# Strengthening Kinship Care in Aotearoa New Zealand

## Research Report
October 2025

Family
for every child

## How to Reference this Report

Family for Every Child. (2025). *Strengthening Kinship Care in Aotearoa New Zealand.* Written by Clark, B. J. F., & Egan-Bitran, M. New Zealand

# Foreword

All mokopuna (children) in Aotearoa New Zealand and around the world have rights to be safe in all circumstances, and to belonging and connection as they grow up, especially to their family and whānau. Kinship care – the practice of extended family and whānau caring for children in formal State care arrangements through Court processes or informal arrangements within kin – is important when it comes to making children's rights real, consistent with the United Nations Convention on the Rights of the Child.

Internationally, kinship care has become a favoured approach for the care of children who are unable to be looked after by their parents. This is to be welcomed, and in Aotearoa New Zealand, this concept carries deep cultural, emotional and social significance, having been practiced for generations. Rooted in Māori principles of whānau, whakapapa and mana motuhake, for mokopuna Māori and whānau Māori, kinship care is crucial in maintaining whānau, hapū and iwi connections, and in continuing links to mātauranga Māori, including reo and tikanga.

Acknowledging these specific layers of importance of kinship care within whānau Māori, kinship care is important too, for mokopuna from all backgrounds, because it is about ensuring mokopuna safety and care, while maintaining whānau relationships and connections, emotional security and cultural belonging and identity.

*Strengthening Kinship Care in Aotearoa New Zealand* is a welcome report from Family for Every Child, outlining the continued need to strengthen how we care for mokopuna in our country. Following last year's launch by the organisation in New Zealand of Global Kinship Care Week in response to the findings of the Royal Commission into Abuse in Care, this new research highlights the lived experiences of kinship carers who are providing vital care and support to mokopuna, and shares insights from professionals working alongside them. I hope this report lands in the hands of policy-makers, government leaders and decision-makers, so that kinship care can be better recognised and supported, to give greater effect to the rights and needs of mokopuna.

As Children's Commissioner, I have the privilege of meeting mokopuna from diverse communities across the motu, including those with experience of kinship care arrangements, and those who have been removed from the care of their wider family and whānau. What comes through strongly from mokopuna is the importance of being safe and experiencing ongoing belonging and connection to their family and whānau – recognising that these two things can occur at the same time. Mokopuna often remind me that it is our threads of family and whānau culture and identity that weave together to create our sense of self and belonging. When I have had the opportunity to meet kinship carers, they tell me about the intergenerational realities of kinship caring, the gaps in support to care in trauma-informed ways, as well as a lack of access to sufficient practical resources, including financial support to meet the needs of mokopuna in their care.

The concept of kinship care is about more than parental responsibilities and caregiving – it's the embodiment of a wider commitment to the wellbeing and safety of children within their familial and whakapapa context. At its heart, it's about a collective responsibility for mokopuna, while at the same time allowing for a more flexible, tailored approach to mokopuna care, respecting each child's unique background and needs.

As outlined in this report, those who step up to nurture and protect their kin through difficult times are providing an essential link for mokopuna to their whakapapa and wider community. They are weaving vital connections for their whānau and future, and I note that a significant number of the kinship carers interviewed for this research are whānau Māori. As the findings of this research make clear, Aotearoa New Zealand needs to ensure better support for all people providing kinship care. This is highlighted by the UN Committee on the Rights of the Child's most recent *Concluding Observations* on New Zealand, which recommend greater support for families, including kinship carers, and an increased focus on preventing mokopuna Māori from being in the State care system.

Drawing on day-to-day experiences, *Strengthening Kinship Care in Aotearoa New Zealand* shows in practical terms the need for a care system that recognises and supports kinship care in all its forms, by providing families and whānau with the resources and support they need to truly thrive.

Kinship care acknowledges that children are not isolated beings but rather taonga within a constellation of relationships, bound together by whakapapa. Zooming out further, we must all take responsibility for the ecosystems that nurture our country's children as they grow. I am grateful for research such as this – albeit small scale – which makes an important contribution to growing understanding of the fact that the experiences of the villages around children have a direct impact on mokopuna themselves. After all, as a wealth of wider evidence over many years shows, when families and whānau thrive, mokopuna are much more likely to thrive too. Ngā mihi nui ki a koutou, to the whānau, caregivers and kaimahi who shared their valuable time, lived experiences and perspectives into this report, so that this kaupapa can be better understood.

It's my hope that this report sparks action: increased collaboration, understanding and support for those who step up to provide this vital care, so that all mokopuna in Aotearoa New Zealand grow up safe and surrounded by love, stability and a strong sense of belonging.

**Nāku noa, nā**

**Dr Claire Achmad**

**Te Kaikōmihana mo Ngā Tamariki o Aotearoa**

**Children's Commissioner**

# Acknowledgements

***We gratefully acknowledge all those who have contributed to bringing this report to life.***

***The beating heart of Strengthening Kinship Care in Aotearoa New Zealand is the kinship carers and practitioners who shared their wisdom and lived experiences.***

To support this project, Family for Every Child New Zealand member, key partner agencies and academics were brought together to create an advisory rōpū (group). The advisory rōpū and their guidance throughout the research process - from initial research design, participant recruitment and ongoing support and sharing of their time, knowledge, experience and expertise was invaluable. Ngā mihi nui ki a koutou (thank you very much to you all):

- Hunia Te Urukaiata Mackay, (Ngāti Toa Rangatira, Ngāti Koata, Rongowhakaata, Ngaitai ki Torere), VOYCE Whakarongo Mai
- Sam Farquhar (Ngāti Hine Ngāpuhi), Grandparents Raising Grandchildren
- Corrina Thompson, Pillars Ka Pou Whakahou
- Dr Tristram Ingham KSO ONZM (Ngāti Kahungunu ki Heretaunga, Ngāti Porou), Foundation for Equity and Research
- Jean Mitaera (Cook Island Māori), Whitireia and WelTec
- Professor Nicola Taylor, Director of the Children's Issues Centre, Faculty of Law, University of Otago

Through the support of the advisory rōpū and wider networks of the research team Braden had the honour of connecting with and interviewing phenomenal kinship carers and professionals working with kinship carers.

To all the participants, thank you so much for the generosity of your time, sharing your knowledge, stories and experiences – thank you, without you, this research would not have been possible. Your words and experiences have truly impacted on the research team. Thank you for trusting them and Family for Every Child to share your journey of kinship care. This research has highlighted the hidden role you play in often challenging circumstances to ensure tamariki (children) feel loved, cared for, safe, and can grow up within their family.

Family for Every Child initiated this research through Dr Michelle Egan-Bitran, Programme Advisor for New Zealand and the Pacific, who served as Project Manager and co-researcher. She worked closely with the Family for Every Child global team and Dr Braden Clark of Relate Services, the contracted lead researcher.

# Contents

# Kupu Māori: Glossary of Māori terms

| | |
|---|---|
| Atawhai | To show kindness, to care for |
| Atua | Ancestor with continuing influence, God |
| Hapū | Kinship group, sub-tribe, sub-nation, to be pregnant |
| Iwi | Extended kinship group, tribe, nation, people, bone |
| Kāinga | Home, address, residence, village, settlement, habitation, habitat, dwelling |
| Kaupapa | Purpose, agenda |
| Kupu | Word, saying, utterance |
| Mātauranga Māori | Māori knowledge, wisdom |
| Mokopuna | Grandchild, grandchildren, descendant |
| Rangatahi | Younger generation leader |
| Rōpū | Group, party of people, company, gang, association, entourage, committee, organisation, category. |
| Tamaiti | Child, boy - used only in the singular |
| Tamariki | Children |
| Tangata Whaikaha | People with disabilities |
| Tangata Whenua | People born of the land – of the placenta and of the land where the people's ancestors have lived and where their placenta are buried |
| Taonga | Treasure, anything prized |
| Tauiwi | Foreigner, European, non-Māori, colonist |
| Te ao Māori | Māori worldview |
| Te reo Māori | The Māori language |
| Te Tiriti o Waitangi | The Māori version of The Treaty of Waitangi; forms the foundation of the contractual relationship between two internationally recognised sovereign nations – Māori, as tangata whenua (people of the land), and the British Crown |
| Tikanga Māori | Customary system of values and practices that have been developed over time and are deeply embedded in the social context |
| Tino rangatiratanga | Sovereignty, self-determination, autonomy |
| Tūpuna | Ancestors, grandparents |
| Whakapapa | Ancestry, familial relationship |
| Whānau | To be born, extended family, family group |

| | |
|---|---|
| Whanaungatanga | Relationship, kinship, sense of family connection; a relationship through shared experiences and working together which provides people with a sense of belonging. |
| Whāngai | Whāngai is a customary Māori adoption practice where a child is raised by someone other than their birth parents – usually, a relative or other members of their whānau. Whāngai can be defined as “to feed, nourish, foster, adopt, raise, and to nurture”, all of which have virtues and intrinsic qualities derived from Māori values, practices and ways of being and making meaning (Keane, 2011). Based within Māori ways of being, and an inherent understanding of mana tamaiti, whāngai is not a formal’ adoption and is generally not recognised by New Zealand law (Keane, 2011). |

Translations are based on Te Aka Māori–English, English–Māori Dictionary and Index (https://maoridictionary.co.nz), Benton et al. (2013); Keane, 2011; McRae & Nikora, 2006; Moko Mead, 2003. We acknowledge that some of the concepts described may not have a literal translation into English.

## Glossary of Technical Terms

| | |
|---|---|
| Aiga | Samoa concept of family, including the immediate family, father, mother and children and the whole union of families of a clan and even those who although not related are yet subject to the family control. |
| Inequity | The presence of structural disadvantage that are socially unwarranted, avoidable or can be solved among populations or groups who are defined in terms of their social, economic, demographic or geographical identity. |
| Pacific Peoples | A broad high-level ethnic grouping comprised of the eight Pacific ethnic or language groups living in New Zealand: Samoa, Cooks Islands, Tonga, Niue, Fiji, Tokelau, Tuvalu and Kiribati (Pasefika Proud 2016). |

# Chapter 1: Introduction

Children have the right to grow up in a safe, loving family and whānau (family) environment. Children who cannot be looked after by their parents often live with relatives or friends of the family. This care is known as kinship care (Family for Every Child, 2024). Kinship care should be the first form of alternative care explored when a child needs to live outside of their parents' care (United Nations General Assembly, 2010). Kinship care arrangements allow children to be cared for by someone they know, offering vital continuity in otherwise disrupted lives, strengthens their identity, and provides them with a sense of belonging.

This report presents the findings of a small-scale qualitative research project commissioned by Family for Every Child to explore conceptualisations of kinship care, the challenges and support needs of kinship carers in Aotearoa New Zealand. It also sought to contextualise Family for Every Child's (2024) kinship care best practice guidelines with a commitment to decolonising knowledge and practice. This study is underpinned by Te Tiriti o Waitangi (the founding document of Aotearoa New Zealand) and international human rights frameworks, including the United Nations Convention on the Rights of the Child 1989 (UNCRC), United Nations Declaration of the Rights of Indigenous People 2007, and United Nations Convention on the Rights of Persons with Disabilities 2006 (UNCRPD).

## 1.1 What is kinship care?

The United Nations General Assembly (2010) *Guidelines for the Alternative Care of Children* defines kinship care as "family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature" (p. 6). Kinship carers may be grandparents, aunts, uncles, cousins, adult siblings, other extended family members or friends of the family known to the child (Family for Every Child, 2024). Internationally, grandparents are the most common kinship care providers (Delap & Mann, 2019). Kinship caregiving arrangements may range from a few days through to permanent arrangements, with varying degrees of parental contact and engagement in children's upbringing (Family for Every Child, 2024). There are a range of circumstances leading to kinship care, which include parental migration, poverty, violence, abuse, limited availability of services, parental imprisonment, and parental death (Delap & Mann, 2019; Family for Every Child, 2024).

The United Nations General Assembly (2010) *Guidelines for the Alternative Care of Children* (the UN Alternative Care Guidelines) outline a continuum of care (see Figure 1). Wherever possible, children should be supported to remain living in parental care where it is safe and in their best interests. The alternative care continuum depicted in Figure 1 provides an overview of the most preferred option (parental care) to the least preferred option (residential or institutional care) for children when they are unable to live with their parents.

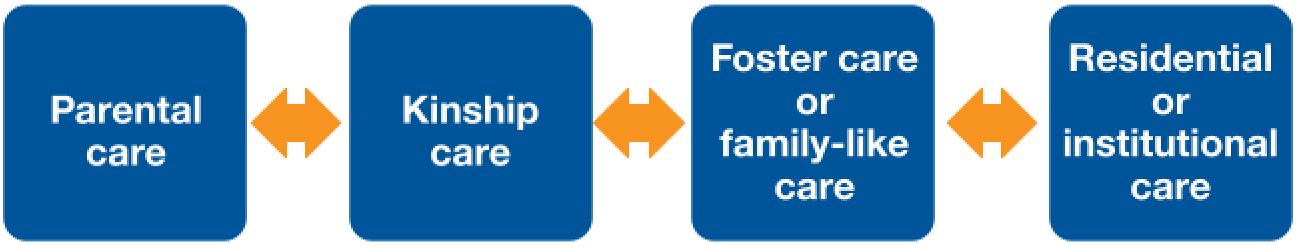


*Figure 1: The alternative care continuum outlines options for alternative care (UN Alternative Care Guidelines). Parental care is the preferred option. Where this is not in the child's best interests, kinship care is the preferred option. Should there be no kinship or family care options, children should live in a family-like setting such as foster care. Residential or institutional care is the least preferred option with the UN Alternative Care Guidelines calling for deinstitutionalisation.*

## 1.2 Why kinship care is important

Kinship care is important as it upholds children's rights to remain living within their family as articulated in the UNCRC and the UN Alternative Care Guidelines.[1] Children should only be removed from parents and other family carers when necessary for their best interests, with kinship care often being the most appropriate form of care for children who cannot be cared for by parents (UN Alternative Care Guidelines, Article 18). The UNCRPD also supports kinship care, recognising the key role kinship care has in ensuring that children with disabilities can remain living within their families (Article 23).

In addition to supporting children's rights, kinship care has a range of benefits over other forms of alternative care (such as foster care or residential care). These include:

- Kinship care supports the development of a child's identity and belonging, including their cultural identity as they remain connected to their family and culture (Delap & Mann, 2019; Family for Every Child, 2024).
- Kinship care is preferred over other forms of alternative care by children and young people (Family for Every Child, 2024; Messing, 2006), who view it as "normal but not typical" (Shuttleworth, 2022, p. 170). Kinship care can reduce the stigma and trauma experienced by children living outside of their family (Messing, 2006).
- Children living in kinship care are significantly less likely to develop mental health and behavioural problems (Brown & Sen, 2014; Hegar & Rosenthal, 2009; Holtan et al., 2005; Rubin et al., 2008; Wu et al., 2015).
- Kinship care can lead to increased placement stability (Chamberlain et al., 2006; Courtney & Zinn, 2009; Farmer, 2009a; Koh, 2010; Lutman et al., 2009).
- Living within their family may also mean the child has stronger relationships and increased levels of contact with their wider family (Berrick, 1997; Holtan et al., 2005).
- No significant difference has been identified in the quality of care provided between foster and kinship care, despite the disadvantages kinship carers often face (Berrick, 1997; Farmer, 2009b; Farmer & Moyers, 2008).

---

[1] For example, Article 5 of UNCRC describes the responsibility of parents to promote children's rights and recognises that extended family or community members may also be caregivers. Article 8 of UNCRC details children's right to preserve their identity, including nationality, name and family relations.

## 1.3 The Aotearoa New Zealand alternative care system

In Aotearoa New Zealand, the Oranga Tamariki Act 1989 affirms the rights of tamariki (children) to remain in the care of their parents, whenever possible, and places a statutory obligation on the state to support children, parents, families, and their wider whānau, hapū, and iwi. When children cannot safely remain with their parents, Section 5 of the Act emphasises the importance of maintaining their connections to family, whānau, hapū, iwi and family group through kinship care arrangements. These placements, which may be formal or informal (as discussed further in Chapter 2) often occur outside of state custody and reflect a range of caregiving practices rooted in cultural and relational values. Within the broader statutory care system, which includes foster care and residential care, kinship care is increasingly recognised as the preferred alternative, particularly for Māori children, who are disproportionately represented in state care. Despite its prominence, kinship care remains under-researched in the New Zealand context. There is a pressing need to better understand how these arrangements function, how they can be strengthened, and how they might more effectively uphold the principles of whakapapa, mana tamaiti, and whanaungatanga. This research seeks to contribute to that knowledge base by exploring the lived realities of kinship carers and the systemic supports required to sustain culturally responsive care.

## 1.4 About this research

This study explores informal and formal kinship care in Aotearoa New Zealand (excluding State care),[2] guided by four key research questions:

1. What are the unique cultural definitions and understandings of kinship care in Aotearoa New Zealand?
2. What challenges do kinship carers face in providing stable, long-term care for tamariki and rangatahi?
3. Which supports are most effective in enabling kinship carers to nurture and sustain whānau-based care?
4. How can care reform be guided by principles of children's rights and decolonisation to better serve the needs of Māori children and their whānau?

### 1.4.1 How we completed this research

A full overview of the approach used in this research is included in Appendix 1. This research utilised qualitative semi-structured interviews to gather rich insights into the nature of kinship care in Aotearoa New Zealand. We spoke with 17 kinship carers (from 15 kinship care households) and 4 professionals who supported kinship carers. Interview data was analysed using thematic analysis. The research was guided by an advisory rōpū who provided oversight of the research and supported analysis of the findings and development of the recommendations. Ethical approval for the research was granted by the Aotearoa Research Ethics Committee (AREC_24_69) in March 2025.

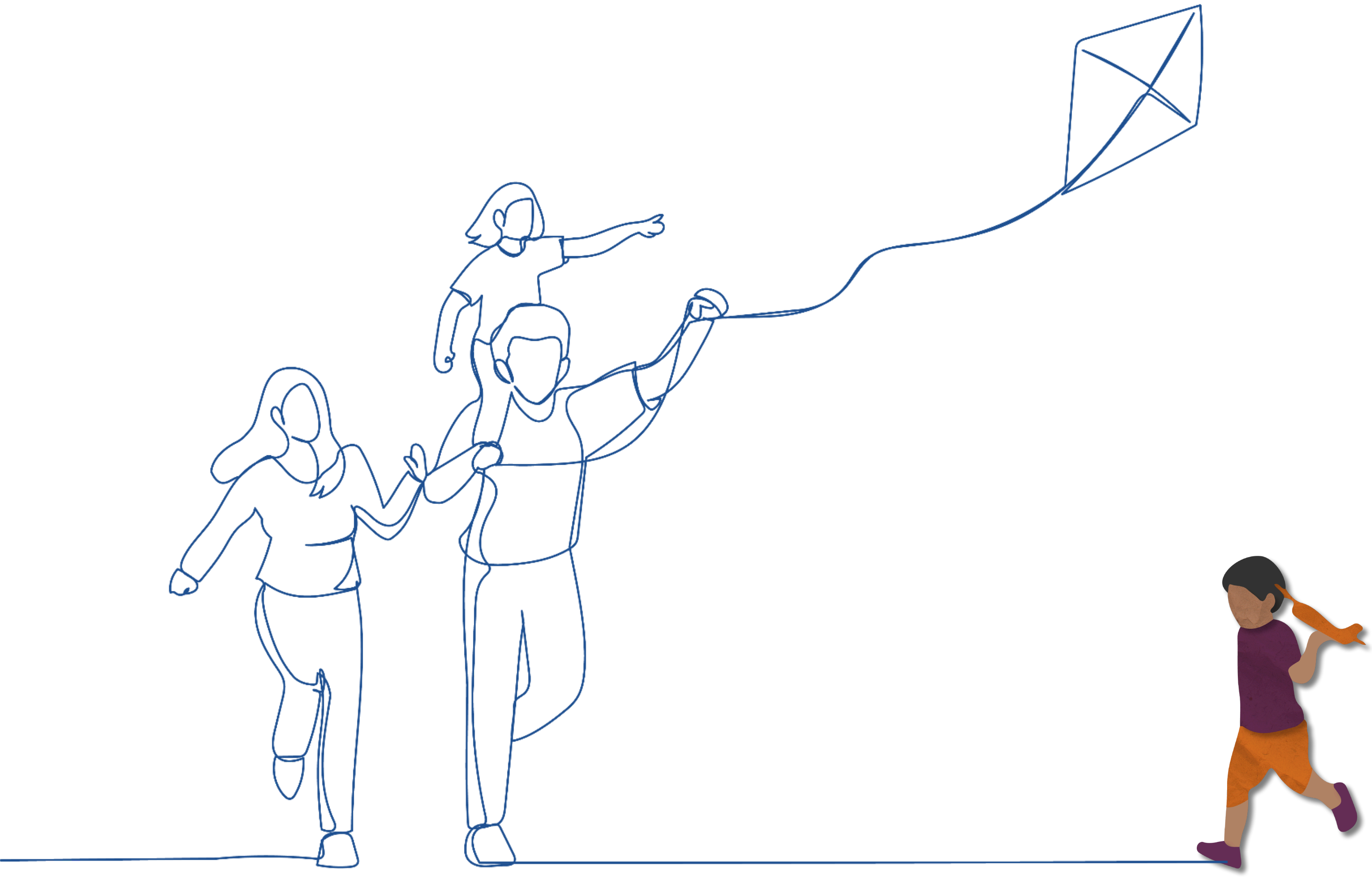
---

[2] Statutory kinship carers were not able to be recruited for this study due to approval for this research not being able to be obtained from Oranga Tamariki. We did not speak with children due to the scope and timeframes for this research. Gathering children's views on kinship care is an important and much needed area of further research.

### 1.4.2 Overview of this report

Following this introduction section, the report is structured into the following sections:

- Chapter 2: Kinship Care in Aotearoa New Zealand - provides an overview of current Aotearoa New Zealand kinship care literature.
- Chapter 3: What we heard about kinship care in Aotearoa New Zealand - presents the findings from the interviews with the participants (both kinship carers and professionals supporting kinship carers).
- Chapter 4: Discussion - explores the findings from the research in the context of relevant literature.
- Chapter 5: Conclusion and recommendations - to better support kinship care in Aotearoa New Zealand.



# Chapter 2: Kinship Care in Aotearoa New Zealand

## 2.1 The need for care reform in Aotearoa New Zealand

Māori are tangata whenua (the indigenous people of Aotearoa New Zealand). Despite Te Tiriti o Waitangi, Māori have been subject to colonisation, racism, oppression and ongoing coloniality. This has resulted in the overrepresentation of Māori within various systems (such as child protection, justice, and mental health systems), resulting in intergenerational trauma, cultural disconnection, poverty, and disadvantage (Abuse in Care Inquiry, 2024; Hyslop, 2022; Keddell et al., 2022; Te rōpū kaitiaki mō ngā teina e haere ake nei, July 2023).

In Aotearoa New Zealand, the need to recognise, strengthen and support kinship care was reinforced by the United Nations Committee on the Rights of the Child 2023 review of New Zealand's compliance with the UNCRC. Their Concluding Observations (at section 28) urged Aotearoa New Zealand:

a) To strongly invest in measures developed and implemented by Māori children and communities to prevent their placement in out-of-home care, limit removal, when it is deemed necessary, to the shortest time possible, provide them with adequate support while in alternative care, including access to mental health and therapeutic services, and facilitate reintegration into their families and communities;
b) To prevent and reduce the number of children removed from their family environment by providing appropriate assistance and support services to parents and caregivers in the performance of child-rearing responsibilities, including through education, counselling and community-based programmes for parents;
c) To harmonize, make transparent and publicize the criteria, based on the needs as well as the best interests of the child, for removing and placing children in alternative care, with a view to providing the highest level of protection.

There have been numerous reviews into and calls for the disestablishment of the child protection system in Aotearoa New Zealand (Hyslop, 2022). Significantly, the findings (released in 2024) from the *Royal Commission of Inquiry into the Historical Abuse in State Care and in the Care of Faith-based Institutions* (the Abuse in State Care Inquiry) highlighted the significant extent, nature, and impact of abuse and harm which has occurred within State care and faith-based care in Aotearoa New Zealand over many decades. The Abuse in State Care Inquiry recommended the ongoing support of whānau, hapū, and iwi to care for children.

While the Abuse in State Care Inquiry examined historical abuse in State care and care in faith-based settings between 1950 and 1999, the abuse of children in care unfortunately continues. This was highlighted in *Korowai Aroha*, a report released by VOYCE Whakarongo Mai which details the experiences of 11 young individuals who endured abuse after 1999. The rōpū (group) of care-experienced young people powerfully state:

> ... We have been invisible, silenced, and powerless in the decisions made about us, our lives, and the lives of the people we care most about ... Through our time in care, we experienced a loss of identity, connection, and belonging – cornered to be something we were not – trying to meet others' expectations of us. Judged, stigmatized, and overlooked. (Te rōpū kaitiaki mō ngā teina e haere ake nei, 2023, p. 5)

This is consistent with the findings of the Aroturuki Tamariki – Independent Children's Monitor 2025 report which found that in the year ending 30 June 2024, 507 children in care had been abused or neglected (Aroturuki Tamariki - Independent Children's Monitor, 2025). Similar rates of harm were noted between family and non-family placements when the child was in the custody of Oranga Tamariki (Aroturuki Tamariki - Independent Children's Monitor, 2025).[3] The significant harm which has occurred in State care is likely to lead to an increase in the role of kinship care in Aotearoa New Zealand.

### 2.1.1 Māori conceptualisations of whāngai

Te Ao Māori (the Māori worldview) positions children as taonga (treasure) to be protected and nurtured as they are a gift from the atua (gods) who are a reflection of their ancestors, are the "blueprint of future generations" (King et al., 2018, p. 188), and will become tūpuna (ancestors) in the future (King et al., 2018).

There are deep connections between children and their whānau within te ao Māori, with whānau having collective responsibility for raising children. Te Ao Māori approaches to raising children are based on collective identify, tino rangatiratanga over kainga, and whanaungatanga relationships of whānau, hapū, and iwi (Cleland, 2023; King et al., 2018).

Māori have a customary practice of whāngai which involves nurturing and caring for children within their whānau (Durie, 2003; Hyslop, 2022; Somerville, 2003). Whāngai does not clearly translate to Western concepts of foster care and kinship care due to the differing cultural worldview underpinning the concept (Hyslop, 2022). Walker (2006, p. 31, as cited in Hyslop, 2022, p. 76) described the nuances of whāngai:

> Mead (1994) discusses this principle in terms of protecting the interests of the child involved in the fostering process: The closer the kinship ties the better, in order to protect interests that could include the social place of the child; its heritage, including physical property such as land; culture and language; and the self-esteem, mana and tapu of the child. Kirby (1994) describes the concept of tamaiti whangai as 'an absolute whanau promise – a spiritual promise' (p.22). As far as Kirby and Mead are concerned the tamaiti whangai is a precious taonga to be protected by the whānau, hapū, and iwi. The whanaungatanga (relatedness) principle operated along bloodlines and it was unusual for a whangai to be placed outside the whānau, hapū, and iwi, let alone introduced into another culture (Mead 1994, Kirby 1994). In fact, Mead … says that it was not the prerogative of an individual parent to 'throw a child into another culture' (Mead 1994: 90) and that this type of cultural violence would not happen if whanaungatanga principles were followed.

---

[3] Approximately 6% of children who were in the custody of Oranga Tamariki and living in family placements experienced abuse, compared with 5% in non-family placements. Children living in secure residence or were returned or remained living with their parents were more likely to experience harm. Further research is needed to understand the reasons for the difference between the rates of harm between family and non-family placements when in formal statutory care. This includes examining caregiver assessments, support, training, and carer, child, and family characteristics and background.

The conceptualisation of whāngai described above by Walker highlights some similarities with kinship care, where children are cared for by other family members (although they would not be cared for by people outside of their whakapapa relationships). However, there are underlying nuances of Te Ao Māori which differentiate whāngai from kinship care. Whāngai differs from kinship care as there are differing underlying worldviews to the approach. Whāngai is about strengthening the wellbeing of the whānau and upholding whanaungatanga responsibilities (Cleland, 2023). Whereas, kinship care is about providing care for children to ensure their safety and wellbeing.

## 2.2 Kinship care in Aotearoa New Zealand

Kinship care can be grouped into three distinct categories in Aotearoa New Zealand (see Figure 2), aligning with Berrick and Hernandez's taxonomy of kinship care (as cited in Matheson, 2024):

- Informal kinship care: A private arrangement where the child is living with kin and there is no judicial order.
- Formal kinship care: The child is living with kin and there is a judicial order for this arrangement.
- State kinship care: The child is in the custody of the State (Oranga Tamariki) and is placed by the State with kin.

It is possible for children to move between these arrangements (even while living with the same caregiver, i.e., if the State discharges their custody order to a care order in favour of the kinship carer they were living with, the child has moved from State kinship care to formal kinship care). While State kinship care is often considered formal kinship care, there are differences in the supports available, and provided, to State kinship carers in Aotearoa New Zealand.

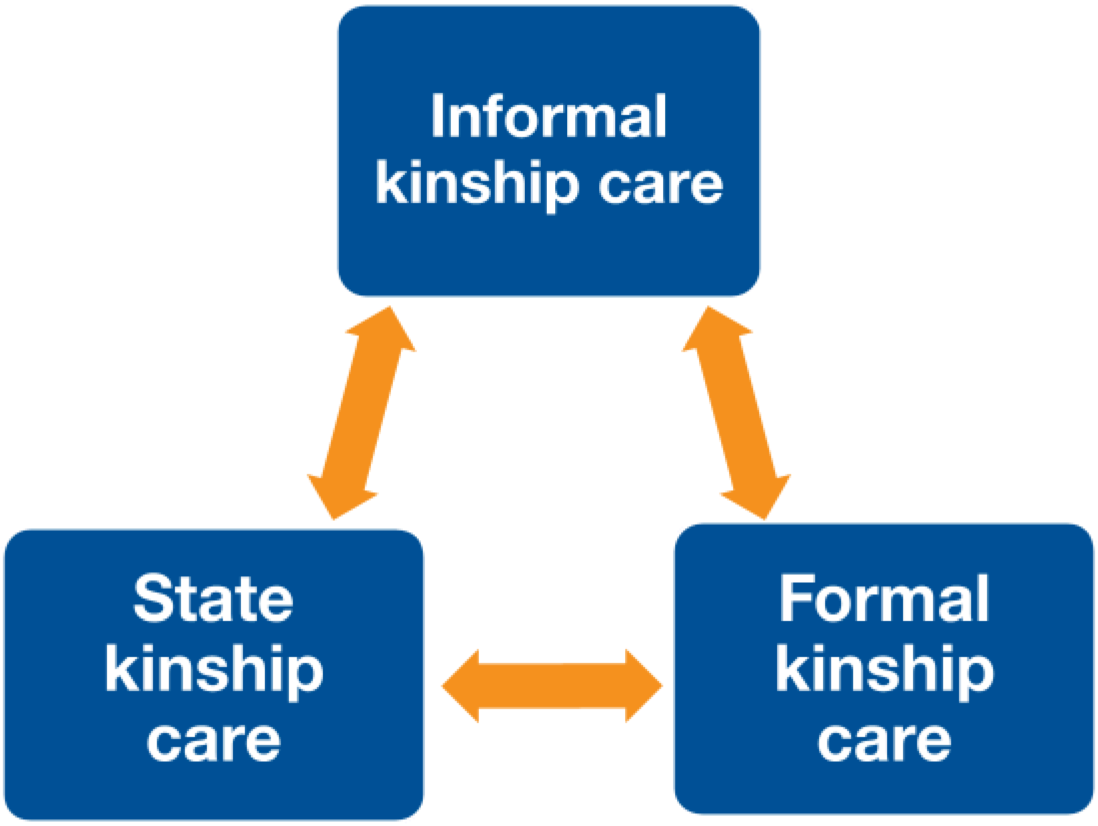


*Figure 2: There are three distinct groupings of kinship care arrangements in Aotearoa New Zealand. Children can move between these different kinship care arrangements.*

Section 5 of the Oranga Tamariki Act 1989 (the child protection legislation) prescribes that the primary responsibility for caring for children sits with the child's family, whānau, hapū, iwi, or family group.[4] This legislative principle may contribute to high rates of children living within both informal, formal, and state kinship care arrangements. Approximately, 70% of children in state care were living with their family/whānau (Oranga Tamariki, 2023). Analysis of administrative data identified between 62% and 89% of the 21,013 children receiving the Orphan's Benefit or Unsupported Child Benefit were living with their family/whānau in informal or formal kinship care arrangements (Taua'i & Yang, 2024; Yang et al., 2024).[5] This means between 16,000 and 22,000 children (between 3.2% and 4.3% of children in Aotearoa New Zealand) may be living in a kinship care arrangement supported by a state benefit or Oranga Tamariki.[6]

There are a diverse range of reasons for kinship care. In Aotearoa New Zealand, the most common reasons relate to concerns for the child's safety and wellbeing, family violence, parental substance abuse, parents

---

[4] Family group is defined to include the child's extended family where there is a biological or legal relationship or to someone whom the child has a significant psychological attachment.

[5] The Orphan's Benefit is paid to carers supporting a child or young person whose parents have died or can't be found, or can't look after them because they have a serious long-term health condition or incapacity. The Unsupported Child's Benefit is a benefit paid to carers where the child cannot live with their parents. Both benefits are not means tested.

[6] These figures are likely to be higher as they do not include the number of children living with family who do not receive the Orphan's Benefit or Unsupported Child's Benefit.

being unable to cope, and parental mental health concerns (Gordon, 2016; Matheson, 2024; Taua'i & Yang, 2024). In an Aotearoa New Zealand study of grandparents raising grandchildren, just over half of the respondents did not have statutory child protection involvement that led to the children living with them (Gordon, 2016).

Research on kinship care in Aotearoa New Zealand remains limited, particularly regarding arrangements outside of state oversight (Matheson, 2024). Existing studies have largely focused on grandparents raising grandchildren, often commissioned by the Grandparents Raising Grandchildren Trust NZ (Gordon, 2016; Worrall, 2009). Other research has examined carers receiving government financial support, including both kinship and foster carers with parenting orders following Oranga Tamariki's discharge of custody (Taua'i & Yang, 2024). Only one small-scale study has explored the support needs of informal kinship carers (McGiven, 2023; McGiven & Fouché, 2025).

### 2.2.1 Challenges of kinship care

Kinship care has been found to be a rewarding experience, yet also stressful (Gordon, 2016; Taua'i & Yang, 2024). Kinship carers often remain extremely committed to the wellbeing of their children, even if the supports necessary to meet the children's needs are not attainable (Backhouse & Graham, 2013).

#### Meeting the needs of the children

Children in kinship care are likely to have experienced trauma, abuse, and neglect (Kemmis-Riggs & McAloon, 2020; McGiven, 2023). In addition to these experiences, many face grief and loss from separation, both from their parents and from siblings or other significant family members (Matheson, 2024; Selwyn et al., 2013). Selwyn et al. (2013) noted children in kinship care need support with:

- Understanding the reasons they are in kinship care and coping with feelings of parental rejection;
- Knowing about contingency plans as to who will care for them if they cannot live with their kinship carers (especially if the carer is elderly);
- Maintaining sibling relationships;
- Dealing with stigma and bullying due to not living with their parents; and
- Addressing behavioural and emotional difficulties.

Similar support needs for children in informal kinship care have been identified in Aotearoa New Zealand research (McGiven, 2023; Taua'i & Yang, 2024). A survey by Caring Families Aotearoa (2024) identified similar rates caregivers of children in informal care (37.1%) and statutory care (36.3%) described children's needs as high or very high. McGiven's (2023) qualitative research found children living with informal kinship carers often had a range of complex needs. Similarly, a survey of carers (Taua'i & Yang, 2024) found the greatest support needs were with a child's emotional or mental health (48%), education (46%), behaviour (44%), physical disability or high health needs (26%), and intellectual disability (25%). The survey reported that these needs were largely unmet.

### Relationships with the child's family

A unique aspect of kinship care is the often complex familial relationship between the carer, the child, and the child's parents and wider family. This unique dynamic requires kinship carers to continue to navigate these relationships with family members (Gordon, 2016; McGiven, 2023). Despite the importance of children having contact with their family, little is currently known about contact between children and their family when they are living in kinship care arrangements.

Gordon (2016) found a variety of arrangements for contact between children living in kinship care arrangements and their parents. Some children had irregular contact with either of their parents, and others had frequent contact. Fathers were much less likely to have regular contact, with a significant number more having no contact. Some carers were noted to travel significant distances to enable children to see their family (Gordon, 2016).

Kinship carers are often responsible for navigating the challenges of contact and ensuring the safety of the child around parents who may abuse drugs or alcohol or who are imprisoned (Gordon, 2016; McGiven, 2023). These circumstances can expose carers to verbal, emotional, and physical abuse from members of the child's whānau (Gordon, 2016). In Gordon's study, 42% of respondents reported such abuse occurring in front of the children, with clear impacts on their wellbeing. Nearly two-thirds experienced verbal abuse, leading to significant fear and distress. Participants responded by implementing safety plans, seeking legal protection (e.g., restraining, protection, or trespass orders), and involving police or other agencies.

### Financial

Kinship care often places carers at financial disadvantage, driven by reduced employment, the need for larger housing, legal costs, and meeting children's health, education, and social needs (Gordon, 2016; Taua'i & Yang, 2024). In Aotearoa New Zealand, carers may access the Unsupported Child's Benefit (UCB) or Orphan's Benefit (OB). Yet many carers felt these payments were insufficient to cover the costs of caring, with financial strain experienced more acutely in low-income caregiving households (Taua'i & Yang, 2024). Māori and Pacific carers have lower incomes and reported that the financial support was insufficient to meet the children's need, and that they were less likely to apply for additional financial support (Taua'i & Yang, 2024).

Gordon's (2016) analysis of Aotearoa New Zealand's 2013 census data found grandparents in lower socioeconomic areas were disproportionately likely to be raising grandchildren, with over 40% living in the most deprived areas (deciles 9 and 10). Reflecting international trends, 62% of survey respondents reported changes to their employment status, often reducing or leaving work to meet caregiving responsibilities (Gordon, 2016). Limited financial support contributed to heightened stress, including delayed retirement. Participants also described negative experiences with Work and Income New Zealand (WINZ), citing poor treatment by staff and the difficulty of navigating complex systems to access entitlements (Gordon, 2016).

Within Aotearoa New Zealand, housing was reportedly a significant challenge for kinship carers. High costs often prevent families from securing homes with adequate space for additional children (Gordon, 2016). Many carers reported needing larger housing but were unable to afford it, and described living conditions that were cold, damp, or poorly maintained (Gordon, 2016).

### Legal arrangements

Formal kinship care arrangements involve a judicial order. In Aotearoa New Zealand, the Care of Children Act 2004 provides the legal framework for the Family Court to determine guardianship and care arrangements.[7] Kinship carers often engage with the legal system to obtain parenting orders that ensure a child's safety and stability (Gordon, 2016; McGiven, 2023). Gordon (2016) reported significant financial costs to obtain legal orders, ranging from $4,000 to $15,000, with many carers' ineligible for legal aid. While over half of the respondents in Gordon's study felt the child's legal situation was stable, some still faced challenges from parents seeking to overturn orders through the courts.

## 2.2.2 Support for kinship care

Kinship carers, both formal and informal, require support to navigate their complex caregiving roles and meet the needs of the children in their care. In discussing the Aotearoa New Zealand context, Matheson (2024) noted "the non-financial needs of informal kinship carers include: advocacy and recognition of their role by relevant state agencies, information and advice including free legal advice, emotional support, help in managing children's behaviour and sometimes contact, and out-of-school and holiday care and/or respite" (p. 9). In addition to Matheson's list, additional support in navigating complex relational dynamics has also been highlighted (Gordon, 2016; Worrall, 2018, as cited in McGiven & Fouché, 2025). These support needs closely mirror those of statutory kinship carers (Farmer et al., 2019, as cited in McGiven & Fouché, 2025), reflecting the shared challenges arising from the child's safety and wellbeing and the impact of the child's experiences before entering into kinship (Gordon, 2016; Matheson, 2024; Taua'i & Yang, 2024).

Despite the identified support needs for kinship carers, Aotearoa New Zealand research has found kinship carers are not always able to access the support they require (Gordon, 2016). Support needs can be met through a range of different options which includes family and social support, peer support, and community support organisations.

### Family and social support

Kinship carers often access support from their natural support networks, such as friends, religious groups, other family members, whānau, and friends. While kinship carers often have challenges with the child's parents, kinship carers have described varied experiences of support from the wider family (Gordon, 2016). Where support was provided from the family, this included practical support (such as respite or help with childcare) through to emotional support. However, the experiences of familial support can be varied with some kinship carers not having access to practical supports due to the family being located elsewhere, or challenges with the dynamics of the family. The relational dynamics between kinship carers and the wider family can be complex resulting in limited support being provided (Gordon, 2016).

### Peer support

Peer support is a valued resource for kinship carers, offering mutual learning, encouragement, and emotional connection and support (Hunt, 2020; McGiven, 2023). In Aotearoa New Zealand, peer support

---

[7] In situations where there are care and protection concerns about children, custody and guardianship orders may be made under the Oranga Tamariki Act 1989.

groups are often facilitated by non-government organisations, such as the Grandparents Raising Grandchildren Trust NZ and Caring Families Aotearoa. These spaces allow carers to share experiences, build knowledge, and to feel understood (McGiven, 2023).

### Formal support organisations

Kinship carers often require support from a range of organisations to meet children's needs, yet accessing and navigating these services can be difficult, requiring persistent advocacy (Gordon, 2016; McGiven, 2023; McGiven & Fouché, 2025). Many carers report that their support needs remain unmet in Aotearoa New Zealand (Taua'i & Yang, 2024).

Within Aotearoa New Zealand, the Permanent Caregiver Support Service (PCSS) offers financial and social work support to kinship carers who assume permanent parenting orders for children previously in Oranga Tamariki custody (McGiven & Fouché, 2025). This support continues until the child turns 18 years of age. However, eligibility is limited to cases involving prior state custody, excluding many informal and formal carers, creating inequities between statutory and non-statutory arrangements. Even among eligible carers, 57% were unaware of their entitlement to PCSS support (Taua'i & Yang, 2024).

Support professionals play a vital role in helping kinship carers navigate services and entitlements, offering non-judgemental guidance on complex family dynamics and therapeutic responses (McGiven & Fouché, 2025). Training and education from these organisations can further strengthen kinship relationships and household functioning (McGiven, 2023; McGiven & Fouché, 2025).

# Chapter 3: What We Heard About Kinship Care in Aotearoa New Zealand

In this section, we share what we heard from the participants about their experiences of kinship care in Aotearoa New Zealand. Firstly, kinship care is defined within the Aotearoa New Zealand context. This is followed by the theme of the practical role of providing kinship care. The final theme discusses how the participants navigated accessing supports as a kinship carer.

## 3.1 What is kinship care in Aotearoa New Zealand?

As part of this research, we asked both carers and practitioners to describe what kinship care means to them. Kinship care was described by most participants simply as "*looking after family*" (KC1):

> *It's whānau just all supporting each other and stepping in when you have to so that it doesn't get any worse and trying to do our best for the children. (KC4)*

Māori participants tended to use terms such as whānau care, whāngai, or atawhai, which were seen as a naturally occurring aspect of whānau. These terms were differentiated by the participants:

> *I don't think of kinship sort of thing. I think of whānau. So that's the first thing, I think. I feel like we're just doing what we do. I feel like we just do what we're doing because we actually have the resources to do it, capacity to do it. … So, it seems to me that it's an automatic, inbuilt function of whānau that is what we'll do is take care of each other, whoever is struggling. (KC7)*
>
> *When a child is atawhai, it's when the birth family give a child. Compared to whāngai is ones that receive those child's. So, for example, some of our tamariki we've atawhai, given to us. Some of them weren't. Some of them we had to whāngai. And that's basically when we're looking at in the sense of Oranga Tamariki, Child, Youth and Family. Because they weren't given to us by their families. It was the systems that we had to intervene. So, it's a whole different perspective. (KC14)*

The participants spoke about how important kinship care is in providing children who are unable to live with their parents with 'roots', strengthening connections to family and culture, and a sense of belonging:

> *And actually, they've actually got close now to my other son's grandkids or my kids, you know. So, they've got cousins and aunties and uncles, and I've taken them to [town 6.5 hours away], and they've met my brothers and sisters. … Whereas they didn't have that before, even when they were with their mum and dad because they isolated the kids from the family. … Yeah, that has been really, really good. For them to know that their whole family. It's huge, you know. It is a big family. I've got people everywhere that care for them. (KC1)*
>
> *What they do come to us with is whakapapa. And so, part of that whakapapa is our connection. None of our children that are here are strangers in the sense of whakapapa. They are our whakapapa. And so, we will also treat our tamariki how we are treated within our family. (KC14)*

> *The mum herself doesn't have a lot to do with the hapū, but that carer does, and that that little girl is connected to wider family. ... She's got all those connections to hapū, which I think is awesome. She's a fluent speaker. Yeah, I see that she's just really blossomed, and she's very strong in her cultural identity. (P2)*

During the interview with KC14, they provided further context about the role of whāngai and atawhai as protective to strengthen the whānau. Caring for other parent's children meant familial relationships were maintained to protect the collective wellbeing of the whānau:

> *The reasoning behind it is very clear. You will never, ever have issues with each other. When you share children, and you give children to each other, you will never have a breakdown in whanaungatanga ever. (KC14)*

While most of the participants were biologically related to the children in their care, some spoke about kinship care also incorporating people who may not be considered family, but who held a strong connection and relationship with the child or family:

> *Kin care is, I think, care that is family, and family doesn't have to have a blood connection. But also, I think that relationships of love and care for each other. Because I don't think it's enough just to have a whakapapa connection. It doesn't always work but that you have a genuine connection with the child or their parents or their grandparents. (KC9)*

This whānau-centric view was contrasted by some tauiwi participants who described their culture as more individualistic:

> *I think it's a cultural thing as well, to be honest. You know, I've had a lot of friends from different cultures who are more family orientated. And most of my family is pākeha and we do not have a strong bond. (KC2)*

Kinship care was predominantly framed as family, whānau, hapū, iwi, and aiga providing care to children who were unable to live with their parents. For Māori, kinship care was reframed to reflect the customary practices of whāngai and atawhai. Kinship care ensures children remain connected to their family and culture, supporting their overall wellbeing and identity formation.

### 3.1.1 Circumstances leading to kinship care

Kinship carers frequently played a pivotal role in safeguarding children's safety and wellbeing well before formal care arrangements were established. Many described providing support to parents and children during times of acute family crisis, such as violence, substance abuse, neglect, or deteriorating mental health. This also included actively seeking support from agencies to protect children, including making Reports of Concern to Oranga Tamariki. Their accounts reveal the depth of commitment, informal care and advocacy undertaken in response to escalating risks within the birth family. These efforts often preceded and precipitated the transition into kinship care. Across diverse circumstances, nearly all carers (13 out of 15) identified serious concerns for the child's safety and wellbeing as the primary catalyst for the care arrangement, underscoring the protective intent and relational commitment that shaped their involvement:

> *She [mother] was having fights with the guy she was with and all sorts of dramas. And she'd dropped her [baby] on her head a couple of times, and she'd ended up in hospital ... There were all sorts of other things going on. I was getting phone calls from the people she was living with saying that she had been left screaming in the crib for hours. And drugs, obviously, and all of that kind of stuff. (KC2)*

> *My daughter had another child, during Covid, during the lockdown. She turned up on my doorstep one day with this child with her partner in the car. And, apparently, he'd been abusive and all that, and they were arguing. And I thought, right, that child's not going back in that car. And I'm glad I did do that because he ended up breaking her nose that night. So, it got quite violent. (KC3)*

However, not all kinship care originates because of concerns for children's safety and wellbeing. KC13 was an older sibling providing care to a younger sibling due to the death of their parent. KC9 has provided kinship care to three children over several years. Two of these children returned back to their parents' care because KC9 had been providing care due to parental work commitments, a family obligation to provide care, and to give the child a different, more positive environment:

> *That was a conscious change to change the environment he was living in. They live two, three doors down from gangs and it was to try and introduce him to something other than the Mongrel Mob to join. (KC9)*

Children enter kinship care for various reasons, most often to ensure their safety and wellbeing. Many kinship carers had already taken steps to support children within their birth families before formal arrangements began.

### 3.1.2 The unexpected nature of providing kinship care

Many carers spoke about how becoming a kinship carer was often a decision they had never imagined they would have to make. Transitions into becoming a kinship carer occurred very quickly in some cases as participants KC8 and KC4 shared:

> *It happened so fast. I didn't get time to think about it. I didn't even get time to process it. It was straight away, okay, I'm a mum again. That is it. Then you just go into that fight and flight mode and that. And yeah, months or years or weeks down the track, you go, oh my gosh, I've got a kid. (KC8)*

> *When he turned three, she brought him to us, and she said, 'would you look after [child] for a month because the people I'm living with have just had their kids uplifted by … Oranga Tamariki and they don't know I've got a child here, and I need to hide'. She never came back for him. (KC4)*

The unexpected nature of kinship care meant many of the participants suddenly made arrangements to begin providing care for children while also navigating and adjusting employment and other commitments:

> *Two girls knocked on my door and said, 'we have your grandchildren in the car and if you don't take them, we're taking them to Oranga Tamariki'. And they had picked them up in a meth house where the mother was off her face and the kids hadn't been fed. So, I said, 'well, give me a couple of days to sort work out', because I had to do something, and then they've been here ever since really. (KC1)*

> *I mean your life stops. Your work. You know, I've had grandmothers that have had to change their work so that they are available. Grandparents that have had to give up work and therefore, you know, making ends meet is challenging. (P1)*

Kinship carers did not plan to be kinship carers. Kinship care was an unexpected and unplanned significant life event which impacted on their lifestyle and plans. Whilst these dynamics were challenging, kinship carers spoke of a tension between positive aspects of caring (including deepened relationships and a sense of purpose) and the changes in their lifestyle:

> *It's been really lovely to have him. You know, it's a pretty cool thing to have that relationship too with him. … I adore him. He's brought a lot of joy in my life, completely changed the way I would of lived my life, I think. (KC7)*
>
> *I think one of the biggest things is that all your plans are gone. And your time is gone. Most of your money is gone, but I wouldn't change it. … The reality is that it completely changes your life and your stage of life. (KC5)*

While participants shared positive experiences, they also spoke of the complex emotions that often accompany kinship care, including grief and loss arising from the challenging circumstances that led to their caregiving role:

> *It probably wasn't until like a year and a half, or maybe even two years later, that I got a bit depressed about it because I thought, 'my life's over'. You know, I am nearly 63. For the next 10 years I'm going to be raising children again. And at 73, what the bloody hell am I gonna do at 73? I had a good job. I worked 45 hours, I was financially secure. I could do stuff that I wanted to. And all that was gone. (KC1)*
>
> *We lose our sense of self during the process as well a lot. Because suddenly all of our energy is going to a child. And, yeah, we don't really fit in society anymore. (KC2)*
>
> *It can be really difficult because grandparents lose that role of being grandparents because they become parents again. And so, yeah. I think there's loss and there's pluses in both ways. (P2)*

## 3.2 Providing kinship care

The third theme sets out the challenges kinship carers often face in providing stable, long-term care for tamariki and rangatahi.

### 3.2.1 Supporting the children

Given most children had experienced trauma and abuse, participants described the profound impact on the children's emotional and psychological wellbeing:

> *I think as hard as what it is for me, how do children grow up knowing that their parents are more interested in drugs than them? Well, what the hell does that do to their heads? Yeah. They're gonna need huge help to ever come to understand that. (KC1)*

> *My poor sister at 14 found him, and while on the phone to emergency services, had to try and perform CPR, but he was dead, so it didn't work. So, she had a lot of trauma and still suffers from, at times, depression and anxiety … We're pretty sure she probably also has something going on in the neurodivergent space. (KC13)*

> *He's the same because of fetal alcohol syndrome disorder, you know? And so those effects are real, and so we're going through learning disabilities and that sort of thing. (KC14)*

The process of obtaining a diagnosis or understanding of the child's presentation was often a challenging process. Participants had to navigate services (such as mental health services) to support the child's wellbeing. Some participants were able to access community support services, however, others had to privately fund services to meet the needs of the children:

> *She was attempting to take her life and stuff like that. And getting ICAMHS and counselling for her was a struggle. Like, you know, pretty much that we were being told like she actually has to actually, really, really try before we'll step in here. Because, you know, like we're just overwhelmed. And it was like, that's not good enough. … We ended up getting counselling through the community house for her, which then got ICAMHS mental health really involved because of what she was saying to them. (KC12)*

> *The other major thing we were dealing with was anxiety. So, she's had quite a number of years of psychiatric treatment to try and resolve those issues … To access that psychiatric care was quite hard. I had to go to quite an effort to and, because the cost involved, you know. There was a huge waiting list here. So, we needed to go private and then it was a real nightmare to try and get that funding. (KC2)*

> *We tried through the schools for help but there's no money. ... We paid to go to a psychologist. That's how we found out that he is highly intelligent. And then we paid to go to a paediatrician with the report to try and get into a system. And we did get referred. But [daughter] had to be quite proactive to find out because these systems are pretty well hidden. (KC4)*

Some participants spoke about accessing services for children but found that the professionals were unable to effectively engage with the child. They emphasised the need for services to be equipped to work with children who are reluctant to participate in therapeutic support:

> *My older granddaughter, when I had her, we used to go to this therapy … It's part of [mental health service]. And, you know, my granddaughter wouldn't talk to them. So, they said, 'oh we can't see her, she's not interacting'. And I said, 'well isn't that part of your job to get her to interact?' But no, they just give up. It's too hard. (KC3)*

Meeting the additional needs of children (such as health, disability, educational, and wellbeing needs) often impacted on participants, such as needing to take time off work:

> *When she was younger, she had really severe asthma, and just constantly getting sick all the time, which really affected my work as well. And so, she ended up under Starship and under a new*

> *medication to boost her immune system, and she's been a lot better since then. But quite often she gets seasonal asthma as a result. (KC2)*

Children in kinship care often have complex support needs due to factors such as having experienced abuse and trauma and being disabled. Carers were deeply committed to meeting these needs but frequently struggled to access professional help, sometimes funding services themselves. Parenting children with trauma and complex needs was widely recognised as requiring a different, more specialised approach.

### A new parenting approach

To support children effectively, participants had to adapt their parenting in response to trauma-related needs. Many valued guidance on how to care for children affected by trauma and welcomed support in navigating these challenges:

> *Another hard thing is the struggles that they have aren't like your normal children have. And learning how to how to discipline them differently to how I would have disciplined my children years ago. (KC1)*
>
> *It's learning different ways to think about things and handle things. You know, even the challenges I had with [granddaughter], sometimes the psychiatrist would come up with just something, a different way of thinking that I hadn't thought about. Which … could make an amazing difference, one small thing. (KC2)*
>
> *These are children who have had trauma and therefore the parenting strategies that they used on their children are not always appropriate for these children. (P1)*

Understanding the children's behaviour as an appropriate response to their experiences was a learning journey for the participants. The participants often reported struggling to initially understand the children's behaviour which resulted in some participants questioning their capacity to care for the children. Some support services helped the carers to reframe the children's behaviour as a trauma response and as normal given the children's experiences:

> *For a while I thought, I'm no good for her, you know. I couldn't understand why she was so naughty. And then she started telling lies one time … Luckily, we got a really good child psychologist ... When she explained to me that it's all normal … She explained why she had done it, and all this flight and fight and fawning. And she had been the people pleaser between Mum and Dad all the time, and she wanted everybody to like her. And that's where all the lies came from … Because I would never have known that I just would have called her a naughty, lying little girl and been horrified that she was like that. But it wasn't that at all. (KC1)*
>
> *She sees a … child psychologist. And we started to go there because of some issue we were having with [child] ... I think that's been amazing … It has actually helped me to get across my feelings of [child] and stuff, as well as [counsellor name] helping [child]. Because, yeah, sometimes I find the smothering and … the clinginess and stuff quite overwhelming. ... So, those sessions sort of help me as well. (KC10)*

Participants were aware they were parenting children who were not biologically their own, and adapted their approach to ensure the children felt genuinely loved and cared for:

> *I hear my friends saying to their own kid, you know, if they come up, you know, whining about something ... And their mother will say, 'oh just go away', sort of thing. You know, they can do that because it's their own kid. But I feel like I can't do things like that with [child] because she takes it the wrong way. Like I did make the mistake of saying that the other day. I said, you know, 'go away' sort of thing. And she was like, 'ohhhh ... Don't you want me anymore?' (KC10)*

Several participants spoke about how parenting practices have changed over time (including learning how to navigate parenting with the greater prevalence of technology) which resulted in a change in approach for the participants:

> *I think, you know, having raised my own kids, I mean my youngest is 35 now and ... What I did with them, isn't working with her and it's trying to change things around and get those boundaries in place. But it's not working like I would normally do it. (KC3)*
>
> *The most damaging thing in this world is devices and internet. Because they believe what they see and what everybody else has and does. And it's very, very, very hard. ... That's my biggest battle. (KC4)*

Kinship carers were cognisant of adapting their parenting style to meet the needs of the children in their care. Grandparent participants recognised shifts in parenting practices over time and the impact of technology on family life.

### 3.2.2 Navigating changes in relationships

Kinship carers navigate changes in numerous relationships, including with the child, the parents, and the wider family.

#### Changing relationships between the child and kinship carers

Kinship carers often had a prior established relationship with the child, however, the nature of this relationship changed when they became the child's carer. Several participants (who were usually grandparents) spoke about assuming a parental figure role (associated with providing guidance and discipline) as a kinship carer, which differed from their previous relational role with the child:

> *You've got to be the parent. So, you've got to be good and bad, you know. And, whereas when you're a grandparent, I guess you can just be the good and fun person to be with kind of thing. (KC2)*
>
> *We're also grandparents parenting. … One of the big difficulties and we're getting that at the moment is, you know, when to be a parent. Because a parent is a task master. … Their job is to mold them, and sometimes that's about disciplining them… But as grandparents, … we're only the good cops. We don't get to be, you know, grandparents don't get to be bad cops. Parents are the bad cops. That's their job. So being parenting grandparents, we have to discipline our grandchildren. (KC14)*

However, participants acknowledged that while they assumed a caregiving role, they were not replacing the parents, who often retained decision-making authority for the children:

> *I had to be careful that I didn't think that I was their parent, these children's parents. That they still had authority to make decisions and things like that. (KC9)*
>
> *Because you are already in a relationship, sometimes you then don't replace that relationship. Even if the relationship ends up not being that, and being something else … If you said to her, who am I in her life? She would say her sister, not her mother, but it would be a sister with some asterisks. (KC13)*

Kinship care reshapes the relationship between child and carer, often involving a shift toward a parental role. Yet carers remain mindful that the child's parents retain their identity and significance as the child's biological parent. This led to discussions on how kinship carers support the child's relationship with their parents.

### Supporting the child's relationship with their parents

The participants spoke about navigating family contact between the child and their parents. There were a range of arrangements described which included informal access and supervised contact:

> *All the schools had a copy of those papers and a copy of the agreement I made, which gave parents unlimited access, but they both chose to not have it. It was completely unlimited. (KC4)*
>
> *He loves her and he does his best, but he's not quite you know ... But he is safe around her and he loves her, and we have no qualms. You know, if I turn up and he's drunk, I'll walk away. And he knows that. (KC5)*

KC10 said that the mother's contact was meant to be supervised by her sister, as per Court orders. However, throughout the interview, KC10 described instances where the mother attempted to breach the plan by seeking unsupervised contact:

> *Well, I still find it hard with her mother. … One day, she wanted to come here and pick up [child] and take her to lunch. And I'm like, you know, 'hello, you can't take her anywhere by yourself' ... So that really stresses me out. (KC10)*

Some participants shared that there was no ongoing contact, or inconsistent contact, between the children and their parents, citing varied reasons:

> *They disengaged right from the beginning. I think to some extent they love their son ... But then as years have gone by, there's not been that need to come back and build a relationship with him ... Pretty sad, but that's what it was. (KC8)*
>
> *It's only been recently where I've kind of severed ties. You know, I've given up trying. My daughter was getting upset and my mokopuna was, yeah, she wasn't growing as much as she could. (KC11)*
>
> *The last time she was talking to her mother, I was sitting in the lounge, and [child] had the phone, and she looked at me ... She put the phone on the middle of the floor and went off to her room. So, her mother was nutting off, didn't even know she'd left. And then she yells out, 'well if that's what you think, I'm gonna go'. And she hung up ... So, I waited a few days. I talked to [child], and I said, '[child] do you want to see mummy?' She goes, 'no'. I said, 'well how would it be if you didn't see her for a little while?' 'Yes, please'. So anyway, I rang her mum. And I said, 'I heard what you said. I've listened to what you said, and I talked to [child]. And I think you're right, a little bit of space for a short time will be fine'. She was five and she's coming up 13. (KC5)*

Some participants linked the inconsistent contact by parents to the parents' feelings about the kinship care arrangement:

> *It was really hard to get his mum to even do a video call with him and stuff like that. She was kind of stuck in her 'you took my kid. I'm not gonna speak to you'. And it's like, you know, you're not actually speaking to your kid. (KC12)*

There was an evident tension in several participant's narratives between the participants' feelings about the parents and the importance of the child having a relationship with their parents. Participants had to put aside their personal feelings to support the child to maintain a relationship with their parent and to support the child to navigate this relationship into the future:

> *I don't really want her to have anything to do with her mother and father because of what's gone on in the past with them and the violence, the arguing. The mother being so dramatic and telling lies all the time and manipulating. I don't want that rubbing off on the little ones. But at the same time, I know she needs to have that relationship with her parents. Even if it just means as she gets older, she figures out who they are and what they're really like on her own. (KC3)*

Numerous participants reflected on how both the presence and absence of parental contact affected children, highlighting its ongoing influence on their well-being, identity, and self-worth:

> *Every time her mum comes into her life … she would demand visitation. … She would turn up twice. And then I wouldn't see her again for two years. And then, you know, she'd claim she's sorry. And she's changed and we go through the same scenario. Each time it would have such a detrimental effect on [granddaughter]. I would see it in her behaviour and moods, everything. (KC2)*

> *She was so stressed and so upset and so anxious and scared around visits. And then they would cancel it. And it's like oh [sigh of relief] … Oh and their little heart gets broken again and again and again, you know. And so, it's a journey. (KC5)*

> *Straightaway I started seeing changes like she she's starting to hoard food in her room. She was starting to basically turn her bed into a life raft, you know, that was her survival mode. And she was starting to get angrier, frustration. Yeah, a lot of different changes in behaviour and things like that. (KC2)*

Kinship carers face complex challenges in supporting children's relationships with their parents. These relationships ranged from positive and ongoing to complete absence, requiring carers to navigate the emotional and behavioural impacts of contact.

### Kinship carers own relationship with the child's parents

Participants often had to navigate complex relationships with the children's parents to support an ongoing parent-child relationship. Several described volatile situations, for instance, KC12 who recounted that before the young person entered their care, they were reportedly kicked out by the mother and sought refuge with KC12. That same night, KC12 faced violent and aggressive behaviour from the mother:

> *About one o'clock in the morning, we had the police on the doorstep saying that we'd kidnapped her. And then just outside of our property, I had her mum screaming to the world that I'm drug affiliated, gang affiliated, that I kidnap children and use them for money. And I was like my gosh. Yeah. And then she started vandalising the property. It just deteriorated from there, [the mother] assaulted me, tried to assault my mum. (KC12)*

Following multiple incidents, KC12 obtained a protection order. Whilst not all kinship carers experienced violence or treats, many kinship carers reported strained and tense relationships between carers and parents. Carers were often blamed by parents for taking on the care of their children, even when Oranga Tamariki had facilitated the arrangement:

> *[The] mother is in no way, how will I put this, in no way cooperative. She doesn't actually live in reality. She still blames me for ripping her daughter out and says, are you going to give her back yet? She has no concept, and she is very destructive and very toxic. (KC5)*

> *When you interfere with family and you step up for kids, you become an enemy. And I think that was probably the hardest thing I dealt with was being the enemy. You don't have back up. You're just the enemy. Everyone hates you. You disrupted the family. You took the kids away. No one thinks about the safety of the kids. …. You've got to get your mind over that, you know? And I had said to this woman that I would be the enemy tomorrow, if I had to do it all over again. (KC6)*

Participants described multiple tensions in navigating their relationship with the children's parents, balancing their own feelings and family dynamics with the need to protect the children's safety and wellbeing:

> *It's really hard to deal with the parents ... Because he's my son. And at some level ... you've still got to have communication with them. But yet, you've got their children, you know. It's really hard to navigate through all of that and not feel bad. ... You feel bad when the kids say, 'Oh they want to go and see Dad'. And I say, 'Well you're not going to see Dad today because he's on a bender again'. … Yeah, you always seem to be the bad guy. (KC1)*

Despite participants description of a deterioration in their relationship with the children's parents, many expressed empathy for the complex emotions parents may experience when the participants assume care of their children:

> *I can understand, I can sympathise. It must be extremely hard. I mean, it would be one of the most hardest things to do is to hand over your child to somebody. And I always give her credit for that. She did the best thing for [granddaughter] at the end of the day, but that didn't make the situation any easier to deal with … I could always understand that her feelings, she probably did feel jealous, and she probably did feel upset that she was missing these moments with her child. (KC2)*

The understanding of the parents' reactions and emotions about kinship care was also often accompanied by a hope the parents would change. However, these feelings were at times accompanied by kinship carers grappling with feelings of guilt, grief and loss:

> *I initially thought that this would be a big enough wake up call for one of them. Because they're not together now, a very on and off relationship. I thought it would be a big enough wake up call that one of them would sort their life out. I didn't care which one. But it hasn't. You know, they haven't done anything in the whole three years to get their life back on track or give up the drugs. (KC1)*
>
> *I feel sad about it actually because, you know, we used to do a lot of things when he was a kid. … Even though he always let us down, we were always still there to help him out. And, yeah, and now it's sort of changed. I'm sad that it has and that he that he did that to [child]. (KC10)*
>
> *Many of the grandparents/parents fell for the stories their children gave them - that they weren't on drugs, that they couldn't pay the rent, and it's very hard for them when they realise that they've been enabling their child down this path. And, you know, all the guilt etc, that goes with that. (P1)*

Navigating emotional and relational tensions with parents is a distinct challenge in kinship care. Parents did not always support the carers' role and often placed blame, with some carers reporting threats or violence. Kinship carers often described a sense of grief and loss over fractured family relationships, while still expressing empathy for the parents. These complexities also extended to relationships within the wider kinship network.

### Relationships with the wider family

Alongside navigating the change in their own role from often grandparent to parent-figure, the participants also had to navigate the changes in relationships with other family members. Some participants who were grandparents shared their observations about how their relationships with their other grandchildren were impacted:

> *It's hard being grandmother to your … other grandchildren, you know. They miss out. Because when they come to my house, I'm not like the fun granny that I used to be with them. Because I'm tired and I'm stressed, and my house is dirty. … Because even one of the other young grandchildren said, 'Granny, can we do some baking like we used to?' And I'm like, 'oh s***. Really?' Whereas before, when they used to come, you were like a normal old granny. (KC1)*

Changes in the relationship with grandchildren were often accompanied by shifts in wider family dynamics. Kinship carers described mixed experiences, some faced judgement and difficult questions, while others received strong support. These shifts included reduced time with other grandchildren and evolving roles within the family, a tension explored further in the theme *Navigating Supports for Kinship Care*. Participants KC1 and KC2 highlight these changes below:

> *I have four boys. So, the other three boys, some of them are okay, but some of them aren't. They don't want to know him because they've seen what he's done to the family. … When I get invited to my extended family, like my brothers and sisters and that, sometimes you just don't go because it's too bloody hard. People are gonna say, 'Oh how's [father to the children]?' You know. 'Are they going to get those kids back?' … I don't even want to know about it? I don't want to talk about it to anybody. (KC1)*
>
> *I've faced criticism from a number of my family for taking on my grandchild. Because they've seen the hardship that it's put on me. And also, it's just their point of view. They grew up in a generation where you have your kids, they're your responsibility. And they don't see beyond that. And whereas in my mind, I've always had an open door. (KC2)*

When siblings were placed with different relatives, carers emphasised the importance of maintaining those bonds, but many found this difficult and felt the Courts and Oranga Tamariki failed to prioritise sibling relationships:

> *One of the hardest things I've had to deal with and [child]'s had to deal with is, the way the government processes are around siblings. … The fact that they wouldn't let her see her brother. … She's only ever seen her brother once. And that was right when he was born. The courts wouldn't allow visitation at the start. There's just not a lot of support for the children. And to me, they've already lost their parents, it's vital that they have those sibling relationships. (KC2)*

### Changes in social relationships

In addition to navigating changes in family relationships, some of the participants (especially those who were grandparents) commented on the change in their social relationships. Providing kinship care and having children in their care meant the participants were in a different stage of life to their established social supports:

> *Your other friends aren't like you. They don't have kids. And I have some friends that I dread taking these two to her house. You know, because they can't help it. They'll lounge off her. … They'll roll off your couch, you know, and that's not her. Yeah, when they're being normal kids. …. Yeah, that's where you feel a bit isolated because your friends, yeah, are doing different things now. (KC1)*

These changes in the participants' social relationships also led to changes to their lifestyles and the ways in which they related to their friends and family:

> *We used to quite often go out to dinner on the weekend or, you know, do something else that might involve alcohol and stuff. And then we suddenly had to remember we had [child], and, you know, the bedtime story, reading bedtime stories to her and all that sort of thing. (KC10)*

Grandparents caring for their grandchildren faced distinct challenges in relating to the parents of other children, often due to significant age gaps and limited shared experiences:

> *Oh, they're young and in Lycra, for God's sake. You're the old granny. … And you don't have a lot in common with the other parents that are there because … Yeah …. They're 40 years younger than me [Laughs]. (KC1)*
>
> *If anything, that's probably where I do relate more to people is parents at school. But, of course, they are a couple generations younger than me. So, it only goes, you know, you get on with them, but you don't form strong relationships because on the other side they're still having a night life and things like that, that I'm not really interested in anymore. So, yeah, it's hard to find strong bonds in this situation. (KC2)*

Together, the changes in the family and social relationships impacted on the participants potentially leading to them feeling isolated.

### 3.2.3 Accessing systems can be challenging

Kinship families must navigate multiple systems, such as the legal, health, education systems and financial support systems. These systems can create significant challenges for kinship families. P3 noted that government systems operate with different priorities and frequently fail to grasp the nuances of family dynamics:

> *I think one gap that where we keep hitting a brick wall is systems … So, systems talking to systems. … Family systems have a whole different kind of kaupapa, and it's a kaupapa of hauora, it's a kaupapa of family. And trying to get that system to connect with another system, in a sense, it's a very foreign system to a lot of families. But when families enter that system, everyone's talking in a way that, I think, they just take it for granted that people, you know, families know what they're talking about. But they actually don't. It's a foreign system that they've entered into. … But the focus was really on making their system work, not the family system. … If they understood the family system, they'd understand better how to support that system, rather than the family come to them and work with their system and follow their expectations, processes. (P3)*

## Gaining legal orders

Almost all the participants had obtained parenting and/or guardianship orders for the children in their care. Their reasons for applying for orders was varied and included obtaining orders on the advice of Oranga Tamariki or to be eligible for financial assistance:

> *I went to Oranga Tamariki and said to them, 'what are you going to do? You know this has been ongoing, and now these children have arrived on my doorstep'. And they were like, 'it's best if you go straight over to the courthouse and do a parenting order'. So, I went over there and done it. I don't know. I didn't know what I was doing, but I done it. (KC1)*
>
> *[I] applied for the parenting order because I couldn't get any financial assistance from Work and Income for her or IRD … I was like financially, I don't think I'm gonna be able to do this. Like, it's yeah, it's just not working. (KC12)*

For other participants, the application for parenting orders came as a necessity for ensuring the children could remain in their care:

> *They just randomly one day were like, we're going to move and we're going to take him with me. And I'm like, you guys can't even handle one weekend a month. … And like at this rate, you guys don't even know his routine … You're not willing to talk about the marijuana use or the alcohol ... They were like, well you don't really get a say in the matter because you're not as his parent. And I was like well let's just see about that now won't we. Yeah. And so, I went into the lawyer. (KC12)*

Several Māori participants had initially not applied for legal orders as they were managing the care arrangements as a whānau. However, this created barriers to providing care. Participants described struggling to enrol children in education or consenting to medical treatment, without the guardians' (typically the parents') consent which could be difficult to obtain due to the parents being uncontactable:

> *Especially going to the kindy and schools and that sort of stuff in terms of the consent forms because we didn't have legal documentation to say that he's been adopted. At that time whāngai wasn't commonly known as that's accepted. So, it brought a lot of challenges. … I wasn't the legal parent. So, it was those challenges. That meant that it took a bit longer for him to attend schools. (KC8)*
>
> *I tried not to. I didn't really want to ... I thought, no we can do this as whānau. And she's agreed and we'll just carry on. But where we got stuck was in hospital. [Child] needed an operation fairly early on, it was about the age of 2. … I texted [his mother], I couldn't find her. She was nowhere to be found ... And the hospital wouldn't let me sign a consent, even though he was in my care, I was not a 'legal' guardian. At which point I thought, okay ... I'm going to have to get guardianship. (KC7)*

Even when guardianship orders were in place, several participants spoke about the challenges of making a guardianship decision with the parents. The challenges included parents not being contactable or parents using the guardianship decision to exert control over the kinship carers. KC15 experienced serious threats being made by one of the children's parents:

> *It's really hard to make those guardianship decisions and include them in them. Because one's not lucid and one's just angry, and if you don't do it their way, then they'll threaten things. (KC15)*

Participants' experiences of the Family Court and applying for Court orders was varied. Some found this to be an easy process and were appreciative of the support their lawyers provided to them. Others, however, found the process to be challenging and complex. Participants frequently described their frustrations with the length of the process and, at times, the child's parents not fully engaging with proceedings:

> *That was actually quite an easy process for me because the mother agreed to it. I wasn't fighting her … It was fairly easy going through the court. (KC3)*
>
> *It's pretty nerve-wracking because you don't even really know what you're doing. And when I went to the courthouse and filled in all the forms, and then and it was like a 'without notice' or something. I don't know. And then I still had to get a lawyer ... But the parents never turned up for anything. When they said they would, they'd never show up. It seemed to be a long, drawn-out process actually, you know. Because we'd have to wait for them to respond, and then they wouldn't respond. Yeah. But then in the end, I mean you just keep doing it. You just keep plodding along. (KC1)*

For some of the Māori participants, the process of obtaining legal orders contradicted whānau-led decision-making processes. This led to some carers feeling they had to prove themselves to the State:

> *We knew as a whānau how Mum was. We knew that she could not cope, but we were constantly having to prove to others she cannot cope. ... We were having to convince the systems of how she was. ... Whereas, if we'd had a clearer processes which was a bit grounded and a bit more local, it would have been very simple ... There are always whānau within which there are people actually who are doing quite solidly usually, and they have the interests of the other whānau at heart. So those networks are known, and I feel like they should have been easily identified and be able to go, okay if that whānau is saying that and that number of people in that whānau are saying that, then it's valid. They should be able to validate a decision. But it never worked like that. (KC7)*

Many participants shared a significant challenge was the financial impact of court proceedings, including the need to take time off work to attend court proceedings or meet with lawyers. Some participants were able to receive legal aid assistance which contributed towards legal costs. Those participants who were ineligible for legal aid often had to pay for their own legal fees, which ranged between $6,000 and $10,000:

> *I got legal aid. Yeah, but I still had to pay so much of it because I was working full time. (KC1)*
>
> *I did end up having to go through court ... Another 2 or 3 years in the court system after that. Yeah. That was huge because I was only working, I had to drop my hours to part-time, but I still didn't qualify for legal aid. So, I ended up in debt, basically $10,000, to get through that process as well. (KC2)*

Participants had varied experiences of the legal system to obtain parenting and/or guardianship orders. For many, the process was complex, confusing, and expensive. Several kinship carers tried to avoid applying for orders, however, ended up applying for orders to ensure they were recognised as guardians of the child. The participants described how this did not reflect a Māori collective worldview of raising children.

### Financial implications and challenges

The participants described significant impacts on their financial situation due to providing kinship care. Some of the participants went from fulltime employment to no longer being able to be employed due to providing care for the children:

> *I've gone from like 45 hours a week to 4 hours a week. Because I was either at the court or at the lawyers, or at the school with these kids for a start for months on end. (KC1)*
>
> *I did full time for about a couple of years, but then it just got too much. Juggling the doctor's appointments and psychiatrist appointments and everything like that. It just got way too much ... Something had to give, and it was work. I just couldn't do it anymore. It just got too stressful. (KC2)*

The majority of participants received and appreciated the financial support provided by WINZ:

> *I think it's about $353 a week or something like that. So that certainly helps with the groceries and other school things, you know. Like she needed a Chromebook this year for school. And so, WINZ also give, do a school startup thing every, at the beginning of every year. And you get for [child]'s age, I think it was $500 so we were able to get her a good Chromebook for school, things like that. So that definitely helps because we wouldn't be able to afford it otherwise. (KC10)*

Numerous participants described challenges in navigating the benefit system. Participants spoke about experiencing delays and receiving different advice from different people at Work and Income:

> *I think when I first stopped working, UCB ... it was very difficult to get on and it was financially still better off for me to actually just still be on a solo parent benefit at that point. (KC2)*
>
> *The social worker says to me, 'I have to do a report of concern just based off what she told me' ... I did not realise in that moment that by agreeing that yes, she should actually do it and her actually doing it, that it was going to delay the UCB. (KC12)*

Participants also spoke about having to cover additional costs for the children in their care. These costs included private health, dental and mental health assessments or treatment. Some of the participants were aware of the differences in support provided by Oranga Tamariki or the Permanent Caregiver Support Service (PCSS) which provides financial and social work support to permanent caregivers.[8] All participants, except one, were ineligible for support from the PCSS as the children had not been in the custody of Oranga Tamariki prior to the participant applying for parenting orders. Several participants noted a marked difference in the support received through Oranga Tamariki compared to the PCSS:

---

[8] The PCSS provides financial and social work support to caregivers (including kinship) where the carer has a parenting and guardianship order made under the Care of Children Act 2004. The child or young person must have previously been subject to a custody order under the Oranga Tamariki Act 1989.

> *They get money from them as well. And they get all sorts. They get everything plus a social worker from Oranga Tamariki until the stage when a social worker is no longer needed. … Glasses. Like I had to pay $8,500 for [child]'s orthodontal treatment. Plus, the dentist to do the extractions. He had three rows of teeth. Whereas all these others are getting it paid for. (KC4)*

Financial pressure affected some participants' ability to do basic everyday things for themselves, such as getting a haircut or to do social activities. Participants also spoke about prioritising meeting the children's needs, but said that this could be expensive such as children participating in sport:

> *It's more your social life. Well, there's no money to do social things anymore. There's no money to go and get my hair done every six weeks like I used to … Holidays is a big thing. Yeah, because for a start, I did have savings and I wanted them to have a holiday, so I just got in the car, and we went for a holiday. And we've probably done that a couple of times. … Yeah, just normal, everyday things that normal families that I would have done with my children. You know, sports, because it's always expensive to join sports teams and that, you know. And then because we live in the country getting there, getting back. (KC1)*

> *I'm on a benefit. I get unsupported child benefit for my granddaughter. We manage just. I think my biggest issue is every now and again, I don't have enough money for food. That's more over the cost of living rises since COVID than anything. I can't afford extras. … I'd be lucky if I can afford to put $20 of petrol in the car, so it's not like I can go for a ride in the car with her or do things like that. Yeah. I mean, surviving on a benefit. I don't get new clothes ... I always make sure that my granddaughter gets what she needs. It's sort of like, and I think a lot of grandparents would do the same, it's the children before themselves. And that's what it's like for me. (KC3)*

While kinship carers were appreciative of the financial support they received, this often did not cover the true costs of caring for a child who has experienced trauma. Several participants described significant financial hardship and made personal sacrifices to meet the needs of the children in their care. Participants noted marked differences in the support provided to kinship carers when a child is in the custody of Oranga Tamariki compared to those who are not.

### 3.2.4 Taking care of self

Participants spoke about the importance of taking care of themselves as kinship carers, acknowledging both the practical and emotional demands of raising children. While prioritising their own wellbeing was challenging, this was important to participants:

> *It's difficult. It can be very difficult. … But other than that, yeah, just making sure like for being in my position, making sure you take care of yourself. … But it's made me realise that I actually need to put myself first. Because if my cup is empty, then I can't help the kids' cups and I can't help everyone else. (KC12)*

> *My biggest need would be to protect my mental health, so I'm better able to care for her. Because if I don't protect myself, then I'm not able to care for her and that's what she needs. And by not having that time to myself to recharge and all that, I'm not taking care of myself. It's like when you're on a plane they say put the oxygen mask on yourself first, so then you're capable of doing that. That's the same thing. (KC3)*

Many participants said that having time to themselves was an important part of taking care of themselves, however, accessing respite or breaks was often extremely difficult:

> *I think my biggest one would be never having respite. … As for me, I mean, even though I've got my son here, if anything happens with her, it's up to me to deal with. You know, I can't afford to get sick. I can't go out because I really don't have the babysitters that'll look after her while I go out. I mean, my son won't just because … he doesn't want to be left in a position where he could be accused of something, if you know what I mean. And so, he won't watch her for a long period of time. Like, if I want to pop down to the supermarket, he'll watch her for that. But if I wanted to go away for the day, that would be a different story. (KC3)*

> *We do have tamariki who have diagnosed conditions like ADHD and autism, and, you know, problematic behaviours. And then trying to find someone who will take care of those children is really hard. (P4)*

Several participants spoke about worrying who would care for the child if they became unwell due to having limited respite or family support options:

> *See that's something that's a real challenge in itself too actually, is when you do get sick, if you end up in hospital, you know, who looks after the child? That has been sometimes some of the hardest things to deal with. (KC2)*

Throughout their kinship care journey, participants recognised the importance of self-care. Taking breaks from caregiving was a key strategy, yet often difficult, particularly for those with limited family or social support.

## 3.3 Navigating supports for kinship care

The fourth overarching theme explores how the participants navigated support to provide nurturing kinship care. Participants identified which supports best enable and sustain whānau-based care, the challenges they face in navigating supports, and what they need to better sustain themselves and the children in their care. This sentiment is aptly expressed in a quote from P2:

> *I think staying with family is the ideal, but I think support should be in place for families to do it well. And I think just because it's a kinship placement doesn't mean that we shouldn't as a community not support it. I think we should support it because it is in the child's best interest to remain with their family, but we need to support them to do well. (P2)*

### 3.3.1 Kinship care specific support

Many kinship carers were initially unaware of the services and supports available to them. Others felt that existing services were too generic, failing to acknowledge the unique experiences children had prior to entering kinship care:

> *I just wish that there were supports. I feel like that I'm basically just someone that's had a child and is raising my own child is how I feel. Because there aren't any sort of additional supports there for her. But at the same time, she's not my child, and she has had this whole other experience before living with me full time. (KC15)*
>
> *It's not just about giving you some money and letting you look after these children. It's all about their emotional needs, because they're not your run of the mill kids, you know, no matter what anybody says. Because nobody can be brought up in that environment and not have some special hangups in their head that they need to just work through. You know. They maybe don't need a whole lot of it thrown at them for a start. But as they get older, things will come up. (KC1)*
>
> *There's just no wrap around supports for us. It's sort of like we're lumped in with everybody else, and yet you're dealing with so many more challenges … They don't understand those challenges that you have. There needs to be a bit more education around that and take away the perception because we don't choose to be in this situation. Well, I mean we did but we didn't. (KC2)*

Other participants took a more proactive approach to finding support services, or learned about them through other people:

> *I was proactive and found out there was a grandparents' group. Somebody might have told me there was a grandparents' group ... [Caring Families Aotearoa]. So, I joined groups, and I did all the courses that were put out by Oranga Tamariki and did the Toolbox, did all of that. And so went to groups and just made myself really familiar. (KC4)*

Nearly all the participants emphasised the need for easily accessible information for kinship carers, including around available support services and entitlements for kinship carers:

> *Maybe have like information packs that they get given when they first take on these children, so that you can always go back to them … Because I don't think I contacted Grandparents Raising Grandchildren until I was probably falling apart. I didn't know what to do with them. They were feral. You know. Maybe at the courts when I first applied for it, they could have given me some packs there and said ... Read through this. Yeah, just more information about it all. (KC1)*

As a result, participants accessed, or at times were unable to access, services that reflected their unique circumstances. When asked about what support services were required, several participants emphasised the importance of tailored services that recognise and respond to both the children's and carers' needs, including cultural needs:

> *The right people in the right places, that cultural support and options. Because sometimes a system just gives you one option, that's it. But it's like it's a one size fits all. But options – if you've only got one, it's either yes or no. So yeah, definitely a lot more options, lot more opportunities. (KC8)*

> *I suppose the education with organisations around what whāngai looks like. … But I mean just more that family can come to a place and approach someone and say, hey I've got this child. Can you please guide me and direct me, rather than delving straight into, oh where are the parents? Do they have addiction? Are they in a gang? Because it's like that's the automatic template. But allowing for the person to say, this is what's happened. (KC8)*

Several Māori participants highlighted the need for Māori-led services tailored to Māori whānau. They emphasised the importance of culturally responsive practice across all professional and support services:

> *Finding a service or support service that is Māori-led, if it's Māori and it's whāngai and that understands what whāngai might look like or maybe their lived experience. (KC8)*

> *Growing up in a rural community that we live in is majority Māori. Understanding that, you know, our kids are what you call pā kids. You know the marae is next door to there. You know, they grow up in a small community, rural and country. And so the majority of services come from towns or cities, and they come with that perspective of the handbook 101. (KC14)*

Several participants described professionals who worked effectively with their whānau. These interactions were marked by whānau-led approaches, respect for the mana of all involved, clear and compassionate communication, and the use of tikanga to guide the process:

> *We all need someone to talk to. Not necessarily to solve our problems or anything like that, but just somebody friendly, somebody that understands, that will listen and not be judgmental, that would be helpful. (KC3)*

> *It was clarity of communication and processes he maintained. And it did remind me of, you know, kaumātua on the marae with a strong sense of tikanga that within the marae space, when you've got tikanga prevailing things, things roll, you know, really hard stuff. You know, a joint, a clear joint logic can evolve, and you can get clear, agreed decisions that everybody actually agrees with and goes away feeling, okay the right things been done. (KC7)*

> *A decolonised approach, for me would be a whānau led process or whānau decision making. … It has to be not just the whānau sometimes, but they have to be part of the decision making, one way or another, and in a way that's, you know, respectful. And yeah, I think too sometimes systems aren't just about the money side of things like budgets and fees and costs become quite a big part of other systems. But it's at the bottom of the family system because it's not the focus. (P3)*

Participants also identified the need for trauma-informed, developmentally appropriate child-focused services that are readily accessible as needs emerge over time:

> *Supports there for the kids … Just something there that maybe, like a different environment type thing, like play therapy. I guess you would, you know, not just going in and like, you know, talking to the kids … But, you know, things come out through play ... Something that makes the kids feel like it's they're okay, they're safe, you know. (KC12)*

Kinship care involves distinct dynamics and challenges, requiring early, responsive support and accessible guidance. Participants expressed a strong desire for culturally responsive, whānau-led services.

### 3.3.2 Peer support groups and organisations

Most kinship carers were involved in support groups that offered social connection and access to others with shared similar experiences. These networks provided valuable peer support, validation, and practical advice on available supports and services:

> *Caring for Families are very good. Grandparents Raising Grandchildren, I go to that sometimes when I can fit it in. And they do understand. Because one time I went there, and I said, 'I don't even like these children anymore'. … And it was being able to talk to the other grandparents because they were like, 'oh my God! I went through that a year ago. I hated mine. I couldn't stand the sight of them', you know. And then afterwards you thought, 'oh it's not just me', you know … It's just a phase that you're going through. So, if I didn't have those type of groups … Yeah. It would be a lot harder. (KC1)*

Professionals working with kinship carers observed firsthand the value of peer support, where kinship carers could share experiences, exchange knowledge, and learn from one another:

> *I had one grandma at a workshop say this is the first time that I've been able to verbalise out loud that I will not have the retirement that I thought I would have and that when my youngest child leaves home. I will not be able to go traveling as I had planned. I have another generation to look after. So, yeah, that peer to peer support is really, really important. (P1)*
>
> *I like it when kin carers come together and they talk to each other about their experiences. And they hear each other express their feelings about things, and it's a really healthy space for them to learn different strategies from each other. And these are tried and true strategies from people who understand their situation. So, it's not someone coming in and telling them, it's them sharing stories and learning from each other. I find that really helpful. (P3)*

Some participants who were not involved in support groups expressed a desire for access to this kind of support when asked about their support needs:

> *Even if it was something around a group you know that you can just share some of the experiences of parenting children who weren't your own children. Just the relationship with the parents kind of things. You know, how do you keep them close to the children? (KC9)*

Numerous participants spoke positively about the organisation Grandparents Raising Grandchildren, highlighting its personalised support and advocacy services as especially valuable for kinship carers:

> *That was the best part about it too. There's someone there to advocate. As soon as I connected with them, the advocate was like, 'what's going on with WINZ?' I told her and she was like, 'I'll get on it'. She's like, 'that office really doesn't like me because I'm just on it and I'll badger them until I get what I want'. And I was like, 'oh that's a relief'. (KC12)*

Peer support groups and organisations, such as Grandparents Raising Grandchildren and Caring Families Aotearoa, provide important spaces for kinship carers to connect, share experiences, and learn from others with similar journeys.

### 3.3.3 Education and training needs

Many participants took part in training on topics such as trauma-informed care, managing challenging behaviour, life story work, and family contact. Most found these learning opportunities valuable, offering fresh perspectives and practical tools for their caregiving roles:

> *These training things are really helpful because, you know, often you just get so ... you've got things that are ingrained in the way you were brought up as well. And just to think outside the box and see what other people try and use. And you're also dealing with a lot more challenging behaviours because of the situations that they're coming from. (KC2)*

Participants shared their preferences for training delivery, with most favouring kanohi ki te kanohi (face-to-face) workshops. These settings fostered peer connection and support, allowing relationships to form alongside learning:

> *Caring Families [Aotearoa] run some workshops every now and again. They do a lot over Zoom. But that's always when I'm at work. So, I miss that. They have, you know, different training sessions, and that. But I have been to a few of their face-to-face ones. You know where there's about 8 people in a room, and I've found them very, very good. Difficult behaviours and torn loyalties and stuff like that. Yeah, yeah. And it's just good to sit with other people who know exactly what's happening. (KC1)*

Participants emphasised the importance of being able to bring the children in their care to workshops and events, recognising that limited support networks often make it difficult to engage in training unless children can attend:

> *There needs to be something that's accessible because for you as an actual carer, for yourself. That either will accept the child, but it also gives you a bit of a breather would be something that would be amazing. Like, I had a get together with Caring Families [Aotearoa] last Christmas, and that was just awesome. They had sort of stuff there for the kids to play with. But at the same time, us parents got to sit down and have a good natter and that was just fabulous. But often you sort of get one or the other. Yeah, often it's like you can't have the children there. (KC2)*

Participants expressed a strong desire for education tailored to their role as kinship carers, recognising key differences between kinship care and parenting. They valued opportunities to learn alongside others, with a preference for face-to-face workshops that fostered connection and peer support. However, childcare arrangements were a critical factor in enabling their participation.

### 3.3.4 Support from family and friends

Some participants spoke of living in multi-generational households, which in some cases offered additional support. However, others found these arrangements did not ease their caregiving responsibilities:

> *I've got my son. He actually still lives with me as well but he's 31. But he's been a really good support person. Basically, you know, a large co-parent in some ways. So, especially when she was first born, because I was working full time and you know, trying to juggle daycare and things like that it was really good ... I'd drop her off and then he'd pick her up and look after her until I got home from work and things like that. So, it worked really well. (KC2)*
>
> *He really gets on well with her, and he does love her and plays with her and all that sort of thing. But at the end of the day, what he does want to do does come first. ... But no, he's really great with her. (KC3)*

Some participants spoke about the family support they received and valued:

> *Right from day one, my whole family is behind us. Always has been. And I've got, you know, two brothers and a sister and lots of family and they just love her. They've just absolutely adored having her and loved on her. (KC5)*
>
> *We use our own whānau network and whānau supports. Yeah, and so we've been alright with that. We've been quite fortunate that ... having that strong relationship with the parents. (KC14)*

Participants with limited family support often relied on the support of their friends:

> *But boy it was tough when it was tough. My greatest support came from my friends more than my family. And my good friends who I spend more time with friends than with my immediate family. … So good friends, just that notion of stepping in for an hour or two and their friends that you can trust that they're not going to just leave them at a park and then come back later and pick them up. Good friends that, I think, which is what we still do today, can read into maybe we haven't got dinner at home. So why don't you have dinner at our house? That kind of thing. That was more of the support. (KC9)*

While family and friends offered valuable support, participants emphasised the need for formal services led by professionals who understand the complexities of kinship care and can provide informed guidance:

> *I think even if you have some family around, it's not the same as having a more formalised support network or people who know what that looks like. (KC13)*

For many participants, family and friends formed a vital support network, offering both emotional encouragement and practical help, such as respite care.

# Chapter 4: Discussion

This study examined kinship care in Aotearoa New Zealand, focusing on the challenges and support needs of kinship carers. Seventeen kinship carers and four professionals supporting kinship carers were interviewed, with data analysed using a thematic analysis. The findings offer a significant contribution to understanding both informal and formal kinship care in Aotearoa New Zealand.

This section situates the study's findings within both international and local literature. It begins by exploring how kinship care is normalised and conceptualised within Aotearoa New Zealand. The findings highlight kinship care as an ongoing journey, deeply rooted in relationships. The discussion highlights the challenges of caregiving and how kinship carers navigate support systems.

## 4.1 Kinship care is normal in Aotearoa New Zealand

It is estimated that between 16,000 and 22,000 children (approximately 3.2% to 4.3% of all children in Aotearoa New Zealand) are living in kinship care arrangements supported by a state benefit or Oranga Tamariki (Oranga Tamariki, 2023; Taua'i & Yang, 2024; Yang et al., 2024). This figure is likely to be higher than these estimates as some kinship carers do not apply for government financial support. In this study, three participants had not sought financial assistance, aligning with findings from other Aotearoa New Zealand research (Gordon, 2016; McGiven & Fouché, 2025). This study found that kinship care in Aotearoa New Zealand is widely regarded as a natural and customary family response to support children's wellbeing. All participants defined kinship care as the care of children by family or whānau. A small number extended this definition to include non-relatives known to the child. This contrasts with international definitions, which typically encompass care by both family and close family friends (Family for Every Child, 2024; United Nations General Assembly, 2010). The emphasis on family-based care may reflect the cultural context of Aotearoa New Zealand and the predominantly Māori composition of the participant group.

Several Māori participants referred to customary practices such as whāngai and atawhai, with others describing kinship care as whānau care. These practices involve children living with various family members for a range of reasons, including to protect and strengthen the relational and cultural connections within the whānau (McRae & Nikora, 2006; Newman, 2013; Somerville, 2003; Tinirau, 2023). Participants' descriptions reflected the view that tamariki are taonga—precious and to be nurtured, protected, and cared for by the wider whānau, hapū, and iwi (McRae & Nikora, 2006; Somerville, 2003; Tinirau, 2023). McRae and Nikora (2006) explain that whāngai differs from foster care or adoption in its emphasis on collective whānau wellbeing, not solely the wellbeing of the child. In this study, participants primarily focused on the child's wellbeing when defining kinship care, with less emphasis on collective whānau wellbeing. This is an area which would benefit from further research.

Kinship care was found to support and ensure the safety and wellbeing of children. Almost all participants were providing kinship care in response to concerns about the safety of the children in their parents' care, such as mental health, family violence, substance abuse, and neglect. The concerns were often co-occurring, resulting in complex and challenging circumstances for children. These findings align with previous Aotearoa New Zealand research, which identified drug addiction, family violence, neglect, family breakdown, parental incapacity, and alcohol abuse as the most common drivers of kinship care (Gordon, 2016). Similar to Gordon's 2016 study, less common reasons also emerged, including whāngai arrangements aimed at strengthening whānau development and the death of a child's parents.

## 4.2 Providing kinship care can be challenging but rewarding

### 4.2.1 Children have additional needs

Kinship carers in this study demonstrated deep awareness and sensitivity to the emotional and psychological impacts of children's prior experiences, including confusion about parental absence, anxiety, challenging behaviours, and suicide attempts. Given that kinship care in Aotearoa New Zealand often arises from serious safety and wellbeing concerns, these impacts can create additional complexities for carers (Caring Families Aotearoa, 2024; Kemmis-Riggs & McAloon, 2020; McGiven, 2023; Taua'i & Yang, 2024).

Many children in kinship care may also have undiagnosed disabilities, including neurodevelopmental conditions such as foetal alcohol spectrum disorder or attention deficit hyperactivity disorder, alongside other health needs. Consistent with previous research (Taua'i & Yang, 2024), this study found that that kinship carers often face significant barriers in accessing appropriate services to support children's wellbeing. Further research is needed to better understand the specific needs of children in both informal and formal kinship care arrangements, and to inform more responsive, accessible support systems.

Kinship care was consistently recognised as distinct from 'typical' parenting, primarily due to the trauma and adversity many children had experienced prior to entering kinship care. Kinship carers described the need to adapt their parenting approaches to be more trauma-responsive, attuned to the emotional and behavioural complexities that emerged from these experiences. While this adaptation posed significant challenges, it was also an area where kinship carers appreciated support, training, and guidance, which has been found to improve carers relationships with the children and improve the functioning of the kinship care household (McGiven, 2023; McGiven & Fouché, 2025).

### 4.2.2 Relationships can be sources of support or tension in kinship care

This study establishes kinship care as a complex and distinct form of caregiving, with characteristics that differ significantly from both parental and foster care (Borenstein et al., 2025). Central to this complexity are the relational connections that underpin kinship care, requiring carers, children, parents, and the wider whānau and social networks to navigate evolving relationships when kinship care begins. These relationships can be sources of both tension and support.

Figure 3 illustrates the interconnected relational landscape of kinship care, encompassing tamariki, family, whānau, hapū, iwi, parents, kinship carers, and broader social ties. Surrounding these relational networks are the organisations, systems, and services that influence and interact with kinship care, with this being explored further in the following section.

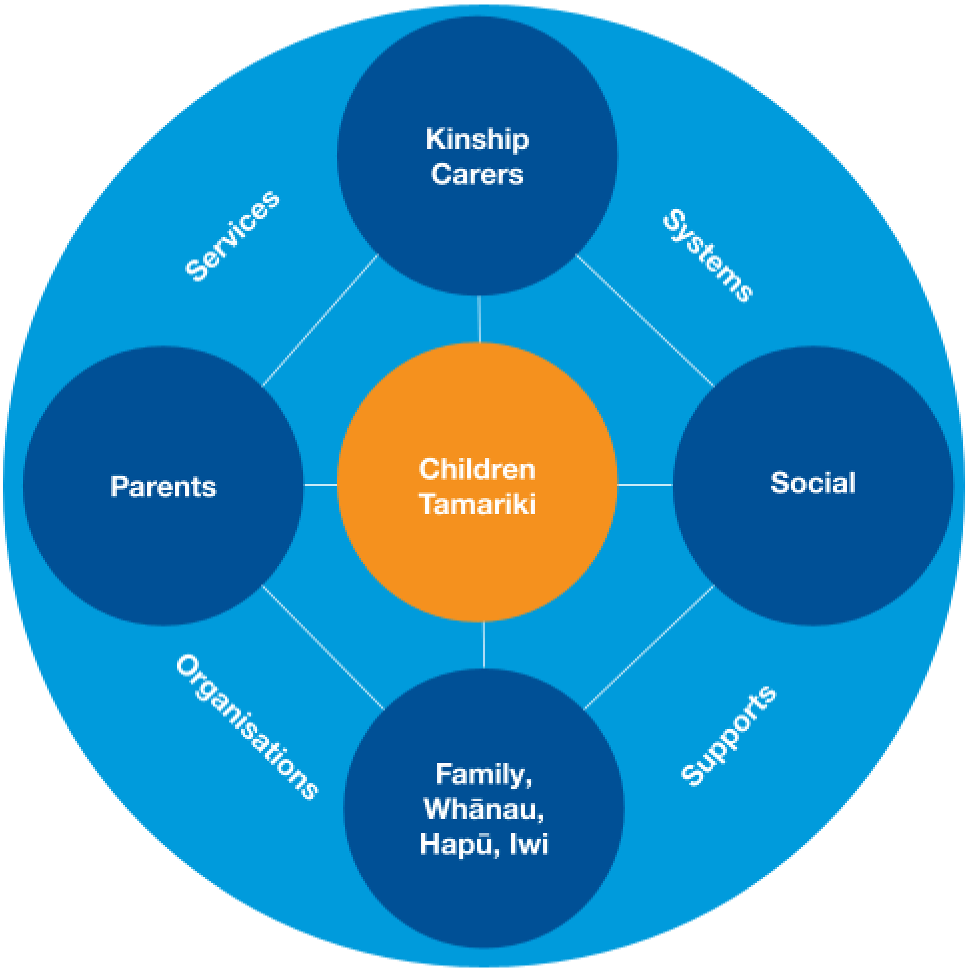


*Figure 3: Kinship carers navigate relationships between themselves, children, parents, family, and social. The supports, services, systems, and organisations need to provide wraparound support.*

## Changes in the relationship with the child

This study highlights the shift in relational dynamics between children and kinship carers once caregiving begins. Kinship carers were acutely aware that the child was not their own, and stepping into a caregiving role altered their existing relationship and identity within the whānau. For grandparent carers in particular, this shift created tension between the traditionally 'fun' grandparent role and the responsibilities of daily parenting, such as providing structure, discipline, and emotional support (McGiven, 2023; McGiven & Fouché, 2025).

### Navigating ongoing relationships with the parents and family

Kinship care, by its nature, involves navigating complex family relationships, including those with the child's parents and wider whānau, hapū, and iwi (Tracy et al., 2022). This study found significant variation in the relationships between children in kinship care and their parents. Arrangements ranged from informal contact to supervised contact, with Family Court-ordered supervision often posing logistical and financial challenges, such as the cost of contact centres or carers having to supervise contact themselves. Half of the participants reported that the children they were caring for had no ongoing contact with one or both parents, consistent with previous research (Gordon, 2016). Reasons included parental disengagement, children declining contact, or carers ending contact due to its adverse impact on the child.

Participants expressed conflicting feelings about maintaining contact with parents. Many felt torn between supporting the child–parent relationship and protecting the child from harmful parental behaviour (Tracy et al., 2022). Kinship carers also had to manage their own relationships with the parents, often their own children, which added emotional complexity. While some described positive relationships, others experienced volatility and violence (Gordon, 2016). Tensions were frequently rooted in parents' perceptions that carers had 'taken' their children, creating what Tracy et al. (2022) described as a "power struggle" between carers and parents. Kinship carers often tried to maintain boundaries without overstepping, holding hope for parental change while also having a sense of grief and loss due to the change in the relationship with the parents, who were often the kinship carers children (Tracy et al., 2022).

The study also highlighted shifts in relationships between children, carers, and the wider family or whānau. For some children, kinship care enabled reconnection with extended family they had been isolated from while living with their parents. Grandparent carers noted changes in their relationships with grandchildren, and some kinship carers experienced strained relationships with wider family members who did not appear to understand why the kinship carer should have to provide care. These findings are consistent with international research (Tracy et al., 2022). Further research is needed to deepen understanding of these relational dynamics and their impact on kinship care.

### Changes in peer and social support

Kinship carers often experienced changes in their social and peer relationships after taking on caregiving roles. While some were able to draw on existing support networks for advice and emotional encouragement, others found themselves with limited support. This was particularly evident for grandparent carers, who described feeling out of step with their peers, placed into a different life stage by the demands of caregiving. The responsibilities of care, coupled with financial strain, meant many kinship carers could no longer participate in the activities they once enjoyed (McGiven, 2023). Some also reported having less in common with other parents, often due to age differences and differing life circumstances. These relational changes contributed to reduced social support and increased isolation for some kinship carers.

## 4.2.3 Navigating systems can be challenging for kinship carers

The findings highlight that navigating support systems can pose significant challenges for kinship carers. Although mechanisms such as the Family Court (for legal orders) and Work and Income (for financial assistance) are available, these systems are often complex and difficult to access, adding further pressure to carers already managing demanding caregiving responsibilities.

## The Family Court system can be difficult, costly, and confusing

This study found that the vast majority of kinship carers applied for parenting and guardianship orders. Orders were applied for due to a variety of reasons, including being asked/told to do so by Oranga Tamariki, the need for orders to be obtained to access financial assistance, and concerns about parents seeking the child's return despite ongoing safety risks. Experiences of the legal process of gaining legal orders varied. A few participants found it straightforward with the support of a lawyer, while others navigated the legal system to obtain orders without legal representation. Consistent with previous research, many described the Family Court process as overwhelming, confusing, and drawn-out for kinship carers (Gordon, 2016; McGiven, 2023).

Applying for legal orders often came at considerable personal cost, up to $10,000 in some cases, with many kinship carers ineligible for legal aid (Gordon, 2016). Hidden costs, such as time off work, further compounded financial strain. These pressures led some kinship carers to draw on savings, such as for their retirement, or getting into debt. Given the important role kinship care plays in supporting the wellbeing and safety of children, the findings highlight the urgent need for more equitable and accessible financial support for kinship carers.

## The Care of Children Act 2004 colonises Te Ao Māori approaches to parenting

The Care of Children Act 2004 (COCA) defines guardianship as the legal authority to make significant decisions about a child's care, upbringing, and development.[9] The child's mother is always a guardian and most fathers are as well.[10] Usually the child's mother and father are joint guardians of the child.[11] The Court may also appoint additional guardians, such as kinship carers. Many Māori kinship carers in this study began providing care without legal orders. When kinship carers were not considered legal guardians, this prevented carers from accessing essential services such as education and healthcare for the child. This led many to seek additional guardianship and parenting orders to meet the child's needs. Participants often viewed the COCA framework as misaligned with Te Ao Māori. Cleland (2023) critiques COCA as a colonial instrument of assimilation, privileging the Western nuclear family model over Māori concepts of collective identity, tino rangatiratanga over kāinga, and relational caregiving through whānau, hapū, and iwi.

The Western, monocultural constructs embedded in COCA, particularly around parenting and guardianship orders, fail to reflect the Māori worldview of collective responsibility of whānau, hapū, and iwi for raising children. This study found the Family Courts had little consideration of whānau-led decision-making processes, requiring Māori kinship carers to apply for legal orders and justify their caregiving roles through evidence. Where kinship care is a whānau-led decision, Māori kinship carers should be able to provide ongoing care to children, without the need to obtain Western, colonial parenting orders. Where kinship care arises from whānau-led decisions, Māori carers should be able to provide ongoing care without being

---

[9] COCA, section 15.

[10] Mothers are always guardians and COCA sets out when a father is a guardian. The Court may also order additional guardians are appointed or in extreme cases, remove guardianship rights.

[11] COCA, section 17.

subjected to colonial legal frameworks that privilege individual parental rights over collective responsibility. There is a need for transformational reform of COCA to decolonise the legislation to ensure it is suitable for the variety of kinship care arrangements and reflects tikanga and Te Ao Māori (Cleland, 2023).

### Kinship care can create a financial burden

Kinship care can have a significant financial impact on carers. The majority of kinship carers received financial support through the Unsupported Child's Benefit (and in one case, the Orphan's Benefit) and were extremely grateful for this financial assistance. However, navigating this system could be difficult and there were some delays in receiving financial support. Consistent with previous research (Gordon, 2016; Taua'i & Yang, 2024), some kinship carers described significant financial challenges as a result of providing care. The unexpected nature of kinship care meant financial challenges were found to be more significant when kinship carers were retired or were unable to continue working or significantly reduced their working hours (Gordon, 2016). For these participants, financial pressures were compounded by the current cost-of-living crisis, leading to experiences of poverty and economic insecurity.

The findings reveal that kinship carers consistently prioritise meeting the needs of the children, such as recreation, health, and mental health needs, over their own needs. To meet the children's needs, kinship carers made significant lifestyle sacrifices, including going without haircuts, social outings, food and purchasing new clothing. While many expressed gratitude for receiving financial support through government schemes, they also felt that this support was insufficient to meet the full costs of caregiving (Gordon, 2016; Taua'i & Yang, 2024). These findings highlight the need to review both the adequacy and accessibility of financial support systems, ensuring they reflect the realities of kinship care and uphold the wellbeing of both carers and children.

Kinship carers also had to pay for services and items to meet the needs of the children in their care, such as glasses, dentists and orthodontists, therapists, and mental health assessments. Given that many children in kinship care have experienced trauma and adversity, these additional needs are common and often complex (Kemmis-Riggs & McAloon, 2020; McGiven, 2023; Taua'i & Yang, 2024). Numerous participants expressed frustration at being unable to access support through Work and Income or the Permanent Caregiver Support Service, which covers such costs for children previously in State care.[12] This disparity highlights a critical gap in support for kinship carers. There is an urgent need to ensure funding is accessible and responsive to the actual needs of children in kinship care, particularly where current entitlements fall short.

## 4.2.4 Kinship carers taking care of self

As discussed, kinship care can be challenging, and it is therefore important that kinship carers take care of themselves. The findings of this study demonstrate the emotional impacts kinship care can have on carers. Having breaks and time away from the children was important to many of the kinship carers due to the

---

[12] Kinship caregivers are eligible to access the Permanent Caregiver Support Service (PCSS) if the child was subject to a custody order under the Oranga Tamariki Act 1989 and the carer has orders under the Care of Children Act 2004. The PCSS provides financial assistance and social work support to these children until they are 18 years of age, with certain eligibility criteria.

impacts of caring (Gordon, 2016). However, accessing respite or babysitting could be difficult. While there are some services offering respite in Aotearoa New Zealand (such as holiday programmes), access to these is limited and appears to be regionally based. This finding differs from McGiven's (2023) study which, unexpectedly, found only one participant mentioned respite as an unmet need. This difference in findings may be explained by kinship carers relying on their informal support networks. Where kinship carers had strong informal supports, they did not report needing respite care as an unmet need. Where support networks were limited, this made having breaks more difficult. The provision of respite support to kinship carers was found to be important to supporting the wellbeing of kinship carers and is an area which requires further expansion in Aotearoa New Zealand.

## 4.3 Kinship care needs to be better supported

Kinship care provided outside the statutory system was found to have unique challenges due to kinship carers having less access to supports and services. The study revealed significant variation in kinship carers' experiences of engaging with and accessing supports and services for both children and kinship carers. Kinship carers often accessed services and supports from charities and, at times, struggled to navigate publicly provided services (Gordon, 2016; McGiven, 2023; McGiven & Fouché, 2025). The Aotearoa New Zealand kinship care support system was found to be fractured and ad hoc in nature – it is not intentionally designed to support kinship carers to provide the best possible care to children.

This study found a clear need for holistic, wraparound services tailored to the specific needs of children in kinship care and their kinship whānau, including cultural needs.  Services were most effective when they had a strong understanding of the unique aspects of kinship care (McGiven, 2023; McGiven & Fouché, 2025). Several Māori participants expressed a strong desire for kaupapa Māori services that reflect tikanga and support whānau-led care. The findings identified key domains of support required by tamariki and whānau (see Figure 4): access to services and supports; support to navigate systems; peer and social support; training and education; and support to navigate family dynamics.

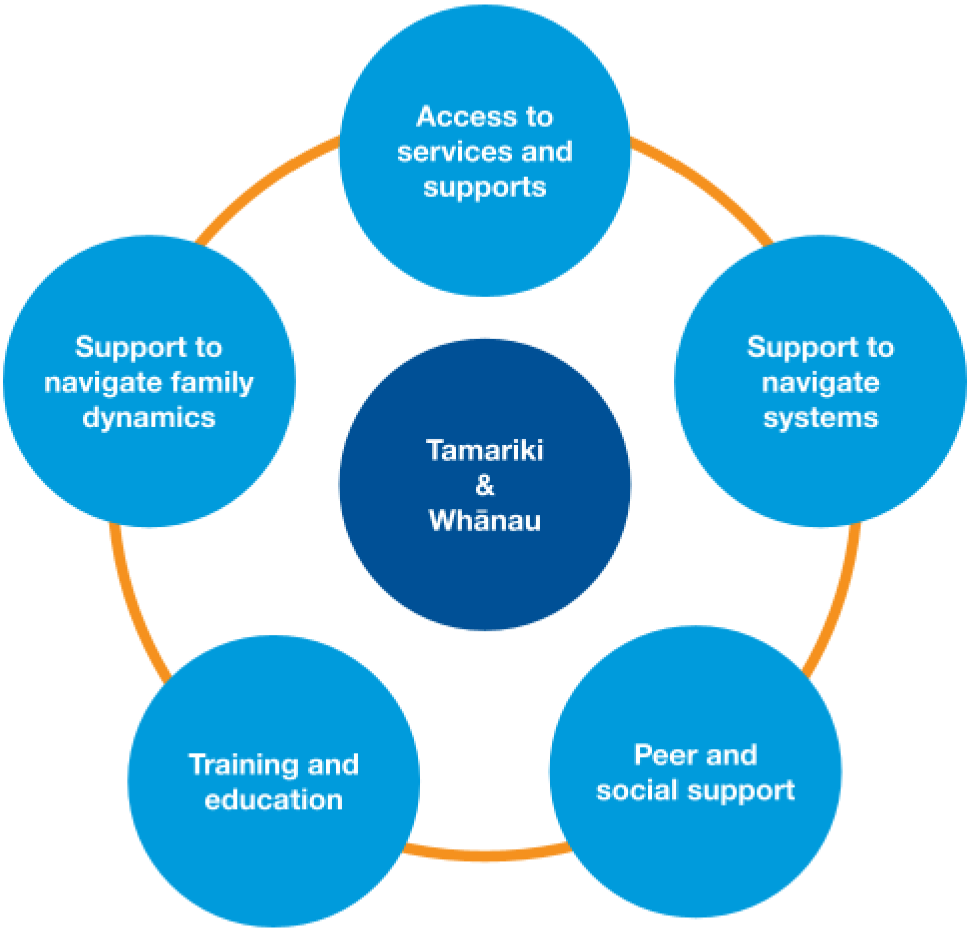


*Figure 4: Kinship carers need support in a number of domains.*

Pā Harakeke is a Te Ao Māori framework used in work with children, families and whānau, based in the metaphor of the flax bush. A its centre is the rito, the child, surrounded by the awhi rito, representing parents, kinship carers, and whānau. The core fronds must never be cut, as doing so would destroy the plant. This symbolises the vital role of kinship care in keeping tamariki (children) living within their families and whānau, and the harm caused by relational and cultural disconnection through alternative care. Encircling the flax bush are the tupuna fronds, representing services and supports that wrap around the child and their whānau. These fronds are harvested from the harakeke as needed, reflecting the idea that services should be available for as long as they are needed.

Transitioning into the role of a kinship carer often required navigating complex systems and services with little initial support. Participants expressed a strong desire for clearer, more accessible information about available supports, suggesting this could be provided at key entry points, such as when applying for legal orders or financial assistance. McGiven and Fouché (2025) similarly found that kinship carers lack guidance and support at the start of their kinship care journey. An emerging approach advocated for by Ngā Rangatira Mō Apōpō (Youth Advisory Panel from Pillars Ka Pou Whakahou) is the introduction of Kaiwhatu Kura Whānau, court navigators who support whānau to understand legal processes and access relevant services when a family member enters the criminal justice system. These navigators would work alongside whānau to co-design support plans for tamariki and whānau. This wraparound approach could be expanded to include all children in kinship care, ensuring that when orders are sought through the Family Court or financial support is applied for through Work and Income, whānau are met with guidance, connection, and culturally responsive support.

### Principles for supporting kinship carers

This study also found the way in which practitioners supported kinship carers was important. Effective support requires professionals to be whānau-led in their approach, uphold the mana of all involved, communicate with clarity and respect, and embed tikanga in their practice when working with whānau. Professionals also need a strong understanding of trauma and behaviour, and work in ways that are both child-centred and whānau-focused. An essential part of this support is helping whānau build and strengthen their support networks and navigate the systems and services needed to sustain care. Based on these findings, the following principles adapted from Family for Every Child (2024) offer guidance for professionals working alongside kinship carers. These principles are:

- Understand the unique and complex dynamics of kinship care.
- Be child-centred, whānau-led and culturally responsive.
- Link to and advocate for services and supports.
- Recognise the needs of children and whānau change over time.
- Support whānau to build an enduring support network who can provide practical supports.

### 4.3.1 Kinship carers need support for the wellbeing of children

Kinship carers often sought access services to better understand and respond to the health, disability, and emotional needs of the children in their care. However, accessing services, such as counselling, disability, or mental health assessments and services was difficult. Several participants reported receiving better support for children through community organisations or privately funded services. These findings reinforce earlier research highlighting the challenges kinship carers face in accessing services and support for children in their care who have additional needs (McGiven, 2023; McGiven & Fouché, 2025; Taua'i & Yang, 2024).

The study highlights the importance of professional and services understanding the unique nature of kinship care and how this may impact on the children. Wraparound, whānau-centred support for the child and their whānau was consistently identified as more effective, particularly as kinship carers were often managing behaviours and emotional responses from the children which they had not experienced before.

### 4.3.2 Peer support is valuable to many kinship carers

Peer support was found to be particularly valuable for kinship carers, offering a shared understanding of lived experiences. These groups helped normalise the challenges and kinship carers' emotional responses to these. Peer support groups also provide informal mechanisms for learning and developing skills (Hunt, 2020; McGiven, 2023). Organisations in Aotearoa New Zealand, such as Grandparents Raising Grandchildren and Caring Families Aotearoa, played a key role in connecting kinship carers with others in similar situations. These networks fostered a sense of belonging and strengthened support systems grounded in common experience. Previous research has also highlighted the benefits of peer support for kinship carers (Gordon, 2016).

### 4.3.3 Kinship carers need opportunities to develop their skills and knowledge

As discussed previously, kinship care comes with range of unique challenges. This study found that kinship carers deeply valued learning opportunities relevant to their role as kinship carers. Key learning needs included understanding trauma and challenging behaviour, navigating family contact and complex relationships, and supporting children to make sense of their experiences. Group training programmes have been found to be particularly valuable to kinship carers and an effective way of supporting kinship carers (Rabassa & Fuentes-Pelaez, 2023).

The findings also suggest practical ways to improve access to training for kinship carers. Kinship carers expressed a strong preference for kanohi ki te kanohi (face to face) training opportunities over online training (such as Zoom). The availability of child-care during training was also critical, as many carers could not attend without support for the children in their care. Accessible training not only strengthens parenting skills but also fosters peer relationships, helping carers expand their social support networks and buffer against the relational isolation and challenges kinship carers may face (McGiven, 2023; Rabassa & Fuentes-Pelaez, 2023).

### 4.3.4 Kinship carers drew on family and social support

Kinship carers experienced varying levels of support from their family in their role as kinship carers. Some kinship whānau lived in multi-generational arrangements that sometimes provided additional support for most of these kinship carers, while others relied on extended family and whānau to help navigate challenges of kinship care and provide respite. Social support from friends was also important for many participants. However, some participants (usually grandparents) spoke about being in a different life stage to their friends which changed the dynamics or did not understand kinship care. These findings reflect the complex relational worlds kinship carers navigate. While ideally kinship carers would be fully supported by their families and friends, this may not always be the case (Gordon, 2016; McGiven, 2023). Family for Every Child's (2024) international kinship care guidelines emphasise the importance of promoting kinship care and fostering social norms that support kinship carers. Strengthening public understanding and acceptance of kinship care can help create a more enabling and equitable care system, one where carers are better supported by both their communities and systems.

# Chapter 5: Conclusion and Recommendations

This study provides critical evidence on the experiences of informal and formal kinship carers in Aotearoa New Zealand, addressing a significant gap in existing research. Kinship care presents unique challenges underpinned by changes in relational dynamics, additional support needs for children, and complex legal and financial systems. Despite their unwavering commitment to children's wellbeing, kinship carers often lack access to the services and supports required to sustain their caregiving role.

With an estimated 20,000 children in kinship care, the absence of intentional, targeted support is a pressing concern. Kinship carers need holistic, wraparound assistance - from peer and family networks and community organisations to culturally responsive services and government-funded supports. Prioritising kinship care is essential to upholding children's rights and ensuring they remain safely connected to their family and whānau.

To do so, kinship carers must be recognised, resourced, and supported, so they can continue to care, and so the system can truly care for them in return.

## 5.1. Recommendations to strengthen kinship care in Aotearoa New Zealand

This study endorses Family for Every Child's (2024) seven components for an enabling environment that supports best outcomes in kinship care (see Figure 5):

- Collect robust evidence on kinship and whānau care
- Promote public awareness and acceptance of kinship care
- Develop clear policies, strategies, and guidance
- Strengthen the capability of the social service workforce
- Coordinate cross-sector responses
- Ensure adequate and accessible funding
- Foster social norms that value kinship care.

These seven components form the recommendations from this study to strengthen and support kinship and whānau care in Aotearoa New Zealand.

*Figure 5: The seven components to create an enabling environment for kinship care (Family for Every Child, 2024)*

## Recommendation 1: Collect evidence about kinship care

Invest in strengthening and developing research, data, and evidence on kinship and whānau care in Aotearoa New Zealand. Priority areas include lived experiences of tamariki, kaupapa Māori approaches, birth parent perspectives, pre-placement relationships, longitudinal outcomes, differences between informal, formal, and statutory kinship care, and the effectiveness of support systems.

## Recommendation 2: Promote kinship care

Promote kinship care in Aotearoa New Zealand through public messaging that highlights its benefits, normalises whānau-based care, and builds awareness of the unique and complex dynamics of kinship care and how to support kinship carers. This will help drive policy change and strengthen community and government support for children and their caregiving whānau.

## Recommendation 3: Develop policies, strategies, and guidance on kinship care

Develop clear policies, strategies, and guidance to support kinship care in Aotearoa New Zealand, ensuring carers are recognised, resourced, and supported in alignment with child protection legislation, Te Tiriti o Waitangi and are child-centred, whānau-led and culturally responsive.

Develop a national strategy to support non-statutory kinship carers. This strategy should be co-designed with kinship carers, Māori and Pacific communities, and child rights advocates. It must include culturally grounded, wraparound support, clear entitlements, and pathways for recognition, ensuring that those who care are cared for in return. Responses will also recognise that the needs of children and whānau change over time and adjust accordingly.

Review and reform Family Court processes to ensure they are accessible and fit for purpose for kinship carers. Expand legal aid to support carers seeking parenting or guardianship orders. Adopt the Kaiwhatu Kura Whānau Navigator proposal advocated for by Ngā Rangatira Mō Apōpō (Youth Advisory Panel from Pillars Ka Pou Whakahou) to guide whānau through proceedings and co-design support plans for tamariki and their caregiving whānau.

Undertake a Māori-led review of the Care of Children Act 2004 to align with Te Ao Māori approaches to collective parenting, ensuring whānau-led decision-making is recognised and supported in law.

## Recommendation 4: Develop training to strengthen and support workforce capability and capacity to support kinship care

Strengthen social service workforce capability through targeted training on the unique dynamics of kinship care, ensuring professionals can provide informed, culturally responsive support to carers and children.

## Recommendation 5: Work across sectors and coordinate responses to kinship care

Coordinate cross-sector responses to strengthen support for non-statutory kinship care. This includes funding kaupapa Māori whānau care services and improving access to culturally responsive, wraparound support that reflects the unique needs of children and their kinship whānau, hapū, iwi, and aiga.

## Recommendation 6: Ensure that social services and support for kinship care are properly financed

Ensure social services and financial support for kinship care are adequately funded and accessible, including streamlined access to benefits and targeted assistance for carers facing income loss or financial hardship

Review and simplify the Unsupported Child's Benefit and Orphan's Benefit application process, ensure payment levels reflect the true costs of care, and establish kinship care champions in Work and Income offices to support carers in accessing their full entitlements.

Expand eligibility for the Permanent Caregiver Support Service to include informal and formal kinship carers, ensuring access to financial and social work support to meet children's additional needs through to age 18.

Expand and fund services that support the wellbeing of children and kinship care whānau, including respite care, relational support, supervised contact, and trauma-informed guidance. Services must reflect the complex dynamics of kinship care and be accessible, culturally responsive, and fit for purpose.

## Recommendation 7: Ensure social norms support kinship care

Promote public messaging that affirms kinship care as a normal and valued practice in Aotearoa New Zealand, reflecting customary approaches such as whāngai and atawhai. This will help reduce stigma, strengthen social acceptance, and support carers within their communities.

# Appendix 1: How We Approached the Research

This research explores kinship care in Aotearoa New Zealand. The research set out to explore how kinship care is conceptualised in Aotearoa New Zealand, the challenges kinship carers face, and the supports needed to overcome these challenges. These findings will provide recommendations for changes to the Aotearoa New Zealand care system to ensure kinship care is prioritised and well supported to ensure the safety and wellbeing of tamariki.

As we wanted to understand the views of kinship carers and professionals supporting kinship carers, we used a qualitative research design. This allowed for a depth of exploration of the experiences of participants.

## Advisory rōpū

An advisory rōpū consisting of senior social sector stakeholders (including leadership from the Family for Every Child Steering Group) and partners from further NGO and iwi NGOs was established for this research project. The purpose of this group was to guide and support this research project through sharing their knowledge and perspectives on conceptualisations on kinship care, the benefits, challenges and changes required, and to provide feedback on draft content of the final research report. Hui were held online, with Advisory group members being reimbursed for their time and contributions.

A purposive approach to sampling will be used to choose advisory group members based on their relationship with Family for Every Child (relevant Steering Group members) and because of the unique insights they can offer (Rubin & Babbie, 2013), to maximise variation and begin to identify commonalities across the six NGO and iwi-based NGO partners. Diverse representation was sought to ensure as much as possible to include the perspectives of women, tangata whenua, pacific people and disabled people. Representation was chosen to ensure a commitment to Te Tiriti o Waitangi and tangata whenua. Pacific people and disabled people were included due to the disproportionate rates of children in State care, the gap of research which includes Indigenous knowledge, conceptualisations of kinship care, issues and solutions to achieve the best outcomes for children and their families and whānau.

## How we recruited participants

We recruited participants (both kinship carers and professionals supporting kinship carers) by emailing invitations to participate to organisations who work with kinship carers. The organisations were sourced from the researcher's professional networks. All participants then contacted the researcher directly and were sent information sheets. One social media post was made in a Facebook group to recruit professional participants due to a limited uptake of participants.

A brief screening call or email exchange was completed with those interested in participating in the research to provide information and ensure they met the participation criteria.

The participation criteria for kinship carers was: a) being older than 18 years of age; b) caring for a child or children (other than your own child or a stepchild) from within their family, whānau, hapū, or iwi for at least

12 months; and c) the child they are caring for is not currently in the custody of Oranga Tamariki. Kinship carers did not have to have parenting orders granted through the Family Court to participate.

The participation criteria for professionals supporting kinship carers was: a) they had provided support to kinship carers for at least 12 months; b) they had direct contact with kinship carers (either informal or formal); and c) not being employed at the time of participation by Oranga Tamariki.

Consent forms were provided to all participants. These were completed by participants or the interviewer (after a verbal explanation of the consent form) before the commencement of each interview.

## Who we spoke with

### Kinship carers

Kinship carers were approached via intermediaries. A list of organisations supporting kinship carers was made by the researchers. The lead researcher then asked organisations if they were willing to distribute the invitation to participate and information sheet to possible kinship carers. Kinship carers then contacted the lead researcher directly.

Following an expression of interest, the lead researcher arranged a time to phone the respondent to undertake a brief screening call to ensure eligibility criteria were met and to answer any questions the respondent may have had. Participants were selected on a first-in basis with an aim to ensure the desired demographic data were met (50% Māori and a mix of formal and informal kinship carer participants). Additional respondents who were not required or did not meet eligibility criteria were thanked for their interest in the study and asked if they could be contacted should the selected participants withdraw from the study.

Seventeen kinship carers from 15 households took part in this study. Ten of the 17 (58%) of participants were Māori and one was Cook Island Māori. Eight of the caring households were grandparents, one (KC4) was a great grandparent, one carer (KC13) was a sibling, three were uncles or aunts (KC8, KC9, and KC12), and two were from the wider whānau (KC10 and KC14). The participants had been caring from 3 years up to 18 years, with an average length of providing care being 10 years.

### Professionals supporting kinship carers

The researchers made a list of potential organisations to approach. The Chief Executives of the organisation were then approached directly via email and provided with information about the study. The Chief Executive was asked to distribute the invitation to participate and the information sheet to relevant staff. Participants were selected on a first-in basis based on meeting the eligibility criteria. Additional respondents were thanked for their interest in the study and asked if they could be contacted should a selected participant withdraw from the study.

Four professionals (one was Māori and one was Māori and Samoan) took part in the study from a range of backgrounds. Three were registered social workers and were working in community organisations. Two had previous experience working in statutory child protection.

## How we collected data

Semi-structured interviews were conducted by the primary researcher with all participants. Each interview begun with building a relationship between the interviewer and participant (whakawhanaungatanga) and the offer to open the interview with a karakia (prayer). The consent form and participant rights were discussed (with the consent form being signed if necessary).

Interview schedules guided the interviewer with prompts and additional areas that arose during the interview were explored. Questions were grouped in four categories: demographics, what kinship care means, challenges and barriers to kinship care, and support needs of kinship carers.

Fifteen interviews were conducted via video conferencing software, and four interviews were completed kanohi ki te kanohi (face to face) between April and August 2025. Interviews lasted between 45 minutes and 1.5 hours. All interviews were recorded with the consent of the participants. To acknowledge the contribution of participants, all participants were provided with a koha of a $50 Prezzy gift card.

## How we analysed the data

Interviews were transcribed verbatim by the primary researcher and sent to the participant for checking. Minor grammatical and clarifying edits were made by one participant. The recording of the interview was deleted after participants agreed their transcript was correct.

Braun and Clarke's (2006) six-stage thematic analysis process was used to analyse the data. This involved reading the transcripts and noting initial codes. The codes were then collated into a number of themes and sub-themes to identify patterns across the data. The themes were reviewed against the data to ensure consistency. The themes were also discussed with the research advisory rōpū to draw on their insights and expertise.

## Ethical approval

The research was granted ethical approval by the Aotearoa Research Ethics Committee (AREC_24_69) on 4 March 2025. An amendment to the ethical approval was sought to allow for kanohi ki te kanohi interviews. The amendment was approved on 1 April 2025.

## Research limitations

The findings of this research are limited by the recruitment strategy. Only kinship carers connected to organisations were recruited. Kinship carers who are not engaged with support services may have differing views on the challenges of kinship care and their support needs. Additionally, the small-scale qualitative nature of the project means the research is not generalisable. Nevertheless, it does report the experiences of 17 kinship carers in Aotearoa New Zealand and fills an important gap in the research undertaken on this issue to date.

We did not seek to speak with children/tamariki as part of this research. This is an area to prioritise for further research to ensure their voices and experiences of kinship care are heard.

# References

Abuse In Care Inquiry. (2024). *Whanaketia – Through pain and trauma, from darkness to Light.* Wellington, New Zealand.

Aroturuki Tamariki - Independent Children's Monitor. (2025). *Experiences of care in Aotearoa: Agency compliance with the National Care Standards and Related Matters Regulations: Reporting period 1 July 2023 - 30 June 2024*. https://aroturuki.govt.nz/assets/Reports/EOCR2324/Experiences-of-Care-2023-24.pdf

Backhouse, J., & Graham, A. (2013). Grandparents raising their grandchildren: Acknowledging the experience of grief. *Australian Social Work*, *66*(3), 440-454. https://doi.org/10.1080/0312407X.2013.817595

Berrick, J. D. (1997). Assessing quality of care in kinship and foster family care. *Family Relations*, *46*(3), 273-280. https://doi.org/10.2307/585125

Borenstein, J., Frederico, M., & McNamara, P. (2025). Kinship care in the child welfare system: The lived experience and case for reform. *Children and Youth Services Review*, *168*, 108026. https://doi.org/10.1016/j.childyouth.2024.108026

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Brown, L., & Sen, R. (2014). Improving outcomes for looked after children: A critical analysis of kinship care. *Practice: Social Work in Action*, *26*(3), 161-180. https://doi.org/10.1080/09503153.2014.914163

Caring Families Aotearoa. (2024). Care and protection white paper: Te pepa mā atawhai me te whakamuru 2024. https://www.caringfamilies.org.nz/3d-flip-book/care-protection-white-paper-2024/

Carriere, J., & Richardson, C. (2009). From longing to belonging: An Indigenous critique of applying attachment theory to work with Indigenous families. In S. McKay, D. Fuchs, & I. Brown (Eds.), *Passion for action in child and family services* (pp. 49-67). Canadian Plains Press.

Chamberlain, P., Price, J. M., Reid, J. B., Landsverk, J., Fisher, P. A., & Stoolmiller, M. (2006). Who disrupts from placement in foster and kinship care? *Child Abuse and Neglect*, *30*(4), 409-424. https://doi.org/10.1016/j.chiabu.2005.11.004

Cleland, A. (2023). Care of Children Act 2004: Continuation of cultural assimilation. *Victoria University of Wellington Law Review*, *54*, 669-698.

Connolly, M., de Haan, I., & Crawford, J. (2017). Focus on stability: A cohort of young children in care in Aotearoa New Zealand. *International Social Work*, *60*(1), 111-125. https://doi.org/10.1177/0020872814554855

Courtney, M. E., & Zinn, A. (2009). Predictors of running away from out-of-home care. *Children and Youth Services Review*, *31*(12), 1298-1306. https://doi.org/j.childyouth.2009.06.003

Delap, E., & Mann, G. (2019). *The paradox of kinship care: The most valued but least resourced care option - a global study*. Family for Every Child. https://familyforeverychild.org/wp-content/uploads/2022/01/The-Paradox-of-Kinship-Care-text-full-English-report-04-03-12.pdf

Durie, M. (2003). Whānau development and Māori survival: The challenge of time. In M. Durie (Ed.), *Ngā kāhui pou: Launching Māori futures* (pp. 11-33). Huia Publishers.

Family for Every Child. (2024). *How to support kinship care: Lessons learnt from around the world*. https://familyforeverychild.org/wp-content/uploads/2024/01/2559-FEC-Kinship-Care-Guideline_web.pdf

Farmer, E. (2009a). How do placements in kinship care compare with those in non-kin foster care: Placement patterns, progress and outcomes? *Child and Family Social Work*, *14*(3), 331-342. https://doi.org/10.1111/j.1365-2206.2008.00600.x

Farmer, E. (2009b). Making kinship care work. *Adoption and Fostering*, *33*(3), 15-27. https://doi.org/10.1177/030857590903300303

Farmer, E., & Moyers, S. (2008). *Kinship care: Fostering effective family and friends placements*. Jessica Kingsley Publishers.

Fast, E., Allouche, Z. I., Gagné, M. D., & Boldo, V. (2019). Indigenous youth leaving care in Canada: Lessons from our past and present. In V. Mann-Feder & M. Goyette (Eds.), *Leaving care and the transition to adulthood: International contributions to theory, research, and practice* (pp. 243-260). Oxford University Press.

Fernandez, E. (2008). Unravelling emotional, behavioural and educational outcomes in a longitudinal study of children in foster-care. *British Journal of Social Work*, *38*(7), 1283-1301. https://doi.org/10.1093/bjsw/bcm028

Fylkenses, M., Larsen, M., Havenen, K., Christiansen, Ø., & Lehmann, S. (2021). Listening to advice from young people in foster care — From participation to belonging. *British Journal of Social Work*, *51*(6), 1983-2000. https://doi.org/10.1093/bjsw/bcab138

Gordon, L. (2016). *The empty nest is refilled: The joys and tribulations of raising grandchildren in Aotearoa* Grandparents Raising Grandchildren Trust NZ.

Harder, A. T., Mann-Feder, V., Oterholm, I., & Refaeli, T. (2020). Supporting transitions to adulthood for youth leaving care: Consensus based principles. *Children and Youth Services Review*, *116*, 105260. https://doi.org/10.1016/j.childyouth.2020.105260

Hegar, R. L., & Rosenthal, J. A. (2009). Kinship care and sibling placement: Child behavior, family relationships, and school outcomes. *Children and Youth Services Review*, *31*(6), 670-679. https://doi.org/10.1016/j.childyouth.2009.01.002

Holtan, A., Ronning, J. A., Handegard, B. H., & Sourander, A. (2005). A comparison of mental health problems in kinship and nonkinship foster care. *European Child and Adolescent Pscyhiatry*, *14*(4), 200-207. https://doi.org/10.1007/s00787-005-0445-z

Hunt, J. (2020). *Two decades of UK research on kinship care: An overview*. Family Rights Group.

Hyslop, I. K. (2022). *A political history of child protection: Lessons for reform from Aotearoa New Zealand*. Bristol University Press.

Johnson, R. M., Strayhorn, T. L., & Parler, B. (2020). “I just want to be a regular kid”: A qualitative study of sense of belonging among high school youth in foster care. *Children and Youth Services Review*, *111*, 104832. https://doi.org/10.1016/j.childyouth.2020.104832

Kang, H. (2007). Theoretical perspectives for child welfare practice on kinship foster care families. *Families in Society*, *88*(4), 575-582. https://doi.org/10.1606/1044-3894.3680

Keddell, E., Fitzmaurice-Brown, L., Cleaver, K., & Exeter, D. (2022). A fight for legitimacy: Reflections on child protection reform, the reduction of baby removals, and child protection decision-making in Aotearoa New Zealand. . *Kotuitui: New Zealand Journal of Social Sciences Online*, *17*(3), 387-404. https://doi.org/10.1080/1177083X.2021.2012490

Kemmis-Riggs, J., & McAloon, J. (2020). A narrative review of the needs of children in foster and kinship care: Informing a research agenda. *Behaviour Change*, *37*(4), 171-180. https://doi.org/10.1017/bec.2020.11

King, P., Cormack, D., & Kōpua, M. (2018). Oranga mokopuna: A tāngata whenua rights-based approach to health and wellbeing. *MAI Journal*, *7*(2), 186-202. https://doi.org/10.20507/MAIJournal.2018.7.2.6

Koh, E. (2010). Permanency outcomes of children in kinship and non-kinship foster care: Testing the external validity of kinship effects. *Children and Youth Services Review*, *32*(3), 389-398. https://doi.org/j.childyouth.2009.10.010

Krakouer, J., Wise, S., & Connolly, M. (2018). “We live and breathe through culture”: Conceptualising cultural connection for indigenous Australian Children in Out-of-Home Care. *Australian Social Work*, *71*(3), 265-276. https://doi.org/10.1080/0312407X.2018.1454485

Lutman, E., Hunt, J., & Waterhouse, S. (2009). Placement stability for children in kinship care: A long-term follow-up of children placed in kinship care through care proceedings. *Adoption and Fostering*, *33*(3), 28-39. https://doi.org/10.1177/030857590903300304

Matheson, I. (2024). *Non-financial support for carers of children outside of the state system: Evidence brief*. O. T. M. f. Children.

McGiven, C. (2023). *Informal whānau/kin caregivers’ experiences of community-based support* [Unpublished Masters thesis, University of Auckland].

McGiven, C., & Fouché, C. (2025). Informal whānau/kinship caregivers experiences of community support. *Kotuitui: New Zealand Journal of Social Sciences Online*, *20*(4), 1171-1191. https://doi.org/10.1080/1177083X.2025.2513998

McRae, K., & Nikora, L. W. (2006). *Whāngai: Remembering, understanding and experiencing*. http://ndhadeliver.natlib.govt.nz.ezproxy.massey.ac.nz/delivery/DeliveryManagerServlet?dps_pid=FL768389

Mendes, P., Saunders, B., & Baidawi, S. (2016). *Indigenous care leavers in Victoria: Final report*.https://researchmgt.monash.edu/ws/portalfiles/portal/252555861/251838043_oa.pdf

Messing, J. T. (2006). From the child's perspective: A qualitative analysis of kinship care placements. *Children and Youth Services Review*, *28*(12), 1415-1434. https://doi.org/10.1016/j.childyouth.2006.03.001

Newman, E. (2013). History of transracial adoption: A New Zealand perspective. *American Indian Quarterly*, *37*(1), 237-257. https://doi.org/10.5250/amerindiquar.37.1-2.0237

Ngā Rangatira Mō Āpōpō. (2025). *Kaiwhatu Kura Whānau: Weaving support for tamariki impacted by whānau incarceration.* https://www.pillars.org.nz/post/kaiwhatu-kura-wh%C4%81nau

Oranga Tamariki. (2023). *Pūrongo ā Tau: Annual Report 2022/2023*. Oranga Tamariki. https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Corporate-reports/Annual-Report/Annual-Report2022_23.pdf

Pasefika Proud. (2016). The profile of Pacific Peoples in New Zealand. Ministry of Social Development. https://pasefikaproud.co.nz/assets/Resources-for-download/PasefikaProudResource-Pacific-peoples-paper.pdf

Pihama, L., Ngaropi, C., Pitman, M., & Te Nana, R. (2021). *Whāia te ara ora: Understanding and healing the impact of historical trauma and sexual violence for Māori*. Māori and Indigenous Analysis.

Putasi, K. (2022). *Ensuring strong and effective safety nets to prevent abuse of children: Joint review into the children's sector: Identification and response to suspected abuse*. https://www.orangatamariki.govt.nz/about-us/performance-and-monitoring/reviews-and-inquiries/malachi-subecz-system-review/

Rabassa, J., & Fuentes-Pelaez, N. (2023). Effectiveness of group intervention in improving kinship care families' outcomes: A systematic review of group interventions aimed at kinship caregivers and youth in kinship care. *Children and Youth Services Review*, *150*, 107002. https://doi.org/10.1016/j.childyouth.2023.107002

Rubin, D. M., Downes, K. J., O'Reilly, A. L. R., Mekonnen, R., Luan, X., & Locali, R. (2008). The impact of kinship care on behavioral well-being for children in out-of-home-care. *Archives of Pediatrics and Adolescent Medicine*, *162*(6), 550-556. https://doi.org/10.1001/archpedi.162.6.550

Schwartz, A. (2007). “Caught” versus “Taught”: Ethnic identity and the ethnic socialization experiences of African American adolescents in kinship and non-kinship foster placements. *Children and Youth Services Review*, *29*, 1201-1219. https://doi.org/10.1016/j.childyouth.2007.05.006

Selwyn, J., Farmer, E., Meakings, S., & Vaisey, P. (2013). *The poor relations? Children and informal carers speak out: A summary research report*. U. o. Bristol. https://research-information.bris.ac.uk/ws/portalfiles/portal/190043151/Full_report.pdf

Shuttleworth, P. D. (2022). Recognition of family life by children living in kinship care arrangements in England. *British Journal of Social Work*, *53*(1), 157-176. https://doi.org/10.1093/bjsw/bcac114

Skoog, V., Khoo, E., & Nygren, L. (2015). Disconnection and dislocation: Relationships and belonging in unstable foster and institutional care. *British Journal of Social Work*, *45*(6), 1888-1904. https://doi.org/10.1093/bjsw/bcu033

Somerville, A. E. (2003). He tamariki, he taonga. *Childrenz Issues: Journal of the Children's Issues Centre*, *7*(2), 8-11. http://ezproxy.massey.ac.nz/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edsnzc&AN=366286356206861&site=eds-live&scope=site

Taua'i, L., & Yang, V. (2024). *Raising a child with the Orphan's Benefit and the Unsupported Child's Benefit*. Oranga Tamariki—Ministry for Children. https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Orphans-Benefit/Unsupported-Childs-Benefit-caregiver-survey/Raising-a-child-with-the-Orphans-Benefit-and-the-Unsupported-Childs-Benefit.pdf

Tinirau, R. (2023). *Ko whāngai te kaupapa: A child of other parents*. Te Atawhai o Te Ao Charitable Trust. https://teatawhai.maori.nz/wp-content/uploads/2023/06/Rachael-Tinirau_Whangai_Web.pdf

Tracy, E. M., Braxton, R., Henrich, C., Jeanblanc, A., Wallace, M., Burant, C. J., & Musil, C. (2022). Grandmothers raising grandchildren: Managing, balancing and maintaining family relationships. *Journal of Women Aging*, *15*(34), 757-772.

United Nations General Assembly. (2010). *Guidelines for the alternative care of children* (GA Res 142, UNGAOR, 64th Sess, Supp No. 49, Vol. 1, A/64/49 (2010), p. 376). United Nations.

VOYCE - Whakarongo Mai. (2022). *Whakamānawatia tōku taiao! He hononga rangatira! Honour my world – my noble connections: Rangatahi experiences of leaving care in Aotearoa New Zealand*. https://voyce.org.nz/Honour-My-World

Worrall, J. (2009). *Grandparents and whanau/extended families raising kin children in Aotearoa/New Zealand: A view over time*. Grandparents Raising Grandchildren Trust.

Wu, Q., White, K. R., & Coleman, K. L. (2015). Effects of kinship care on behavioral problems by child age: A propensity score analysis. *Children and Youth Services Review*, *57*, 1-8. https://doi.org/10.1016/j.childyouth.2015.07.020

Yang, V., Wilkinson, R., & Sun, H. (2024). *Children and caregivers supported by the Orphan's Benefit and the Unsupported Child's Benefit: An analysis of administrative data*. Oranga Tamariki— Ministry for Children. https://www.ot.govt.nz/assets/Uploads/About-us/Research/Latest-research/Orphans-Benefit/Unsupported-Childs-Benefit-caregiver-survey/Children-and-caregivers-supported-by-the-Orphans-Benefit-and-the-Unsupported-Childs-Benefit-An-analysis-of-administrative-data.pdf

# Strengthening Kinship Care in Aotearoa New Zealand

**Research Report**
**October 2025**

We all have a role to play in keeping children safe and in honouring and supporting families.

**For the full report head to**
familyforeverychild.org/nz

**Contact our team at**
familyforeverychild.org/nz/contact-us/

Family
for every child

**Find us on social media**

@familyforeverychild
FamilyForEveryChildNZ
family-for-every-child