



The emotional terrain of foster and kinship carers' relationships with parents of children in care: Carers' perspectives

Karen Healy^{a,*}, Jemma Venables^a, Jenny Povey^b, Janeen Baxter^c, Sue Scull^a, Kate Thompson^a, Madonna Boman^a

^a School of Nursing, Midwifery and Social Work, The University of Queensland, Australia

^b Institute for Social Science Research, The University of Queensland, Australia

^c Life Course Centre, The University of Queensland, Australia

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ABSTRACT

Children in foster and kinship care have a right to relationships with their parents. The United Nations Convention on the Rights of the Child (UNCRC) asserts children's right to contact with their parents and families during periods of separation, except where this is proven not to be in the child's best interests. Foster and kinship carers can play a pivotal role in children's opportunities for, and experiences of, connection to parents and other family. Yet, the relationship between carers and parents is often characterised by ambivalence and tensions. Emerging research suggests that training and support to carers can help them to navigate their own and children's relationships with their families. However, such support is not routinely available, and the evidence-base for supporting carers to manage complex relationships with parents is not well-developed. In this paper, we report on a study with 113 foster and kinship carers in Queensland (Australia). We explore carers' perceptions of the emotional aspects of their relationships with parents. A novel feature of our study is our exploration of carers' perceptions of affiliative and threat-based emotions in their relationships with birth parents. We report that carers experience a wide spectrum of emotions in their relationships with parents, some of which strengthen these relationships while others create distance. We find also that carers receive little, if any, formal support in building relationships with parents and for supporting children's opportunities for, and experiences of family contact. Aboriginal and Torres Strait Islander carers report being unsupported in meeting their cultural obligations in developing relationships with children's parents and families. We discuss the implications for formal support to improve carers capacities to build and maintain their own, and children's, relationships with parents.

1. Introduction

The relationship between foster and kinship carers and parents of children in care can impact children's opportunities for family connection and children's wellbeing during periods of separation (Ankersmit, 2020; Boyle, 2017). The small body of research on carer and parents' relationships points to challenges in, and lack of formal support for, building and maintaining these links (Collings et al., 2018; Collings & Wright, 2022a, 2022b). Further, these relationships are often characterised by strong emotional responses which can impact relationship quality (Chateaufneuf et al., 2018; Jävinen & Luckow, 2020).

In this paper, we report on a qualitative study of foster and kinship carers' perceptions of the emotional dimensions of their relationships with parents. Our study draws on findings from a large qualitative

sample of carers in Queensland (Australia). Our objectives are to explore:

- carers' experiences of the emotions experienced by them in their perceptions of, and relationships with, parents.
- affiliative and threat-based emotions in carers' relationships with parents.
- carers' perceptions of the formal support available to them in building and sustaining relationships with parents.

We consider the implications of our findings for improving the quality of relationships between carers and parents and strengthening carers' roles in maintaining children's connection to family.

* Corresponding author.

E-mail address: k.healy@uq.edu.au (K. Healy).

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2. Background

2.1. Foster and kinship care: Providers of OOHC

Foster and kinship carers provide home-based care for children in out-of-home care (OOHC). These care arrangements extend over varying time periods from short-term crisis care through to long-term care until the child reaches the age of independence, 18–21 years (AIHW, 2023a). Consistent with the UNCRC, Australian child protection legislation recognises that children should be cared for by family and that the State should only remove a child from their family where their safety and wellbeing cannot be secured within the family (AIHW, 2023a). The State's preference is to return children to their families wherever possible or, if this is not possible, then to instigate permanent arrangements for the children's care. Even where children are permanently placed elsewhere, their right to connection with their families remains.

There are substantial numbers of children in foster and kinship care in Australia. We define foster carers as carers who are not related to the child nor have a significant relationship with the child prior to the child's entry to care, and kinship carers as carers "who are related to or know the child" (AIHW, 2023, p. 3). At June 2022, there were 45,400 children in OOHC in Australia, a rate of children in OOHC in 8.0 children per 1,000 which has been relatively stable over 5 years, since 2017–2018 when the rate was 8.2 (AIHW, 2023). About 90 % were in home-based care with foster or kinship carers (AIHW, 2023).

Globally, First Nations children are over-represented among children in OOHC. Aboriginal and Torres Strait Islander children¹ are over-represented in OOHC in Australia, constituting 42.8 % of children in OOHC, indicating a rate of 57 per 1,000 Aboriginal and Torres Strait Islander children compared to 4.8 per 1,000 non-Indigenous children (AIHW, 2023b). Aboriginal and Torres Strait Islander children in Australia are almost 12 times more likely to be in care than non-Indigenous children (Chamberlain et al., 2022). The Australian Human Rights Commission (2020, p. 142) observes most Aboriginal and Torres Strait Island families offer safe, nurturing, and healthy home environments for their children. However, the high levels of disadvantage experienced by Aboriginal and Torres Strait Islander children and families contributes to their over-representation in child protection services (Chamberlain et al., 2022). Aboriginal and Torres Strait Islander leaders assert the removal of Aboriginal and Torres Strait Islander children "severs ties to Country, kin and culture and devastates our communities through the trauma it brings to the individuals and families" (Australian Human Rights Commission, 2020, p. 211).

Canada and New Zealand with similar British colonial histories and systems to Australia report lower rates of children in OOHC, however the over-representation of First Nations children is comparable in all three countries. In Canada in 2021, 26,680 children were in foster care, at a rate of 4.45 children per 1000 (Black, et al., 2022). First Nations, Metis and Inuit children are 7.7 % of the population of Canadian children and yet they are over-represented in care being 53.8 % of children in foster care under 14 (Black, et al., 2022). In June 2022 New Zealand reported 4,722 children and young people in OOHC (Oranga Tamariki – Ministry for Children, 2023), which has been decreasing since 2018, down from 6,316. The rate of New Zealand children in care is approximately 4.2 children per 1,000 (Duerr Berrick, Gilbert & Skivenes, 2023). The over-representation of Maori and Maori-Pacific children is high at 57 % and 11 % respectively (Oranga Tamariki – Ministry for Children, 2024).

¹ We acknowledge the diverse and distinct sovereign Aboriginal and Torres Strait Islander nations and language groups across the country now known as Australia.

2.2. Children's right to family

Children's right to relationships with their parents is enshrined in international conventions and in law. Article 9 of the UNCRC highlights that the State shall respect the rights of children separated "from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's 'best interests'" (UN General Assembly, 1989, p.3). As the Commonwealth of Australia is a signatory to the UNCRC, Australian child protection authorities are obliged to support children's relationships with their parents, other than where this is proven not to be in the child's best interests (Healy, Walsh, Venables & Thompson, 2023). In Queensland, Aboriginal and Torres Strait Islander peoples hold additional distinct cultural rights, which include the right to protect and develop their kinship ties (Queensland Human Rights Act, 2019, s.28).

In Australia, Aboriginal and Torres Strait Islander children's rights to family and community connections are recognised in the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP). The ATSICPP, which is enshrined in child protection legislation in all States and Territories of Australia, is focused on preventing child removal, and where children are removed, ensuring their continuing connection to families, community, Country and culture (SNAICC, 2021). The ATSICPP applies whether the child is cared for by an Aboriginal and/or Torres Strait Islander carer or a non-Indigenous carer. Despite the ATSICPP being recognised across Australia, only 63.1 % of Aboriginal and Torres Strait Islander children are placed with relatives/kin or other Aboriginal and Torres Strait Islander carers (Productivity Commission, 2023b).

There is substantial evidence that children and young people in out-of-home care benefit from contact with parents and families. Contact with parents is associated with improved mental health and behavioural outcomes for children (McWey and Cui, 2021; Palmer, Durham & Osmond, 2014), and placement stability (Salveron, Lewig & Arney, 2009). Contact is linked to stronger relationships between children and their parents, particularly with birth mothers, and the increased likelihood of family reunification (Boyle, 2017; Bullen et al., 2015; McWey and Cui, 2021). Maintaining family relationships is critical for maintaining children's sense of identity, including cultural identity and community links (Luu, de Rosnay, Wright, & Tregeagle, 2018). First Nations researchers emphasise the importance of family relationships for maintaining children's connection to kin and cultural heritage including (Bamblett & Lewis, 2006; Krakouer, Wise and Connolly, 2018). Further, many young people leaving care seek out and rely on these relationships for practical and emotional support (Battle, Bendit and Gray, 2014; Courtney et al., 2011).

While advocating for family contact, we also acknowledge that children may experience distress including from carers and birth parents' responses to contact (Ruiz-Romero et al., 2022). Birth family contact can be associated with potential threats of harm to the child (Taplin, 2005), the creation of confusion or conflicted loyalties for children (Leathers, 2003; Taplin, 2005), and distress associated unsatisfactory contact visits (Kiralý & Humphreys, 2015; Bullen et al., 2017). These risks to children are exacerbated by the lack of formal support for children, parents, and carers in maintaining contact, particularly once family reunification is no longer the goal (authors, 2023; see also Cocks, 2019; Fernandez, 2014). It is in children's best interests, then, that more attention is given to understanding and responding to the support needs, including the emotional needs, of carers and parents in relation to contact visits (McWey, Cui & Stevenson Wojciak, 2023).

2.3. An ambivalent relationship

Carers can play a pivotal role in supporting children's connection to parents and other family (Person, 2019). Yet, carers and parents' relationships are, often, characterised by tension and uncertainty about their rights and responsibilities in relation to each other (Chateaufneuf,

et al., 2018). The ambivalence integral to the carer and parents' relationship can impact negatively on the willingness and ability of both parties to collaborate with each other (Järvinen & Luckow, 2020).

Ambivalence exists too in carers' role and responsibilities to upholding children's right to contact with parents. In Australia, the State, rather than the carer, is responsible by law for ensuring children in OOHc have contact with their birth families until the carer is granted long-term or permanent guardianship of the child. Once a permanency care order is made, the responsibility shifts to the child's permanent carer for ensuring children's right to family contact is upheld (Wright & Collings, 2019). In the absence of clear guidelines, caseworkers can influence whether or how relationships between carers and parents occur, and this contributes to much variation in practice (Ankersmit, 2016; author, 2023).

Carers' capabilities and willingness to encourage family connection can be affected by a lack of formal support to enable this. Often carers have little information or contact with parents (Ankersmit, 2016). Kinship carers may have a distant or non-existent relationship with parents especially where the parent is not an immediate family member or where the relationship has become strained (Kiraly & Humphreys, 2015). Training and support for carers primarily focuses on their relationship with the child, with little consideration of the carers' role with the parents or supporting children's connection to family (Person, 2019). This constrains carers' opportunities to develop attitudes, knowledge, and skills to build positive relationships with parents. Without support, carers may fear being overwhelmed by parents' behaviours or the often-complex circumstances of parents' lives (Cha-teauneuf et al., 2018).

2.4. Aboriginal and Torres Strait Islander carers and cultural load

The ATSICPP holds that children should be cared for by their family, and if this not possible, by a member of their cultural community. However, it is unclear whether Aboriginal and Torres Strait Islander carers are supported to recognise their cultural obligations related to supporting children's connections to Country, family, community, and culture. 'Cultural load' describes the unrecognised work that many Aboriginal and Torres Strait Islander peoples carry out in their daily lives (Tujague & Ryan, 2023; Lukey et al., 2023). Although cultural responsibility alone is not the cause for concern — in fact, it's quite the opposite — issues arise when Aboriginal and Torres Strait Islander peoples must balance these expectations with the demands of Western society (Tujague & Ryan, 2023; Lukey et al., 2023).

This phenomenon is produced by coloniality and can also be described as 'walking in two worlds', where individuals are required to follow Western legislations, policies, and procedures, while at the same time participating in cultural practices, such as 'Sorry Business' and upholding connection to Country, family, community and culture (Lukey et al., 2023). By upholding their responsibilities for connecting children to Elders and community, seeking cultural knowledge, and teaching both children and non-Indigenous carers, Aboriginal and Torres Strait Islander carers carry a much heavier workload than others in similar positions of care (Lukey et al., 2023).

2.5. Emotional dimensions of carers' relationships with parents

The emotional dimensions of carers and parents' relationships with each other have received limited attention in research on OOHc. This gap is significant given evidence of the strong emotions experienced by carers and parents in their relationships with children and the OOHc system. For example, foster and kinship carers report emotions of love and joy towards children in their care (Geiger et al., 2013), as well as grief and loss due to the often-temporary nature of these relationships (Hebert et al., 2013; Richardson et al., 2022). Parents, too, experience a range of emotions; these are often negative emotions of distress, shame and anger associated with the removal of their children (Angel, 2016).

Contact visits can generate strong emotions for carers, parents, and children (Bullen et al., 2015).

Emotions are important to all social relationships and of particular significance in families where children and parents have been separated and new carers are involved. Research on relationship building especially in the context of heightened emotions draws attention to affiliative and non-affiliative forms of emotional expression (Gilbert, 2015, 2022; Kirby, 2020). Gilbert (2015) refers to "affiliative emotions" as those associated with the expressions of care, kindness, and helpfulness. These affiliative emotional expressions are critical for building social bonds (Gilbert, 2022).

Other emotional expressions can create distance in relationships. One form of such emotions are "threat-based emotions" which Gilbert (2015) refers to as emotional responses that have:

Evolved to alert and direct attention to detect and create body-readiness to respond to threats. Once activated, this system has a menu of threat-based emotions such as anger, anxiety, and disgust, and a menu of defensive behaviours such as fight, flight, submission, freeze and demobilisation (p. 234).

Threat-based emotional responses are associated with increased awareness of risks to safety and to protective actions. Yet, these emotions and their behavioural sequelae can also weaken or undermine relationships.

A focus on threat-based emotions is relevant given the carers and parents' relationships with their children in OOHc is likely to generate such emotions, such as in carers and parents' concerns about threats to children's well-being. Further, people with complex trauma, also known as Complex Post-Traumatic Stress Disorder (PTSD), are likely to be highly alert to threats which can also generate defensive emotional responses (Gilbert, 2015; Kirby, 2020). The World Health Organisation links complex PTSD to exposure to extremely threatening or horrific acts, including repeated childhood abuse, with the survivor often experiencing a range of effects, such as hypervigilance and emotion dysregulation that can create "difficulties in sustaining relationships and feeling close to others" (WHO, 2023, section 6B41). Given that many parents, and possibly also carers, experience complex PTSD (Mason, Taggart and Broadhurst, 2023) and vicarious trauma (Riggs, 2021), their relationships with each other may be affected by threat-based emotional responses. This can contribute to heightened alertness to threats, including perceptions of threats to the carer or birth parent bonds with their children, and to defensive strategies, such as distancing.

3. Methods

In this paper, we examine qualitative data from a larger longitudinal study investigating the journeys of children, carers, and parents through OOHc in Queensland (Australia). Each State and Territory of Australia operates a distinct child protection system including separate legislation. The Queensland system is characterised by: less children in kinship care (40.9 %) compared to the national average (54 %) (AIHW, 2023a); and a higher proportion of Aboriginal and Torres Strait Islander children who are not living with their Aboriginal and Torres Strait Islander or non-Indigenous relatives/kin or other Aboriginal and Torres Strait Islander caregivers (48.7 %) compared with the national average (36.5 %) (AIHW, 2023a). In 2021, the Queensland government introduced legislation to introduce adoption as a preferred option for permanency for children in OOHc, however, this new legislation is rarely enacted. In Queensland, most children in long-term care are in foster or kinship care arrangements.

We concentrate on carers' perspectives in this paper as they are a key stakeholder in the relationship and this dedicated focus allows us to provide in-depth insights on their unique experiences. Future papers will report on parents' perspectives, and comparisons of parents and carers. In this paper we examine three research questions:

- What are carers' experiences of the emotions experienced by them in their perceptions of, and relationships with, parents?
- What is the evidence, if any, of affiliative and threat-based emotions in carers' relationships with parents?
- What are carers' perceptions of the formal support available to them in building and sustaining relationships with parents?

The study is underpinned by both constructivist and critical epistemologies. Constructivism informs the study design as we recognise that people actively create and affix subjective meanings to experiences and objects through social interaction. A critical perspective means that we are cognizant of the role of social inequalities and power relations in shaping human experiences (Padgett, 2012). The adoption of a critical perspective is important given the over-representation of children from disadvantaged and Aboriginal and Torres Strait Islander families in the OOH system. Our commitment to constructivist and critical epistemologies is reflected in the involvement of stakeholders including service provider agencies and First Nations community members at all stages of the study design including conceptualisation, data collection protocol and topic guides, data analysis frameworks, data analysis and interpretation. From the outset of the research, an Aboriginal and Torres Strait Islander research committee was established and led the development of cultural research framework. The research team were guided by this framework which included our obligations to ensure that Aboriginal and Torres Strait Islander people led data collection with members of their community, advised on data coding and thematic development, and that the Aboriginal and Torres Strait Islander team members partner agencies contributed to the interpretation and review of all project outputs.

3.1. Sample and data collection

A purposive sampling approach was used to recruit Queensland foster and kinship carers who cared for at least one child in OOH who met the following criteria: (1) the child was aged 1–12 years; (2) the child resides in one of the 3 study regions (Far-North Queensland; South-East Queensland; South-West Queensland); (3) the child was placed in OOH on a short-term or long-term Child Protection Order; and (4) the child/ren's carers were supported by one of the project's 4 Industry Partners, who deliver foster and kinship support services. A purposive sample ensured our access to carers with specific care-giving experiences relevant to the study goals. We focused on care-givers of children 0–12 years as the broader project, in which the study is located, is concerned with the well-being of children in out-of-home care at key developmental transition points in early and middle childhood. The recruitment of carers in specific regions ensured geographical diversity of the sample, which can impact access to support including supports to maintaining children's relationships with families. Feasibility considerations also influenced the choice of the three regions where our industry partners had capacity to facilitate participant recruitment and support.

Recruitment involved 2 stages. In stage 1, the Queensland child protection authority produced a random sample of 486 children who met criteria 1–4 listed above. The 4 Industry Partners then assisted the recruitment of eligible carers via their Foster and Kinship Agency (FKA) worker. Interested carers were able to contact the research team directly or provide their consent to the FKA for the research team to contact them. This stage yielded 63 carers. In stage 2, the project's Industry Partners distributed recruitment materials to all carers supported by their FKA who cared for children that met the criteria. This resulted in the recruitment of an additional 50 carers.

The final sample of carers for Wave 1, was 113 carers, who were caring for 194 study-eligible children. Most participants were foster carers, female and non-Indigenous. Carers ranged in age from 21–81 years of age (average 51 years). Most carers were over 50 years of age, which is substantially older than the Australian average age for

biological parents of children aged 0–16 years. The average age of the commencement of parenthood in Australia is under 30 years. At the time of interview, the carers resided in households of between 2 and 16 people (average 5 people). Fifty-five (48.7 %) of the carers resided in South-East Queensland, which is an urban area, with the remainder in regional and rural areas of South-West and Far-North Queensland. Eleven (9.7 %) of the carers and 92 (47.4 %) of the children identified as Aboriginal and/or Torres Strait Islander. As only one of the carers identified as Torres Strait Islander in our findings we use the term "Aboriginal and Torres Strait Islander" to preserve the anonymity of all respondents from this group. Of the 11 carers were providing care to 19 (20.7 %) Aboriginal and Torres Strait study-eligible children in the study. The characteristics of the participants are presented in Table 1. The Aboriginal and Torres Strait Islander status and geographical location of the study-eligible children being cared for is presented in Table 2.

A total of 102 in-depth, semi-structured interviews were conducted with 113 carers during the period July 2021 to August 2022. The majority were individual interviews ($n = 91$). Eleven joint interviews ($n = 22$ individual carers) were held in instances where the carers were in a personal relationship and wanted to be interviewed together. The Human Research Ethics Committee at both [University X] and one of the project's Industry Partners provided clearance for the study.

Our sample included carers providing care to children from several family groups and, in some instances, children within the same family group had different combinations of parents. Further, some carers reported varying quality of relationships with the mother and father of children in their care and with the multiple sets of parents with whom they engage. The number of parents to whom carers related, added to the complexity of supporting children's relationships with their parents.

A semi-structured interview protocol was developed covering 4 broad topic areas: (1) about you as a carer; (2) experiences of looking after the study-eligible child/ren in OOH; (3) experiences of the OOH system; and (4) relationship with the child's parent/s and/or extended family. Interviews lasted between 37 and 268 min, with the longer interviews being undertaken with carers looking after multiple study-eligible children in OOH in the target age range. In these instances, carers could decide if they wanted to break the interview up over multiple sessions. Interviews were conducted via phone ($n = 47$), in-person ($n = 32$), and online platforms like Zoom ($n = 23$). Nearly all participants consented to the interview being recorded ($n = 111$). Two

Table 1
Carers characteristics and care arrangements.

Item	Characteristics of carers	Total ($n = 113$)
Type of care provided	Kinship care	36
	Foster care	77
Gender	Female	91
	Male	22
Carers' Cultural identity	Aboriginal and Torres Strait Islander	11
	Non-Indigenous	102
Regional area	South-East Queensland	55
	South-West Queensland	31
	Far North Queensland	27
Age	20–29 years	4
	30–39 years	13
	40–49 years	31
	50–59 years	33
	60–69 years	28
	70–79 years	3
	80–89 years	1
Main Income	Full-time work	46
	Part-time work	9
	Carer payment	45
	Reliant on partner	8
Experience as a carer	Retired/prefer not to say	5
	< 1 year as carer	3
	1–5 years	57
	6–10 years	24
	>10 years	29

Table 2
Characteristics of study-eligible children.

	South-East Queensland	South-West Queensland	Far North Queensland	TOTAL
Aboriginal and Torres Strait Islander children	35	30	27	92
Non-Indigenous children	59	25	18	102
TOTAL	94	55	45	194

participants did not consent to audio recording, and the interviewer took written notes of those participants' responses. All interviews with Aboriginal and Torres Strait Islander carers were conducted by an Aboriginal² research team member.

3.2. Data analysis

Audio-recorded data was transcribed verbatim by a professional transcription service. The transcripts (n = 100) and written notes (n = 2) were then de-identified before being uploaded into NVivo, a qualitative analysis software program. All participants were allocated a participant code based on the chronological order of the interviews, commencing with CA001. The de-identification of Aboriginal and Torres Strait Islander participants' transcripts was completed by Aboriginal members of the research team, in consultation with our Aboriginal and Torres Strait Islander Advisory Group.

Braun and Clarke's (2013) widely accepted guidelines informed the thematic analysis of the data. Initially, 10 researchers within the team familiarised themselves with the data of one transcript to begin creating an initial coding frame relevant to the research foci. Eight of the ten researchers involved in coding held qualifications in social work, psychology, or social science, with most having substantial professional experience in child protection and family support. The team also included two final year social work students who are Aboriginal. To further refine the initial coding frame, the research team was then split into pairs, with each pair allocated to a different set of transcripts for review. The research pairs met to individually discuss their coding of their allocated transcripts, before then meeting back with the entire team to discuss any refinements and agreeing on a coding frame that would be applied to the full dataset.

Once the transcripts were coded, authors A & E led the thematic analysis of the data related to carers' perceptions of the emotional dimensions of their relationships with parents. The first stage of this process involved refining the coding within the broader "parent" codes and then looking for themes within the data. For example, the theme "affirmation" emerged when we grouped together codes related to participants' perceptions of positive regard between themselves and parents as illustrated in terms of "respect", "love", "positive carer attitudes". Throughout the analysis the author team explored similarities and differences between the themes emerging in the data by different characteristics of the participants (e.g., foster or kinship carer). While most of the themes were shared across the interview data, points of difference or emphasis are discussed in the analysis.

3.3. Rigor and trustworthiness

We recognise subjectivity is an inherent feature of qualitative research seeking to explore diverse human experiences, such as in this case, the experiences of carers of children in out-of-home care (Galdas, 2017). Consistent with qualitative research protocol, we sought to ensure the rigour, trustworthiness, and integrity of the research process

through several strategies (Johnson, Adkins & Chauvin, 2020). These included, first, the involvement of all research team members in the data familiarisation and the establishment of a coding frame for the data-set. Aligned to this was the use of NVivo 12 qualitative software to support the data analysis process and to provide all team members with access to an audit trail of the emerging analysis. Second, we established a peer review process where team members leading the analysis on the emotion dimensions of carers and birth parents' relationships presented the emerging thematic analysis for review by the full research team. The peer review process allowed members to raise alternative interpretations and nuances emerging analysis that were then examined across the data-set. Third, once an initial analysis was completed, the research team consulted extensively with our industry and community partners, including First Nations community members, for their interpretations of the themes and practice implications. We incorporate insights from the consultations to develop and refine our analysis. For example, a First Nations community member highlighted concerns about cultural load affecting their community and the team drew on this insight to further examine the data-set for this phenomenon.

4. Findings

Five themes emerged in relation to carers' perceptions of the emotional dimensions of their relationships with parents and formal support for these relationships. These are: a) affirmation of roles in children's lives; b) mixed emotions; and c) threat-based emotions (anger, fear, distress); d) feeling unsupported to build relationships with parents; e) cultural load for Aboriginal and Torres Strait Islander carers.

4.1. Theme 1: Affirmation of roles in children's lives

This theme refers to carers' perception that both they and the parents affirmed each other's importance in the children's lives. While only about a quarter of the sample described a positive relationship with a parent, the theme of affirmation of carers or parents' roles in children's lives frequently emerged in these relationships. Illustrations of parents' affirmation of carers as well as carers affirmation of parents emerged in this theme.

4.1.1. Parents' affirmation of carers

Carers' perceptions that parents affirmed their role as carers emerged as a powerful contributor to strengthening relationships between carers and parents. This theme was more common among foster carers than kinship carers. Carers' remarks suggested the parents' affirmation, such as being thanked for the care they provided, was both unexpected and appreciated. For example, a foster carer stated:

The times that we've had contact, whether it be at the house or at Maccas [fast food chain] or whatever, with Child Safety, I have heard Mum say to a family member, 'She's the good carer.' This is me. I'm the good carer. 'I like her.' I've never had that before. (foster carer, non-Indigenous, CA016)

Carers expressed pride in parents' acknowledgement of the quality of care they offered (e.g., "This is me, I'm the good carer").

Carers reported instances of parents expressing relief when carers were able to assume responsibility for other children in the family. For example, a foster carer conveyed her experience of meeting with the mother at the hospital shortly after the birth of a sibling of a child in her care,

So, I walked in and she [the mother] burst into tears... she said, 'Oh my God, thank God it's you.' She didn't even know that we were the ones coming to get her baby. It was heartbreaking for her, it was difficult for us, it was upsetting to the kids. But we worked together. It hasn't always been easy... But we worked together for 10 years... to try and do the best for

² The team included Aboriginal members but did not have a Torres Strait Islander member.

everybody involved, particularly for the kids. (foster carer, non-Indigenous, CA052)

This excerpt points to the strong emotions experienced by the carer and the parent in their relationship (e.g., “she burst into tears”). Further, the carer points to her relationship with the parent as being in the children’s best interests.

Aboriginal and Torres Strait Islander carers referred to parents’ affirming their shared cultural connections as bonding them. As one Aboriginal and Torres Strait Islander foster carer stated:

The [study children’s mother] was really amazing and she initiated the relationship that she and I have. And so she reaffirmed that I’m a safe person and that she wanted them to go to me. So that started to help the process. (foster carer, Aboriginal and/or Torres Strait Islander, CA050)

This carer also stated that the parents of the children in her care “really fought the system to get the baby to live with us” because she was already caring for their older children and, further, shared common experience of child removal in her own family.

4.1.2. Carers’ affirmation of parents

Carers indicated that they were also active in forming relationships with parents. A strong theme was the focus on affirming the parents’ interest in, and right to know, about their child’s well-being. Carers’ actions to affirm parents’ roles in the children’s lives included sharing photos of the child, regular updates about the child’s progress at school, health, and development with the parent.

In terms of his mum, [study child’s mother], so, I guess we get along reasonably well. We talk at times when contact has been going well and, in particular, when it’s been unsupervised contact. So, I’ve usually done the dropping off and the picking up. We’ll have chats, I’ll give her an update on anything that’s going on. We’ve had times where we’ve attended appointments, like medical appointments or school events together, and I guess it’s strained, it’s difficult, but we get on because it’s really for [study child]. Yeah, we’ll do what’s needed. (foster carer, non-Indigenous, CA042)

In this excerpt, the carers concern is with doing “what’s needed” to sustain their relationship and as being in the child’s best interests. There were numerous illustrations of carers’ recognising the threats parents might feel towards them and to slowly build relationships in this emotionally charged context. For example, during the COVID19 lockdown, one carer described how she used the opportunity of setting up an online video call meeting with the child’s mother to begin building a relationship with her.

Kinship carers, particularly those who reported positive relationships with children’s parents, often drew on their experiences with the parents to affirm their role in the children’s lives. For example, when asked about her relationship with the parents of the children in her care, a kinship carer stated:

Yeah, pretty good. Yeah. I was just telling [study child 1’s sister] how their mum and dad met, and so it’s good to talk to the kids and have little stories, because none of the other family members knows about that. And so, yeah, just educate them about their parents and things like that.” (kinship carer, Aboriginal and Torres Strait Islander, CA10)

In this excerpt, the carer reflects on sharing family stories that reinforce the parents’ connection to the children and to kin.

4.2. Conflicting emotions

Strong conflicting emotions between affiliative emotions such as love and care with threat-focused emotions such as anger and despair emerged as an important theme. This primarily emerged in the kinship carer data and reflected the impact of pre-existing emotional bonds on carers’ relationships with parents. A striking feature of this theme is the

carers’ sense of the lack of mutual responsibility for maintaining the relationship; carers perceived that this responsibility fell to them. Often carers viewed their relationships with parents as complicated by the parents’ limitations and circumstances, such as factors related to disability, mental health or drug dependence.

Many kinship carers referred to tolerating some aspects of the parent behaviour because of their emotional bond and compassion for their situation. For example, one kinship carer who was the grandparent of the children in her care stated:

I Love my daughter so much, nobody would believe, because nobody would put up with what I’ve put up with over the years. And I still keep taking her back and I’ll still keep giving her money if I think that she’s got nowhere to stay or anything like that, because she’s my daughter and she’s out there on her own. (kinship carer, non-Indigenous, CA038)

Overall, in this theme, kinship carers expressed that the emotional ties were linked to a sense of compassion or responsibility for the parent.

4.3. Threat-based emotions – Anger, fear, and distress

Threat-based emotions, that is emotions linked to detection of, and protection from, threats emerged as a strong theme in the data. In more than half of the sample, carers described their relationship with parents as poor or non-existent. Threat-focused emotions emerged frequently among this group of carers. Further, carers often linked these emotions to their decision to limit or withdraw from relationships with parents. Three sub-themes emerged in relation to threat-focused emotions, these were: anger and frustration, fear, and distress.

4.3.1. Anger and frustration

Anger and frustration emerged as one set of the threat-focused emotions experienced by carers in their relationships with parents. These emotions were usually associated with parents’ actions or in-actions that were perceived to impact negatively on the children. Carers’ perception of parents’ perceived lack of availability for their children frequently emerged as a cause of frustration and anger. Carers’ perceptions of parent non-availability refer to a range of parent actions such as cancelling or failing to attend contact visits or the parent being uncontactable for long periods.

Carers’ reports of anger and frustration were usually linked to a perception of harm to the children in their care. For example, one kinship carer stated that:

I’m so angry with him and pissed off with him, but the children need to see their dad. They love their dad and he loves them, so I’ll take them in. If the kids are in the playground and I’ve got [the father’s] ear to myself I will tell him how pissed off I am at him, and disappointed that he has let us down again. Because he’s a really nice man when he’s not on the gear [drugs], when he’s not been doing stupid things. And he loves his children. And if he just got his act together, he would be a good parent. (kinship carer, non-Indigenous, CA037)

In this excerpt, it appears the carer’s frustration is with the parent’s behaviour (“he has let us down again”) and its impact on the children’s ability to see and know their father.

Carers identified that their frustration and anger at parents impacted their relationship with them. For example, one carer stated that she initially had a positive relationship with a parent of the child in her care but had now started to distance herself:

I Have started to get very frustrated, and I have decided to distance my emotions a bit with her... she just continues to not show up. And it hurts for me to see how that affects the kids. And I think, ‘You only have to show up for one hour a fortnight, that’s it.’ and just that lack of effort on their part has really started to take its toll, because I see how bad it affects the kids. (foster carer, non-Indigenous, CA062)

This carer identifies that her frustration stems from the parent’s

perceived non-availability to their children.

4.3.2. Fear

Carers expressed fear about physical or emotional harm to them or the children in their care. This theme was more common among foster carers than kinship carers. Further, foster carers were more likely to report fear, based on agency reports about the parents' behaviours than through direct experience compared to kinship carers. As one carer stated:

I don't really have a relationship with her mum for reasons around her mother's behaviour. And yeah, I understand that it would be in the best interest to have those connections, but her mother is not really interested, and, in part, neither am I, because I worry for my safety, basically. And my emotional – It's not just my physical safety. It's my mental health, having to worry about a person like that. (foster carer, non-Indigenous, CA002)

Some carers acknowledged that the parents' behaviours of concern were episodic and related to life circumstances such as drug dependence or mental health issues. Even so, many carers felt unprepared, and some were unwilling, to manage these challenges.

Kinship carers who expressed fear often referred to specific instances of hostility and the breakdown of family relationships, often over many years.

Although my daughter can be verbally aggressive and physically aggressive as well, and she was with both [children's father] and the kids. And [study child 1, 2 & 3's father], the same with him, he was both verbally and physically abusive towards [study child 1, 2 & 3's mother/carer 1's daughter] and the children, and they all witnessed this. (kinship carer, non-Indigenous, CA035)

Like foster carers, kinship carers who expressed fear, reported having little assistance from agencies to manage the perceived risks to safety and well-being. Kinship carers were more likely than foster carers to express a sense of having tried unsuccessfully to maintain a relationship with the parent despite the challenges.

4.3.3. Distress

Carers' distress at perceptions of parents' harm to the children either prior to or after entry to OOHC, emerged as a theme affecting their relationship with the parent. This theme emerged equally among foster parents and kinship carers.

Oh, I only deal with Mum. When I'm around the kids I'll be friendly and talk and everything like that, but I can't deal with the fact that these kids have been mistreated. That's the one thing that really gets to me. But, in the end, she's still their mum. (foster carer, non-Indigenous, CA013)

Carers talked about needing to protect the children from exposure to ongoing harm during contact. Carers asserted that children were distressed during contact visits especially when this exposed them to age-inappropriate information, to tensions between parents and carers, or what were perceived to be harmful behaviours. For example, one carer said:

I Just said to the Department, 'It's really uncomfortable for the kids.' like me, I don't care, I'm an adult. If they got something to say, they can say it to me and I can defend myself. They, the kids, just cower, because the grandmother and the father were just going off at them. (foster carer, Aboriginal and Torres Strait Islander, CA049)

Carers' distress at what they perceived to be harmful impact of parents' behaviours on the children affected their relationship with the parents. Carers' perception of harm to children led to their disapproval of parents which, in turn, constrained carers' willingness and ability to sustain a relationship with them.

4.4. Feeling unsupported to build relationships with parents

Most carers in the study reported having a poor or non-existent relationship with the parent. While carers diverged in their interest in building a relationship with parents, many reported that they felt unsupported to build and sustain such relationships. As one foster carer stated of her relationship with a birth mother:

So, I do realise it's important for her [the birth mother] to maintain those connections, but it can also be very difficult. Yeah, and I'm not particularly supported to have that relationship with her. (foster carer, non-Indigenous, CA002)

The excerpt reflects a view common among many carers to this study that they were "not particularly supported" to build or maintain relationships with parents. This lack of support when coupled with threat-based emotions and the perception that the relationship would be "difficult", impacted carers' motivation to build relationships with parents.

Carers also reported that child protection workers were inconsistent in their support of their relationships with parents and inattentive to the impact of their decisions on these relationships. Carers cited examples of child protection workers making changes to contact arrangements without consultation which substantially disrupted the carers' opportunities to support children's relationships with their parents. For example, a carer stated:

For a little while, about 18 months ago, we allowed Mum to visit her children in our home, and she, for a little while, was allowed to spend the night at our house until we got a new CSO who said, 'Yeah, no, that's not on.' Which was disappointing because we felt that that, for Mum, and particularly for [Study Child 6] and [Study Child 5] who have no memory of ever living with Mum or Dad, that was, for them, a bonding experience, for them to sit on Mum's lap and have her read a book with them. It was hugely beneficial for the children, and for Mum. (foster carer, non-Indigenous, CA066)

Carers expressed concern that the child protection authority did not involve them in decisions affecting their contact with parents, nor in the case cited above, provide an adequate explanation for the decision. Without a clear rationale for changes affecting carers' relationships with parents, carers perceived that the child protection authority did not recognise or value the carers' role in supporting children's relationships with their parents.

Carers reported that the lack of investment by formal support agencies in building a relationship between the carer and parent as negatively impacting the child's well-being as the child grows older. As one foster carer stated:

I think the biggest problem we have now, because there was no ground-work put in, is we're years and years and years down the track and we don't have the connections that we should have had developed long, long ago. We're raising her child and raised her from a very young age. So, there needed to be probably more supports around bringing us together, bringing her and I together. (foster carer, non-Indigenous, CA030)

Carers recognised that relationships with parents needed to be built over time. The absence of support at any stage of the process contributed to a growing divide in the possibilities for carers or children to have a relationship with the parents.

4.5. The cultural load of Aboriginal and Torres Strait Islander carers

Carers who identify as Aboriginal and/or Torres Strait Islander also reported feeling unsupported to build and maintain relationships with parents in ways that were culturally safe. Aboriginal and Torres Strait Islander carers conveyed being unsupported to enact the ATSICPP, and, in some circumstances being advised to act in ways that they perceived contravened their responsibility to support children's connection to kin.

For example, Aboriginal and Torres Strait Islander carers reported being encouraged to establish boundaries with parents. Aboriginal and Torres Strait Islander carers expressed diverse views about this. One Aboriginal and/or Torres Strait Islander kinship carer stated that boundaries were essential in her relationship with the parent. However, for most Aboriginal and Torres Strait Islander carers, the notion of boundary setting undermined cultural obligations and kinship ties throughout the community. As an Aboriginal and/or Torres Strait Islander foster carer stated:

I built a relationship with my kids' mum. I'm proving that through that relationship I can treat her like my sister. I have become a part of their family. I now get invited to everything. It's just the Department, a white man says that I can't do that because they need boundaries. And I go, 'Well, there's no drinking, there's no smoking, and I can make reasonable assessments around safety. I should be able to do this because they're family.' and black people, we adopt everybody and that's just how we go. We are kin to everybody. (foster carer, Aboriginal and/or Torres Strait Islander, CA050)

Aboriginal and Torres Strait Islander carers often identified that their identity, worldviews and lived experiences were the basis of their relationship with parents. Carers lamented the absence of culturally appropriate support to assist them in managing their cultural responsibilities to children and their birth families.

5. Discussion

Our research has extended prior studies on carers' perceptions of relationships with parents by highlighting the emotional terrain of these relationships. Our analysis suggests that carers' perceptions of, and experiences with, parents often generate strong emotions.

Our findings indicate that carers' experience a range of strong emotions towards parents including positive affirmation of their roles in children's lives; mixed emotions; threat-based emotions; feeling unsupported to build relationships with parents; and cultural load for Aboriginal and Torres Strait Islander carers. Further carers were given little or no support to maintain connections with birth parents, to manage their relationships or process their emotional responses to the information received or arising from their contact with parents (Ankersmit, 2016). Carers' capacity to support children's right to parent contact is likely to be constrained by the lack of support in managing their emotional responses to parents. Children are likely, also, to recognise the strong emotions of their carers towards their parents, and this may affect their experiences of family contact (Collings & Wright, 2022b).

We turn now to suggestions for improving support to carers in building and maintaining relationships with parents. We propose that reforms to foster and kinship care recruitment, training and support are needed to clarify and support the roles of carers in building relationships with parents and in supporting children's right to relationships with their parents and families (Ankersmit, 2016; Järvinen & Luckow, 2020). These reforms are intended to improve carers' preparation for, and support in, managing the emotions generated in their relationships with carers and in upholding children's rights to relationships with their parents. There are several elements to these reforms.

First, the recruitment and selection of foster carers should highlight a child's right to, and need for, family connection. Many carers in the study, particularly those who experienced strong threat-based responses to the parents, were unprepared to support the child's need, and the child protection authority's responsibility, to maintain family connection. While we acknowledge a shortage of foster carers, this is partly due to the high turnover rates (authors, in press). It may be that better selection and support for foster carers could go some way to addressing the shortage. With respect to improving carers' relationships with parents, Collings and Wright (2022b) suggest that priority should be given to carers with personality traits that promote empathy and compassion for

parents and who can recognise children's need for connection to family. Carers should be made aware of the child protection authority's obligation and commitment to returning children to their birth families and to supporting lifelong relationships with their families. Carers should be helped to understand their roles in enabling family connections and be supported to do this.

Second, foster and kinship care training must build carers' understanding of birth families and their significance in children's lives (Collings & Wright, 2022a, 2022b). This should include challenging stigmatising myths and stereotypes of parents. Collings and Wright (2022a) found that when carers are given the opportunity to get to know parents, they can overcome the barrier of inaccurate or exaggerated views of them or see a more balanced picture of them. By contrast, in our study, foster carers who reported fear of parents based their reactions on agency reports of parents' behaviours. While agencies have a responsibility to provide accurate information related to parenting behaviours and possible risks, this must be balanced with opportunities for carers to develop a more wholistic understanding of the importance of family connections in children's lives.

Third, foster and kinship care training and support should develop carers' capacity to build and sustain relationships with parents. Training should promote positive attitudes towards family contact among carers and parents, develop carers' interpersonal communication skills, and clarification of goals and roles during contact (Collings & Wright, 2022b; Grotevant et al., 2013). Training and support should also be offered to carers in understanding and responding to parents experiencing complex PTSD (Chateaufneuf et al., 2018). Many parents are likely to experience complex PTSD due to their own histories of abuse across the life course, frequently found among this population (Mason et al., 2020). It is vital that carers understand how this may affect parents as the carers seek to build relationships with them. Training should also help carers to understand and manage their emotional responses to parents, particularly where these responses might act as a barrier to their own, or children's, relationships with parents. Kinship carers may require support in managing emotional responses in the context of their often longstanding and complex relationship with the parents of the children (Király & Humphreys, 2015).

Fourth, child protection authorities and foster care agencies need to develop and communicate a consistent position on recognising carers' relationships with parents and their role in upholding children's rights to contact with their parents. Participants in our study reported diverse experiences around family contact including not being consulted about contact arrangements or changes to them. This confirms prior research in the Australian context highlighting that despite children's right to contact, there is an absence of clear guidelines and considerable variation in how this right is enacted (Ankersmit, 2016; author, 2022). A transparent position on carers' roles in family contact would include carers' rights to be consulted about children's contact arrangements particularly when changes to these arrangements might affect carers' relationships with parents. Such a position would assure carers that the child protection authority will consistently recognise the carers' potential or actual relationships with parents when making decisions that could affect those relationships. This will address concerns raised by some participants of feeling disappointed and confused about decisions by the child protection authority that disrupted opportunities for them to support parents' relationships with children. It also helps to confirm that carers make informed decisions about their own and children's safety and well-being as they build relationships with parents.

Finally, we emphasise the importance of supporting Aboriginal and Torres Strait Islander carers to meet their obligations to maintain children's relationships with parents, Country, community and culture. These obligations are enshrined both in the ATSI CPP and, also, within Aboriginal and Torres Strait Islander communities' cultural protocols (Chamberlain et al., 2022). Aboriginal and Torres Strait Islander carers expressed concern at directives from foster and kinship care agencies that brought them into conflict with their cultural obligations,

particularly the encouragement to minimise risk to children through creating boundaries with parents. This finding points to supporting Aboriginal and Torres Strait Islander carers to meet their cultural obligations and responsibilities under the ATSICPP to ensure children's connection to family, community, Country and culture. Aboriginal and Torres Strait Islander carers need to be resourced and supported to design formal support protocols to strengthen their opportunities to build culturally appropriate relationships with parents and families.

6. Study limitations

Our study has drawn on a rich body of qualitative data about 113 carers' perspectives of their relationship with parents. We acknowledge that the study is limited in several ways. Our participants were drawn from one State of Australia (Queensland) which has, as we have commented, lower rates of kinship care than many other States and Territories. Further, we acknowledge the small number of Aboriginal and Torres Strait Islander carers in our sample (11) affects our capacity to report on their experiences. We recognise also that we report only on carers' experiences and that viewpoints of other stakeholders, particularly parents, are likely to reveal different perspectives on carers and parents' relationships. Future papers will consider parents' perspectives, and we plan also to undertake comparative analysis of these perspectives. Finally, we recognise that the study reported here is embedded in a longitudinal study, and that, we report here only the first wave of data collection with carers. Future analysis will include consideration of changes to carers, parents and children's perspectives over time.

7. Conclusion

Carers and parents' relationships are often characterised by strong emotions. In our study, most carers were left to navigate this emotional territory alone. Further, we have highlighted the cultural load borne by Aboriginal and Torres Strait Islander carers as they seek to forge relationships with parents so to support children's connection to family, community, Country and culture. We have suggested strategies to recognise and support carers to manage the emotional terrain of their relationships with parents. We trust this will provide a way forward in supporting carers to build better relationships with parents and, through this, play a greater role in upholding children's rights to contact with their parents and families.

CRediT authorship contribution statement

Karen Healy: Conceptualization, Data curation, Formal analysis, Writing – original draft, Writing – review & editing. **Jemma Venables:** Methodology, Supervision, Software, Formal analysis, Writing – review & editing. **Jenny Povey:** Methodology, Supervision, Software, Writing – review & editing. **Janeen Baxter:** Formal analysis, Writing – review & editing. **Sue Scull:** Conceptualization, Project administration, Methodology, Software. **Kate Thompson:** Methodology, Resources, Writing – review & editing. **Madonna Boman:** Data curation, Project administration, Methodology, Writing – review & editing.

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

The authors do not have permission to share data.

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