved them, I already had a bond with them.” (Familial Kinship Carer, Non-Indigenous, Preplacement Relationship).

Feeling connected was described as emotional in that it was felt by the kinship carer and incorporated the adult caregiver’s emotional response to the child. The core category of feeling connected included the perception of a shared dynamic in which the child belongs with the kinship family.

“We basically were her last hope. So we have ploughed everything into her, ... and given her the best chance. We made a commitment to CHILD on that day. I feel it gives us and her that real sense of family and she knows that she’s never going to be abandoned and she knows that we’re here for the long haul.” (Non-Familial Kinship Carer, Non-Indigenous, Preplacement Relationship).

“My commitment which is lifelong to CHILD, even beyond 18. She will always be part of our family and community.” (Familial Kinship Care, Australian Aboriginal, No Preplacement Relationship).

Table 2
Initial, focused and theoretical coding example.

Initial Coding Category and Interview Transcript	Focused Code	Focused Coding Memos	Theoretical Code
While they couldn't live with the Mum, I wanted them with me.. with family. From the very beginning, I was clear why their Mum couldn't have them. She wasn't doing well. (Familial Kinship Carer, Non-Indigenous, with a Preplacement Relationship)I hardly knew him when he came to me from the Department, but there was lots of drama with the Mum and my son he was four or five years old, this tiny little thing. His Mum's health was bad, so I took him. (Familial Kinship Carer, Non-Indigenous, with No Preplacement Relationship) THEORETICAL SAMPLEThey (statutory agency) opened an investigation, placed her with us, because the Mum wasn't coping Mum is family, she (child) is family... She (child) isn't going anywhere else. (Non-Familial Kinship Carer, Non-Indigenous, with a Preplacement Relationship)I knew John didn't have family able to have him, he was in the residential for ages... when I was leaving, I thought why not talk to the Department. (Non-Familial Kinship Carer, Non-Indigenous, with a Preplacement Relationship)	Carer sees the need for placement – parent is absent	Carers thinking is about the child's need for the kin placement. They see the issue contributing to the need, child's need is clear.	Seeing the need – absence of parent or carer. (carer thinking) Memo written for the theoretical coding: Same messages as previously heard, carer or parent is absent, therefore kinship carer sees the child's need. Seeing the need contributes to stability, absence is part of seeing it but not all of it.

(Clarke, 2022).

Overall, feeling connected was an active, emotion-based belonging process that resulted in the kinship carer and child experiencing a stable statutory kinship placement. There was no distinction between familial and non-familial kinship carers. Where a preplacement relationship existed, the feeling connected was influenced by the preplacement relationship in that it was present before the statutory kinship placement commenced. Where the kinship family identified as Australian Aboriginal, their culture influenced this core category with references to the cultural community being discussed and culture being linked to how family is experienced for kinship carers.

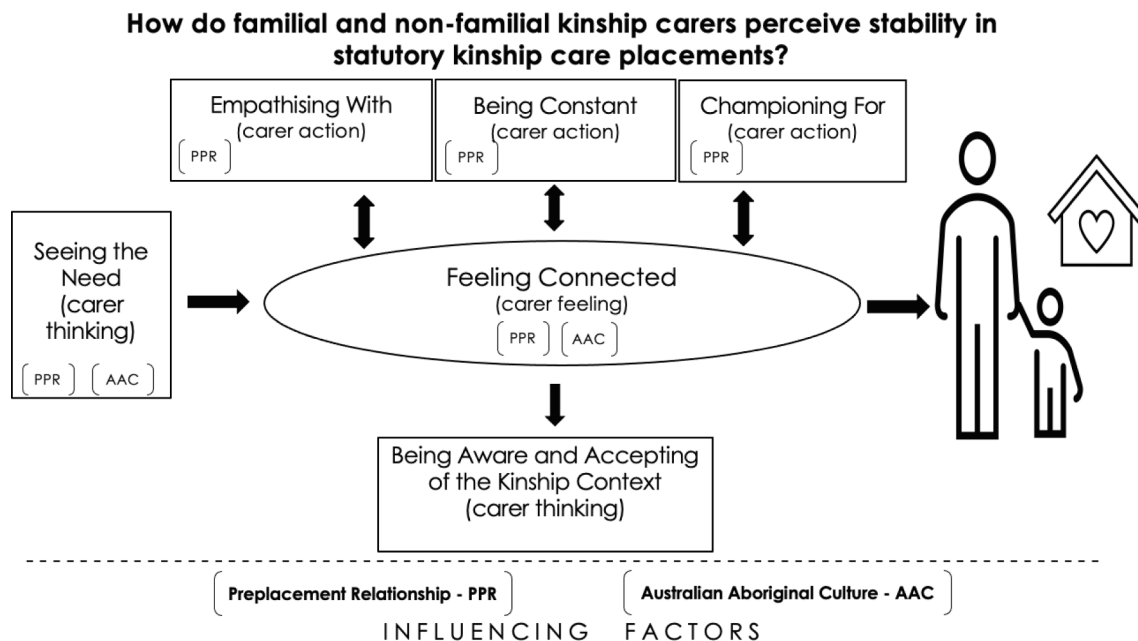


Fig. 1. The substantive theory. (Clarke, 2022).

3.2. Seeing the need

The second social process contributing to stability in statutory kinship care placements was the non-core category of ‘seeing the need’. Kinship Carers described this as a triggering social process that signalled an initiation of the statutory 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 saw the kinship carer becoming aware that the child or young person had no parent willing and able to care for them and/or identifying the absence of a statutory carer (foster or kinship) who was able to meet the child’s needs.

“The aunty that CHILD went to - they got pregnant about a year later so they came to us and said, ... they no longer wanted to keep her, and the intention was that they would. they came to us and said, ‘Would you guys like to take her?’” (Familial Kinship Carer, Australian Aboriginal, No Preplacement Relationship).

“When I worked at the school CHILD was a student at the school. I’ve known her since she was four. She had had 17 placements, so I left the school to become her carer.” (Non-Familial Kinship Carer, Australian Aboriginal, Preplacement Relationship).

This non-core category also 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 child’s need for the placement, changing their life and commencing care. The defining moments varied across participants including the death of a parent, failed reunification and the carer changing employment.

“CHILD and his siblings came back into care and were removed from their mother. They needed to be with someone that they knew and that they knew cared about them. Especially for CHILD because his father had passed away.” (Non-Familial Kinship Carer, Non-Indigenous, Preplacement Relationship).

The consistent element among these moments was the combination of the child’s need for a capable carer and the defining moment that led to the kinship carer deciding to provide a statutory care placement. This non-core category presented consistently between familial and non-familial kinship carers. Having a preplacement relationship influenced this category because when the relationship was present, the carer saw

the need for the placement. Culture was identified as influencing this category by kinship carer families identifying as Australian Aboriginal. Participants referenced how Family Elders approached the family to organise the placement of the child, how cultural connections saw family identified and how Aboriginal families sees it was normal to raise children in the family if the parent cannot.

“...in Indigenous families it’s quite normal for kids to not live with their parents but to live with aunts and uncles...” (Familial Kinship Carer, Australian Aboriginal, No Preplacement Relationship).

3.3. Empathising with

‘Empathising With’ was another non-core category contributing to stability in statutory kinship care placements. Kinship carers displayed carer actions of ‘empathising with’ the child by perspective-taking, being emotionally empathic and compassionately empathic. These contributed to the core category of ‘feeling connected’. ‘empathising with’ saw the kinship carers become 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. They could understand the child’s developmental age and stage, the impact of trauma on their behaviour and the child’s unique personality. Emotional empathy saw the kinship carer able to connect to specific emotional moments in a child’s life, enabling them to understand and communicate a child’s emotions.

“He is testing the waters, quite severely these days. He’s probably anxious about going into high school.” (Familial Kinship Carer, Non-Indigenous, Preplacement Relationship).

Kinship carers provide compassionate empathy by understanding the child’s situation, feeling their emotions and focusing on supporting the child accordingly. The kinship carer’s action of ‘empathising with’ included the carer observing the impact of an out-of-home care placement for the child, the impact of the child’s lived trauma experience, the kinship carer being able to identify the challenging behaviours displayed by the child but look past the behaviour. The kinship carer provided an empathic, sensitive and attuned carer response to the child.

“It’s very hard to see a little girl so well and then be really upset because she’s let down and it’s been happening for over ten years. They tell her “Mum’s doing really well.” Mum’s doing this and she’s doing

that and 'Mum wants to have contact with you' and then she's all excited and then it just happens all over again." (Familial Kinship Carer, Australian Aboriginal, No Preplacement Relationship).

This non-core category presented consistently for both familial and non-familial kinship carers. Where a carer and child had a preplacement relationship, 'empathising with' existed before the placement commenced.

3.4. *Being constant*

'Being constant' emerged as a carer action and the third non-core category. "Being constant" contributed to establishing and maintaining 'feeling connected' between the carer and the child. 'Being constant' saw the kinship carer having an active parenting presence with the child throughout their life. This included when the child lived with the kinship carer and the period before (if a preplacement relationship existed) and after the child exited the statutory kinship placement.

"You know, you can have nice things. I guess for me stability probably also came into being very routine. I made their lives predictable. Yeah, whether they're living here or they're not living here, we still have a really great relationship." (Familial Kinship Carer, Non-Indigenous, Preplacement Relationship).

'Being constant' included being a safe adult for the child even when the child lived with other people, including parents and other carers and into adulthood. The kinship carer always served in an active parenting capacity for the child. 'Being constant' presented consistently between familial and non-familial kinship carers. Where a preplacement relationship existed, it influenced this category in that the kinship carer took actions to be constant before the statutory placement.

3.5. *Championing for*

The next non-core category identified was 'Championing For' or being child-led and observing the child in light of all that is positive and possible. This category involves the kinship carer seeing the child's needs and acting accordingly, including advocating or lobbying. 'Championing for' sees the kinship carer seeking assistance and feeling a sense of competence regarding their ability to parent effectively. 'Championing for' includes the kinship carers' ability to accept the challenges of parenting a child in statutory care and focusing on what is positive and possible for the child.

"It was certainly stable because I was a tough person and instilled really good values and made sure they were raised properly - I raised them to be really polite, respectful, kind, compassionate people - I was always their champion." (Familial Kinship Carer, Non-Indigenous, Preplacement Relationship).

The kinship carer 'championing for' the child by adjusting their expectations according to the child's capabilities, trauma history and interests.

"We never access respite or anything like that, because we do what we do for CHILD as we do for our own kids, we don't just let her go to anybody. So we're very protective. We understand how trauma affects our young kids, so it's trying to minimise her going through any more trauma in her little life. We're just very family-orientated people. And we're very strong in our culture and we feed that through to our kids." (Non-Familial Kinship Carer, Australian Aboriginal, Preplacement Relationship).

There was no difference between the familial and non-familial kinship carers concerning the non-core category; however, the 'championing for' was influenced when a preplacement relationship existed in that it commenced before the statutory placement was made.

3.6. *Being aware and accepting of the kinship context*

The final social process in this grounded theory was the non-core category that involved the kinship carer 'being aware and accepting of

the kinship context'. The kinship context included the strengths and challenges related to the kinship carer, the strengths and challenges related to the individual child and finally, the strengths and challenges of providing care and working with a statutory child protection agency. The types of strengths and challenges related to the kinship carer varied; however, kinship carers were consistently 'aware and accepting of' their strengths and challenges. Strengths included:

"I think it worked mostly because of us being consistent and fair and stable role models. I guess those things were just part of how we did things. So, but I think the biggest thing was the sense of belonging because before that, CHILD didn't really have that sense of belonging and he wanted to belong to somebody." (Non-Familial Kinship Carer, Non-Indigenous, Preplacement Relationship).

Challenges included:

"My age is a challenge. CHILD's number six so my eldest is 32 this year so it's a long time to be making school lunches and going through that adolescent stage." (Familial Kinship Carer, Australian Aboriginal, No Preplacement Relationship).

'Being aware and accepting of' the strengths and challenges about the child was also consistent despite the actual types of strengths and challenges being different. A strength included:

"CHILD is the most amazing human being. She is the most - she is the strongest and most resilient human being I have ever met, and she is kind, but she is not overly sentimental." (Familial Kinship Carer, Australian Aboriginal, No Preplacement Relationship).

A challenge included:

"Her behaviour makes it a struggle. Because they were so ongoing and constant." (Non-Familial Kinship Carer, Australian Aboriginal, Preplacement Relationship).

The types of strengths and challenges about the statutory child protection agency have some commonalities. The statutory agency's practices identified as strengths included focusing on the early days of the kinship placement, understanding and valuing the kinship relationship and the extended family, and intervening in the placement based on the child's assessed needs.

"I mean, my saving grace is the fact that I've got the Department in to back me up with the things." (Familial Kinship Carer, Non-Indigenous, Preplacement Relationship).

The struggles related to the statutory agency included a lack of casework for the child, specifically in managing parental family contact, listening to the child and actioning essential case-management responsibilities, and not respecting the role of a kinship carer.

"The Department makes everything extremely difficult. They are hypocrites, and I think they really do a disservice to the children in care." (Familial Kinship Carers, Non-Indigenous, Preplacement Relationship).

The consistent element for this non-core category was the kinship carers thinking process of being aware of the strengths and challenges of the kinship context and accepted them. No differences exist between the familial and non-familial kinship carers, or Australian Aboriginal culture or having a preplacement relationship influenced this non-core category.

In summary, the substantive grounded theory developed by this research presents stability in statutory kinship care as perceived by kinship carers. While this does not readily fit previous research definitions of stability in kinship care like the length of placement or number of placements; the theory presented stability in statutory kinship care as six interrelated processes between the kinship carer and the child.

4. Discussion

The current study contributes insights to the literature concerning stability in statutory kinship care as perceived by Kinship Carers through the application of a constructivist grounded theory methodology which was atypical to this topic. In addition, the research was deliberate in considering both similarities and differences between familial and non-

familial kinship carers concerning stability. This study found that familial and non-familial kinship carers perceived stability consistently. Much of the current research concerning stability in statutory kinship care has defined stability quantitatively, including the length of placement or total placements during the child's time in statutory care, while also considering carer and child factors that may correlate with placement stability (Winokur et al., 2015). Interestingly, despite the length of the placement being collated in this research's demographic data, the kinship carer participants did not identify the length of placement as contributing to or being part of stability.

Current literature concerning stability in kinship care has found that children with a preplacement relationship, whereby they are placed at a younger age and the child has less complex behavioural issues contribute to stability (Winokur et al., 2015; Farmer, 2009). Notably, the substantive theory developed in this research did not find that the length of the placement, age of the child, nor behaviours of the child were factors. However, where a preplacement relationship existed, it was found that some factors that contributed to stability were present in the preplacement relationship between the kinship carer and child.

4.1. Preplacement relationship

Current literature about stable kinship care identifies the preplacement relationship as a contributing factor (Algate & McIntosh, 2006; Farmer, 2009). This research found that while the majority of kinship carers in this study (fifteen of the twenty participants) described themselves as having a preplacement relationship with the child, the profile of this relationship was not consistent across the group. Some kinship carers had provided informal care directly 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 preplacement relationship did not emerge as a core or non-core category in the theory generated. For those with a preplacement 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 preplacement relationship phase. The preplacement relationship influenced the timing of the core and non-core categories rather than being required for the categories. This finding is important because while a preplacement relationship can contribute to stability, it is not essential. This finding supports the practice position of engaging familial kin who do not have a preplacement relationship with a child when finding family for children requiring a placement outside their parent's care.

4.2. Non-familial kinship carers

The theory generated in this research did not find any differences between familial and non-familial kinship carers. Feeling connected, seeing the need, emphasising with, being constant, championing for, and being aware and accepting of the kinship context all emerged as factors contributing to stability in placement for non-familial kinship carers. This finding adds to the small body of research concerning non-familial kinship carers. Notably, this study has profiled the non-familial kinship carers who self-identified as providing a stable kinship placement. While a small cohort, the demographical analysis of this group who self-identify as providing a stable statutory kinship placement, may contribute to research knowledge by assisting practitioners in understanding the people in a child's social community who may be considered to provide care. Five of the group of ten non-familial kinship carers in this study commenced their relationship with the child through their paid working roles in schools, the statutory child protection service and out-of-home care service. This group of five discussed in detail how 'seeing the need' formed part of their decision to become a kinship carer for the child. These non-familial kinship carers had professional or paid roles through which they interacted with the child. They built

relationships with the children through these roles and later became approved kinship carers. Reasons that the non-familial kinship carers discussed as contributing to them 'seeing the need' included personal losses for the child, perceived failings of alternative care options available, and believing they had something unique to offer the children. They shared that the decision to move from a professional role to a personal role was not made quickly but was made in a timely and considered manner due to knowing the child for a significant period and seeing the system failing the child with placement options.

Another four had a family-like connection through the foster care system, despite not being biologically or legally related to the child. Two of these four commenced a relationship with the child through their role as former foster carers of the children's parents; one was an adult foster sister of the child, and one was the former foster carer of the child. This group already had a familial-type role caring for the child or their parent, and it could be argued as being closely aligned with family caring for family—that is, a familial connection. The final non-familial kinship carer was a member of the local Aboriginal community and therefore considered community kin by both the family and the statutory agency.

The factors that contributed to stability for non-familial kinship carers were the same as those identified by familial kinship carers; however, the profile of the non-familial kinship carers from this research contributes knowledge to the area.

4.3. Application to practice

The substantive theory generated in this study can be applied to practice improvements in out-of-home care areas, including recruitment and engagement, carer training and placement support and monitoring.

4.3.1. Recruitment and engagement

The recruitment and engagement of kinship carers is the initial process whereby a member of the child's family or community considers providing a placement for the child. This can include the adult or couple being approached by the parent, extended family, or statutory agency (McHugh, 2013). This study found that 'seeing the need' was key to providing a stable statutory kinship placement. Out-of-home care practice could be improved by ensuring the engagement of potential kinship carers is focused on assisting the prospective carer to 'see the need' for the placement. The information shared with prospective kinship carers must be detailed enough to understand the child protection concerns that have resulted in the statutory intervention. It is not enough to simply say the statutory agency has its reasons and that the court has endorsed the decision. It is acknowledged that this requires out-of-home care policy to explicitly address the issue of the parent and child's right to privacy and the finding that the provision of sufficient information sees the kinship carer 'seeing the need' for the placement. Information provided to the prospective kinship carer should be of sufficient quality and quantity to allow them to understand the child's need for a kinship placement.

In addition, this research found that the practice of engaging the perspective kinship carer and requiring a decision as to whether they will consider providing care should not be rushed. Engagement of possible kinship carers should see practitioners accept that the perspective kinship carer may need time to consider the decision. Another practice improvement highlighted in this study was the importance of engaging both adults with a preplacement relationship with the child and adults in a child's family who do not have a preplacement relationship. A quarter of the participants in this study did not have a preplacement relationship with the child but still reported providing a stable statutory kinship placement.

4.3.2. Kinship carer training

When considering practice in kinship training, this study's findings highlighted numerous carers' actions that were perceived as part of a

stable statutory kinship placement. ‘Empathising with’ and ‘championing for’ are two areas of training that could be offered to kinship carers before or during the placement. ‘Empathising with’ included perspective-taking, being emotionally empathic and compassionately empathic. Offering training in these skills while incorporating the child’s specific experiences and linking critical elements of understanding trauma may contribute to stability.

‘Championing for’, can be trained by educating the kinship carers on how to advocate, have difficult conversations and work as part of the care team. This could include supporting the carers to build knowledge around the court process, legal orders and their impact on the kinship carer’s daily care and parenting decisions, supports available and how to access them, how statutory decisions are made, and how to have a decision reviewed if there is disagreement. Building the kinship carer’s knowledge of the statutory agency assists them to ‘champion for’ the child but also contributes to the carers thinking concerning ‘being aware and accepting of the kinship context’.

4.3.3. Placement support and monitoring

This research also informs social work practice in placement support and monitoring. This research found that ‘feeling connected’ was an emotion-based belonging process between the child and the kinship care family. Monitoring this connection and ensuring that both the kinship carer and the child are given time to reflect on how the connection is going may contribute to stability. Creating and facilitating experiences for the kinship carer, their family and the child to build connections could be a focus throughout much of the placement support and monitoring.

Discussion, reinforcement, and reflection about the kinship carers thinking about ‘seeing the need’ and ‘being aware and accepting of the kinship context’ allow the kinship carers’ contribution to be understood and validated by the social worker within the support and monitoring process. ‘Being aware and accepting of the kinship context’ includes the kinship carers being aware of the strengths and challenges concerning the child, the carers themselves and the statutory agency, as well as accepting these strengths and challenges. Support visits could allow the kinship carer time to debrief and discuss strengths and challenges, like mindful parent strategies. Suppose the support and monitoring practices focus on maintaining an understanding of the strengths and challenges experienced by the kinship carer concerning themselves, the child and the statutory agency. In that case, the practitioner can explore, educate and reinforce strategies to enhance these strengths and buffer the challenges.

Overall, the substantive theory developed in this research informs social work practice across the recruitment and engagement of prospective kinship carers, carer training and placement support and monitoring.

4.4. Strengths and limitations

This constructivist grounded theory research aimed to understand stable kinship care as perceived by Kinship Carers (Charmaz, 2014). The research credibility lies in the sufficiency and richness of the data collected and the researcher’s conceptualisation of the data into a substantive theory that represents the participants’ perceptions of stable kinship care. Qualitative research is subjective and relies on the researcher to gather, interpret and represent the participants’ perceptions and experiences (Khan, 2014). This can be considered a limitation. A constructivist grounded theory methodology acknowledges that the researcher is not neutral but plays an active role in the research. Their active role includes bringing their knowledge, experience, values and assumptions related to the research and the topic, but must apply strategies like memo-writing, coding processes and theoretical sampling to ensure the researcher remain reflexive (Denzin & Lincoln, 2011; Charmaz, 2014). The lead researcher for this study was a Social Worker with over twenty years of work experience in the statutory child protection

and community-based out-of-home care sector. This methodology allowed the researchers experience to have an active role in the research, which was a strength. The study formed the doctoral thesis for the lead researcher’s Doctoral of Philosophy, which included the support of three academic advisors, all with Social Work experience that contributed to this research. All of the above strategies applied to this research.

The sample in the research design was a limitation. The exclusion of children who participated in a self-defined stable kinship placement is a limitation of this study. Including the perceptions of this group concerning the stable statutory kinship placement would address a gap in current literature and provide an opportunity for future research topics. The purposive sample for this study is a limitation in that it was for Queensland, Australia only, whereby participants self-reported having a stable statutory kinship placement. This is a limitation because the results lack generalisability (Denzin & Lincoln, 2011). However, within the context of qualitative research, generalisability is focused on the researcher’s analysis and understanding of circumstances. For this grounded theory study, the purpose is to generate a theory that can be generalisable at an abstract level (Charmaz, 2014). This study developed the theory; however, further research would be required to determine its generalisability at an abstract level across kinship placements more broadly.

Another sampling limitation of the research design is that it required the participant to self-define, providing a stable placement; another party did not corroborate their self-definition. Finally, purposive sampling meant that participants engaged with the research because they saw it through advertising. While the study was advertised in many key forums, including directly through kinship support agencies, not all kinship carers would be linked to these agencies. Given these limitations, additional research would be required to determine if the theory generated in this study is transferable more broadly to a stable statutory kinship care placement.

Most research concerning stability in statutory kinship care has commenced with an assumption about stability; this research generated a theory of stability grounded in the data collected from kinship carers who self-reported providing a stable statutory kinship placement (Winokur et al., 2015). The generated theory adds new knowledge applicable to the recruitment, assessment, training and support of statutory kinship carers. Importantly, given that the kinship carer and the child in placement are the only people who experience the social phenomenon, prioritising the voice of the kinship carer in generating this theory is a strength of this study. While the theory generated did not show any difference between familial and non-familial kinship carers, the inclusion of a research design that considered the similarities and differences of the non-familial kinship carer subgroup contributes to new knowledge because this is an existing gap in research.

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.

Data availability

Data will be made available on request.

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