



‘Look at it  
from the  
parent’s  
view as well’

**Messages about good practice  
from parents of children  
in kinship care**

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### Disclaimer

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# Foreword



Child welfare services are charged with responding to the profound difficulties children experience when their parents are unable to provide them with safety and nurturing. In order to improve practice, we need to draw on the accumulated knowledge of professional experts, and the wisdom and experience of those who provide care when parents can't. We also need to listen to the views of the children and young people. In the shadows are the parents whose difficulties have led to child protection intervention. We need to hear from them too.

The *Family Links: Kinship Care and Family Contact* research project was conducted by the University of Melbourne (Department of Social Work) with assistance from my Office. This report describes a component of this study and reports on the views of 20 parents – 18 mothers and two fathers. These parents were battling huge issues in their lives. Nevertheless, they were willing to convey their views on their own issues, what they feel is needed to improve family relationships and make contact with their children more rewarding, and the barriers they experience. We are grateful to them for being willing to share their stories.

This is the first such study in Australia. I hope the findings will be useful to policy makers, staff in family programs, kinship carers and others who work with parents and children. It may also give heart to parents that their voice can be heard. I commend this report to everyone who is interested in the welfare of families and in how we can become more sensitive and responsive.

A handwritten signature in black ink, appearing to read 'Bernie Geary', with a horizontal line underneath.

Bernie Geary, OAM  
Child Safety Commissioner

“My heart just wants to be with him, I want to put the brakes on and just say look Finn, I’m here for you now, come back and we’ll try and start again.”

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# Glossary

Term	Meaning
<b>Family/kin</b>	<p>A group of people related by blood, marriage or adoption, or who see themselves as family due to cohabitation. In addition, ‘fictive family’ or ‘fictive kin’ may include people identified as family due to caregiving or longstanding connections.</p> <p>Familial terms such as sister, cousin, uncle and daughter are sometimes used flexibly within families according to how relationships are seen.</p>
<b>Kinship care</b>	<p>Care within the family or friendship network of the child. Kinship care may be informal, or formally approved by child protection. This includes ‘kith care’ or care by family friends; that is, adults well-known to a child through family or community connections.</p>
<b>Access</b>	<p>A term for parental contact used in legal proceedings and in the Children, Youth and Families Act 2005, in child protection, and other legal proceedings. However, this is not a term that families normally use unless they are referring to the process as governed by a court order.</p>
<b>Contact</b>	<p>In this study, ‘contact’ has been taken broadly to include both direct (face-to-face) and indirect (telephone, electronic) contact between a child and family members with whom they do not live.</p> <p>While having its own limitations, this term is preferred in this report.</p>
<b>Children, young people</b>	<p><i>For readability, in this report the terms ‘children’ and ‘young people’ for legal minors are sometimes used interchangeably.</i></p>
<b>A comment about “parents’ rights”</b>	<p><i>Unlike the rights of the child, parental rights as addressed in the 1989 UN Convention on the Rights of the Child (Articles 9, 10, 14, 18 and 19) are recognised, but always subjugated to the best interests of the child and the child’s developmental stage. The Convention also describes the circumstances under which organisations or people other than the parents will be obliged to assume responsibility for the child’s best interests.</i></p>

# Key pointers for supporting parental contact

## Provide support to parents, regardless of the chance of reunification

Community services and child protection need to listen to parents and provide a range of services to them, whether or not they are likely to resume their care. A proactive approach is required, including repeated endeavours to make contact and meet parents where they are comfortable. Key skills are patience, persistence, non judgemental attitudes, and willingness to encourage and support parents with serious life issues. Flexibility and creativity are needed to respond to individual needs and readiness to accept help.

A key locus for intervention is the parent-carer relationship. Intervening in this domain is challenging and demands particular skills, but stands to make a difference to the security and wellbeing of children.

Where parents and children are reunified, parents need continuing support over time to readjust to full-time parenting.

## Provide support for parental contact

While some families can manage their contact arrangements independently, many find this very difficult. Support for contact may be in the form of external supervision in family-friendly environments, or indirect such as family counselling and mediation, individual support to parents, caregivers and children, and mental health or domestic violence services.

## Address safety issues and substance abuse

Substance abuse is a common response to trauma and mental illness, in turn exacerbating pre-existing issues, undermining parenting capacity, and subverting attempts at assistance. Rehabilitation needs to address the determinants. Despite defence mechanisms, many parents are not oblivious to the risk they may pose to their children when substance affected. Contact arrangements can only be safe and beneficial if assessment is ongoing and there are repeated opportunities for support and treatment. Substance abuse services need to contextualise the client as parent throughout, and collaborate with family services.

## Listen to the views of children

Children and young people need ongoing opportunities to voice their preferences and concerns regarding relationships and contact with their parents. Report One of this series addresses the views of children and young people in kinship care about their contact with family.

## Increase case practice and research with fathers

Despite our best efforts to do otherwise, we reproduced the very limited representation of fathers' views in other research studies. Also, many mothers reported the limited or non-existent role of fathers in the lives of their children. Echoing other research, we found that the father's absence often led to the absence of his side of the family from his children's lives.



Researchers need to continue efforts to gain fathers' perspectives on issues relating to children in care. As well as recruiting fathers via community services, residential rehabilitation programs and prisons offer opportunities to talk to both fathers and mothers.

## Develop the role of community agencies in working with parents

The current nexus of child protection with the adversarial court process makes it difficult for child protection workers to provide support to parents. The new community-based programs offer promise. These programs will require greater resourcing and skill development if they are to engage parents and facilitate parental contact arrangements and family relationships.

## Sponsor research by Aboriginal people on Aboriginal kinship care, including the voice of Aboriginal parents

Issues specific to Aboriginal kinship care and family connections are addressed in Report Two of this series. However, work needs to be done in partnership with Aboriginal services to ensure that the voices of Aboriginal parents are included in the growing body of knowledge about kinship care.

## Address structural changes needed in the service system

The adversarial Children's Court paradigm tends to pit parents against their families as well as child protection, undermining families' capacity to work together over the care of children. Despite legal advocacy for 'parents' rights' that sometimes appears to overshadow children's rights, parents are not feeling empowered by this. Reform in this area is in train, and will be much welcomed by families.

Difficulties are evident in obtaining affordable housing for families who are working towards partial or full reunification. Policy and program collaboration across the Department of Human Services (DHS) is needed to enhance capacity for family strengthening.

Transport issues are an obvious difficulty for poverty-stricken parents trying to keep contact with their children, but are often underestimated. Relatively minor additional resourcing in this area, such as greater assistance with the cost of transport, may make a difference.

## Recognise the strengths of kinship care and the threat to good care if insufficient support is available

The capacity of kinship care to provide children with stability and a strong sense of belonging are strengths on which child welfare practice may build. However, parents provided much evidence of stresses they experienced with kinship care and the child protection system that surrounds it. Thorough assessment, monitoring and support of kinship care arrangements are essential to the wellbeing of children and caregivers. The new kinship care services are working to address overwhelming need but lack a long-term focus. Kinship care is a program with great potential but commensurate risks associated with the vulnerability of all parties: children, caregivers and parents. Investment in support will yield benefits in improved stability of placements and wellbeing of children.



## Background to the project

**I had good contact with Olly<sup>1</sup>. I could go and live with Mum and be there every day. She made the rules but I got to be Mum as well. But still if Nan's around he's straight to her. He has two Mums sort of, but she's very supportive to me.**  
**(Rachel)**

**One DHS worker spoke to me like I was a person. The other one spoke down to me. I'm a human, not a thing, treat me as one.** **(Stella)**

These comments from mothers of children in kinship care tell of the critical supports that, together with great effort in rehabilitation, help parents get back on their feet and take a more positive role in the lives of their children. Rachel's little boy is now back with her; Stella is working towards sharing the care of her daughters with her mother.

The number of Australian children and young people in kinship care has increased dramatically over ten years (AIHW, 2011), with substance abuse one of the most common contributing factors here as elsewhere (Kroll, 2007; Patton, 2003; Sands, Goldberg-Glen, & Shin, 2009). New government-funded kinship care support programs were established in Victoria in 2010 to support kinship families.

Parental contact is central to the maintenance of family relationships and the wellbeing of children, and is a child's right under the UN Convention on the Rights of the Child (United Nations, 1989). Research has indicated that kinship care provides for greater stability of care (Connolly, 2003; Farmer, 2010), maintains children's wider family connections (Cuddleback, 2004), and improves the chances of brothers and sisters being kept together (Patton, 2003). However, it is not without challenge and complexity. Parents' circumstances not uncommonly involve family violence, mental illness and other health issues, and parental history of also having been in care, with the associated behavioural impacts of trauma (Thomson & Thorpe, 2003). In some cases, parental contact may threaten the care arrangement (Farmer, 2010). However, the knowledge base for supporting parental contact is limited (McDonald, Higgins, valentine, & Lamont, 2011).

There is in fact little research about the views of parents of children in care in general (Alpert, 2005; Thomson & Thorpe, 2003). In a review of Australian out-of-home care research, Cashmore and Ainsworth (2004, p.7) note that, apart from grandparent kinship carers, the least common source of data was from family members such as parents and siblings. However, there is obvious value to understanding parents' views if contact is to be supported effectively

Due to their serious life issues, parents of children in care are the most challenging group of stakeholders to recruit for research participation. Those who are able to participate may not be representative (Harris, 1999; Klease, 2008); it is reasonable to assume in general that they may have achieved a greater measure of control over their lives than others. Research with parents in Australia is made more difficult by the lack of a well developed national body representing parents of children in care; there is no such group at all in Victoria (Family Inclusion Network NSW, 2009). This contrasts with the UK, where the Family Rights Group (<http://www.frg.org.uk>) has supported, advocated and conducted research for parents and other family of children in care for nearly 40 years.

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<sup>1</sup> All names of research participants have been changed to protect confidentiality.

## Previous studies of the views of parents with children in care

As indicated, the number of published studies of the views of parents with children in out-of-home care is small; and studies to date involve relatively small samples. However, particular themes do emerge repeatedly. These include loss and grief; the importance of contact to both parents and children, but the many difficulties with this; feelings of powerlessness in the face of the child welfare system; and a lack of professional or social support (Kleese, 2008; O'Neill, 2005; Thomson & Thorpe, 2003). Systematic ways in which parents are excluded from services and from support for contact with their children are identified. Parents in a study by Malet et al (2010) described contact visits as particularly stressful, especially when they were strictly regulated and supervised, in awkward and hard-to-reach places, and short in duration. Taplin and Mattick (2011) also reported a great deal of distress about contact visits from women in substance abuse treatment whose children were in care.

Most research studies are of mothers' views, with fathers under-represented, reflecting their shadowy role in child welfare services. There is growing attention to bias in the attitudes of child and family welfare workers that focus on mothers and systematically exclude men (Ashley, Featherstone, Roskill, Ryan, & White, 2006; Fleming, 2007; Thomson & Thorpe, 2003). Projects to address this have commenced (Ashley, et al., 2006; Parenting Research Centre, 2010).

## Kinship care and parental contact: the literature

Only two published articles were found that specifically address parental contact for children in kinship care. In the UK, Hunt, Waterhouse and Lutman (2010) addressed contact as a subset of a larger study on outcomes for children in kinship care; and in the US, Dunbar et al (2006) explored change over time in parental contact in a small group of adoptive kinship families. However, a number of other studies of kinship care also include findings about parental contact. These studies overwhelmingly suggest that it is a complex area which can generate considerable stress between the parties, especially in the parent-carer relationship (see especially Aldgate & McIntosh, 2006; Hunt, et al., 2010). Hunt et al (2010 p.91) noted that '...although contact was usually safe, it was not always positive for the child'. Contact with fathers occurred less frequently than with mothers (Aldgate & McIntosh, 2006; Farmer & Moyers, 2008; Hunt, et al., 2010; Messing, 2006; O'Donnell, 1999). McHugh (2009, p.iv) identified contact between carers and birth parents as 'the most problematic area of kinship care'. In Australia and elsewhere, it is usually managed with little external assistance (Boetto, 2010; Farmer & Moyers, 2008; Palacios & Jimenez, 2009).

In recent years there has been increased attention to imprisoned parents and contact with their children (Hairston, 1999; Sheehan & Levine, 2007; Smith, Krisman, Strozier, & Marley, 2004). The rise in drug abuse and female incarceration has led to more children being separated from their primary caregivers and more kinship care arrangements, both informal and formal (Hairston, 1999; Smith, et al., 2004). The emergence of advocacy groups for women (for example in Australia, see Barnacle, 2001) has been another driver for this interest, together with greater awareness of the importance of fathers to families (Cuddleback, 2004; Hairston, 1999; Sands, Goldberg-Glen, & Shin, 2009; Spencer, 2010). A number of current Australian initiatives are seeking to improve the contact experience of children and their prisoner parents (Shine for Kids Cooperative, 2006–2011; Spencer, 2010; Tweddle, 2010).

There is a relatively small literature on the views of children and young people in kinship care; this presents a mix of views in relation to their parents. Young people articulate the importance of parents in their emotional lives, but also describe the stress parents often generate for them, in particular through contact or lack of contact (Burgess, Rossvoll, Wallace, & Daniel, 2010; Messing, 2006; Sands, et al., 2009).

**The most salient type of comment was about their disappointment with a mother or father who promised to call or visit and did not follow through (Sands, et al., 2009 p.34).**

### Literature on the parents' perspective in kinship care

There is a very small body of literature that addresses the views of parents with children in kinship care. Six studies (five in the US and one in the UK) were identified that variously include 6 to 30 parent interviews of parents with children in kinship care (Dunbar, et al., 2006; Farmer & Moyers, 2008; Gleeson & Seryak, 2010; Hairston, 1991; Harris, 1999; Smith, et al., 2004). Three of these studies included very small numbers of fathers (3–5). Two of these studies (Hairston, 1991; Smith, et al., 2004) specifically addressed prisoner parents' experience of kinship care.

These six studies found varying levels of parental insight toward personal issues, their children and their contact arrangements. Substance abuse featured strongly, and some parents expressed remorse about the impact on their families. Parents expressed much affection towards their children, and stated intentions (realistic or otherwise) to resume their care in the future, or at least to play a significant support role with them and the caregiver. Relationships with caregivers varied, and included appreciation, ambivalence, jealousy, and conflict regarding roles and boundaries. A common theme was indications of parents' capacity to assume a greater role in their children's lives with support and intervention.

None of these studies had a strong focus on parents' contact with their children, however, it was mentioned in each. Where circumstances allowed (that is, excluding the parents who were prisoners or had had children adopted out) many parents reported that they were engaged in day-to-day activities in their children's lives. In the two prison studies (Hairston, 1991; Smith, et al., 2004), parents had limited face to face contact with their children. Hairston commented on the various barriers to contact including lack of support to the women as parents, and constrained, child-unfriendly environments for visiting. She noted that the children appeared to be more desiring of contact than their mothers were, given circumstances, and suggested more research attention to the views of prisoners' children. In the adoptive kinship study, Dunbar et al (2006) found that miscommunications had led to distancing of the parties in a number of cases. Birth mothers often felt disempowered, and there were lower levels of satisfaction for young people where contact with mothers had dropped off as a result.

In a study of women in substance abuse treatment whose children were subject to child protection intervention, Taplin and Mattick (2011) found that where children were in kinship care, more contact with mothers occurred, and with more informality than where children were in foster care. The women overall reported a great deal of distress and difficulty about contact arrangements

Harris (1999) documented the various barriers encountered to gaining access to parents for research participation, including ethical protections, refusal after prior consent, and non attendance for interviews.

Further details of these studies are listed in Appendix 2.

# The research study

The research project *Family Links: Kinship Care and Family Contact* was designed to inform the longer term support of kinship care placements, and to improve children's wellbeing by encouraging greater attention to arrangements for family contact. The project had two components:

- A survey of caregivers about their experience of children's contact with their family members.
- Focus groups and interviews with children and young people, parents, kinship carers and kinship support workers.

Given the lack of research to date on parents' views, this was seen to be an important component of the research study. We set out to answer the following questions:

1. How well does current child protection policy and practice in family contact work from the perspective of the parent with children in kinship care?
2. What supervision of family contact is needed for safety and wellbeing?
3. How important to parents is connection between their children when separated in care?
4. How can family contact best be supported to improve family relationships?

Details of the methodology appear in Appendix 1. All quotes are de-identified.

## The participants

Echoing other researchers of children's views about kinship care, we assume there may have been a self-selection bias in those parents who felt able to participate in this research (Burgess, et al., 2010; Messing, 2006).

Most of the 20 parents interviewed were between 25 and 40; two were over 40, and one was over 50. Approximately equal numbers of parents were single (11) and partnered (9).

Parents had a range of health and social issues. Substance abuse had been a problem for at least 17 of the 20 participants. Of the other three, two had mental health issues and one had learning difficulties. At least two participants had both substance abuse issues and a learning difficulty or acquired brain injury; five had an identified mix of mental health issues and substance abuse (past or present). Both the men and at least one of the women had spent time in prison. None of the parents were engaged in employment and all thus experienced poverty. Family violence was mentioned by over half the participants (11).

Most (15) of the participants had had child protection involvement in their families. The children of most (14) of the parents were in the care of their maternal relatives, usually grandparent(s) (10). Four were with aunts/uncles; one was with his adult sister. Four were with family friends (kith). Three mothers had resumed care of at least one of their children. However, most of the children appeared to be in long-term kinship care arrangements. A number of parents were anticipating a greater involvement with their children in the foreseeable future as their recovery consolidated, including shared care or the return of at least one child. Two had adult children who had been in kinship care in the past.

Only seven of the mothers described a strong connection between their children and the children's fathers. Several fathers had died.

Despite active efforts to the contrary, two groups of parents are under-represented in this study: fathers, and Aboriginal parents. As such, we have unfortunately replicated the under representation of these two groups in current kinship care research in Australia.

# The parents' views

## In general

Although the focus of this study was on contact with children, parents also wanted to talk about their wider life circumstances. Parental contact is above all about maintaining relationships. Therefore, it was not possible – or desirable – to separate contact issues from the range of wider issues that affected their family relationships. Themes identified thus include the backdrop of the parents' lives and their ongoing difficulties, their understanding of family, relationships with the caregivers, experience of child protection, and support needs.

**I get a bit confused between kinship care because I just thought that was normal, but if you're talking about other kinship ... There was no support of any description. Tara didn't know she was in kinship support. She said 'What's that?' I said 'Apparently it's something that we don't know about.' (Judy)**

This confused comment reflects the widespread view among parents that extended family care is normal, not something special. Parents sometimes described relationships as how they saw them, rather than literally defined.

**My uncle's only a couple of years older [than me], so he's more like a cousin. He's cute and my kids are the same age as his as well, so it's like, 'Oh they're just your cousins.' Just leave it at that. (Amber)**

Several other similar comments reflecting the way family relationships are flexibly defined appear below.

Parents' lives were complex and volatile; they displayed a mix of strength and vulnerability. Some parents were caring for some of their children, with others in care. Some indicated confidence in their parenting skills and identified drug abuse as 'the issue'. Others felt that they needed help to parent effectively. Four of the parents had had the care of other people's children; this may have occurred before, during or after their own parenting difficulties became extreme. In one instance this care of other children seemed likely to have been quite unsafe. One parent was now a grandparent, and was regularly babysitting for the children of her daughter who grew up in kinship care.

Remorse was expressed by a number of parents about the suffering caused to the children and family by their substance abuse.

**I broke their hearts many times, promising them I'd come and then just not showing up because I got too off my head ... There have also been times where I was there, but I think the times I didn't turn up outweighs any time that I turned up. (Liz)**

**I had to learn the hard way how much pain I put my sisters through. I was always looking at them as if they were putting pain on me. It was the same with the kids, how much damage it was doing to them. I thought it wasn't doing damage, because that's why I handed them over ... My big lesson was watching my Mum [an alcoholic]. I don't want that for my kids. I don't want to hurt them like that. They still love me, and I know if it keeps going on, I'm going to lose their faith. I already did lose a bit of it, but I've been able to work it back now. (Liz)**

## ‘Going downhill’ when the children go

While the impact on children is recognised (albeit sometimes insufficiently), little attention is given to the impact on the parents of separation from their children. Consistent with previous research, mothers expressed considerable grief about the loss of their children. This is a critical point for many, and is associated with heightened risk to themselves.

If I lost them again it would kill me. That’s what I’m doing – I’ll never lose my kids again. No, I love my children to the death, they’re my life. **(Ali)**

Well I don’t feel like I’m a mother because I don’t have my kids. **(Desley)**

Although the longer I’ve been clean, I [know I] really do want my kids around me. That’s the main reason to get off the heroin. Otherwise it’s sort of impossible for me. Because when I first handed them over, that killed me – and I went on heroin even worse. I really went downhill. I guess it was like a stepping stone for me to learn. I know [with] most parents – once you’ve had heroin there’s not many good chances that you’re going to get off it and stay off it. **(Liz)**

The police come, Mum come, and Mum let the police and DHS in and then before I know it ... everybody was gone. And then like they sort of put it to me what the situation was. And I had reached out for help with [service], but I found out ... it was going to be a long haul. It was a big long waiting system. So it was like what do I do for the next day and day and day till I can get that help you know? So I had to live that same life until I could go – I was just trying – hope every day sort of thing. Then ... before I know it, what I was getting hold of went back downhill. **(Sarah)**

As well as a crisis, the loss of the children can also be a turning point. However, for most, rehabilitation was slow and bumpy. Rachel was particularly motivated second time round:

I lost two kids because I couldn’t get off the drugs. I wasn’t going to let it happen again ... I used speed and weed. It’s the hardest thing I’ve done in my life to get clean but it had to be done. You have to hit rock bottom, but I had Olly to do it for. My friend is now at rock bottom but she’s got nothing to do it for. I had Olly’s photo with me in detox ... I did detox only once. **(Rachel)**

The crisis precipitated by removing the children not only acts as a catalyst for change for better or worse, but suggests risk for the ongoing contact experience with children. In particular, if substance abuse increases as a result, contact is likely to be difficult for both parents and children.



## Family reunification

My heart just wants to be with him, I want to put the brakes on and just say look Finn, I'm here for you now, come back and we'll try and start again. **(Amber)**

Most of the parents spoke poignantly about the loss of their children, and the majority made references to their wish for reunification. Three parents had resumed long-term care of children in kinship care, and one was anticipating reunification with a child with excitement, following residential rehabilitation. A number were aiming for reunification with one or more children; however, in a few cases, echoing other research (Hairston, 1991), expressed wishes appeared to be aspirational rather than realistic. In some instances parents were aware that reunification would depend on the children's wishes as well as their own readiness. In other cases, parents were just cautious; a few felt they would need support following reunification and were not confident it would be available. For some parents, dreams of reunification appeared to have been abandoned. Whether or not family reunification was anticipated, however, all the parents wanted to see their children regularly, and many were aiming for greater involvement in their children's lives.

I'm very cautious about going into it ... I'm here [living in caregiver's home] to rebuild with my son, then obviously after that I'll be going out on my own. It depends on my children if they want to come with me or not. I'm not going to force them because they've had so much change. **(Liz)**

Hopefully ... I will be able integrate back into the home with things in place so Ryan feels supported that he's got outlets that he can speak to that aren't mine ... Of course, I'm going to need ongoing support in the maintenance side of things. So I'm trying to link in at the moment with a few different options. **(Sue)**

[I need] a lot more help [with autistic twin boys and their sister]. I've had no help whatsoever ... to try to get the whole three of them back together...there is a lot of conflict between them ... I'll believe it when it happens. With the DHS I've had six workers. I still don't know to this day who my new worker is. **(Angela)**

In other cases, DHS, the court, or family members were blamed for parents not having the level of contact they wanted.

They won't give me a chance. It would be four or five years I don't drink. I haven't been in trouble with the law. There's been no violence. But they go off the path as I've been in prison ... I only just started getting phone calls with Lon in the last two weeks. That's supervised. **(Michael)**

## Relationships with carers

One of the most frequently mentioned issues was the often complex and ambivalent relationship between parent and caregiver. For half the parents, this was a mother daughter relationship. Constant reference was made to the control parents felt the caregiver had in relation to children's care, and parents' associated feelings of powerlessness. Jealousy of the child's relationship with their caregiver was expressed by a few with small children. However, some parents also expressed appreciation of the caregiver's help.

Things were good at the start. I was staying in regular contact always with the children, but my relationship with my mother become very strained. I couldn't talk to her about anything, but I'm glad she has the kids ... and that there's no government involvement. She's pretty lenient. Obviously I'm not allowed to be off my face or anything. [But] I feel like I always have to make the contact. Like, can't she ring me once a week and say how are you doing, and the kids want to talk to you. I mean I'm the mother, I should do that – but she's my mother, she should do it to me. I'm still her daughter ... I don't blame her. She's got the two of them and she's got my niece...she has got diabetes and lots of health problems, so I try not to give her too much worry ... I should be the one there helping. **(Desley)**

There was a physical assault from me to [my daughter] that ended in court ... and she chose not to speak to me or even see me for 12 months. And then my Mum ... broke the ice with that situation and encouraged us both to meet, and then it's been ongoing from that. **(Sue)**

[Maybe your Mum ... might want some free time too.]

My Mum is in her late 50s, that's probably right, but really she just wants to make sure that it's the right thing to do, to let me have them. **(Stella)**

Conflict was exacerbated by child protection proceedings in which caregivers had reported abuse or neglect and testified in court. This sometimes led to parents feeling betrayed, even where they understood the necessity of protective intervention.

With the final court hearing that happened around Tom's custody I actually got to give back a lot of emotion to her and tell her how furious I was, and how hurt and how manipulative and deceitful that she is. How badly she's broken my trust, and that I don't believe her and I don't trust her, and just the damage that she's done. So now I talk to her very shallow, very shallow conversation. **(Jessica)**

In a couple of cases, parents expressed resentment that their difficulties were related to a difficult childhood with their mother, now the caregiver of their children.

I know that my absence has created this base where he's uncertain, where he's hurt, where he's sad, where he's really angry ... It's just hard to have my mother say it to me, I guess. That's got a lot to do with my childhood and 'I think the way you raised me has got a lot to do with my inability to manage anything and all the stuff that happened. Now you have my son, and you're telling me how I need to be'. **(Jessica)**

However, in some cases, support from parents' parents made a big difference to the struggle to overcome difficulties. Two young mothers described how critical functional relationships with their mothers were to continuing positive contact with their children.

I would ring DHS and say I want to see the kids, and they would say 'It's up to your Mum.' But I said 'I'm doing everything right'. So then I had to find a way to work it out with my Mum, which luckily I did ... It would be harder for people who can't work it out with their Mum. **(Stella)**

Mum stepped back when I moved in. We knew I was moving forward and would get him back. Olly still did the Nan thing, but I guess that's normal. Once we moved into our own place he was fine, he was awesome. Mum would go out for a few hours when we were living together and he was fine then. She and I tried to get me and him time together. He didn't miss her or ask for her at all when she was out. My Mum's been amazing. Even before she got custody and I was using, she would be supportive. She'd come and help me in practical ways. Dad wasn't so supportive. He said 'You're an idiot', but then he took me back too so I guess he was just talking tough. **(Rachel)**

A woman with learning difficulties described her parents' support with her daughter who was threatening to run away.

It made me feel like I was a bad Mum, but my Dad turned around and said 'No it's not that, it's just that Bree has been around [us] since the day she was born.' **(Jenny)**

A few parents felt that outside help was needed with their strained relationships.

When Rosie was with my mother I needed support, definitely, because there was a lot of aggro, a lot of hostility between Mum and I. **(Sue)**

There needs to be [help] because my Mum and I just could not get along, we couldn't speak face to face ... So DHS gave us a book which we could write in, that it went backwards and forwards with visits. That didn't work between my Mum and I, but it's an idea. A way you can communicate. **(Sam)**

Despite family tensions, a number of parents stated that they preferred their children to remain in the wider family rather than be placed in foster care.

When I handed the kids over [to my sisters], I was turning on them. I knew what it was going to do to me. I knew it was going to destroy me, but on the other hand, I knew if I didn't and the kids were taken off me by DHS, that I could lose them for good. **(Liz)**

I know what she's like. Fair enough, I'd rather [the children] be there than with strangers, but at the same time there's still this psychological bullshit that goes on. **(Rebecca)**

Central to parents' sense of powerlessness was the feeling that they were locked out of meaningful participation in their children's lives. They wanted to be seen as the parent even when not the caregiver, and to be involved in decision-making.

So I think some focus needs to be looked at on how the parent feels when the child is taken away. Do you still feel like you can be a parent and have your say, like say for example, when they reach school age. Do you feel you can have a choice in what school they go to, in some programs they're involved with, things like that ... It could be looked at from the parent's view as well as the carer's view ... So it's as if the day-to-day care has been removed, [so] also your say in their upbringing gets removed at the same time ... But I think the carer needs to know that just because you've got custody, doesn't mean you've got the right to have 100 percent say in making the decisions. **(Sam)**

So a program involving my son and my mother who's caring for my son, needs to be included ... because I think you can often feel like you have no control ... like I had no right to have any say in the decisions that were being made around the care of my son. So I think, just to be involved, just to be part of it, just to be informed. It's huge. **(Rosa)**

## The experience of contact arrangements

Issues of power and control are exacerbated where the caregiver has to supervise the parent's contact with their children.

I felt like she was sort of watching over me a little bit, and I guess there were times where in the heat of the moment I would say things like I was going to take the kids and she would never see them again. So that's why she put those stipulations on things. **(Desley)**

Some [visits] were in the [DHS] offices and some were here [in Mum's home], and Mum was able to be a supervisor, which became very difficult as well, because I just felt like I was always watching my Ps and Qs around Mum. She was this supervisor-type role which added to the tension obviously. **(Sue)**

However, examples of where this works were also given.

With the other three, I see them during the week as well, sometimes Mum will bring them after school to me, or if she's busy I'll pick them up. Also I see them on weekends. They stay the night with me, sometimes, the younger three. With Emily, the [other] grandparents won't allow this. Sometimes I might stay with all four of them at Mum's place on the weekends so I can see Emily more. The arrangements weren't flexible at first, but it is now. The first six months I had no contact at all, Mum wouldn't allow it. I was still taking drugs. It was her way of trying to make me wake up. It worked, six months without contact with them. I resented it then, but now I thank her, it's the best thing she could have done. I was using intravenous amphetamines. I've been clean for two years. **(Stella)**

Key factors that made contact visits positive were informality, flexibility, a natural environment, opportunities for activities, low-key unobtrusive supervision if needed at all, and a workable carer-parent relationship. Overwhelmingly, they wanted a minimum of constraints so that they could relate to their children as naturally as possible. Preferred environments were the home of the child or parent, with flexibility to go out for activities.

A few parents seemed to understand why limited and supervised visits had been deemed necessary. However, they objected to what they felt were intrusive and demeaning forms of supervision and unreasonable constraints, such as being boxed up in a small room under surveillance. While they often found supervision by the caregiver difficult, they experienced supervised contact visits in the DHS offices as worse. There were no positive reports of this experience.

But I really didn't like [it] ... Because you go to a room, about a quarter of a size of this room, with f\*\*\* all toys, there's nothing to do ... There's not a lot of options and it's the most dreariest looking room you could possibly be in. **(Sam)**

Where contact was supervised by DHS, parents always preferred outdoor settings.

[Going to the park] was great. We loved it. **(Michael)**

We used to go down to the beach or down to the park, or McDonalds. That was a lot easier to interact with the kids. It was more of a normal kind of situation. One of the DHS workers would sit at the tables and read the paper or whatever, basically just ... it was completely [unobtrusive] ... taking it out of the office was just far better. I had to build up to that though. Initially visits were in the office. **(Sue)**

A new contact centre set up by DHS was given a vote of confidence by one mother.

**[The contact centre] is good because they've got a bigger yard. The kids usually play cricket. Ben waters the plants sometimes. We play poison ball and stuff like that. I take the kids their dinner and snacks. We still have an access worker. It's alright. (Teresa)**

Telephone contact with parents was common. Letters and birthday cards were mentioned by some. Possibly reflecting the 'digital divide' (Tregagle, 2007), newer forms of communication such as email and Skype<sup>2</sup> did not feature.

The contact of the two fathers with their children was at the more limited end of the spectrum. Nevertheless, they both indicated that it was important to them. One was very unhappy about the limitations. The other, an intellectually disabled young man grappling with substance abuse, largely accepted the reasons for restrictions, and felt that his family was supportive of his efforts to prove himself ready for unsupervised visits.

**I get a bit depressed with it. It's like it's an inside thing. I feel like fighting the system. It's like you're fighting within yourself. There's a lot of frustration because it's unnatural. You try to do your best and you're self-conscious that person's judging you as well. (Michael)**

**I'm going to ask if I can stay in the [residential rehabilitation] place for 12 months. I'll ask [the family] if they can go back to court with me ... for overnight access. I think they'll do it ... because they [will] know I've stopped the drugs. My uncles aren't supportive of it, but my auntie ... does the access, she's pretty happy. If I can prove to them that I'm clean for 12 months, they'll let me I reckon. I'll still be in their care. (Robert)**

## Children's contact with other family members

Most mothers described the low involvement of the children's fathers in their children's lives. Many had been absent for a long time. There were, however, a group who were actively involved with their children, including a few who were providing full-time care for one or more of the children.

There were many comments from mothers indicating that 'the other side of the family' had disappeared with the father.

**The only way the kids really saw [their Islander father's parents] was through him. He used to take them to church and that when we were still together. Now, though, none of his family are in contact with the kids. (Liz)**

<sup>2</sup> Skype: a software application that allows users to make voice calls over the Internet.

Rachel, who had recently regained the care of her infant son, expressed some regret about the loss of the father from their son's life.

**Riley came home in February ... the bub's Dad was an idiot; he was cheating on me, he wasn't clean and he was hitting me. I couldn't have Riley while I was with the Dad. I went home to Mum and I rang DHS, and now I have the full-time care of Riley. His Dad is a 21 year old, he's got no idea. It's his loss; he'll wake up and realise later. (Rachel)**

On the other hand, one mother described a father who, with his family, has widened his role to include the children who are not his biologically.

**He went to Queensland, and his Mum also. They still have contact. Jed treats all four children the same, even though the elder two have got different Dads from him. He comes home once a year to see them. His Mum and sister also treat them the same way. There's phone contact with Jed and with the family every week just about, or they ring him. (Stella)**

Sibling contact was almost always seen as important. Two parents did say that they did not want their children to have contact with half-siblings who they saw as a bad influence. However, parents mostly spoke of the significance of their children's relationships with each other. A few mentioned that kinship care had resulted in more of them staying together or having regular contact than would be possible in foster care.

**He was only four months old, so they would have tried to put him with a family. I just feel like if I had of had government involvement or anything like that the kids would have been separated and I didn't want that. I wanted them to stay together. (Desley)**

Regular contact usually took place between children living apart, and if not, parents were concerned, for example where a sibling had been in foster care. Emphasis was mostly laid on relationships as brothers and sisters, regardless of whether they shared one parent or two.

**They were raised together so there's none of this half-sister, half-brother stuff going on. They love him [the brother in kinship care]. They love each other. They're very close. They're very clingy and it's good to have them together. (Amber)**

An unexpected finding was the frequency with which parents mentioned the importance to their children of contact with cousins, aunts and uncles, as well as grandparents.

**[My sister and my niece] are four and a half hours away. But they speak to the girls about every second day. My niece aged four wants to speak to them. (Stella)**



My Mum's sister ... has three little boys around Tom's age that he grew up with ... He loves those little boys. **(Jessica)**

My sister's very important to my eldest daughter Courtney. She has not long had a little baby, and Courtney thinks that's pretty special. **(Angela)**

My brother's daughter and my sister's son, and my sons, they all go to the same school together. **(Desley)**

In two cases, there was little extended family contact, causing loneliness and alienation in the mothers.

There's no other family. My family don't see [my son]. My parents aren't alive. I have brothers and sisters, but there's not much contact with them. It's hard because my brothers and sisters all have houses and cars and holidays, and I struggle to buy things in the supermarket. **(Margaret)**

We don't do the whole lovey-dovey family thing. We rarely do birthdays ... My sister] is not very much in contact. **(Tara)**

## Structural issues impacting on parent's contact with their children

While social and health issues were the major barriers to positive parent-child contact, practical barriers were also frequently mentioned. Distance between domiciles, even in metropolitan areas, was a barrier, with poverty exacerbating the problem. Most parents did not own cars, and often had difficulty with the logistics and cost of public transport.

I only see Emily when she's with my Mum on weekends and school holidays. I don't get along with her Dad's parents. During the week it's too hard to see Emily anyway. She goes to school in [country town] which is a big bus trip, half an hour or so. I'm in [another country town]. I ring the girls every night at 7.30. It costs me a fortune, but I still do it. **(Stella)**

Difficulties with affordable secure housing militated against building up contact with children. Public family housing is only available to identified family groups; yet overnight contact and reunification can only be expedited once parents have secured family housing.

At the last meeting with DHS I asked can I ever get the [four] girls back. DHS said no. My Mum said if I can get a new house, maybe we could have shared custody. I do hope for this. Mum doesn't like where I live, it's where we were when everything went wrong ... It's not a very nice neighbourhood. [But] I'm determined to get at least shared custody. I have a housing problem. I can't get housing because I have no legal right to the children. I'm trying to find a way around this. Mum will probably try and help me get the housing. I won't give up anyway. **(Stella)**

It's just so hard. I'm classed as a single person. I am not classed as a single person with dependants. I'm only eligible for one bedroom on my own, because I don't have the Health Care Card that states that I have children ... It's a Catch22. For me to get my kids back I need housing. And I can't afford private rental on my own. So I feel like, 'Am I ever going to get my kids back?' It's not because I don't want to, I've got so many other things fighting against me. **(Desley)**

## Child protection and the Children's Court

There were few positive comments about child protection or the Children's Court. In many parents' eyes, the adversarial court system in which child protection and parents found themselves pitted against each other made support from child protection very difficult. Parents spoke of their lack of understanding of the legal process and their rights within it; they felt disempowered and out of their depth in the face of complex, repeated legal proceedings. Several parents mentioned the limitations of Legal Aid assistance. Only one spoke of good legal help, and the difference this had made.

I could have used a lot of support mainly when I went to court. There was nobody there who I could ask, 'What do I do in this situation?' How do I bring up [issues] – because DHS would go to court and say, 'Oh she missed this visit, she missed that visit, she did this, she did that.' I would be waiting for my chance to be able to say, 'Well they missed six of my visits ... they did this, they did that' ... The lawyer only works with you on the day, you might have all these questions ... But he's got not just your case, but another six or seven. He's trying to get you out the door the minute your bum hits the seat. Well I obviously can't ask you, who do I ask? **(Sam)**

DHS workers say, 'We're here to support you' ... but then I'd go to them and say 'Look, I'm struggling with this, I need a bit of help'. They would put it in their report to the judge, 'Mother admits cannot do the work. Mother admits is going to struggle.' Mother admits this, mother admits that. I'm like, 'How does that sound like you're trying to help me?' I don't feel like you're trying to help me. I don't feel like you're trying to help me. I don't feel like you're trying to help me. So I don't see that child protection really has support for the parent whatsoever. **(Sam)**

Almost without exception, parents felt there was little interest from child protection in understanding their needs or helping them. They reported that staff were often unresponsive to telephone calls and messages. They spoke of inexperienced staff and high turnover.

So a little bit more for the parents that are losing that care wouldn't go astray because they've got their information, they're coming to the door with preconceived ideas. You're just another person to them, whereas to us, to the parents, it's very individual. **(Amber)**

Once the children were taken, they didn't bother with me, but they should have I think. I thought that was very strange. How did they know if I was doing things OK? **(Stella)**

I just feel the Department have let me down terribly, because I've never had the support. The kids tried to come back to me in October last year. I was left in the lurch – I really was – no money to feed them. I had to go and buy the uniforms on a disability support pension. They didn't give me anything, any help for me whatsoever with getting the kids off to school. The kids were home with me for 10 days and it was just a disaster, and the next minute, they're gone again. **(Angela)**

Two mothers could see no future for parental support within DHS.

I would prefer my parents to boss me around than for child protection workers, because all the workers I've ever worked with are just out of uni, have no experience with kids whatsoever and they're telling me how to raise my kid ... It's got to be separate to child protection. It really does, because they can say as much as they want that they're there to support me. I don't believe that and I never will. They can overhaul their system as much as they like ... **(Sam)**

If you give [kinship programs] to the child protection workers, you wouldn't get any support at all. **(Amber)**

However, one young mother in a rural area had a very different experience with her DHS worker:

I sat down and had a conversation with Tim. He was like a friend. He was very understanding. He was always crediting me; he said you've done a top job. He never had anything negative to say. When I was having difficulties, I would ring them and they would say 'I'm going to ring your Mum to come and get you'. **(Rachel)**

However, she also expressed fear about a future in which there might be little support, as she was now seen as coping well:

When the DHS worker's out of my life, what happens then? It worries me. There's no-one to prove to that I'm going OK. **(Rachel)**

There was also concern for the care and support of the children by DHS.

What they don't realise is – removing the kids from my care – they say that there's trauma caused when they are in my care ... But they're doing more trauma and more psychological bull to my kids by removing them and returning, removing them and returning them, and all that sort of stuff the whole time, than what has ever gone on in my children's lives. They're supposed to be there for the benefit of that child. **(Rebecca)**

If you take children off their parents then you've got to provide them with everything that they need. Not good enough to tell the parent well I'm sorry that's the system, well sorry we're understaffed. To me it's just off. **(Michael)**

So they had made a commitment to support her until she turned 18 and they've kind of just gone, well ... It's a bit out there I think, because she's really suffering the effects now of this life that she's had. I believe that [support is] really important and she's just not getting it. [Community service] aren't able to support her in the areas that she needs it. **(Sue)**

## What support did parents want?

I guess that's all I want to offer, is that it's very important for people, for the parents to have support as well. **(Rosa)**

If they put you down you want to go back. You could lose it if they're on your case. **(Rachel)**

Parents had clear views about what they needed. Several themes were evident: a good relationship with their key worker; counselling services; and specific help for their children.

A good relationship with a worker was a central concern. Parents wanted workers to understand their individual situations and to be supportive. Key elements identified were respect, a non judgemental attitude, listening skills and continuity over time with one worker.

You've got to have a worker you get along with, that you can open up with.  
**(Rachel)**

Make sure that they understand clearly what the parent's side is, because I found the protection workers, they weren't working with me, they were working against me. **(Sam)**

Parents want help while the children are away and when they come home, and particular awareness of their vulnerability when the children are taken. Whether or not full reunification is anticipated, they want help to build better relationships with their children and have positive experiences when they are together. Family therapy, individual counselling, substance abuse treatment, support groups and parenting education were all mentioned. As well as help in confronting the past, they wanted encouragement and confidence building.

[What might have helped?] Probably counselling, especially with how I was feeling with the children. I probably wouldn't have gone so bad – downhill. I guess I didn't want to face it when I gave them up. I really didn't know where to go. **(Liz)**

You need to get confidence. It would be good if [they] could just help out with day to day things, show me that I can do it. **(Tara)**

My son and I, we're doing family therapy together and he's got his space to [talk]; it's made me look back and ... see that I did need help with parenting as well. There was a lot of denial for me around that because I did a bad job ... When you're an addict you get really lost in your own little world ... I still have times when I'll be on the phone to my son and there'll be stuff going on and I'll feel quite helpless. Support is so important. If I didn't have the support here [in residential rehabilitation] and somewhere for me to put my feelings, I don't know whether I could do it. **(Rosa)**

A few expressed the view that within a supportive counselling relationship, they needed to be challenged.

I had a counsellor who totally understood everything that I was going through, and he used to back me up 100% in the court, and I was pretty lucky like that ... and he could see through you if you were bullshitting. People on hard drugs need to learn the hard truth of it. They need to learn that you're going to lose your kids if you don't pull up and become part of their life. They need to learn about the damage that it does to the children. A lot of the time when you use the drugs, you can't see the pain that everyone else is going through. **(Liz)**

Several mothers articulated the help they need with their fraught relationships with the caregivers.

I'd think family based counselling with all of us involved and some of that being individual. With Tom there'd be some stuff that I wouldn't want him to be involved with, stuff around me and my Mum ... I think it would be continual. There's been a lot of damage in this relationship with Mum over so many years that I think we'll continually come up against these conflicts. **(Jessica)**

I liked having that one-on-one contact with that [community] worker, and in any area that I needed help she was there ... There was sometimes where I wasn't getting along with my Mum and I would ring from their office so that I had someone neutral listening, so that they could see I wasn't going off and I wasn't acting out or carrying on like my Mum would say. **(Sue)**

Aware that their children have suffered as a result of their own problems, parents also wanted help and support for them. This might be by individual or family counselling or educational support. They also wanted their children to have a say in their own lives.

Only once they turned eight or nine, they started getting the idea that they had a say. Whereas I think all along they need to know that ... I think it's a powerful thing that, because kids don't often speak up anyway, let alone in a hard situation ... Yeah, they've got a voice and they've got feelings. I think sometimes along the way they don't get noticed. **(Sue)**

A bit like Kids Helpline, a place where they could call that wasn't necessarily family, might be ringing up, 'Auntie's not feeding me the food I like – What are you going to do about it?' Because some children I'm sure would be worried. 'Who can I go to without upsetting [the family]?'. Somewhere for the child to have a voice ... because sometimes it's better to get someone else's view. **(Judy)**

## Summary of parents' views

**I think that Sian's probably too little right now, but that'll be an ongoing thing for the children, just to try and remain as stable and secure as they are where they are at the moment, with as much contact with other people as they can have, their family. (Jessica)**

Some clear messages have emerged from this study, many of which reflect the findings of previous studies.

Despite whatever family tension and conflict it may entail, parents overwhelmingly preferred their children to remain within the family rather than go into 'care', as they see the alternatives. They understood extended family care as normal family life; the expression 'kinship care' was new to many. They saw the children's relationships with their caregivers, sisters and brothers and wider family of cousins, aunts, uncles and grandparents as important to their children's security and wellbeing.

Many parents felt remorse for the suffering of their children and other family caused by their own difficulties. Frequently grappling with substance abuse among many other issues, they struggled to turn their lives around. The point at which their children were removed was identified by many as a crisis which may either precipitate further personal deterioration or be a catalyst for change. Overwhelmingly, they felt that there was little support for them at that time, and once the children were in care.

Many of these parents appeared unlikely to resume full care of their children, despite their aspirations. However, all the parents interviewed expressed interest in their children and keenness to maintain contact. Many felt that they would benefit from a supportive, respectful relationship with a service that could help address their needs and those of their children, including help with family relationships and contact with their children.

The parent-carer relationship was often a difficult one, marred by behavioural problems, resentment, rivalry, feelings of powerlessness, involvement in adversarial court proceedings, and a lack of outside support to mediate this relationship. Contact visits were affected by these difficulties. However, contact that is supervised in Departmental buildings was strongly disliked. When supervision must take place, parents preferred a setting that allowed for informality and activities, with sensitive supervision and support.

Structural issues such as poverty, distance and lack of affordable housing posed significant barriers to maintaining and improving family contact.

With rare exceptions, these parents found child protection unsupportive and the Children's Court disempowering and overwhelming. They felt that they were not respected or understood. They were concerned about inexperienced staff and high turnover. Some also felt that their children did not receive the services and support they needed.

Fathers were largely on the outside of families and their own families were often lost to their children.

Parents were able to identify a range of supports that help; often they felt they and their children were missing out on these.

While the problems identified by parents in this study are concerning, they provide pointers to the way in which kinship care policy and practice can be developed to better assist children and their families.



# Conclusions

In their study of parental contact in kinship care, Hunt et al (2010 p.91) conclude:

**The evidence from this and other research clearly shows that any assumption that, merely because the child is in a kinship placement, the carers can manage contact on their own is not sustainable.**

This study demonstrates that parent-child contact in kinship care is often very difficult for the parents as well. Professional support is needed to make contact experiences more manageable and positive. Some of this may be behind the scenes. A range of services are needed, depending on individual situations and readiness. These include listening to the views of parents, children and carers in relation to visiting environments and frequency; parent counselling and family mediation; parent-centred substance abuse treatment services; parenting education; support for caregivers in relation to parents; and above all, respect and persistence from workers in the face of intractable problems.

A focus on reunification with parents (Clare, 2002) appears to have led to a dearth of support services for parents where the reunification appears unlikely. Harris (1999, p.162) concluded that 'focusing on the mother's relationship with her children and their extended family is likely to have benefits for children whether they return to the mother's care or remain with kin'. Pecora, Whittaker, Maluccio and Barth (2000) have redefined family reunification in a way that is appropriate to helping parents establish a positive role in their children's lives:

**Family reunification is the planned process of safely reconnecting children in out-of-home care with their families ... It aims to help each child and family to achieve and maintain, at any given time, their optimal level of reconnection – from full re-entry of the child into the family system to other forms of contact, such as visiting, calling, or corresponding, that affirm the child's membership in the family, and to contact with the family even following termination of parental rights and responsibilities.**

The separation of children from parents is both a crisis and an opportunity for their parents. With intensive support, it could more often be a turning point towards a better life for parents and children, living together or not.

Parents, like children, strongly dislike intensive supervision of their time with their children, particularly supervised contact visits in the confines of DHS office buildings. From this study and our previous research (Humphreys & Kiraly, 2009), it appears that such 'access' is usually counterproductive for everyone and wastes scarce resources. Overwhelmingly, parents prefer to visit with their children in home or in a community space, if necessary with unobtrusive supervision by a family member. With appropriate support to all parties, this should be workable in more cases. Nevertheless, some contact visits may pose safety concerns, or be so conflictual that supervision and support will be necessary from outside the kinship family. This is likely to be better performed by community services that have not been party to an adversarial child protection process. Supervision of contact visiting is challenging, and requires appropriate training (Farmer & Moyers, 2008; Gleeson & Philbin, 1996). In addition, more family-friendly environments are needed for challenging contact visits, including purpose-designed contact centres with internal and external space.

Both fathers in this study, as well as at least one of the mothers, had spent time in prison. Given that most prisoners return to their families on release, this is a readily available opportunity for parent education and support as well as creating improved parent child contact arrangements. A number of new programs offer a way forward for children's contact with imprisoned parents.

Much has been documented about the deleterious impact on children and their families of the adversarial processes of the Victorian Children's Court (Campbell, Jackson, Cameron, Goodman, & Smith, 2003; Humphreys & Kiraly, 2009). Current moves to reform the Children's Court offer hope for processes that are less confrontational and more efficient and effective in making decisions for families.

Many themes in this research echo those of previous studies of the parents' perspective in kinship care, and of parents in out of home care in general. It would seem that there is much room for improvement.

An empowerment model is required for working with parents. Effective support for parents includes respect from workers and an understanding of parents as individuals with particular stories and needs, whether or not they are likely to resume full-time care of their children. The establishment of the Family Inclusion Network in Victoria to provide a platform for parents' voices should be a priority.

The early work of involving vulnerable parents in research needs to continue. Some mothers and fathers can be accessed through residential options such as rehabilitation and corrective services; however, with persistence others can also be reached through community services and groups. They have much to tell us.

# Appendix 1: Methodology

## Ethics

Ethics approval was obtained from the University of Melbourne Human Research Ethics Committee, and ratified by the Department of Human Services (DHS) and participating community service organisations.

## Recruitment of participants

Parents of children in kinship care have characteristics of a 'hidden population' in that they are marginalised and have had little data collected on them (Higgins, 1998). Given the difficulty of accessing parents of children in care, this was done via natural networks of family and friendship connections (Higgins, 1998). Many potential sources were approached; there was a low response rate. Much persistence was required to make contact through mobile phones that had no voicemail and were often turned off. Some who had given consent to a third party were not contactable, or did not eventually lead to an interview. However, of those for whom interviews were made, only one did not attend; this was the only interview scheduled at the researcher's office.

Parents were recruited in various ways. Some were the adult children of caregivers who participated in focus groups. Seven were recruited via a drug rehabilitation service; of these, the largest cohort (5) was in a residential drug rehabilitation program. A few were recruited via other community services and professional contacts. One parent who had regained the care of her young son had herself experienced kinship care as a teenager, and was also interviewed for a separate nested study of children and young people.

All parents gave verbal consent for contact via a third party: usually the caregiver or a support agency. Interviews were semi-structured, and were scheduled at the convenience of the parents, usually in their own home. The five participants in residential drug rehabilitation were interviewed in the residential setting; these parents participated in a focus group as well as individual interviews. One interview took place in a park, and two by telephone. Parents were provided with information sheets, and gave signed consent. Interview environments were mostly satisfactory, although in two cases there was a lack of privacy, and in two others there were distractions from young children. In two cases, couples chose to be interviewed together. Each participant was given a gift voucher as an honorarium to acknowledge their contribution of time and ideas; this was not pre-advised so that parents would not feel any obligation to participate.

## Excluded groups

Fathers are under-represented in this study, and Aboriginal parents are not at all represented. Despite much effort, only two fathers were interviewed, one of whom was in the residential drug rehabilitation program. Two other fathers who gave consent for contact were not eventually available. Again, considerable efforts were made to hear the voices of Aboriginal parents (and young people) in this research. Aboriginal people are greatly researched, but feel that research has not benefited their communities (Onemda, 2008). As a result they are sometimes guarded about approaches by non-Aboriginal researchers (Onemda, 2008; VKHRCDU, 2000). While access was given to Aboriginal caregivers and staff, whose views are the subject of a Report Two in this series, interviews with Aboriginal parents of children in kinship care did not eventuate.

## Data collection and analysis

All interviews except two were recorded; records were transcribed. Detailed notes were taken in the other cases. Analysis was assisted by use of the NVivo software package (QSR, 2010) to code segments of the data according to pre-identified topics of interest. New themes that emerged during analysis were added to the schedule. Quotes have been reported from each participant interview. All data is stored securely, and has been de-identified for reporting.

## The researcher-parent relationship

Naturalistic inquiry seeks to describe, understand, or interpret daily life experiences and structures based on field observations. Quinn Patton (2002) recommends that for naturalistic inquiry to be effective, 'empathic neutrality', direct personal contact and an active involvement in the research by the research worker are required. Quinn Patton also describes such research as inherently interesting and engaging to participants. This proved to be true in this instance. Participants appreciated the rare opportunity to have their say in an environment where they were not being judged or assessed. They understood the project to be about improving practice in an area of deep personal interest to them – their contact with their children – and as having the potential to make a difference for other people. They were therefore warm and appreciative of the opportunity.

Reciprocity is also important in such research (Quinn Patton, 2002, p.414). The researcher undertook to provide feedback by mail about the results of the consultations to all participants. With their permission, she advocated on behalf of the drug rehabilitation program residents regarding their concerns about limited telephone access for contact with their children.

## Appendix 2: Research studies involving interviews with parents of children in kinship care

Authors	Country	Target group /care arrangements	Number of parents
Hairston (1999)	USA	Kinship care for women in prison	Approx 24 mothers
Harris (1999)	USA	Formal kinship care of African-American children	20 mothers
Smith et al (2004)	USA	Kinship care for parents in prison engaged in a substance abuse program	25 parents: 20 mothers and 5 fathers
Dunbar et al (2006)	USA	Adoptive kinship care	30 mothers
Farmer and Moyers (2008)	UK	Formal (mostly) and informal kinship care	6 parents: 3 mothers and 3 fathers
Gleeson and Seryak (2010)	USA	Informal kinship care, 80% African-American	30 parents: 27 mothers and 3 fathers
Taplin and Mattick (2011)	Australia (NSW)	Protective care for women with substance abuse issues; a subgroup with children in kinship care	66 mothers with children in kinship care

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