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Grandparent carers, child protection practice and the best interests of children:

A case study

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Abstract

Increasingly, grandparents are involved in the care of grandchildren, particularly after child safety concerns. For some grandparents, because of changed circumstances, relationships or decisions made, grandparents can experience reduced or lost contact with grandchildren. A recent qualitative, collaborative study explored how relationships between grandparents and their grandchildren could be optimised after child safety concerns. Many grandparents in that study spoke of the frustration of being overlooked in decision-making about their grandchildren, even when they had been providing primary care for the grandchildren. The purpose of this article is to provide a brief background study context, before presenting a case study of one family's ongoing struggles to maintain the children in the grandparents' care. The presented case study has relevance for social work education and training and more widely, for all students and practitioners in the child protection field.

Key words: grandparent carers; grandchildren; child protection practice; best interests of children.

Implications

Critical analysis of authentic research case studies can highlight gaps in the implementation of evidence-based practice.

Listening to the lived experiences of grandparent carers in interactions with child protection services can contribute to decision-making in the best interests of children through reflective praxis.

Children being cared for formally or informally by grandparents and other kin is reportedly a growing phenomenon. Equally, the number of Australian children receiving formal child protection services continues to rise, although variations exist across Australian States and territories, and across cultural groups (AIHW, 2017; AIHW, 2018). The Australian Institute of Health and Welfare (AIHW, 2018) identified that, for jurisdictions with available data in 2016-17, 52% of formal kinship carers were grandparents (AIHW, 2018, p. 46). However the incidence of informal grandparent care may be more difficult to ascertain. Aboriginal and Torres Strait Islander children are significantly overrepresented in State care and these numbers have continued to rise across State jurisdictions (SNAICC, 2010, 2017).

Grandparent kinship carers often step in due to family breakdown or children at risk of harm, and it is reported that kinship placements are vital to help maintain family, culture and community connections (Irizarry, Miller, & Bowden, 2016). In this article the relevant literature and research study context is outlined before presenting a factual case study synthesised from specific interview data. The presented case study reveals one family's lament, frustrations and determination to keep the grandchildren in the care of the grandparents.

Safeguarding children and retaining links to family

According to the Australian Institute of Health and Welfare (AIHW) (2018), during 2016–17, 168,352 children had an investigation, care and protection order and/or were placed in out-of-home care. Child protection systems in Australia are reportedly over-stretched with increasing numbers of children in care, in turn resulting in growing caseloads for child protection workers (Carmody, 2013; Fernandez, 2014; Lonne et al., 2016). It has been argued by some authors that a risk averse organisational culture and high levels of accountabilities have contributed to increased numbers of children coming into State care (Child Protection

Systems Royal Commission, 2016; Lonne et al., 2016). More than twenty years ago, the Bringing Them Home Report (HREOC, 1997) identified that decreasing the numbers of Aboriginal children in out-of-home care was a priority. Yet, in 2016-2017, Aboriginal and Torres Strait Islander children were up to ten times more likely than non-Indigenous children to be involved with child protection services (AIHW, 2018; SNAICC, 2017).

Over time, parents and extended families have continually reported being excluded from decision-making by child protection services and recounted how they often felt devalued and powerless after contact with child protection systems (Lonne, et al., 2016; Thorpe & Ramsden, 2014; Rigby, Gair & Thorpe, 2016). Elsewhere, literature indicates that emerging research evidence and relational policy frameworks are not always easily translated and embedded into practice (Finan et al., 2018; Woodman, Roche, McArthur and More, 2018).

In Australia, grandparents legally can make an application for a parenting order under the Family Law Act (Cth) 1975 if they seek access to, or custody of, their grandchild. The Family Court will grant an order only if it is considered be in the best interests of the child. Child protection intervention is governed by State legislation, and grandparents can become a party to protection proceedings through the Children's Court (Brennan et al, 2013; Laing, Heward-Belle, & Toivonen, 2018). Further, ongoing policy reviews of child protection systems have encouraged and supported kinship care. For example, the Queensland Carmody (2013) report recommended strategies to build stronger families and keep children outside the child protection system, while in Victoria, with similarities to other Australian states, the Department of Health and Human services (2019) states that “ Kinship care is the preferred placement type for a child who cannot live with their parents”. While the rights of children to maintain connections to family underpin a growing preference for kinship care, increased

legal rights for grandparents have been called for nationally and internationally (Fisher & Hutton-Bass, 2017).

Grandparent carers

Kinship care can be a formal care arrangement authorised and financially supported by child protection services in each Australian state or territory, or can be a more informal arrangement. Equally, kinship carers can be a range of family members or nominated known persons, although grandparent carers make up a substantial proportion of kin carers (AIHW, 2018). Most often, grandparent carers step in to care for grandchildren due to family breakdown, substance abuse by adult children, family violence, poor parental mental health, housing instability, imprisonment or absence of a parent, and/or where parents struggle to care for their children (Backhouse & Graham, 2012; Fernandez, 2014; Irizarry et al., 2016). It has been reported that kinship placements for children provide greater placement stability with fewer disrupted placements than non-relative foster care, and better child wellbeing outcomes, although not all researchers agree (Barth, et al., 2007; Farmer, 2009; Rock, et al., 2013). Kinship carers report a range of motivations for taking grandchildren into their care including keeping children safe, breaking the cycle of children being removed into care, and maintaining family relationships (Gleeson et al., 2009; Irizarry et al., 2016). Several past researchers have reported that while non-Indigenous grandparents may feel unprepared for the kin carer role in later life, it is a familiar, cultural obligation for many Aboriginal carers (Godden, 2007; Milosevic, Thorpe and Miles, 2009).

Literature on grandparent kinship carers has identified that carers often do not receive the support, resources or clinical services required to meet their grandchildren's needs, and they are less likely than foster carers to be offered training or respite care (Farmer, 2009; Fernandez, 2014; Irizarry et al., 2016). Yet grandparent kinship carers may need a higher

level of support than other carers, in part because they often are less well off than non-relative foster carers (Qu, Lahausse & Carson, 2018).

Decision-making in child protection in the best interests of children

In Australia, individual State and Territory Governments are responsible for the statutory protection of vulnerable children. A strong underpinning discourse at the heart of child protection legislation across Australia, and internationally, is decision-making in the best interests of children, in line with the International Convention on the Rights of the Child. Lonne et al. (2016, p.122), drawing on the work of Holland and Scourfield, (2004) argued that the principle of the best interests of children incorporates “a duty of care to employ techniques and strategies ... that maximise benefits for, and reduce harms to, not only the child but also the family” ..., and that they are treated “in such a way that their rights are respected” and opportunities for “self-determination and autonomy are maximised”. However, as the Carmody Report (2013) highlighted, what constitutes ‘best interests’ is not always well defined in legislation. Others similarly have asserted that a consensus is not evident in the literature on what constitutes the “best interests” of children, particularly decision-making for children’s long-term best interests (Keddell, 2017, p.324; Ramsden, 2013). Woodman, Roche, McArthur and More (2018, p.476) identified that despite increased support for participatory approaches to decision making in the best interests of children, including the involvement children themselves, “the reality is far from its intentions”.

It is recognised that child protection work often involves difficult, stressful decision-making in highly complex circumstances with competing risks and uncertainties (Lonne et al., 2016; Shlonsky & Mildon, 2017). Correspondingly, the profound impacts on family members of decisions to remove children have been documented extensively over time

including their feelings of powerlessness, anger, grief, fear, and shame (Dumbrill, 2010; Lonne et al., 2016). Buckley (2017) described how some families can become stigmatised and vulnerable. Equally, Backhouse and Graham (2012, p. 313) revealed that a stigma against grandparents can exist after child protection concerns, where grandparents feel they are judged as “somehow responsible for what’s gone wrong” within the family. Shlonsky and Mildon (2017) identified the benefits of movement beyond centralising risk in child protection investigations to more integrated, evidence-informed decision-making frameworks that focus on child safety, permanency, and wellbeing.

In both Australian and international literature it has been argued that judgement-making regarding the likelihood of future harm is difficult, and that factors such as limited time to build relationships with families, narrow risk assessment tools and insufficient worker skills are all hindering the implementation of families-inclusive practice in frontline child protection services (Alfandari, 2017; Cortis et al., 2019; Morris, White, Doherty & Warwick, 2017). While parental “readiness to change” is considered to be an important reunification factor, Humphreys, Thiara and Skamballis, (2011, p.166) argued that organisational readiness to change also is required to facilitate new policy directives. Regarding the implementation of effective change in frontline child protection services, Smith et al, (2017) identified that such changes can be difficult to accomplish. Equally, in assessing the quality and comprehensiveness of child protection practice frameworks, Finan et al., (2018) reported that frameworks used lacked an evidence-based approach.

The larger study context

The qualitative, collaborative study, from which the case study was developed, was undertaken in 2016. The study explored the ways that the inclusion of grandparents could be

optimised in relation to child safety concerns and intervention, out-of-home care, and related services. Data was collected through individual, couple and focus group interviews with 77 participants in regional and urban settings across three Australian states. A university ethics committee approved the study. Comprehensive findings have been published elsewhere (Gair et al., 2018; Zuchowski et al., 2019). A case study developed by researchers from specific interview data from that study is presented here as a reflective teaching and learning tool.

Case study as method to contribute to critical practice

Use of case studies in social work education and training has a long-established tradition (Jones, 2004; Short et al, 2017). According to Jones, (2003) teaching social work using case studies elicits student discussion and analysis of situations, helps to build the students' capacities to define issues, and helps develop students' clinical decision-making skills. Case studies also can provide students with opportunities to actively engage in the learning process so as to connect, in meaningful, practice-relevant ways, the ideas, concepts and theories they have been learning about during their studies. Jones, (citing Herreid, 1997) identified an effective case study as one that tells a good story about a factual, thought-provoking issue or event where the professional relevance of the case is evident, importance is placed on authenticity and empathy generated for the main characters through use of accurate quotations, and the case provokes alternative decision-making possibilities. Equally, Short et al., (2017) identified the power of a case study to illuminate the context and humanity of a situation respectfully, and to provide opportunities for reflection and a contribution to ethical professional practice.

Important in the exploration of the below case study is critical reflection as a core concept of social work and welfare practice. Critically reflective practice embodies the standpoint that the personal and professional dimensions of workers' lives are inevitably

linked, and that exploring socially and culturally dominant views can help ensure that these views do not unconsciously infiltrate practice (Morley, et al., 2019). The aim of critical reflection is to learn through examining experiences and practices, in order to develop new ways of thinking and doing based on that reflection (Fook & Gardner, 2007, 2013).

For additional guidance in the development of the case study, literature was reviewed on the production of portraits written from research interview data. As identified by Meyer (2018) portraits written from qualitative data can honour and highlight research participants' struggles as part of the outcomes of research, and can identify theoretical and practice implications of the research. Ely et al., (1997) similarly identified how vignettes can be developed from interview data so that the voices of participants can meaningfully be heard. Further, the value of the education-research-practice nexus is recognised (Mathieson, 2019). This case study is presented in order that research findings can directly inform social work education and prepare graduates for critical practice where dignity, respect and social justice are apparent and upheld (see ASWEAS, 2012).

As noted, this case study is drawn from a data set generated through a university-community research partnership looking to optimise grandparent-grandchild relationships after child protection concerns. The case features information drawn from two lengthy verbatim interview transcripts, one from a couple interview with a grandfather and step-grandmother (carers), and the other a focus group interview conducted on a separate occasion in which the parents of the children in the grandparents' care participated. The interview with the grandparents, John and Tess, was attended by a community-based social worker who had been supporting the family. The parents, Joe and Ida, had recommended that researchers interview the grandparents involved. The parents and grandparents were not in attendance at

the same interviews and were not party to the content from the corresponding interview. Content from the parents' and grandparents' interviews has been synthesised by the researchers into the presented case study. As noted by Short et al., (2017) de-identifying a story serves to protect the confidentiality of individuals, although they caution that the anonymising process can dilute the story and disconnect participants from their lived experience. Here personal details have been anonymised, while the researchers have been committed to maintaining the integrity and humanity of the narratives as presented in the interviews.

The Case study

John is a grandfather who is retired and remains a healthy and physically active man. He and his wife stepped in to care for their three grandchildren when child protection services made a decision to remove the children from the parents' care. The parents, Joe and Ida, had tried to do what was required by the Department, but according to the parents "it was never quite enough". The children were removed into the care of their grandparents with the agreement of their son and daughter in law, who themselves recognised that they had struggled at the time to undertake the full time parenting of the children. Joe and Ida live nearby to John's house, and they have maintained daily contact with the children over many years. While daily visits from the parents was not in accordance with the official access arrangements made by child protection services, the parents, children and grandparents all agreed privately that more relaxed arrangements were very workable and fitted well with the family's needs. After several years of caring for the grandchildren, John's wife passed away. His son and daughter in law moved in with him to help manage the children during that time. Child protection services had maintained that the children should not be alone on the same premises as the parents, although it was not clear why this specific requirement had been implemented and the family had disregarded it over the years. On one occasion, John left the children for a short

period of time with their mother, Ida. Child protection services became aware of the situation on this occasion. Consequently, they decided it was inappropriate for the children to stay with the grandfather and the children were removed into the care of another family member. John was grieving after the death of his wife, and experienced the removal of the children as another very distressing event. He did not view the decision as being in the best interests of the children who wanted to stay in his care. John declared that after going to the Children's Court and spending a significant amount of money on court costs, "we got them back". Joe confirmed this result as a win for the family, saying "we managed to get them back, Dad re-married and we are still all very much on good terms"

John married Tess, who subsequently shared the many tasks and love in caring for the grandchildren. Several years later Tess' health deteriorated. After she was hospitalised but recovering, a child protection worker visited John's property unannounced. John said the worker stated that since Tess had been hospitalised with a serious health issue, and they were both getting older, that at least two of the children would be placed with a younger female family member, while a decision would be made about whether one of the children would return to live with the parents. This replacement family carer lived more than 500 km from where John, Tess, the children and the parents currently lived. Prior to making this decision, there had been no consultation with John, Tess, Jo, Ida, the children, or the identified relative, other than her recalling that she was told that if she was not available, the children would be placed into non-relative foster care. "When we heard, we cried and cried" Tess said. "I was very, very depressed about it" John added. Tess reported feeling judged as not good enough: "I said, 'but the children are in good health, they are happy, they are contented, they are clean'. "I said 'they are well-fed, they have got plenty of fruit and vegies in this house, tell me what I am doing wrong'?" Tess explained how her and John shared chores between

themselves and the children. “I am still limping and I have got to have a trolley to walk outside, because I get unbalanced But the point is, you know, I love those children with all my heart. They are older now, they can put a pot on the stove for me, because I might find it hard to lift it... but everything else is done... I cook ... I wash the dishes.... They have to empty the dishwasher, that is their job, because you have to give them chores ..., we don’t ask them to do too much, just try to keep their rooms a bit cleaner.”

John thought the worker’s announcement was reminiscent of the previous decision-making by child protection workers after his wife had passed away- that he was not perceived to be a suitable person to have the primary care of the children. By this time, John has cared fulltime for his grandchildren for almost 10 years, while Ida and John assisted in everyday ways.

“Now they were going to take them off us and give them to somebody else, it’s devastating, ... and it would devastate the children” John said. Ida and Joe wanted the children to remain with their granddad and nan, and as Tess pointed out “... the children had their own solicitors and the children said, ‘we want to be at mum’s or nana and pop’s, we don’t want to go anywhere else’”.

John continued, “I will bloody adopt them if I have to, but as far I am concerned who the heck were they to tell me ‘you are too old’, ‘you are not fit’, ... and they are kids, beautiful kids” he said. John said the children being placed with somebody else was “madness” and “age discrimination”. Joe and Ida agreed – commenting that the decision to remove the children from the grandparents care to place them with a more distant relative was “abuse of the children..., emotional abuse”.

John said he contacted his solicitor to start proceedings to gain legal care of his grandchildren - “whatever the cost”. As this case was being mounted, and arrangements were underway by child protection workers to remove the children into the care of the nominated female relative, she announced that she needed more time to prepare mentally and financially to take on the

fulltime carer role. Following that communication, Child Protection services contacted John saying they had decided that two of the children could remain in their current placement with the grandparents. One of the children was returned home to live with the parents- a decision the grandparents and parents welcomed. John and Tess emphasised they just wanted to be valued as a family capable of making decisions about the children's wellbeing and care.

Discussion, reflections and implications

In line with developing rigorous, research-informed practice, it seems useful to critically reflect on the issues that this case raises for social work. As outlined above, many authors write regarding the powerlessness and distress felt by families when decisions are made to remove children. Elsewhere, family-inclusive policy and practice implementation in child protection services has been called for to work with families' strengths, work in the best interests of children, value kinship care and important family relationships, and implement family-inclusive decision-making (Lonne et al., 2016; Morris & Burford, 2017; Carmody, 2013; Shlonsky & Mildon, 2017). Moreover, it is a key strategy and recommendation of child protection departments across the nation that when children need to be taken into care, family connectedness and kin care be upheld as priorities where ever possible (AIHW, 2018; Child Protection Systems Royal Commission. 2016). As noted previously, Shlonsky and Mildon (2017) argued for evidence-informed decision-making frameworks that provide children with improved safety and permanency, and contribute to improved child wellbeing, social functioning and cultural and spiritual identity. Yet, these grandparents and parents perceived that what they understood to be in the best interests of the children was not

considered, that departmental decision-making was not informed by the family's collective strengths, and the permanency provided by the grandparents longterm was not a valued factor.

These specific questions can help inform our critical reflections and discussion on the issues that this case raises for social work and for child protection services.

- How could respectful, evidence-based, family inclusive practice in decision making be strengthened in this case?
- What are the protective and the risk factors that may have been considered by workers in the case?
- How could the grandparents, parents and children's wishes be further explored in considering what is in the best interest of these children?
- How could deliberations be more transparent regarding factors such as safety, stability, risks, child wellbeing, the children's ongoing connectedness to grandparents, parents and siblings, and the health, mental health and wellbeing of the children (and the grandparents and parents) (Shlonsky & Mildon, 2017)?

Additional question are:

- What are the assumptions, biases, or stereotypes that might be informing decision-making in this case?
- What voices are missing from the case presentation and how could these voices more meaningfully contribute to our understanding of what is happening?

At the very least, evidence from this case study, taken directly from research interview data, does not reflect family-inclusive practice regarding decisions made about the children's ongoing placement, nor was the family presented with information regarding the factors considered in the decision-making process. Content in the interviews suggests it was unclear to the family how the assessment about the children's well-being was undertaken and what criteria was used, other than the view that John and the step-grandmother were getting too old and the step-grandmother was unwell. The family reported they were not provided with

information or evidence that outlined how the children's needs were not being met in the current placement and therefore why there was a need for removal of the children from the grandparents' care.

In revisiting Lonne et al's., (2016) assertion, decisions made in the best interests of children would incorporate a duty of care to maximise benefits for, and reduce harms to the child and the family, including respect for their rights, self-determination and autonomy. Without evidence of these considerations, the families' assertions that the decision-making was emotionally abusive and implied age discrimination due to the age of the grandfather and step grandmother seem worthy of further consideration.

As argued by Duffy (2017), social workers are not immune to seeing older people as vulnerable rather than capable, and ideally a critical practice stance would challenge and not reflect ageist discourse. Yet, the case study presented here could be interpreted to infer age discrimination against the carers, because John was viewed as no longer capable although he was physically active and fit, and the grandmother viewed as incapable because of her age and reduced mobility. Hinterlong and Ryan (2008) similarly argued that older adults need to be considered as a resource within the child welfare systems, and that, despite empirical evidence to the contrary, workers' ageist views can be a barrier inhibiting grandparent kin placements.

Further it could be suggested that in this case study John's gender as primary carer may have been a factor in decision-making to seek a different carer on more than one occasion. On the latter occasion, John's health was not deteriorating, and he was supporting his wife in jointly caring for the grandchildren. However, when reduced input from a grandmother figure

was perceived, consequently it was decided that a substitute female family carer was required. Yet no evidence was provided to the family that John had been anything other than a safe, capable, primary carer to the children for the previous 10 years.

Broadening the discussion to the larger data set momentarily, many participants in the abovementioned grandparent study reported little if any consultation in decision-making about the best interests of the children and grandparent participants had called for a legitimate and authorised role for grandparents in decision-making as a matter of priority. While some writers have argued previously that on occasions kin placements may not be safe or available (McHugh, 2003), other writers have argued for proactive supporting and securing of safe family placements with grandparents for stability, children's wellbeing, and ongoing connections to family, identity and culture (Krakouer, Wise & Connolly, 2018).

The experiences of participants, as exemplified in the presented case study, echo previous findings in available literature that families often find communications with child protection workers to be difficult, disempowering and unsatisfactory, and that placement decisions in some circumstances may not be in the best interests of children. While Laird et al. (2017) observed that policies supporting parental and extended family involvement in decision-making have been implemented across Australia, the above case study identifies a lack of family-inclusive policy implementation into practice. Further, in this case study there appears to be a glaring gap between social work theories such as critical, evidenced-based, and strengths-based approaches, and their translation into respectful, informed child protection practice. As noted by Smith et al. (2017, p. 973) increased facilitation of workers' critical reflection can help "destabilise dominant practice orthodoxies" and effect true cultural change in frontline child protection services.

In this article we have sought to provoke critical contemplation on an authentic research case study to help demonstrate a theory and policy to practice disconnect that significantly impacted the family concerned. We envisaged that when critically reflected upon, this case study will help inform evidenced-based, family inclusive professional practice.

Limitations

Limitations include that grandparents' and parents' voices predominate in the presented case study while some voices are missing from the narrative, for example, children's voices. It is acknowledged that child protection practice is a highly sensitive and contested area of practice, and a different case focus may have seen contrasting evidence emerge, although workers were a participant group in the larger study. Further, while care was taken to authentically present the identified voices, it is acknowledged that the case study inevitably is the construction and interpretation of the researchers.

Conclusion

Child protection practice is a field that impacts and intersects with many other areas of social work. A recent study sought to explore how grandparent-grandchild relationships could be optimised after child protection concerns. The presented research case study, drawn directly from qualitative interview data from that study, highlights the confusion, frustration and powerlessness these grandparents and parents experienced in relation to decision-making about the ongoing permanent care of the children concerned. The case study provides students and graduates with an opportunity to critically reflect on an authentic practice scenario that they are likely to encounter in their practice and to ponder alternative decision-making possibilities in the best interests of children.

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