



‘Our babies are our gold’: The experiences of Aboriginal kinship carers in Western Australia

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ABSTRACT

Background: Aboriginal and Torres Strait Islander kinship carers are crucial to keeping Aboriginal children connected to their cultural identity and community, particularly in the face of high, increasing and disproportionate out-of-home care for Aboriginal Children. Despite this, little is known about their lived experiences and interactions with the Australian child protection system.

Methods: Led by Indigenous researchers and methodologies, qualitative findings from yarning sessions with 46 kinship carers across Western Australia informed this research. This research is part of the Indigenous Child Removals WA (I-CaRe WA) project.

Results: Kinship carers considered their role beneficial for their own emotional and social wellbeing. Managing kinship caring responsibilities and financial insecurity made it difficult to prioritise personal health. Kinship carers reported the importance of cultural responsibility and maintaining children’s cultural connection as reasons for becoming carers. Several participants reported feeling unsafe asking for help with caregiving in their interactions with child protection services. Priority areas for system improvement included better access to financial and practical support for both formal and informal kinship carers.

Conclusion: Urgent reform to account for the needs of Aboriginal kinship carers is required so that they can thrive in their roles and continue providing culturally safe care to Aboriginal children.

1. Background

The integral role of culture and family in the upbringing of Aboriginal and Torres Strait Islander children (hereafter Aboriginal) is a testament to the enduring strength and resilience of Aboriginal communities. Indigenous Australian cultures, among the oldest continuous living cultures in the world, have maintained vitality through intergenerational transmission of knowledge, values, and practices (Dudgeon et al., 2014). The strength of Aboriginal culture is manifested in its ability to adapt and persist despite historical adversities, continuing to provide a nurturing environment for children that is rich in tradition, language, and spiritual connection (Haebich, 2011; Wilson, 1997). Understanding and acknowledging the centrality of culture and

family in Aboriginal child-rearing practices is crucial for developing culturally appropriate policies and interventions aimed at supporting Indigenous children and families. It is through this cultural lens that we can truly appreciate the strengths and resilience inherent in Aboriginal approaches to nurturing the younger generations (Beaufils et al., 2025).

The increasing number of Aboriginal children being placed in out-of-home care (OOHC) in Australia is a significant human rights issue that risks perpetuating adverse health and wellbeing impacts linked to the institutional removal of Aboriginal children from their families (Funston & Herring, 2016; O’Donnell et al., 2019; UN Assembly 2007; United Nations Convention on the Rights of the Child, 1989; Wilson, 1997). Between 2017 and 2023, the rate of Aboriginal children in OOHC increased from 52.1 to 57 per 1,000 children, while the change in the

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rate among non-Indigenous children remained non-significant (Australian Institute of Health and Welfare, 2024). In Western Australia (WA), Aboriginal children are entering OOHC at 18.7 times the rate of non-Indigenous children (Australian Institute of Health and Welfare, 2025). This is significantly higher than the national average, where Aboriginal children are entering OOHC at 11 times the rate of non-Indigenous children (Australian Institute of Health and Welfare, 2025). Aboriginal children are also entering OOHC at increasingly younger ages (Harrap et al., 2023). These trends risk reinforcing the harmful effects on health and wellbeing historically associated with the forced removal of Aboriginal children from their families (Haebich, 2011; Wilson, 1997). The *Family Matters Report* advocates for reducing the over-representation of Aboriginal and Torres Strait Islander children in OOHC through community-led, culturally safe, and well-resourced strategies that prioritise prevention, self-determination, systemic reform, and government accountability (Secretariat of National Aboriginal and Islander Child Care, 2024).

1.1. Out-of-home care (OOHC) and kinship care

Aboriginal kinship care is nationally recognised as a best practice, culturally safe OOHC care option in Australia (Secretariat of National Aboriginal and Islander Child Care, 2017). OOHC involves care arrangements 'for children under 18 who are unable to live with their families due to child safety concerns' (Australian Institute of Health and Welfare, 2022a). For Aboriginal people, a kinship carer is 'another Indigenous person who is a member of their community, a compatible community, or from the same language group' (Australian Institute of Health and Welfare, 2021). Aboriginal kinship care is a culturally significant and legally recognised form of OOHC managed by the State for Indigenous children, where relatives or community members with cultural or family connections assume responsibility for the child's upbringing, aiming to maintain the child's cultural identity, family connections, and community ties. Kinship care can be either formal (statutory) or informal. Formal carers are eligible for support services, including financial assistance from their state or territory, to assist with caring for a child when a child protection intervention has occurred that may involve an legal order made by the Children's court. (McPherson et al., 2022). In contrast, informal carers, may include care arrangements that have been formalised by a Family Court rather than a State/Territory court and therefore not eligible for a kinship care allowance or service access from government State/Territory services (although they may be eligible for Commonwealth allowances through Centrelink) (McPherson et al., 2022).

Kinship care has deep roots in Aboriginal culture, where community-based care has long been a tradition (Muir & Bohr, 2019). In this system, immediate and extended family play a central role in raising children. Due to this cultural practice, when Aboriginal parents require support, the child's kin often feel a cultural responsibility to ensure the child is raised within their community and culture (Irizarry et al., 2016; Kickett et al., 2019; Muir & Bohr, 2019). Similar care giving traditions have been reported in First Nation/Indigenous groups internationally, with 'whānau' (family) care within New Zealand (see McGiven and Fouché 2025) and Indigenous kinship carers in Canada (Burke 2023; Burke et al 2023).

There is limited data on the experiences of Aboriginal kinship carers in Australia, with the Secretariat of National Aboriginal and Islander Child Care (SNAICC) reporting that in 2022–23, only 22% of the 22,908 Aboriginal children in OOHC were placed in kinship care (Secretariat of National Aboriginal and Islander Child Care, 2024). Given the centrality of kinship care to cultural safety, family wellbeing, and future generations, coupled with the increasing pressure on Aboriginal kinship carers due to rising rates of OOHC, it is imperative that more is known about the experiences of these carers. This knowledge is crucial to ensure that both their needs and the needs of the children in their care are being adequately met. Understanding the challenges, strengths, and support

requirements of Aboriginal kinship carers is essential for developing effective policies and interventions that can enhance the quality of care provided and promote positive outcomes for Aboriginal children and families.

The Australian Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) acknowledges the significance of family, community, culture, and Country in child and family welfare laws and practices (Secretariat of National Aboriginal and Islander Child Care, 2017). In 1984, following extensive advocacy by Aboriginal communities and organisations, the ATSICPP was established to address the rising number of Aboriginal children entering OOHC and being placed with non-Indigenous carers (Krakouer, 2023). The ATSICPP outlines care priorities for Aboriginal children in OOHC, prioritising placement with relatives or kin, followed by placement with other Aboriginal carers from the child's community, and then with Aboriginal carers from a different community (Secretariat of National Aboriginal and Islander Child Care, 2017). Despite the increasing number of Aboriginal children in OOHC, the proportion formally placed with kinship carers is declining (Austin, 2022; O'Donnell et al., 2019). While the reasons behind this decline are unclear, it is likely influenced by the number of informal kinship carers being unmonitored and the finite number of kinship carers (Blacklock et al., 2018; Kiraly & Humphreys, 2013; Sammut, 2014). Despite the recognition that kinship carers play a crucial role, they are often significantly undervalued and unsupported.

1.2. Role of Aboriginal community Controlled organisations

Aboriginal Community Controlled Organisations (ACCOs) are not-for-profit services, controlled and governed by Aboriginal people. A type of ACCO, Aboriginal Community Controlled Health Organisations (ACCHOs), provide holistic, wrap-around services that emphasise meeting the cultural needs of Aboriginal people and populations when providing comprehensive health and social services (Panaretto et al., 2014; Pearson et al., 2020). This includes the provision of services to Aboriginal children and kinship carers in the child protection system. Despite Aboriginal children accounting for 46% of children in care, only 6% of child protection funding is directed to ACCOs, suggesting that the large majority of Aboriginal children in care are supported by mainstream service organisations, rather than ACCO's. There are significant reform agendas underway across Australia to transition the care of all Aboriginal children to ACCOs (Secretariat of National Aboriginal and Islander Child Care, 2024).

1.3. Child protection

The Department of Communities has the statutory authority under the *Children and Community Services Act* (2004) in WA to respond to matters related to child safety and welfare (*Children and Community Services Act, 2004*). According to this Act, a child is deemed to require protection if they have experienced, or are at risk of experiencing, abuse (physical, emotional, or sexual) or neglect, and their parents cannot, or have not, protected them from harm (*Children and Community Services Act, 2004*; Legal Aid Western Australia, 2023). There are four types of child protection orders in WA. A 'supervision order', where a child remains with their parents under the Department's supervision (*Children's Court of Western Australia, 2024*). Sometimes the Department may set conditions that parents must adhere to as part of this order. A 'time limited order', where the Department has full responsibility for a child, including placing them in OOHC, for up to two years, which can then be extended for two-year periods up to the age of 18 (*Children's Court of Western Australia, 2024*). An 'until 18 order', where the Department has full responsibility for a child until they are 18 years old, and the child must remain in care until this age (*Children's Court of Western Australia, 2024*). Last, a 'special guardianship order', where a carer makes all decisions for a child until they are 18 years old. Special guardianship orders are common among kinship carers (*Children's*

Court of Western Australia, 2024; Secretariat of National Aboriginal and Islander Child Care, 2024).

In 2023–24 in WA, there were 2,766 Aboriginal children in formal OOHC, making up almost 60% of all children in care (Australian Institute of Health and Welfare, 2025). Numbers of Aboriginal children in informal care arrangements are not known. WA has the highest rate ratio of Aboriginal children on long-term orders in Australia (19.1 times more likely to be placed on long-term orders than non-Indigenous children) (Secretariat of National Aboriginal and Islander Child Care, 2024). According to 2023–24 data, 56.7% of Aboriginal children on care and protection orders in WA were on long-term care orders (Australian Institute of Health and Welfare, 2025). Data continues to highlight a systemic trend toward long-term care orders compared with time-limited orders for children in Australia.

Long-term care orders also hold significant implications for reunifying children with their families and in maintaining cultural connection (for children in foster care or another non-family care arrangement). There is no nationally recognised definition for reunification (AIHW, 2025). Because of this, different jurisdictional practices can affect the comparability of data. 2022–23 national data reports for Aboriginal and Torres Strait Islander children discharged from OOHC, 39% were reunified (AIHW, 2023). Comparing this to the total amount of Aboriginal and Torres Strait Islander children on child protection orders in 2022–23, 7.3% were reunified compared to 10.9% of non-Indigenous children (AIHW, 2023). This indicates Indigenous children are less likely to be reunified compared to non-Indigenous children.

1.4. The experience of kinship carers in aboriginal and Torres Strait islander communities

Kinship care is not just about providing for a child's immediate needs, but also about nurturing their cultural identity, connecting them to their Aboriginal families and community, and ensuring the continuity of traditions and values (Dockery, 2020; Sorby et al., 2024). Some Aboriginal kinship carers have described how their roles make them feel fulfilled and provide a sense of purpose (Király et al., 2015; Moodie et al., 2024). This deep cultural responsibility underscores the significance of kinship care not only as a placement option, but as a culturally embedded practice that supports identity, healing and the continuation of cultural practices across generations (Secretariat of National Aboriginal and Islander Child Care, 2022).

In a scoping review of Indigenous frameworks of resilience, Usher and colleagues (2021) found that resilience is characterised by a unique interplay between historical adversity and cultural protective factors. The enduring impacts of colonisation, transgenerational trauma, and systemic discrimination create distinct challenges for Indigenous communities. However, Indigenous resilience is fortified through collective experiences and cultural practices that strengthen connections to land, language, ancestry, and community. This collective approach to resilience enables Indigenous peoples to develop shared resources and support structures, fostering mutual reciprocity and empowering them to engage in transformative strategies that address adversity while maintaining cultural integrity. This points to relation forms of resilience, where contextual and cultural factors are vital in supporting children in times of stress. Ungar (2013) conceptualises resilience as a dynamic interplay between individuals and their environments, where positive development under stress is achieved through the navigation and negotiation of culturally meaningful resources. Ungar emphasises that resilience is not solely an individual trait, but rather a process dependent on both personal agency and the capacity of one's social ecology to provide necessary support in culturally appropriate ways. While kinship care allows for culturally embedded care and practice, this can be challenging when there is insufficient or inappropriate support by the child protection system.

In McPherson et al.'s (2022) mixed-methods study exploring the experiences of kinship carers in caring for their kin and accessing

services, the authors cited financial stressors, managing child difficulties, navigating the child protection system and interactions with child protection and government services as key challenges commonly reported by carers (Lima et al., 2024; Moodie et al., 2024). In addition, participants reported a lack of cultural safety within the system, which was found to compound the stressors experienced by the kinship carers (McPherson et al., 2022). This finding is similar to other studies, which describe how a lack of cultural safety is a barrier for Aboriginal people in accessing services (Krakouer, 2023).

Similarly, Zuchowski et al.'s (2018) qualitative study exploring the experiences of grandparent non-Aboriginal and Aboriginal kinship carers reiterated issues with carers feeling unsupported and discussed how this sometimes endangered the grandparent carers (for example, not prioritising their own health). The authors also discussed how grandparents were usually very willing to step into a kinship carer role and valued staying connected to their kin (Zuchowski et al., 2018). When the challenge of caring for highly vulnerable children with complex needs is added to navigate and deal with the bureaucratic and complicated child protection and court systems around Australia, the potential for burnout is exacerbated, with grandparent carers expressing frustration and, at times, despair (McPherson et al., 2025). It is well documented that Aboriginal kinship care is important to maintain a child's connection to culture and community (Király et al., 2015; Secretariat of National Aboriginal and Islander Child Care, 2024). Interestingly, Zuchowski et al.'s (2018) overall findings discussed how kinship care was often viewed as a cost-effective care option by the child protection system when compared to other care options, including foster care.

Other studies that explore Aboriginal kinship care from a health systems perspective reiterate many of these findings. This particularly applies to under-resourcing, underfunding, access to services and cultural security within the child protection system (Irizarry et al., 2016; Moodie et al., 2024). Researchers have also highlighted how training (such as trauma and therapeutic informed response training) is not tailored or culturally appropriate for Aboriginal kinship carers, and this also extends to cultural support planning, which often fails to meet the needs of Aboriginal kinship carers (Király et al., 2015).

Connection with cultural identity and knowledge is crucial for Aboriginal children in OOHC. Support for kinship carers must be increased so that Aboriginal children can develop and maintain connections to their family, culture, community and Country (Garvey et al., 2024). While Aboriginal kinship care is discussed in several studies, there is a limited number of studies that explore the experiences of Aboriginal kinship carers in Australia. There is also limited data on the experiences of Aboriginal kinship carers in WA.

1.5. Rationale

Given the critical role of Aboriginal kinship care in the Australian child protection system, there is an urgent need for research that explores the lived experiences and needs of kinship carers (Australian Institute of Health and Welfare, 2020; Secretariat of National Aboriginal and Islander Child Care, 2017). Existing evidence suggests that Australia's child protection system often lacks a deep understanding of Aboriginal kinship care, resulting in inadequate support (McPherson et al., 2022; Zuchowski et al., 2018). Therefore, this study aims to contribute to knowledge that aims to improve the health and wellbeing of Aboriginal people by creating an understanding of how kinship carers can be better supported in their caregiving roles. Given the high rates at which Aboriginal children enter OOHC, kinship carers must receive the support necessary to thrive in their roles. Keeping Aboriginal children connected to their community and culture is critical to their overall health and wellbeing (Secretariat of National Aboriginal and Islander Child Care, 2024). This study interrogates the Closing the Gap priority reform areas for joint national action (Commonwealth of Australia, n.d.). Priority reform three (transforming government organisations) is

most relevant because it acknowledges the need to engage with and understand Aboriginal and Torres Strait Islander communities to create better outcomes. This study also informs focus area 4 in the National Child Protection Framework, which addresses ‘strengthening the child and family sector and workforce capability’, including measures to better support Aboriginal kinship carers (Commonwealth of Australia, 2021).

1.6. Research questions

This study aims to better understand the experiences of Aboriginal kinship carers to provide recommendations for the strengthening of the out-of-home care system to improve health and wellbeing outcomes for Aboriginal people. Therefore, this research paper proposes the following questions:

- What are the views and narratives of Aboriginal kinship carers in Western Australia regarding their positive and negative experiences providing out-of-home care to Aboriginal children?; and
- How can they be better supported within the Australian child protection system?'

2. Methods

The Indigenous Child Removals Western Australia (I-CaRe WA) project aims to identify factors that help reduce the number of Aboriginal children going into out-of-home care and ways to better support families at risk, children in care and kinship carers. The I-CaRe study included analyses of linked administrative data and qualitative interviews with Aboriginal primary healthcare staff and kinship carers across WA (Anonymous et al., 2023; Anonymous et al., 2024; Anonymous et al., 2025; Anonymous et al., 2024). The project was designed and conducted using Indigenous methodologies and ontologies, ensuring respect for cultural values, beliefs and the diversity of Aboriginal communities in Australia. This approach acknowledges Aboriginal cultural heritage, traditions and perspectives.

2.1. Community Advisory group

A Community Advisory Group (CAG) consisting of ACCHO representatives, Aboriginal kinship carers and Elders provided guidance throughout the research project. Elders played a key role in offering advice, local leadership and facilitating connections between the research team and the community.

2.2. Study

Between 2020 and 2022, qualitative data were collected in collaboration with seven ACCHOs across metropolitan, regional and remote areas of WA. This included the Kimberley, Pilbara, Gascoyne, Southwest and Perth regions. Three Aboriginal researchers and one Aboriginal research assistant collected data, ensuring cultural security throughout the data collection process.

2.3. Recruitment

Two chief investigators, (anonymous) and (anonymous), initially connected with the Chief Executive Officers (CEOs) of the ACCHOs during the annual CEO gathering of the Aboriginal Health Council of Western Australia (ACHWA). After viewing a presentation on the (redacted) study, several CEOs agreed to become research partners. Once data collection was ready to begin, the research team coordinated with the CEO or relevant contact person from each ACCHO to recruit staff and kinship carers through referrals and snowball sampling.

2.4. Consent

Participants who agreed to take part received an information sheet outlining the study's purpose and terms of participation, with the opportunity to ask questions before providing written consent. Participants were informed that they could skip questions they did not want to answer and stop the interview at any time. In addition, participants were advised that they could withdraw any data collected. Participants were also offered a copy of their transcript for review.

2.5. Data collection

Data were gathered from 46 Aboriginal kinship carers through yarning sessions. These sessions were facilitated by three Aboriginal researchers from WA. After 46 yarning sessions across metropolitan, regional and remote WA, data saturation was reached, and no new findings were being presented. Interview guides were structured around the I-CaRe WA project's research aims and focused on participants' views and experiences. The yarning sessions were held at local ACCHOs, participants' homes, or other private locations where participants felt comfortable. Audio recordings were transcribed by a confidential, independent transcription service and de-identified by the research team.

2.6. Data analysis

Transcripts from the yarning sessions were imported into qualitative data analysis software NVivo 12. The research team utilised reflexive thematic analysis (RTA) to code the data (Braun & Clarke, 2019; Mills et al., 2006). RTA is a qualitative data analysis method that prioritises participants' perspectives, experiences, and insights when investigating a specific phenomenon (Braun & Clarke, 2019). RTA aligns with Indigenous epistemological frameworks through its emphasis on centring participant voices, holistic understanding, and contextual interpretation. Its flexible and reflexive nature allows researchers to respect Indigenous ways of knowing, oral traditions, and relational accountability, whilst encouraging a collaborative and iterative approach to knowledge creation from data collection to interpretation and reporting (Braun & Clarke, 2019; Chun Tie et al., 2019; Mills et al., 2006). However, it was crucial that the research team applied RTA thoughtfully, adapting it to uphold specific Indigenous protocols and ethics, and ensuring that it remained in harmony with Indigenous ways of knowing and sharing knowledge.

Ensuring coding consistency is a vital component of qualitative analysis, especially when examining culturally sensitive data in Indigenous based research (O'Connor and Joffe 2020). The primary objectives of establishing coding agreement are to maintain interpretative uniformity across multiple analysts, reduce personal biases, bolster the reliability of results, confirm the coding framework's relevance to the dataset, and highlight areas of data complexity requiring further examination or clarification. In our research with kinship carers, the implementation of coding consistency was particularly crucial due to the cultural intricacies and delicate nature of the subject.

Our methodology for achieving coding consistency was specifically designed to incorporate Indigenous research practices and cultural insights. The analysis team comprised three Indigenous coders, each contributing their unique cultural knowledge and lived experiences. The process began with individual coders independently examining a portion of the interviews. Subsequently, the team convened to compare their analyses and address any disparities. These discussions informed refinements to the coding framework, ensuring better alignment with Indigenous perspectives and cultural subtleties. The coders then re-examined the data using this enhanced framework, followed by a final comparison to evaluate inter-coder agreement.

Discrepancies in coding were not immediately dismissed as errors but viewed as opportunities for deeper cultural exploration and understanding. The team adopted a dialogic approach, engaging in respectful

discussions about their interpretations and sharing cultural insights. In instances of significant disagreement, the team sought guidance from community Elders for additional cultural context. Rather than forcing consensus, the team worked towards an agreement that respected diverse interpretations while maintaining analytical integrity. This process provided valuable opportunities for researcher reflexivity in both coding and subsequent data interpretation.

This iterative and collaborative approach allowed themes to emerge organically from the data while ensuring Aboriginal worldviews remained central to the analysis. The team maintained reflective journals and conducted regular debriefing sessions to uphold rigour and transparency. All data were securely stored on password-protected university servers, accessible only to authorised research team members.

2.7. Debrief process

A vicarious trauma protocol was established to address any psychological distress experienced by participants. After each yarning session, an individual debrief process was undertaken to ensure participants' wellbeing. Participants were asked if they felt upset or required follow-up support from the researcher or a culturally safe counselling service. Referrals were arranged with community services before the project's start. During the study, one participant was referred to a counselling service. The Aboriginal researchers who collected the data had access to Indigenous support services they also provided mutual support and their own Indigenous debriefing processes following data collection.

3. Results

The majority (81%) were grandparents, and 18% were aunts of the children they cared for. Most kinship carers were female (86%), and the majority were 50 years and older, with 44% in the 50–59 year age range (Table 1). Participants were located in WA across metropolitan, regional and rural areas. Aboriginal children were in a mix of informal and formal kinship care arrangements (Table 2).

3.1. Theme 1: Impact on kinship carer health and overall wellbeing

3.1.1. Health issues of kinship carers

While some kinship carers reported being in good health, many reported struggling with chronic health issues. Some carers reported neglecting their own health needs to prioritise the health of the children in their care.

“All the medical appointments, my blood pressure tablets I haven't had for nearly two months now because I've been to the doctors that many times but for the kids that I've forgotten to get my own things, so they've been

Table 1
Characteristics of 43 kinship carers.

Kinship care	N (%)
Age	
30–39	4 (9)
40–49	6 (14)
50–59	19 (44)
60–69	8 (19)
70–79	2 (5)
80–89Unknown	2 (5)2 (5)
Gender	
Female	37 (86)
Male	6 (14)
Marital status	
Single	15 (35)
Married or De facto	25 (58)
OtherUnknown	1 (2)2 (5)

Table 2
Children's relationship with kinship carers.

Kinship care	N (%)
Relationship to kinship carer	
Biological	97 (98)
Other	2 (2)
Total	99
If biological relationship	
Aunt	17 (18)
Grandparent	79 (81)
Uncle	1 (1)
Total	97
Type of care	
Formal	55 (56)
Informal	44 (44)
Total	99
Type of formal care	
18-year order	15 (27)
Family carer	23 (42)
Respite carer	3 (5)
Special guardianship order	5 (9)
OtherUnknown	2 (4)7 (13)
Total	55

Note. The type of formal care was self-described by the kinship carers. “18-year order” and “special guardianship order” refer to court-made orders, whereas “family carer” and “respite carer” refer to care arrangements. “Family carer” is an umbrella term for family care arrangements, including kinship care. “Respite carers” provide temporary relief for primary carers. In this study, respite carers were family/kinship carers.

neglected. Just things like that that are being pushed of my own to one side in order to get these other things done and sorted.” [REG 4:3]

Kinship carers of children with disability and/or trauma were more likely to disclose struggling with their own health and wellbeing. Some carers described how they struggled to manage challenging behaviours of children in their care and discussed how this affected their physical health, mental health and overall wellbeing.

I've been getting – because of his anger and the way, I've been getting anxiety now, and, because he's bigger and stronger, you know?... He doesn't realise my health condition... Sometime I hardly even get out of bed. [REG 3:1]

You might get these massive meltdowns in the morning or whatever throughout the day and it's managing those behaviours that impacts on you, how you're feeling, and then having to go to work or whatever. [REG 6:8]

Other formal kinship carers reported they were struggling due to their interactions with child protection services. Kinship carers provided examples, including stressful and drawn-out court proceedings, invasive carer assessments or a lack of respect from caseworkers.

I feel very, what's the word, like I've been through a war zone, and that I've been put in that situation. I never anticipated that I would be defending these kids to the department. I thought they would be helping me. Giving me advice. I always was getting this sort of resistance saying, you don't know what you're doing. What would you know? We're the experts here. [MET 1:1]

I wanted to get custody... Yeah and that went on for six months and yeah, I was just at the end of my tether then. I was going to chuck it in. I said to my partner I can't do this, because I was just losing weight so quick and I couldn't sleep or anything. [REG 4:5]

3.1.2. Positive impacts on emotional and social wellbeing

Carers also described their role as a kinship carer as beneficial for their wellbeing. Some reported feelings of a strong sense of purpose and fulfilment:

Well, when we're sat down – me and my babies – I always say, you are all my pieces of gold. I said if I ever – that's why I'm going to live on this Earth until you all get in your 20 s, then I don't care where I go then... Without them I'd most probably be laying six foot under. [REG 5:2]

Other kinship carers discussed how being a kinship carer helped keep them active and involved in community life:

It's been, actually, a positive experience because it's kept me really active. It keeps me socially active as well and I've got to be at the school. I was part of the council at the school board in (country town ... I've taken them on holidays... With my grandkids I've always been – it's kept me involved. [REG 3:3]

Some carers also reported how kinship caring helped them cope with grief and loss. Others discussed how kinship care led to them leading healthier lifestyles, including reducing or quitting drinking and smoking.

I lost four [children]; two to SIDS and miscarried two, but I think just my life journey as a kinship carer has brought me back. [REG 1:3]

I don't mind it because it gets me up every day and I'm happy to – it gives me something to get up to, where before I was just depressed and just wanted to smoke and drink... I just feel happier and just proud that I took on this responsibility. [REG 6:2]

3.2. Theme 2: Cultural, community and family obligations

3.2.1. Role of grandparents and cultural obligations

Many kinship carers interviewed were grandparent carers. This aligns with national statistics which has shown, that where data is available, of the Aboriginal children placed in out OOHC around 55% were placed with a grandparent, aunt, uncle or sibling (AIHW 2022b). Many of these carers described the importance of their role as a grandparent in their family and community.

A grandmother is an important person in Aboriginal society... the grandmother was always there advising the young mother how to do this, how to look after baby, and by about the third baby the mother knew, you know, and the father... [REG 1:2]

Grandparent carers often described how they felt a strong sense of responsibility to care for their kin:

It's not even pride. It's just a case of you're the grandparent. It is my responsibility. It's not my responsibility to sink and fail. [REG 4:3]

For us, we're Aboriginal people, we don't leave them kids. [REG 3:6]

Grandparent carers emphasised that they were not just looking after their grandkids but also their own adult children. This was vital in supporting future generations and their well-being in the family:

Well, being a grandmother was the happiest – I've been a mother first. Like you know how people say, that's not your kid, give them back, but being a mother and being a grandmother is the most important in your life. That's what I tell my kids. I'll be there to support you all the way, no matter how long this takes. My daughter... still acts like a baby, so I don't know how she on drugs when she acts like a baby to me. So, when I'm looking after her kids I'm looking after her too, I'm still Grandma and...daughter, our babies is our gold, especially our grandkids too. [REG 5:2]

Other kinship carers described feeling a strong sense of cultural obligation to care for their kin children. Some carers described how sometimes they were torn between their feelings of cultural obligation and their own needs when becoming a kinship carer.

Self-care's important for me and – but I don't know, I'm caught between – I feel like I'm caught between my cultural obligations, but everything inside me says I want to be selfish. But, yeah, it's my culture and not wanting to see these little ones end up in the system. [MET 1:4]

Many of the kinship carers discussed how important caring for their kin was in maintaining a child's cultural connection. Some of the carers discussed how they were providing cultural experiences and instilling strong identity and healing for children in their care. Some examples kinship carers provided were going out bush, preparing and eating traditional food, collecting bush medicine, storytelling and teaching language to the children in their care.

Yeah, we go bush, get some marlu, goanna, turkey, all that stuff [REG 5:1]

Well, mum's starting to – she's making a fire down the back now. Sitting at the fire with the kids, they're telling stories, singing. So, she loves that. [REG 6:1]

When we take them out bush, they learn about all of the bush medicine...

Yeah, and we teach them [language]. [REG 3:6]

All of them know how to skin and cut the roos up. The little ones are still learning but they all know. They all know how to light a fire. They all know the same cultural things. We camp at this water hole. They all know to throw the sand in and let the thing know who they are. [REG 4:3]

3.3. Theme 3: Navigating the child protection system

3.3.1. Impact on employment, income and access to financial and practical support

Many carers reported significant financial problems as a result of the sacrifices they had to make to their employment and study when becoming kinship carers. A number transferred to part-time work or stopped working entirely, while some full-time workers reported struggling to manage. One formal kinship carer described how their education was affected:

I was trying to go through uni – I had to leave uni and I put my mind on him. [REG 1:2]

Several carers reported they needed more practical support from caseworkers and flexibility from employers, particularly for children with health issues or disabilities. One formal kinship carer described their experience:

Well, I'm back at work full time in February so the one thing that I can't do is keep taking time off work all the time even if it's just for speech therapy appointments... [Caseworkers] could take the kids to those which would save me taking time off work. [MET 1:5]

Another kinship carer reported that working for an ACCO helped them manage their work and caring responsibilities:

It's good here at the DAHS, it is really family orientated. I'm lucky that I'm not working for [a government agency] anymore because I tell you what, I'd have struggled with those other two because they're so bang, bang, strict. [REG 2:4]

Many carers reported they were struggling without access to basic necessities. Significant delays in accessing payments created unnecessary stress and financial burden. Carers who live remotely are disadvantaged by high costs of living and poor physical access to goods and services.

Since we've had the little girl, in the six months, there has been no meetings with DCP (Department of Child Protection), no communication. We've only just got on payments now... They won't backpay. [REG 5:3]

One informal carer who had four children in their care described their experiences of a lack of support:

No help, even for the clothing or even for the sheets. They don't even support me. They don't even support me for whitegoods... it's very very hard for me to ask for things to Child Protection. [REG 3:4]

3.3.2. Access and barriers to support

Many kinship carers described their access to support as inconsistent. This was reiterated among both formal and informal kinship carers.

I had no pram, no nothing, for [grandson]. I had nothing.... You know I'll be honest with you, never got no help, no support, with that. Food vouchers never even got that. [REG 5:2]

A number of formal and informal carers were unaware or confused about the support they were entitled to. One formal kinship carer described their experience navigating support.

I don't know of any community organisations that support kinship carers. I just feel like you're all on your own. You're not told about any support that you're entitled to. [MET 1:4]

An informal kinship carer described their frustration with being unsupported for a very long time because of a lack of advice and information about becoming a formal carer.

We didn't even know half of these things. We could have been getting payments a long time ago or whatever... We need to – more people have to let us know what are the agencies or where they are. [REG 6:2]

Some formal kinship carers reported they had highly proactive case workers, while others reported they had no support from the Department and were often without basic necessities.

Couldn't get a better case worker. She just did everything possible for the kids. What they were entitled to, she wanted them to have. [REG 4:5]

In addition, formal kinship carers reported that access to respite was inconsistent and unreliable.

Ever since the children came into my care, they promised once a month respite. That never came. That never happened. [MET 1:4]

One kinship carer described how the poor access to respite affected their relationship with the children in their care.

If there was a program that was running two or three times a week or something that allowed me to have that bit of a break from the kids and the kids a break from me, then we'd probably be able to get along a bit better. [REG 4:3]

3.3.3. Fear of seeking formal care arrangements

Among informal kinship carers, a general fear of repercussions was a significant barrier to seeking formal care arrangements through child protection services. One informal kinship carer reported they were hesitant or afraid to ask for support out of fear of being deemed incapable of being a kinship carer and losing the kin in their care.

We used to be scared to ask them for support is because at the end of the day we're thinking about the next court, they'll want us to – you know, oh yeah, they can't afford for the kids, we'll keep the kids. [REG 5:2]

Some informal kinship carers discussed not wanting to be a formal carer in the context of the Stolen Generations and the fear that the children in their care might be removed if they were under the surveillance of the Department.

Going through DCP, our kids have always been – all our family has been stolen generation. I don't want my grandkids going through that. [REG 6:5]

Although many informal kinship carers discussed their desire to receive support, the significant fear many of them felt towards child protection services acted as a significant barrier, leading to disadvantage for these carers.

I just went battling on by myself... I didn't want them to take over my role, but I wanted them to assist me. [REG 1:2]

These fears underscore significant concerns regarding the lack of

cultural safety experienced by kinship carers in their interactions with child protection services. As a result, many kinship carers feel more secure remaining in informal carer arrangements, thereby avoiding engagement with child protection services. This situation has important implications, as informal kinship carers do not receive the same level of financial support as those in formal arrangements. The disparity in support potentially impacts the care provided and the well-being of both carers and children in these informal settings.

4. Discussion

This research explored the views and narratives from Aboriginal kinship carers about the positive and negative experiences of providing OOHc to Aboriginal children, and their perceptions of how they could be better supported. Our findings revealed three key themes: 1) impact on kinship carer health and overall wellbeing; 2) cultural, community and family obligations of kinship carers; and 3) experiences navigating the child protection system. The experiences of Aboriginal kinship carers involved in the I-CaRe WA study reinforce the view that their role as carers is undervalued in the child protection system and their needs are often not met (Austin, 2022; Fernandes et al., 2021; McPherson et al., 2022; Moodie et al., 2024).

While our analysis showed that some kinship carers felt they were well supported, these carers often described this as good luck, through being connected with exceptional case workers, rather than the success of the support system environment itself. Most kinship carers involved in the study described issues navigating the system, including feeling overwhelmed, unsupported, unsafe or even unaware of support services they could access. This is concerning considering most kinship carers interviewed, many of whom were grandparents, highlighted how the responsibility of kinship care was affecting their ability to prioritise their own health and wellbeing. Kinship carers in informal care arrangements discussed how these issues were magnified. Our findings also highlight how greater consideration of the cultural, community and family obligations of carers needs to occur to ensure tailored support on a case-by-case basis.

4.1. Kinship care and the impact on carer health and overall wellbeing

While some kinship carers reported they were in good health, many reported they were neglecting their chronic health conditions because of their caring responsibilities (Hammill, 2001). Kinship carers of children with disability and/or trauma often disclosed that they were neglecting their own health needs because of their caring responsibilities. Several kinship carers also reported their mental health had deteriorated since becoming kinship carers because of the stressors associated with being involved with the child protection system, including long, drawn-out court proceedings. These findings are similar to other studies that discuss how these external stressors can negatively affect kinship carers, particularly grandparent carers (Király et al., 2015; McPherson et al., 2022; Zuchowski et al., 2018).

The value of kinship care as a culturally safe care option that keeps Aboriginal children connected to their culture, family and community is well documented in the literature and recognised by leading Aboriginal and Torres Strait Islander advocacy organisations (Secretariat of National Aboriginal and Islander Child Care, 2024). Many of the kinship carers involved in this study detailed the positive benefits of kinship care, including feeling a strong sense of purpose and fulfilment or becoming active and involved in community activities. Kinship carers also described the cultural activities children in their care were often engaged with, including visiting Country and storytelling. These experiences are extremely valuable for Aboriginal children's cultural identity and wellbeing (Beaufils, 2023; Black et al., 2024; Király et al., 2015). Although kinship care is a culturally safe and beneficial arrangement for Aboriginal children, current systems fail to adequately support or recognise the vital role of kinship carers. Despite recognition of the value

of kinship care, it continues to be treated as a cost-effective care option by the child protection system, with limited investment in carers' health and wellbeing (Zuchowski et al., 2018).

4.2. Fear as a barrier to formal kinship care

Our findings showed that a number of kinship carers opted to remain in informal arrangements because of an entrenched fear of child protection services. Current information suggests that there is much larger number of Indigenous informal kinship carers, which means that there is an equal large number of children outside the child protection system who are not receiving support and may be diverted from the formal system.

Carers discussed their concerns about being formal kinship carers in the context of the Stolen Generations, with some carers disclosing the intergenerational trauma the Stolen Generations caused within their own family and community networks. Collective, historical and intergenerational trauma and the impact on understanding the health and social challenges within Aboriginal communities has been well documented (see Menzies 2019). Furthermore, researchers have commented that the contemporary government removal of Aboriginal children must be viewed against the backdrop of historical policies that sought to disrupt Aboriginal kinship and communities (Turnbull-Robert et al 2021). Such policies retraumatise Indigenous families: parents who were forcibly removed under genocidal state policies experience their own children being removed under so-called 'benevolent' contemporary policies. This is reinforced by negative experiences with child protection services. In our study, kinship carers commented on the lack of cultural safety in their interactions with child protection services (see also McPherson et al 2022). It is well documented that distrust of child protection services is a major barrier for Aboriginal families in accessing services (Moodie et al., 2024; Newton, 2020; Nolan-Isles et al., 2021; Secretariat of National Aboriginal and Islander Child Care, 2024). However, there is little discussion about how this affects kinship carers and their decision-making processes when caring for their kin, including access to resources.

Emerging evidence indicates heightened surveillance of Aboriginal families involved with the child protection system (Edwards, 2016). The 2024 Family Matters report suggested there is disproportionate surveillance of Aboriginal and Torres Strait Islander families by child protection authorities compared with non-Indigenous families in Australia (Secretariat of National Aboriginal and Islander Child Care, 2024). Various Australian studies involving Aboriginal and Torres Strait Islander kinship carers report that kinship carers feel abandoned by support services and intruded upon by the level of surveillance from child protection services (Hassall et al., 2023; Kiraly & Humphreys, 2013; McPherson et al., 2022). This all points to the urgent need for state and national-level approaches that centre decolonising intergenerational trauma-informed frameworks when understanding and providing services in child protection (Turnbull-Robert et al 2021). Even more important is the need for Indigenous lead child protection pathways as an alternative to State level control as has occurred in some States, such as Victoria (Department of Health and Human Service, 2017) and an emphasis on right-based approaches in child protection (Jones et al 2025).

4.3. Recognition of cultural, community and family obligations

Grandparent kinship carers viewed their role as extremely important in Aboriginal society and discussed feeling a strong sense of responsibility for caring for their kin. Other carers described the cultural obligation they felt to take on kinship care roles and keep their kin in touch with their Aboriginal culture. Carers described a tension between meeting their cultural obligations and managing their personal wellbeing, highlighting the need for systemic support that acknowledges these intersecting pressures. The feelings of cultural responsibility

described by the kinship carers involved in this study contribute to a growing evidence base that describes the complexities kinship carers often face when balancing their feelings of cultural obligation, kinship care responsibilities and personal wellbeing (Kiraly et al., 2015; Sorby et al., 2024). This is particularly the case for many grandparent kinship carers – who were the clear majority of caregivers in this study – who have increasing healthcare needs as they age. Kinship carers are aware of the significance of their role in keeping Aboriginal children connected to their family and culture. The system needs reform to prevent Aboriginal kinship carers from having to make difficult decisions around caring for kin or prioritising their own needs.

4.4. Practical and financial support

A number of kinship carers discussed how becoming a carer affected their employment or study. Some carers either discussed how they were struggling to manage their workloads or even had to reduce their working hours (Williams & Badry, 2023). This adds to the financial burdens that carers experience, and for those in informal care arrangements, it can have serious financial impacts on their ability to meet the needs of their families in accessing services. Carers suggested more practical support from caseworkers, flexibility from employers, and better access to financial and practical support would improve their circumstances. Kinship carers having to reduce their working hours or resign for employment to meet the needs of children in their care has been discussed in other studies (DiGiacomo et al., 2017; Kiraly, 2023). While impacts on kinship carers seeking education have been mentioned in other studies, there is limited research. This gap limits the development of targeted supports for Aboriginal kinship carers pursuing education. While there are support services for kinship carers, particularly offered by ACCOs, tailored programs that provide flexibility for kinship carers working or studying should be offered. Better supports must be in place, so kinship carers do not feel they have to sacrifice their employment or study ambitions to care for their kin.

4.5. Strengths and limitations

This study contributes to a growing evidence base on the lived experiences of Aboriginal and Torres Strait Islander kinship carers in Australia. Leadership by Aboriginal researchers ensured cultural safety throughout the study, which was particularly important when addressing the sensitive topic of Aboriginal children in OOHC. The research was enriched by the experiences and voices of formal and informal Aboriginal kinship carers from regional, remote and urban areas in WA. While the study included good WA representation, generalisation to Aboriginal kinship carers outside of WA is limited. This is partly because State-Territory legislation and policy contexts are different throughout Australia. As participants were recruited primarily through ACCOs, the study reflects the perspectives of carers engaged with these services. While this provides valuable insights into the experiences of those connected to culturally safe support, it also highlights the need for future research to explore the perspectives of kinship carers who may not have regular contact with ACCOs.

5. Conclusion

The large number of Aboriginal children in the Australian child protection system is a significant crisis, requiring the implementation of strategies to reduce children in OOHC and ensure kinship care is supported by targeted, culturally informed approaches that are the standard of care. Kinship care plays a vital role in maintaining cultural connection after an Aboriginal child is removed from their parents. Yet, kinship carers in this study report that they are systematically undervalued and under-supported by the Australian child protection system. Findings reinforce the importance of kinship care and the positive impact reported by caregivers of keeping Aboriginal children within their family

and community networks. However, carers' experiences reveal that their caring responsibilities and lack of resources, combined with an unresponsive child protection system that is difficult to navigate, negatively affects their overall health and wellbeing. Cultural obligations, fear of formal kinship care through child protection services, and the long-term impacts of intergenerational trauma further shape kinship carers' decision-making processes when caring for their kin. Findings also highlighted how caring responsibilities can affect kinship carers' employment and ability to pursue education opportunities. This study reinforces the need for systemic reform that recognises the vital role of kinship care and provides flexible, culturally appropriate services that are informed intergenerational trauma informed care approaches that support kinship carers to thrive. Aboriginal kinship carers should not have to make personal sacrifices that affect their health and wellbeing. This is particularly a concern for the many grandparent kinship carers. The wellbeing of kinship carers is essential to maintaining cultural connection for Aboriginal children in care and ultimately contributes to better long-term outcomes for carers, children, families and communities. Potential reforms could include the development of Aboriginal led care pathways with a redistribution of responsibility and adequate resources to ACCHOs; cultural safety training for non-Indigenous care workers that are informed by international generational trauma informed frameworks and formal recognition and support for informal carers.

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Disclosure statement

The authors declare no competing interests.

Data availability

The datasets used in this article are not publicly accessible, as they are restricted to the research team for analysis and publication purposes, under the terms of participant consent and ethical approval.

Ethics statement

The study involving human participants received approval from the Western Australian Aboriginal Health Ethics Committee (HREC 919), Curtin University Human Research Ethics Committee (HREC 2020-0428), and the University of Melbourne Central Human Research Ethics Committee (HREC 1956013). All research was conducted in compliance with local laws and institutional guidelines. Written informed consent was obtained from all participants before their involvement in the study.

Declaration of competing interest

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

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Data availability

The authors do not have permission to share data.

References

- Austin, S. (2022, February 16). 'Our kids belong with family': A look into institutional child removal. IndigenousX. <https://indigenoux.com.au/our-kids-belong-with-family-a-look-into-institutional-child-removal/>.
- Australian Institute of Health and Welfare. (2020). *The Aboriginal and Torres Strait Islander Child Placement Principle Indicators 2018-19: Measuring progress*. <https://www.aihw.gov.au/reports/child-protection/atsi-cppi-2018-19/summary>.
- Australian Institute of Health and Welfare. (2021). *Child Protection 2019-20*. <https://www.aihw.gov.au/getmedia/c3b0e267-bd63-4b91-9ea6-9fa4d14c688c/aihw-cws-78.pdf.aspx?inline=true>.
- Australian Institute of Health and Welfare. (2022a). *Out-of-home care*. <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2020-21/contents/out-of-home-care>.
- Australian Institute of Health and Welfare. (2024). *Tier 2 determinants of health: 2.12 Child protection*. <https://www.indigenoushp.gov.au/measures/2-12-child-protection>.
- Australian Institute of Health and Welfare. (2025). *Child protection Australia 2023-24*. <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2023-24/contents/about>.
- Beaufils, J. (2023). 'That's the bloodline': Does kinship and care translate to kinship care? *Australian Journal of Social Issues*, 58(2), 296–317. <https://doi.org/10.1002/ajs4.241>
- Beaufils, J. C., Krakouer, J., Kelly, A. L., Kelly, A. M., & Hogg, D. (2025). 'We all grow up with our mob because it takes all of us': First Nations collective kinship in Australia. *Children and Youth Services Review*, 169, Article 108059. <https://doi.org/10.1016/j.childyouth.2024.108059>
- Black, C., Frederico, M., & Bamblett, M. (2024). 'Healing through culture': Aboriginal young people's experiences of social and emotional wellbeing impacts of cultural strengthening programs. *Child Abuse & Neglect*, 148, Article 106206. <https://doi.org/10.1016/j.chiabu.2023.106206>
- Blacklock, A. S., Meiksans, J., Bonser, G., Hayden, P., Menzies, K., & Arney, F. (2018). Acceptability of the Winangay Kinship Carer Assessment Tool. *Child Abuse Review*, 27(2), 108–121. <https://doi.org/10.1002/car.2513>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Burke, S. (2023). Wisdom from the Elders: Kinship care that honors traditional Indigenous ways. *AlterNative: An International Journal of Indigenous Peoples*, 19(3), 635–645. <https://doi.org/10.1177/11771801231189842>
- Burke, S., Bouey, J., Madsen, C., Costello, L., & Schmidt, G. (2023). Supporting Indigenous Kinship Caregivers. *Practice*, 35(4), 317–333. <https://doi.org/10.1080/09503153.2023.2208782>
- Children and Community Services Act 2004* (WA). [https://www.legislation.wa.gov.au/legislation/prod/filestore.nsf/FileURL/mrdoc_47018.pdf/\\$FILE/Children%20and%20Community%20Services%20Act%202004%20-%20%5B05-10-01%5D.pdf?OpenElement](https://www.legislation.wa.gov.au/legislation/prod/filestore.nsf/FileURL/mrdoc_47018.pdf/$FILE/Children%20and%20Community%20Services%20Act%202004%20-%20%5B05-10-01%5D.pdf?OpenElement).
- Children's Court of Western Australia. (2024). *Details about the Protection Order*. https://www.childrenscourt.wa.gov.au/P/protection_order.aspx.
- Chun Tie, Y., Birks, M., & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *SAGE Open Medicine*, 7, 1–8. <https://doi.org/10.1177/2050312118822927>
- Commonwealth of Australia. (2021). *Safe & supported: the national framework for protecting Australia's children 2021-2031*. https://www.dss.gov.au/sites/default/files/documents/12_2021/dess5016-national-framework-protecting-childrenaccessible.pdf.
- DiGiacomo, M., Green, A., Delaney, P., Delaney, J., Patradoon-Ho, P., Davidson, P. M., & Abbott, P. (2017). Experiences and needs of carers of Aboriginal children with a disability: A qualitative study. *BMC Family Practice*, 18(1), 96. <https://doi.org/10.1186/s12875-017-0668-3>
- Dockery, A. M. (2020). Inter-generational transmission of Indigenous culture and children's wellbeing: Evidence from Australia. *International Journal of Intercultural Relations*, 74, 80–93. <https://doi.org/10.1016/j.ijintrel.2019.11.001>
- Dudgeon, P., Walker, R., Scrine, C., Shepherd, C., Calma, T., & Ring, I. (2014). *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people*. Australian Institute of Health and Welfare. <https://www.aihw.gov.au/getmedia/6d50a4d2-d4da-4c53-8aeb-9ec22b856dc5/ctgc-ip12-4nov2014.pdf.aspx>.
- Edwards, F. (2016). Saving children, controlling families: Punishment, redistribution, and child protection. *American Sociological Review*, 81(3), 575–595. <https://doi.org/10.1177/0003122416638652>
- Fernandes, C., Blundell, B., Moran, R. J., Gilbert, J. M., & Liddiard, M. (2021). 'It's not fair': Custodial grandparents' access to services and supports in Australia. *Child & Family Social Work*, 26(4), 572–581. <https://doi.org/10.1111/cfs.12839>
- Funston, L., & Herring, S. (2016). When will the stolen generations end?: A qualitative critical exploration of contemporary 'child protection' practices in Aboriginal and Torres Strait Islander communities. *Sexual Abuse in Australia and New Zealand*, 7(1), 51–58. <https://search.informit.org/doi/10.3316/informit.201569927296804>.
- Garvey, D., Carter, K., Anderson, K., Gall, A., Howard, K., Venables, J., Healy, K., Bill, L., Letendre, A., Dickson, M., & Garvey, G. (2024). Understanding the wellbeing needs of first Nations children in out-of-home care in Australia: A comprehensive literature review. *International Journal of Environmental Research and Public Health*, 21(9), 1208. <https://www.mdpi.com/1660-4601/21/9/1208>.
- Haebich, A. (2011). Forgetting Indigenous histories: Cases from the history of Australia's stolen generations. *Journal of Social History*, 44(4), 1033–1046.

- Hammill, J. (2001). Granny rights: Combatting the granny burnout syndrome among Australian Indigenous communities. *Development*, 44(2), 69–74. <https://doi.org/10.1057/palgrave.development.1110240>
- Harrap, B., Gibberd, A., O'Donnell, M., Simons, K., Jones, J., Lima, F., McAullay, D., Falster, K., Banks, E., & Eades, S. (2023). Cumulative incidence of child protection system contacts among a cohort of Western Australian Aboriginal children born 2000 to 2013. *Child Abuse & Neglect*, 143, Article 106297. <https://doi.org/10.1016/j.chiabu.2023.106297>
- Hassall, A., Olsen, A., Bourke, S., & Pasalich, D. S. (2023). How do kinship and foster caregivers differ in their conceptualization of family connectedness? *Child Abuse & Neglect*, 145, Article 106391. <https://doi.org/10.1016/j.chiabu.2023.106391>
- Irizarry, C., Miller, K., & Bowden, M. (2016). Kinship care: Child safety or easy option? Staff and carers' perspectives. *Journal of Family Social Work*, 19(3), 199–219. <https://doi.org/10.1080/10522158.2016.1187699>
- Jones, A., Douglas, H., & Cripps, K. (2025). Still falling short: Aboriginal children's rights and Victoria's child protection system. *The International Journal of Children's Rights*, 33(2), 396–424.
- Kickett, G., Chandran, S., & Mitchell, J. (2019). Woon-yah Ngullah Goorlanggass - caring for our children: A culturally strong, therapeutic kinship care for Aboriginal children, young people and their families. *Developing Practice: The Child, Youth and Family Work Journal*, 52, 25–39. <https://search.informit.com/doi/10.3316/informit.852240543758477>
- Kiraly, M. (2023). In loco parentis: Informal kinship care in Australia—social benefit and material poverty. *Societies*, 13(11), 227. <https://www.mdpi.com/2075-4698/13/11/227>
- Kiraly, M., & Humphreys, C. (2013). Family contact for children in kinship care: A literature review. *Australian Social Work*, 66(3), 358–374. <https://doi.org/10.1080/0312407X.2013.812129>
- Kiraly, M., James, J., & Humphreys, C. (2015). 'It's a family responsibility': Family and cultural connection for Aboriginal children in kinship care. *Children Australia*, 40(1), 23–32. <https://doi.org/10.1017/cha.2014.36>
- Krakouer, J. (2023). Journeys of culturally connecting: Aboriginal young people's experiences of cultural connection in and beyond out-of-home care. *Child & Family Social Work*, 28(3), 822–832. <https://doi.org/10.1111/cfs.13007>
- Legal Aid Western Australia. (2023). *Child protection investigations*. <https://www.legalaid.wa.gov.au/find-legal-answers/child-protection/child-protection/child-protection-investigations#:~:text=The%20Children%20and%20Community%20Services,being%20exposed%20to%20family%20violence>
- Lima, F., O'Donnell, M., Gibberd, A. J., Falster, K., Banks, E., Jones, J., Williams, R., Eades, F., Harrap, B., Chenhall, R., Octoman, O., & Eades, S. (2024). Aboriginal children placed in out-of-home care: Pathways through the child protection system. *Australian Social Work*, 77(4), 471–485. <https://doi.org/10.1080/0312407X.2024.2326505>
- McGiven, C., & Fouché, C. (2025). Informal Whānau/Kinship caregivers experiences of community support. *Kōtuitui: New Zealand Journal of Social Sciences. Online*, 20(4), 1171–1191. <https://doi.org/10.1080/1177083X.2025.2513998>
- McPherson, L., Day, K., Gatwiri, K., Mitchell, J., Macnamara, N., & Kim, S. (2025). Australian grandparents raising grandchildren: Understanding the complexities of intergenerational and vicarious trauma. *Health & Social Care in the Community*, 2025(1), Article 9900467. <https://doi.org/10.1155/hsc/9900467>
- McPherson, L., Gatwiri, K., Day, K., Parmenter, N., Mitchell, J., & Macnamara, N. (2022a). "The most challenging aspect of this journey has been dealing with child protection": Kinship carers' experiences in Australia. *Children and Youth Services Review*, 139, 1–10. <https://doi.org/10.1016/j.chidyouth.2022.106550>
- Menzies, K. (2019). Understanding the Australian Aboriginal experience of collective, historical and intergenerational trauma. *International Social Work*, 62(6), 1522–1534. <https://doi.org/10.1177/0020872819870585>
- Mills, J., Bonner, A., & Francis, K. (2006). The development of constructivist grounded theory. *International Journal of Qualitative Methods*, 5(1), 25–35.
- McPherson, L., Gatwiri, K., Day, K., Parmenter, N., Mitchell, J., & Macnamara, N. (2022b). "The most challenging aspect of this journey has been dealing with child protection": Kinship carers' experiences in Australia. *Children and Youth Services Review*, 139, Article 106550.
- Moodie, S., Jones, J., Chenhall, R., Williams, R., Garlett, C., Gibberd, A., O'Donnell, M., McAullay, D., McNamara, B., & Eades, S. (2024). Intersectoral collaboration for supporting the health and wellbeing of Aboriginal families and children in out-of-home care: Perspectives from Western Australian Aboriginal Community Controlled Health Organisations. *Frontiers in Public Health*, 12, Article 1392208. <https://doi.org/10.3389/fpubh.2024.1392208>
- Muir, N., & Bohr, Y. (2019). Contemporary practice of traditional Aboriginal child rearing: A review. *First Peoples Child & Family Review*, 14(1), 153–165. <https://doi.org/10.7202/1071293ar>
- Newton, B. (2020). Aboriginal parents' experiences of having their children removed by statutory child protection services. *Child & Family Social Work*, 25(4), 814–822. <https://doi.org/10.1111/cfs.12759>
- Nolan-Isles, D., Macniven, R., Hunter, K., Gwynn, J., Lincoln, M., Moir, R., Dimitropoulos, Y., Taylor, D., Agius, T., Finlayson, H., Martin, R., Ward, K., Tobin, S., & Gwynne, K. (2021). Enablers and barriers to accessing healthcare services for Aboriginal people in New South Wales, Australia. *International Journal of Environmental Research and Public Health*, 18(6). <https://doi.org/10.3390/ijerph18063014>
- O'Donnell, M., Taplin, S., Marriott, R., Lima, F., & Stanley, F. J. (2019). Infant removals: The need to address the over-representation of Aboriginal infants and community concerns of another 'stolen generation'. *Child Abuse & Neglect*, 90, 88–98. <https://doi.org/10.1016/j.chiabu.2019.01.017>
- Panaretto, K. S., Wenitong, M., Button, S., & Ring, I. T. (2014). Aboriginal community controlled health services: Leading the way in primary care. *Medical Journal of Australia*, 200(11), 649–652. <https://doi.org/10.5694/mja13.00005>
- Pearson, O., Schwartzkopff, K., Dawson, A., Hagger, C., Karagi, A., Davy, C., Brown, A., Braunack-Mayer, A., on behalf of the Leadership Group guiding the Centre for Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange. (2020). Aboriginal community controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia. *BMC Public Health*, 20(1), 1–13. Doi: 10.1186/s12889-020-09943-4.
- Sammut, J. (2014). *The kinship conundrum: The impact of Aboriginal self-determination on Indigenous child protection*. The Centre for Independent Studies. <https://apo.org.au/sites/default/files/resource-files/2014-12/apo-nid42750.pdf>
- Secretariat of National Aboriginal and Islander Child Care. (2017). Understanding and Applying the Aboriginal and Torres Strait Islander Child Placement Principle: A resource for legislation, policy and program development. https://www.snaicc.org.au/wp-content/uploads/2017/07/Understanding_applying_ATSICCP.pdf
- Secretariat of National Aboriginal and Islander Child Care. (2022). *The Aboriginal and Torres Strait Islander Child Placement Principle: A guide to support implementation*. <https://www.snaicc.org.au/resources/aboriginal-and-torres-strait-islander-child-placement-principle-guide-to-support-implementation>
- Secretariat of National Aboriginal and Islander Child Care. (2024). *Family Matters Report 2024*. <https://www.snaicc.org.au/wp-content/uploads/2024/11/241119-Family-Matters-Report-2024.pdf>
- Sorby, J., Fiona, B., & Smith, A. (2024). Kinship and cultural strengths—learning from an Aboriginal perspective. *Australian Social Work*, 1–13. <https://doi.org/10.1080/0312407X.2024.2370265>
- United Nations Convention on the Rights of the Child, November 20, 1989, <https://www.unicef.org.au/united-nations-convention-on-the-rights-of-the-child>
- UN General Assembly, *United Nations Declaration on the Rights of Indigenous Peoples : resolution / adopted by the General Assembly*, A/RES/61/295, 2 October 2007, https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf
- Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, Violence, & Abuse*, 14(3), 255–266. <https://doi.org/10.1177/1524838013487805>
- Usher, K., Jackson, D., Walker, R., Durkin, J., Smallwood, R., Robinson, M., Sampson, U. N., Adams, I., Porter, C., & Marriott, R. (2021). Indigenous resilience in Australia: A scoping review using a reflective decolonizing collective dialogue. *Frontiers in Public Health*, 9, Article 630601. <https://doi.org/10.3389/fpubh.2021.630601>
- Williams, R., & Badry, D. E. (2023). Aboriginal kinship carers and carers of children with Fetal Alcohol Spectrum Disorder in Western Australia: Advancing knowledge from an Indigenous and disability lens. *First Peoples Child & Family Review*, 18(1), 60–80. <https://fpcfr.com/index.php/FPCFR/article/view/603>
- Wilson, R. D. (1997). Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander children from their families. Human Rights and Equal Opportunity Commission. https://humanrights.gov.au/sites/default/files/content/pdf/social_justice/bringing_them_home_report.pdf
- Zuchowski, I., Gair, S., Henderson, D., & Thorpe, R. (2018). Convenient yet neglected: The role of grandparent kinship carers. *The British Journal of Social Work*, 49(3), 615–632. <https://doi.org/10.1093/bjsw/bcy085>