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This is the **Accepted Version** of a paper to be published in  
the journal: **British Journal of Social Work**

Zuchowski, Ines, Gair, Susan, Henderson, Debbie, and Thorpe, Ros (2018)  
*Convenient yet neglected: the role of grandparent kinship carers*. *British Journal  
of Social Work*. (In Press)

Convenient yet neglected: The role of grandparent kinship carers

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### **Abstract**

Grandparents are increasingly involved in the care and protection of grandchildren. The qualitative Australian study reported here explored how contact between grandparents and their grandchildren could be optimised after child safety concerns. Interviews and focus groups with 77 participants were undertaken in 2016. In total, 51 grandparents and aunts in grandparenting roles, 12 parents, 6 foster carers and 8 child protection workers participated in this study. Of the 51 participants in grandparent roles, 20 were kinship carers. This article specifically reports on emerging findings regarding grandparents as kinship carers.

Key findings reveal that many grandparents were willing to step into the carer role and many wanted to stay connected to grandchildren, however overall, they received little support. Findings identified the stresses and the fragility of the care arrangements and that at times providing kinship care could endanger carers. Overall, findings point to a perceived notion of kinship care implemented as a cost-effective alternative to foster care that leaves grandparents without the required support and resources. It is recommended here that grandparents receive greater recognition as kinship carers, and that child protection systems increase family-inclusive practices that provide better support and resources to kinship carers.

### **Implication statement**

- Social work practitioners need to work holistically with the extended families to achieve better outcomes for children in child protection
- Grandparents as kinship carers need to be supported and resourced to undertake this complex task
- When grandparents are not able to be kinship carers their involvement in decision making can benefit children in care

### **Keywords**

Child protection; grandparents; grandparents as carers; kinship care

Emerging literature suggests that kinship care increasingly is sought as a care option for children, often in light of insufficient foster care and residential placements and to maintain family and cultural connections (Fernandez, 2014). While data is not available for all Australian States, the Australian Institute of Health and Welfare [AIHW] reports that 48% of kinship carers in 2015-16 were grandparents, while 22% were uncles/ aunts (AIHW,

2017). However, the situation is complex. Earlier research reported that, after some grandparents had contacted child protection services to help safeguard grandchildren, one outcome was reduced or lost contact or denied access to their grandchildren (Gair, 2017; Rigby, et al., 2015). Other grandparents experienced a cyclic pattern of maintained contact with grandchildren, followed by limited or lost contact with their grandchildren that, on occasions, was resumed (Gair, 2017).

Many grandparents are motivated to take on kinship care of their grandchildren when there are child protection concerns to protect and provide for their family, and for many Aboriginal and Torres Strait Islander kinship carers this role is a part of cultural responsibilities (Milosevic, et al., 2009). This article reports on specific findings drawn from a larger collaborative research project in relation to grandparents in kinship carer roles. The primary aim of the larger study was to explore how contact between grandchildren and grandparents could be optimised after children safety concerns.

### **Child protection**

In recent years more than 320,000 cases of child abuse have been reported in Australia annually; in 2014-15 more than 150,000 children received child protection services, and in 2015-2016 this number had risen to more than 160,000 (AIHW, 2016, 2017). Child protection systems in Australia are reported to be over-stretched with an increasing number of children in care resulting in high caseloads for workers. Some authors suggest a systematic culture of risk aversion and high levels of accountabilities are contributing to increasing numbers of children in care (Carmody, 2013; Child Protection Systems Royal Commission, 2016). Recommendations of recent reviews of child protection services, such as the Queensland Carmody report (2013), highlighted the importance of strengthening and supporting families, and ensuring the inclusion of families, including kinship carers in child

protection work. Yet, there are indications that parents and extended families are not sufficiently included in decision-making of child protection services and they often feel devalued after contact with child protection systems (Ainsworth and Berger, 2014; Gladstone, et al., , 2012; Thorpe and Ramsden, 2014).

Authors have argued that the application of ‘best interests of the child’ principles in the past have resulted in past and ongoing forced removal of Aboriginal and Torres Strait Islander children to be assimilated into ‘white’ society in Australia (Long and Sephton, 2011, citing Bamblett, 2006). The forced removal of Aboriginal children from their families, communities and culture, referred to as the Stolen Generation, caused immense trauma to generations of Aboriginal people in Australia (Ivec, et al., 2012). The Stolen Generation and past encounters with authorities remains “a real and ongoing threat in the present day despite government intention for reparation and despite commitment to authorities’ mission of keeping children protected from danger” (Ivec et al., 2012, p. 88). The Apology to Australia's Indigenous peoples by past Prime Minister Kevin Rudd about the past wrongful removal of children in 2008 has not changed the present reality for Aboriginal or Torres Strait Islander families in Australia (Ivec et al., 2012). Currently Aboriginal or Torres Strait Islander children are seven times more likely than non-Indigenous children to be involved with child protection services (AIHW, 2017).

With similarities to processes in the United Kingdom (Farmer, 2009; McGhee et al., 2017), Australian governments prioritise kinship care through policy and practice (Connolly, et al., 2016). Further, legislation in all states and territories requires that Aboriginal and Torres Strait Islander children as a first preference are placed within their own extended family, culture and community (AIHW, 2017). The Aboriginal and Torres Strait Islander Placement Principle aims to maintain family relationships and the cultural identity and sense of belonging of Aboriginal and Torres Strait Islander children, maintain parents’ access to

children, strengthen attachment of children with their families, and ensure young people have support after being in care (Fernandez, 2014; Jackomos, 2016). In 2015-16, 66% of Aboriginal and Torres Strait Islander children in care were placed in accordance to the placement principle (AIHW, 2017).

### **Grandparents as kinship carers**

Kinship care can be a formal care arrangement through child protection, usually authorised and financially supported by the child protection agency of the state or territory (Fernandez, 2014). It also can be an informal care arrangement with "...relatives and extended family and may be informally negotiated by parents, or formalised by state intervention" (Fernandez, 2014, p. 794). Grandparents who have not been formally appointed as kinship carers through care and protection orders by the State, do not receive benefits, formal supports or services (valentine, et al., 2013).

Kinship care, also called 'family care' in Western Australia (Department for Child Protection and Family Support, 2017), is said to be a growing global phenomenon (Irizarry, et al., 2016; Kiraly and Humphreys, 2013; Nandy and Selwyn, 2012; Spence, 2004) for countries with child protection systems or policies. From the available data, 94% of children in out of home care are placed either in kinship care or foster care in Australia (AIHW, 2017). As at 20<sup>th</sup> June 2016, 14,811 households had a kinship placement, making kinship care a common form of out of home care in Australia. Forty percent of placements involved more than one child in care (AIHW, 2017).

Formal kinship carers reportedly are selected after consideration of many factors including the safety of the children, the capacity of the family to care for a child and the children's long-term wellbeing (Irizarry et al., 2016). It is further reported that children in kinship care have fewer disrupted placements than children in foster care, and fewer mental

health disorders and behavioural problems (Barth, et al., 2007; Farmer, 2009; Rock, et al., 2013; Winokur, et al., 2014). Reasons to not place children in kinship care are reported to include social disadvantages of the potential carer, inter-generational abuse concerns, past abuse, inter-familial conflict and lack of ability of a carer to protect a child (Carmody, 2013; Irizarry et al., 2016). Irizarry's research highlighted the "kinship care paradox"; whereas it can be in the child's best interests in terms of maintaining family and cultural connections, those connections can be problematic in maintaining the child's safety" (Irizarry et al., 2016, p. 207). That study revealed that kinship carers experienced conflictual family circumstances including when they felt unsafe, and recommended extra measures and support needed to keep children safe (Irizarry et al., 2016).

Kinship carers are motivated to take children into their care for a range of reasons, including familiarity, family obligations, keeping children safe, family and cultural responsibilities, and viewing other forms of care as flawed (Gleeson et al., 2009; Irizarry et al., 2016; Milosevic et al., 2009; Spence, 2004). Relative carers and child protection caseworkers in Australia who participated in research by Spence (2004) identified that for Aboriginal or Torres Strait Islander families other care options could echo past destructive practices and threaten strong family and community bonds. For Aboriginal and Torres Strait Islander people, family members play a critical role in child protection, and cultural rearing practices mean that other family members such as aunts, uncles and grandparents have parenting responsibilities (Ivec et al., 2012; Ryan, 2011).

Literature on grandparents as kinship carers points to high levels of needs for services because they are a disadvantaged group of carers in relation to economic, health and social indicators (valentine et al., 2013). Aboriginal and Torres Strait Islander children in kinship care often are more socioeconomically disadvantaged than other children in care (Fernandez,



2014). Similarly, in the UK research by Nandy and Selwyn (2012) revealed that the majority of children in kinship care live in poor and deprived conditions.

Various studies have identified that kinship carers often did not receive the necessary support and resources or services tailored to their specific needs (Connolly et al., 2016). Kinship carers were less likely than foster carers to be offered respite care, family support services or training (Farmer, 2009). Some kinship carers experienced limited contact with case workers, and a lack of ongoing communication or follow-up, a lack of information, and experienced directive or condescending but unhelpful communication (Fernandez, 2014; Gladstone et al., 2012; Irizarry et al., 2016; Kiraly and Humphreys, 2016). Research further highlights that kinship carers are not sufficiently supported to deal with complex issues, including raising children who may have experienced trauma, neglect or abuse, or supported to manoeuvre their own often conflictual relationships with the parents (Breslin, 2009; Kiraly and Humphreys, 2013, 2016; Spence, 2004). Kinship carers have reported often struggling with inadequate allowances, late reimbursements and difficulties in obtaining special assistance for medical expenses (Backhouse and Graham, 2012; Fernandez, 2014; Irizarry et al., 2016; Spence, 2004). Farmer argued (2009) that kinship care placements had better outcomes when they received adequate financial and practical support.

Many grandparents have identified benefits for themselves and the children in providing kinship care, including their ongoing relationships and the chance to be a parent again (Backhouse and Graham, 2012). However, revisiting the parenting role was sometimes stressful and complex, and required a role adjustment as grandparents became hands on disciplinarians, providers and carers (Backhouse and Graham, 2012; Lee and Blitz, 2016). According to Farmer (2009) looking after children placed high demands on grandparent carers and could make it difficult for them to cope without adequate supports, in turn impacting their health and wellbeing.

## **Methodology**

This qualitative study explored how grandparent- grandchild contact can be optimised after child safety concerns in the family home. The research question posed was: What are the ways that the inclusion of grandparents can be optimised in child protection intervention, out of home care and related services? The primary research aim was to document the narratives, perceptions and recommendations of participants, and contribute to current knowledge and practice. Semi-structured open ended interview questions explored and identified ways to optimise the inclusion of grandparents in child protection/out of home care/kinship care. Grandparents were primarily recruited for the study, however other groups were included in order to maximise researchers' understanding (see table 1). The research was approved through the university Human Ethics Committee.

### **Data collection and analysis**

Participants were invited to participate in this study via flyers distributed through non-Government agencies, public flyers, media reporting and use of network sampling (Creswell, 2014). The final sample (n=77) included participants from Queensland, Western Australia, South Australia and Victoria. A total of 39 interviews were undertaken in 2016; these consisted of 28 individual interviews, three couple interviews and seven focus group interviews. The interviews took place face to face or over the telephone, utilising an interview guide. Interviews were undertaken by three members of the research collaboration. The focus groups took place face to face and were facilitated predominantly by the same academic researcher and a member of a community partner organisation. A total of 43 participants attended the focus groups. Given the overrepresentation of Aboriginal and Torres Strait Islander families coming to the attention of child protection services, specific strategies to

increase their involvement included seeking Elder involvement, and recruiting an Aboriginal researcher to join the research team.

Table 1: Demographics of Research Participants

	<b>Gender</b>		<b>Aboriginal or Torres Strait Islander Background</b>			<b>Age range (in years)</b>			
	Female	Male	Non-Indigenous	Aboriginal	Torres Strait Islander	18-35	36-50	51-65	66+
<b>Grandparents (n=47)</b>	41	6	23	23	1	0	1	39	7
<b>Aunties (n=4) (in grandparent roles)</b>	4	0	1	3	0	0	1	3	0
<b>Parents (n=12)</b>	11	1	12	0	0	12	0	0	0
<b>Foster Carers (n=6)</b>	5	1	6	0	0	0	0	4	2
<b>Child protection workers (n=8)</b>	8	0	8	0	0	3	1	2	2
<b>Total numbers</b>	69	8	50	26	1	15	3	48	11

Participants contributed from various perspectives. Forty seven identified as grandparents and four were aunties, three of whom identified as Aboriginal and specifically discussed undertaking a grandparent role. Twelve parents, eight child protection workers, and six foster carers also participated in the study. In total, 35 % of the participants in the study sample identified as Aboriginal or Torres Strait Islander Australians. In the grandparent sample, 53% of participants identified Aboriginal and Torres Strait Islander (n=27).

Table 2: Demographics of Grandparents who were also Kinship Carers

<b>Kinship carers (n=20) located in</b>	<b>Gender</b>		<b>Aboriginal or Torres Strait Islander Background</b>			<b>Type of interview</b>		
	Female	Male	Non-Indigenous	Aboriginal	Torres Strait Islander	Individual	Couple	Focus Group
Queensland	4	0	2	2	0	4	0	0
South Australia	1	0	1	0	0	1	0	0
Victoria	2	1	3	0	0	0	1	1
Western Australia	9	3	3	9	0	0	2	3

Twenty grandparents identified that they were kinship carers of grandchildren in whose lives there had been safety concerns. The majority of kinship carers were located in Western Australia (n=11). Fifty-five percent (n=11) of the kinship carers identified as Aboriginal Australians.

The interviews and focus groups were audio-recorded and transcribed. The data was read multiple times and a first stage thematic analysis process was undertaken separately by the first and second author. As a next step researchers worked jointly to identify emerging patterns relevant to the overall research question. To ensure ethical rigour, credibility and trustworthiness, re-occurring patterns and themes were discussed at length and cross-referenced back to the data in a systematic process of exploration and synthesis (Liamputtong, 2009). The preliminary findings were presented, discussed and refined with key stakeholder partners prior to dissemination. In this article the perspectives and experiences of participants specifically regarding kinship carer roles and involvement are presented.

### **Research partners**

The research was undertaken jointly by university researchers and community organisation partners. The community stakeholders included Family Inclusion Network

Queensland (Townsville) [FINTSV], Family Inclusion Network Western Australia [FINWA] and Act for Kids. One of the impacts of the stakeholders' involvement in the research was a broadening of the scope of the study. One research partner identified that given the exploratory nature of the study, inclusion of child protection workers, foster carers and parents may contribute to increased insight. The community partners provided guidance and feedback on the research question and processes, promoted the research within their organisation, networks and client groups, reviewed and contributed to the data analysis and findings, and were involved in drafting and reviewing manuscripts and blogs for dissemination. Desired outcomes from the partners were that findings would inform and improve their own practice and child protection practice more broadly, influence child protection legislation and policy across Australia, and inform social work education. The ultimate goal for the research partners was for child protection practice to become more receptive to, and inclusive of, the important role of families, in particular grandparents, in children's lives and their critical connection with family, identity, culture and belonging.

## **Results**

Twenty participants in this research specifically identified the unique, often unpredictable journey of grandparents as kinship carers. The five emerging key themes identified below relating to grandparents as kinship carers are "The multiple stresses of being a kinship carer", "Kinship carers are convenient but not supported", "Kinship carers felt scrutinised and dispensable", "Kinship carers are potentially in danger" and "Participants' key recommendations about grandparent kinship care".

**The multiple stresses of being a kinship carer.** Kinship care meant that grandparents had to step into a parenting role, and consequences included financial, emotional and health costs for grandparents. This theme has a number of sub-themes: "complex transitions and roles",

“finances dealing with abused children’s needs”, “health impacts of kinship care” and “not being able to provide the care”.

*Complex transitioning and roles.* Grandparents related the complexity of transitioning to parenting and the difference of being a parent to being a grandparent. One grandparent highlighted differences between her grandparent role and the transitioning back to the parenting role with the grandchildren in her care in the following way:

“My role with my son’s children ... I am just nanna, I am not a parent figure,..., with the children in my care, I am their parent as well as their nanna, so I have got to be the disciplinarian, the one that has got to tell them what to do all the time, you know, that kind of parenting”. Interview 14

*Finances.* Grandparents were meeting the everyday needs of the children, including education, food, medication, dental, health, counselling, legal and clothing costs, yet many did not receive any carer’s allowance. This grandparent summarised costs in the following way:

“I’ve had to get these kids into school ...I’m still feeding these kids, I had to buy them new uniforms, I have to pay for their books, their excursions and I’m getting ... not five cents for these kids...”. Focus group 2

Equally, one child protection worker participant confirmed the difficulty that grandparents had in accessing carer payments:

“We make it really, really hard for grandparents to start to receive kinship payments, particularly I noticed with Indigenous families”. Interview 25

*Dealing with abused children’s needs.* As identified in a previous theme, in addition to the parenting role, grandparent kinship carers deal with children’s increased emotional, behavioural and health needs, including counselling, drug problems and sexualised

behaviours. One kinship carer described the trauma a grandchild had experienced in the following way:

“He was a very violent little child.... every second week, there was something happening at the school. I don’t know what the answers were, to his traumas... he needs really, really defined areas of what he is to do and how he is to do it... give him too many choices and he couldn’t cope.” Interview 9

Similarly, a child protection worker identified the trauma they knew kinship carers were dealing with:

“...because we have left intervention so late, these children have such significant behaviour issues, learning disabilities, cognitive impairments, sexualised behaviours”.  
Interview 17

*Health Impacts of kinship care.* A number [n=5] of the grandparents spoke about their health being adversely affected because of the stresses of undertaking kinship care, as exemplified by the following comment:

“So, I was just falling down the wayside as well and just neglected in my health, in all of the process”. Focus group 3

*Not being able to provide the care.* Some of the grandparents were not able to take on the kinship carer role for specific grandchildren as full-time carers due to current circumstances. Nevertheless they wanted to be involved in the decision making. Reasons why grandparents felt unable to take on kinship care of their grandchildren, included behavioural issues, housing, employment, already have other grandchildren in their care, were exhausted, had health issues or may not have an established relationship with that grandchild. This grandparent identified the complex emotional grief after rejecting the carer role:

“Yeah, that's what I had to do ... walk away. But it was so hard. I don't want to be like their mother. I want to be the grandmother”. Focus group 3

It was reported by some grandparents that if they could not take the carer role at the time it was discussed by workers that it could result in consequences that limited the grandparent's future involvement. One grandparent reported her distress and sense of injustice that her inability to assume the care of all three grandchildren led to a decision that she could not take the one grandchild as she requested:

“[Child Protection Department]... said to me that I could have the oldest child... pending the placement of the other two boys. Because I couldn't take all three, and especially two with intellectual and behavioural...problems, and my house isn't big enough anyway...they decided that wasn't to be the case... I went out and bought bedding, and clothing, and did the bedroom up and everything. And for no reason they decided if you can't have two, you can't have either”. Focus group 1

Echoing a similar all or nothing attitude, another grandparent recalled the clear message that if she did not take the granddaughter, future contact could be difficult:

“But anyway when [Child Protection Department] got involved I - they said to me, off the record, that was the words that got used, if you don't do something we are taking her, [we will] place her with someone and they don't have to tell me where she was.”

Focus group 3

**Kinship carers are convenient but not supported.** Participants identified that when there were child protection concerns, grandparents kinship carers undertook a very valuable role for their grandchildren and for the State. The usefulness of grandparents to the child protection system was highlighted by one grandparent in the following way:



“I think if grandparents ... weren't doing this job, I don't know how the government would cope with the influx of ... children that need looking after”. Interview 20

A significant number of grandparent participants [n=8] who were kinship carers suggested that grandparents may be cost effective for child protection services, but not adequately assisted or valued. Comments by grandparent participants included that child protection services were “passing the buck” (focus group 1), children were “off their hands and .... don't have to fork out any money” (focus group 3) and “they dump it on your lap and they are out” (interview 20).

Some grandparents suggested that child protection services may have financial motives when they asked grandparents to seek custody of their grandchildren through family court. Similarly, some child protection workers recognised how useful kinship care was, as this worker revealed:

“The goal is to reduce the number of children coming into care, ... how it has been coined to people within the department is the system will fall over in itself, ...we cannot afford to take children into care at the rate we are taking them into [care] in Queensland so .... their emphasis is encouraging family to take... informal care arrangements, so they are not going through Child Safety”. Focus group 5

To convey their experience of being convenient when there is a crisis but then not well supported, a notion expressed commonly by participants, one of the grandparents used the following analogy:

“You feel a bit like a dish mop – used in this way. We give up everything, work on hold, [studies] on hold. There is no support. There is no recognition that we are giving a lot of support. The kinship carer payment helped. If they kept a system of ...

therapeutic supports... [this would help]. This is trauma – and nobody has checked how we are going?” Interview 3

Grandparent participants described how they often were unsuccessful in accessing support and therapeutic services for children who needed it. This is exemplified in the following comment:

“Because they told me I have to do this, this and this, and I'm like well can you please give me some places that can help facilitate that, or places that you see are fit in your eyes? Because I know with some counselling they go ‘well that counsellor is not recommended by us’. Well can I please have a list? And they're like ‘well find it yourself’.” Focus group 1

Valentine et al. (2013) suggest kinship carers can feel isolated and have difficulty in assessing specialised assistance and necessary services.

**Kinship carers felt scrutinised and dispensable.** Participants related how grandparents in the process of becoming kinship carers were assessed and scrutinised in relations to the carer role. While vetting carers is necessary, some were left feeling vulnerable and dispensable.

This grandparent participant spoke of unnecessary repeated assessments:

“Well I was checked to be a respite carer two years ago, and because I've got this little one for nine days instead of just three, I had to be assessed as a carer ....And the forms I had to fill in were ridiculous.” Focus group 1

Grandparent, parent and child protection worker participants [n=11] related incidents where the children had been placed in the care of the grandparents, but then were removed from their care again. Reported reasons for removal of the children included safety [n=3], age and health [n=3], wishes of the child [n=1], and reunification with the parents [n=3], allowing contact between the child and the parent that was not authorised [n=2], and allegations of

abuse [n=3]. Safety was the reported reason for the removal of a child from a kinship carer in the example given below by this child protection worker participant, despite her advocating for this placement to continue. The child protection worker indicated that higher standards were applied to kinship care than would have applied to families in the general society. This example reflects and affirms the sense of being dispensable that was inferred by some grandparent carers:

“The view of the Child Safety officer who was handing this young person over to me was, this aunt is no longer an appropriate carer,.... and it kind of undermined the attachment that he had built with that carer, and you wonder,... in most families there is some level of people having fights, people do have parties.... it would never be a reason to remove a child in a first place, but I guess because we have such high standards ... meaning kids get shifted around”. Interview 25

**Kinship carers are potentially in danger.** Some grandparent kinship carers [n=7], revealed they have experienced family violence against them due to their kinship care role. Kinship carers reported being followed, threatened, their home broken into, and being punched and attacked. This grandparent participant was physically attacked and knew she needed to take steps to protect herself:

“I have got punched in the head ... the night we got the oldest one to safety, but I am a smart old woman, I knew not stay home on my own, because I live alone, see”.

Interview 2

Another grandmother highlighted the danger and the fear she experienced after standing up for her grandchildren:

“When he got them and he flogged the [expletive] out of them. I said, “Leave them alone, you [expletive].” ...and so I rang the Police and all this and ... He [son] came right in my face..., and I started thinking, “Oh.... I’m going to get it.” Focus group 4

### **Participants’ key recommendations about grandparent kinship care**

Participants were asked about their recommendations for optimising grandparent involvement when there were child protection concerns. Key recommendations were: “place children in families”, “support grandparents as kinship carers” and “restore family relationships”.

*Place Children in families.* Participants generally recommended the value of kinship care and suggested that families needed to be explored for kinship care when there were child protection concerns as a practice priority. Grandparent participants recommended an exploration of who might be available in the family:

“Do some research into that part of the family and if that turns out alright, leave the children there until they can ...get the parents straightened out”. Interview 1

*Support grandparent kinship carers.* Participants recommended that grandparents needed to be supported in their kinship carer role. This included financial, emotional and practical help. Various grandparent participants highlighted the need for the child protection authorities to maintain contact. For instance, this grandparent highlighted the need for the child protection authorities to check in with them to see how they were going, as exemplified in the following comment:

“If they just had have rung, just to see how you were going with the child”. Focus group 3.

*Restore family relationships.* Participants identified that family relationships could be difficult when grandparents make a child protection notification and/ or became kinship carers. They recommended that child protection authorities needed to work with families to restore family relationships to ensure better outcomes for children now and when they exited care.

## **Discussion**

Findings reveal a complex picture of many kinship carers taking on a difficult role with insufficient support. Participants in the study recommended increased commitment to placing children with kinship carers, increased financial, emotional and practical support, including help with managing family conflicts, and for grandparent carers to be valued for their role. Grandparents ideally would be considered for kinship care as first priority to benefit children and maintain family and cultural networks through to the time they exit care unless evidence of harm precluded such arrangements. However, while government policies may prioritise kinship care before other forms of care (Connolly et al., 2016), in practice, particularly for Aboriginal and Torres Strait Islander children (AIHW, 2017), there seem to be hurdles to its implementation (Jackomos, 2016). We recommend that future evaluations of child protection systems could audit whether and how the prioritising of kinship care is evident in practice, as well as evidence of engagement with grandparents in the decision making about care of children under orders. The Aboriginal placement principle requires Aboriginal and Torres Strait Islander children to be placed in kinship care where possible, yet only 66% of placements complied with this placement principle in 2015-16 (AIHW, 2017). Our findings highlight that kinship carers and potential kinship carers, many of whom identified as Aboriginal people, felt scrutinised and dispensable in the way they were

assessed and treated. This would point to child protection practice that is not conducive to facilitating kinship care opportunities. More simplified kinship care assessment tools could be adopted as recommended by the Carmody (2013) report, to reduce perceived levels of scrutiny and excessive paperwork and facilitate more kinship care placements. Furthermore, we advocate for increased transparency regarding implementation of family-inclusive practices with extended families as directed by current policies in Australian State Government policies and recommended by child protection inquiries (AIHW, 2017; Carmody, 2013; Department for Child Protection and Family Support; 2017).

Participants in this study conveyed in various ways that as kinship carers they felt dispensable rather than valued. The findings indicate that there may be high expectations of grandparents, yet little support is provided to them, despite research showing that kinship carers are more likely to be disadvantaged and have heightened needs for support (Fernandez, 2014; Nandy and Selwyn, 2012; valentine et al., 2013). Connolly et al. (2016) recommend a child-centred, relationship-supportive, family and culturally responsive and system-focused model of care practice for kinship care that is different to that of foster carers and considers the normative life course changes and challenges of kinship carers. The need for this unique support for family carers is supported by our findings. We recommend that the management of kinship care placements is tailored to the specific needs of children and carers for placements within families, responding to stressors such as negotiating complex roles and responsibilities, potential risks and dangers including family violence and health impacts.

Kinship care deserves to be more than a cost-saving, convenient alternative to non-relative foster care, and its benefits promoted to improve outcomes for children (Barth et al., 2007; Winokur et al., 2014). It is concerning when grandparents feel like 'dishmops' used to clean up after a crisis, and 'left with all the work in their lap' when caring for children have been traumatised. Previous research identified that kinship carers persevere beyond the point

foster carers would do (Farmer, 2009), thus they are an enduring asset to children, families and child protection services, but support to do the job well is needed. Reasons for ending kinship placements may be valid, but it could be speculated that many grandparent carers, like the parents before them, may have been struggling with inadequate recognition of their professional support needs, and inadequate resources to raise the children. It appears to be less than best practice to leave grandparents caring for abused children to their own devices, when child protection agencies are tasked to effectively assist kinship carers in the complex role of caring for abused kin (Gladstone et al., 2012). These findings support previous studies that have stressed the significant support and resourcing needs of kinship carers, and highlight that the role of Child Protection Departments cannot end when children are placed with kin (Connolly et al., 2016; Farmer, 2009; Fernandez, 2014; Kiraly and Humphreys, 2016; valentine et al., 2013; Winokur et al., 2014). Rather, working more intensely with families can help monitor the safety of children, families and kinship carers. Child protection interventions also may need to better incorporate safeguards regarding family violence against kinship carers. That said, what is clearly evident is that for grandparents in this study, supporting families was their priority and they recommended a key focus for practice needs to be restoring family relationships. Working with family to address the use of violence would be a component of this work.

For some grandparents in this study an inability to become kinship carer meant they could be excluded from their grandchildren's lives. Yet, they could play a pivotal role in the children's lives if child protection workers could work holistically and respectfully in an ongoing way with extended families. As noted earlier, retained connections to family, community and culture is known to protect young people leaving care (Jackomos, 2016). Social workers in child protection are well placed to advocate for, support, recognise and value grandparents as key players in family-inclusive practices to support children and

preserve family relationships and cultural networks. Such recommendations echo those evident in available child protection literature and policies (Ainsworth and Berger, 2014; Carmody, 2013), but implementation of such policies into practice is not evident in these study findings. Child protection systems need to be more accountable in the implementation of policies, frameworks and evidence based practice. Increased training of staff for family-inclusive, respectful practices seems called for, and strategic use of resources to facilitate sustainable kinship care environments. Social work practitioners, who are struggling with increased workloads and accountabilities (Agllias, 2010) may need strong advocates themselves to support increased resources, in order for them to be able to implement existing policies regarding family-inclusive practice.

The limitations of this study include that, given the focus was on optimising an ongoing connection with grandchildren after child safety concerns, participants who were satisfied with their level of involvement may not have come forward to participate in the study.

### **Conclusion**

Kinship care is an important strategy for safeguarding children at risk of harm. However, kinship care cannot be prioritised as cost saving measure. Rather kinship care, as evidenced in these findings, needs to be understood as being about providing good outcomes for children and families. Kinship carers in this study welcomed increased resources and recommended sustained support for them in their caring role, and professional practice that upheld family connections. Further, grandparents in this study wanted to be involved in their grandchildren's lives, whether they were undertaking the primary care or not, because the extended family can be there for life.

### **Acknowledgements**



The authors gratefully acknowledge the time, genuineness, interest and involvement of all participants and partner organisations, and thank Bindal elder Mrs Dorothy Savage for her guidance.

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