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The Alfred Felton Research Program

Promoting Safety and Well-Being for Children, Young People and Families

THE UNIVERSITY OF MELBOURNE

PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

SUBMISSION

ISSUE: KINSHIP CARE

RELEVANT TERMS OF REFERENCE

C) Out of home care, including permanency planning and transitions.

3.5 What are the strengths and weaknesses of the range of our current out-of-home care services, as well as the supports offered to children and young people leaving care?

3.5.1 How might any identified weaknesses be best addressed? If there are places where these services work more effectively than elsewhere, what appear to be the conditions associated with these successes and how might these conditions be replicated elsewhere in the State?

3.5.2 Is the overall structure of out-of-home care services appropriate for the role they are designed to perform? If not, what changes should be considered?

3.5.3 What more might need to be done to meet the needs and improve the outcomes of children in out-of-home care and those leaving care regarding:
> o Their education, heath and mental heath needs;
> o The needs of children from culturally and linguistically diverse backgrounds; and
> o Arrangements for developmentally appropriate contact between a child
in out-of-home care and members of his or her family?

3.5.4 How can the views of children and young people best inform decisions about their care? How can the views of those caring for children best inform decisions affecting the wellbeing of children in their care?

3.5.5 How can placement instability be reduced and the likelihood of successful reunification of children with their families, where this is an appropriate goal, be maximised?

3.5.6 How might children who cannot return home and who are eligible for permanent care, achieve this in a way that is timely? What are the post-placement supports required to enhance the success of permanent care placements?

KEY PRINCIPLES

1. Kinship care is a discrete and unique form of care that is qualitatively different from foster care. Kinship care support requires its own model, skill set and training.

2. Kinship care has many advantages over other forms of care, and has been shown to be at least as safe as foster care.

3. The potential of kinship care to provide greater placement stability than other forms of care needs to be recognised with appropriate supports to underwrite the strong commitment of kinship carers to their families' children.

4. Recognition is needed that there is an impending crisis in kinship care due to ageing of the carer population, their particular vulnerability as a cohort, and the limited and short-term nature of the new kinship support programs.

5. Support to kinship care placements, both 'temporary' and 'permanent' needs to be as great or greater than to foster care, to ensure children and carers' safety and wellbeing.

6. Parental contact in kinship care is a flashpoint that requires particular support services if placement disruption is to be avoided.

KEY POINTS AND MAIN RECOMMENDATIONS

Kinship care contains a large group of children in out of home care in Victoria, yet the growing use of kinship for protective placements has outstripped policy development.

> *Recommendation*: Affirm the place of kinship care as a major response to child protection placements with significant inherent benefits, and as a matter of urgency further develop a model of kinship care that clearly identifies it as different from foster care and addresses the unique issues of family relationships and appropriate supports. This model development should be guided by a working party of relevant stakeholders as detailed below.

Our research indicates that kinship carers are overwhelmingly female, older (over 50), and dealing with multiple care responsibilities. They experience considerable hardship relating to fatigue, serious health issues, bereavements, anxieties, financial difficulties, housing difficulties and trauma past and present.

> *Recommendation*: Recognise the impending threat to the wellbeing of children and their families, and the likelihood of placement breakdowns over time if the system continues as it has been initially set up with service support provided only at the placement establishment phase. The availability of long term flexible support arrangements are needed for placement maintenance and longer term stability planning.

Parental contact is both a strength and a threat in kinship care.

> *Recommendation:* Include in kinship care support models specific work with parents towards developing effective relationships with their children and the children's carers` and a constructive approach to contact visits.

BACKGROUND

Kinship care is the placement of preference for children under the Children, Youth and Families Act 2005. Protective kinship care has grown massively over a decade, and at 30 June 2010 constituted 40% (AIHW, 2011) of all protective placements, nearly as many as foster care (41%). Given increasing difficulties in recruiting foster carers, and current policy and practice in residential care, the trend to kinship care seems likely only to increase. However, commensurate resourcing has not followed this dramatic change of focus in out of home care.

Family Links: Kinship Care and Family Contact Research is a current research project at the University of Melbourne. A literature review was part of this study, and has recently been submitted for publication. In addition, an opinion piece on the support needs of kinship care placements has been submitted for publication. These comprise Attachments 1 and 2, and provide evidence for assertions in this submission.

LITERATURE: KEY THEMES

Here we summarise the key themes from Attachment 1: A Broader Sense of Family: A Literature Review of Family Contact in Kinship Care

Advantages
- Kinship care has been demonstrated to be as safe, if not safer than foster care. However, where safety issues occur they may be less visible due to little monitoring and lower reporting rates.
- Placements are normalising, and provide children with a strong sense of being loved and belonging.
- Placements last longer, providing more security for children.
- Siblings are more often kept together.
- Children variously have contact with aunts, uncles, cousins and other grandparents, providing a network of support for childhood and adulthood.

Vulnerability
Carers are older, poorer, more likely to be single, and have greater health needs than foster carers. They typically care for larger numbers of children. Caring in some instances isolates carers from support from friends and, sometimes, family.

Parental contact is often a flashpoint.
Parents are overwhelmingly involved in substance abuse and have a range of other issues affecting parenting such as mental health conditions, domestic violence and disability. Conflict and at times violence are common experiences during parents' visits.

The Family Inclusion Network (FIN) exists in every Australian State except Victoria and it is intended that it will exist in all States. The Family Inclusion Network of New South Wales[1] has established a *Child Protection Code of Practice*. This includes supervision of contact visits with children:

> "18. When supervising a contact visit between a child and his/her parents a child protection caseworker will make certain that the place where the contact is to occur will be a comfortable child and family friendly setting (Family Inclusion Network NSW, 2009)."

Victoria is a long way from this position.

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[1] FIN's stated aim is to give parents of children in care a voice.

Views of the stakeholders
Most views from stakeholders that have been reported are from caregivers. These consultations speak of the love and commitment of carers, and the huge burdens they carry. These include illness, bereavements, disability, financial and housing difficulties. Many children are traumatised and have challenging behaviours. Family relationships are complex, and contact with parents of children as mentioned, is often conflictual.

Children and young people affirm their keenness to be cared for in their wider family rather than other forms of care; they do not see this as 'care'. They report many disappointments with their parents. Literature reporting the views of parents is in its infancy, but suggests that miscommunications and tensions between carers and parents, while not universal, are a major issue for parents. This is a very disempowered group who wish to be heard.

Support needs
The overwhelming issue that permeates all of the kinship care literature is the support needs of kinship care families. The growing use of kinship for protective placements has outstripped policy development, such that families are left struggling with the strong commitment they make to their families' children.

Lack of development of a service model
Until 2010 there were almost no dedicated kinship support programs in Victoria. New programs show promise but are limited in their capacity to respond intensively where needed, or over the longer term. Service models are in their infancy. Attention to parental contact is lacking. More work needs to take place to develop these models, including a recognition of the need for longer term, flexible support and specialized worker training.

Financial issues
Most kinship carers struggle financially. Many are in housing that is inadequate to the task of caring for additional children.

Informal kinship care
In addition to the identified cohort of protective kinship care placements, there are an estimated four times as many 'informal' kinship care arrangements (Kirkegard, 2007). While not enough is known about this group, some research suggests that much informal kinship care has similar characteristics to formalised protective kinship care placements (Ehrle & Geen, 2002). Research on grandparent carers in 2005 was a major contributor to the fact that in 2009, New Zealand increased their Orphans and Unsupported Child Benefit to align with the Foster Care Allowance (Worrall, 2009).

Reunification to parents from kinship care
It would appear that children are less likely to be reunified from kinship care than from foster care. The factors contributing to this are as yet unclear, however, there is concern that a major factor may be that there is less attention to casework with parents as well as with carers and children than with foster care. This is of concern given that kinship carers are an older cohort than foster carers.

RELEVANT RESEARCH AND SERVICE MODELS

The *Family Links: Kinship Care and Family Contact Research Project* consists of two strands: a **survey** of kinship carers to identify trends in family contact arrangements; and **focus groups and interviews** with carers, children and young people, parents of children in care, and kinship support workers[2], to explore the issues in more depth. Results of this work will be published in the near future.

17 focus groups and 70 interviews were conducted. These included 7 groups and 12 interviews with caregivers; 2 groups and 15 interviews of children and young people; 1 group and 21 interviews with parents; 4 groups with kinship support workers; and 3 groups and 2 interviews with Aboriginal staff and carers.

430 completed survey responses were received, representing 694 children. This represented a response rate of 27% of all caregivers being paid caregiver allowances at the time.

Data is in the process of analysis and reporting; some early (as yet unpublished) results appear below.

Key findings - survey data

Demographic data

At least 85% of carers were female (6% gender not specified). 42% were single. Sixty percent of caregivers were over 50; 26% were over 60. Six percent were already over 70. On average, carers were caring for 1.6 children. Thirteen percent had 3 or more children in their care. Over half (54%) of the children were under 10 years of age. Most caregivers were grandparents.

These figures alone give considerable cause for concern. A decade hence, many of these carers will still have child-rearing responsibilities. A huge cohort will be in their sixties, and many will be in their seventies. (See Attachment 2)

Contact with mother
Seventy-one percent of children were reported to have contact with their mother. Visits mostly took place in the carers' home. Of those that have contact, for 47% of children, carers said that the visits were not going well, or going well sometimes. For 43% of those children having contact, carers reported that they there had been incidents where they felt that the children's safety had been compromised. For 9% of children with contact, carers reported that the mother's visits had threatened the children being able to live with the carer.

Contact with father
Forty-eight percent of children were reported to have contact with their father. Visits mostly took place in the carers' home; however, the father's own home was nearly as common a venue. Of those that have contact, for 36% of children, carers reported that visits were not going well, or going well sometimes, and for 33% of those having contact, carers reported that there had been incidents where they felt that the children's safety had been compromised. For 10% of children with contact, carers reported that the father's visits had threatened the children being able to live with the carer.

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[2] These workers were in three small pilot projects in community services or at the Mirabel Foundation.

Supervision of contact visits

Approximately one-third of carers are required to supervise family contact (figure requires further analysis). 21% of mothers' visits and 28% percent of fathers' visits were reported as supervised within DHS offices. Further analysis is needed of this group.

Brothers and sisters

For 62% of children, all siblings were not together with the caregiver; for 13% of children, the caregiver did not know who all the siblings were. Most of the other siblings were reported to be in foster care, with a large number also with the mother and a smaller number with the father. Some were in kinship care elsewhere or young adults. While numbers of children who have visits with their siblings may be as low as 34%, this figure requires further analysis. Problems with these visits were only reported in 14% of all cases, and threat to placement was only reported for 2% of children. It may be that some of these difficulties are associated with children living with mother or father.

Support for family contact

For 41% of children, it was reported that there was no support for contact visits. Where support was provided, 49% of this was from DHS. For 23%, community organisations assisted with contact, and for 28% of children, family and friends assisted with contact. (The timing of the survey was prior to the new kinship support programs being operational.)

Aboriginal children

As in statewide statistics for kinship care, Aboriginal children were over-represented in the sample. Data for this group is reported in a separate submission.

Kith carers

At least 25% of children were described as unrelated to the caregiver. There were a number of comments about children with very limited previous connection to caregivers being left with carers without assessment or supportive follow-up. There is a need to understand this group better, as it appears likely that many in this group would in earlier times have been required to undergo assessment as foster carers.

Key findings - feedback from the survey, interviews and focus groups

Views of caregivers

Kinship carers' comments reveal their deep love of the children and a huge commitment to their care and support, often at great personal expense. Graphic comments were made about life as ageing kinship carers. The overall picture is one of considerable hardship relating to fatigue, serious health issues, bereavements, anxieties, financial difficulties, housing difficulties and trauma past and present. Uncertainty about the legal arrangements for the care of their young children and an acute lack of support across many domains exacerbate the task of caring for children who have experienced pain and suffering. Repeated court cases are stressful for all parties and for some carers, very costly. Educational and behavioural difficulties with children abound.

Caregivers find it very stressful to have to manage the difficulties associated with their relatives' (often their own children) dysfunctional behaviour as played out in contact visits. Active substance abuse, conflict, threats and violence are common experiences. Carers expressed distress and concern about the impact on the children. This adds to already stressed family relationships and in some instances poses a threat to the stability of placements.

Views of children and young people

Major themes are the importance of parents to children, but the frequent difficulties and disappointments associated. Children and young people feel strongly that they should be listened to more and have more say in arrangements for contact with their parents. Circumstances vary over time, and their needs and wishes may change. They may wish for more contact, less contact, or contact in different environments and under different arrangements – such as more or less supervision, or supervision by different people. Like their parents, they hate contact visits in DHS offices. They feel strongly about keeping contact with the wider family – brothers and sisters, grandparents, aunts, uncles and cousins. Among the wider family are people who have great potential to provide support and security for the whole of life. Overwhelmingly, the desire was expressed for contact with brothers and sisters, and missing them when unable to keep contact was commonly expressed. Children varied as to who they saw as their siblings; this was not necessarily determined by degree of blood relationship or length of time previously living together.

As children get older, they may take contact arrangements into their own hands in more or less positive ways.

Views of parents

Parents' voices are rarely heard due to their severe life issues, and the resulting difficulty in accessing them for consultation. The major theme in their interviews was the complex relationship with the carer, most often the mother's mother. Overwhelmingly, parents resent the controlling role the carer (often their own mother) is placed in regarding supervision and management of contact arrangements. The home environment is not always suitable for contact visits, yet the standard alternative provided at DHS offices is unfriendly and unacceptable to all parties. Experiences of supportive relationships with Child Protection workers were very rare.

Views of workers
The early stage of programs was reflected in workers' comments about the learning involved in their work. To what extent foster care standards are appropriately applied to kinship care is an ongoing debate. Complexity is inherent in the work. Workers affirm the value of kinship care, but find support work demanding. A particular concern is that staff turnover is being observed even in the first year of operation of the new support programs.

The wider family
Results confirm the literature in finding that children in kinship care have wide contact with other family members including aunts, uncles, cousins and grandparents. These family members, often provide additional support and security, and contribute to children's positive sense of identity. Interviews suggest that at times they also provide for the possibility of alternative family care if the need arises. However, intrafamilial conflict sometimes complicates these relationships, in some families causing distancing of the children and their caregivers from 'the other side of the family', usually the father's side.

Parental contact
Research findings confirm the evidence in the literature that parental contact in kinship care is a fraught issue for a significant group of families, who are seeking assistance directed to all parties: children, carers and parents. Support needs vary from family to family and from time to time.

Aboriginal kinship families

Aboriginal kinship families carry additional burdens due to larger numbers of children in their care, greater poverty, and a cultural imperative on adults to accept the care of children in need regardless of the carer's own vulnerability. (Aboriginal kinship care is the subject of a separate submission.)

Placement stability and permanent care
While much placement stability was evident, there were also instances where placements had broken down for reasons associated both with children's behaviour and caregivers' health and capacity to cope as they grow older, intractable issues with parental contact, and other issues.

Role of DHS Child Protection
Caregivers repeatedly spoke of the difficulty that Child Protection workers have in providing a supportive response to their needs and those of the children and parents. It would appear from the feedback that time pressures on these workers, their multiple roles and frequent turnover conspire to generate an appearance of lack of concern for kinship carers and their families.

Court cases
Children, parents and kinship carers suffer great stress from protracted Court cases involving multiple hearings and long delays. The adversarial system repeatedly pits children, carers and parents against each other and further damages already stressed family relationships

DETAILED RECOMMENDATIONS

1. Affirm the place of kinship care as a major response to child protection placements with significant inherent benefits.

   ➢ More work on a model of kinship care that clearly identifies it as different from foster care and addresses the unique issues of family relationships and appropriate supports.

   ➢ This model development should be guided by a working party comprising a Kinship Care Peak Body (Grandparents Victoria), The Centre for Excellence in Child and Family Welfare, Create, the Mirabel Foundation, Victorian Aboriginal Child Care Agency, the Foster Care Association of Victoria, the Department of Human Services, and the Office of the Child Safety Commissioner. We suggest the party also include a representative of the University of Melbourne Alfred Felton Research Program to enhance evidence-informed planning.

2. Recognise the impending threat to the wellbeing of children and their families, and the likelihood of placement breakdowns over time if the system continues as it has been initially set up with service support provided only at the placement establishment phase. Available long term flexible support arrangements are needed.

3. Recognise the opportunity to capitalise and improve on placement stability rates by providing support for the duration of children's stay in kinship on a flexible, 'as needs' basis, to promote wellbeing in children and their caregivers. This will involve:

   ➢ Parity with foster care in financial support. In addition, there needs to be access to brokerage funds to recognise the greater vulnerability of caregivers due to age, poverty, health issues and larger numbers of children in placement.

   ➢ Care agreements made by consensus for children who are the subject of a child protection substantiation of abuse (obviating the need for Court proceedings) should not threaten the right to caregiver payments.

   ➢ Casework including:
       o Ongoing monitoring to ensure that issues of safety and wellbeing of children and carers come to light
       o Family Group Conferencing (Family Decision-Making) using specialised staff at placement establishment and particular points of crisis or decision-making
       o Ongoing support to caregiving families as needed, including family mediation and trouble-shooting
       o Respite care, especially in times of particular stress or illness, or for breaks to prevent burnout
       o Trauma counselling for children and their families
       o Child-directed support to ensure that their wishes and needs are well understood, as well as carer support
       o Information sessions on child and adolescent care issues for caregivers
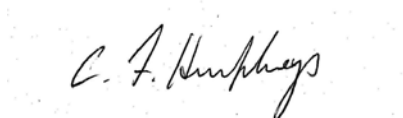   o Educational remediation for children whose schooling has been affected by trauma

- o More time and attention to facilitating contact between children and family members who are important to them and have potential to provide enduring support, in particular siblings living elsewhere and other supportive adults e.g. aunts, uncles and grandparents. Given that many kinship carers are older people with health problems, this may be crucial to contingency planning for long term stability of care arrangements for the child.

  - ➢ Develop appropriate support resources for kinship carers, in particular foreshadowing the looming issue of the large number of grandparents who will be caring for adolescents.

  - ➢ Support services to all kinship placements to be provided by community service organisations, not the DHS Child Protection service.

4. Develop more supports for contact between children and their mothers and fathers, including:
   - ➢ More attention to the views of children and young people as they are expressed from time to time within ongoing casework support
   - ➢ Supervision from people outside the family as needed; preferably by specially trained staff in community organisations
   - ➢ Family friendly contact centres as an option for difficult circumstances
   - ➢ Active work with parents to address relationships with their children and the caregivers, and the emotional and logistical issues of contact visits.

5. Recognise the opportunity to generate more permanent care placements by providing equity of access to supports to permanent carers, with capacity to respond to individual needs. Many families would prefer to be able to move to a permanent care order but are held back by financial necessity. Parity and flexibility in support is particularly needed in view of the ageing of the caregivers. The Post Placement Support Service has potential as an appropriate location for support for permanent kinship carers, but it will need continuing government funding, and as numbers of kinship placements grow a widely available regionalised service may be necessary.

6. Given attendant risks to children's wellbeing associated with elderly caregivers, provide more opportunities for direct work with parents to reduce stress on caregivers and children. Such work can explore potential for restoration of children to parents over time by addressing their ongoing personal issues; and/or deal with the loss of their children, and their ongoing relationships with children and caregivers.

7. Recognise the additional burden on Aboriginal families due to greater poverty and disadvantage, the legacy of the Stolen Generations and other racial abuse, larger groups of children in kinship care, and the cultural imperative to assume care regardless of vulnerability, by providing an affirmative response to funding support to this group. (See separate submission for details.)

8. Recognise the needs of the hidden population of 'informal' kinship caregivers by advocacy with the Commonwealth, including possibly to follow the New Zealand precedent in aligning benefits for all kinship carers with foster care allowances.

9. Study the (independently funded) Mirabel Foundation. This small community organisation provides a model of excellence in support to kinship carers not found anywhere else. Caregivers and children universally praise this service.

10. Develop an appropriate training package for kinship care support that recognises the unique and complex nature of this work.

11. Support the newly established Kinship Care Peak Body to ensure that caregivers have an effective voice.

12. Ensure that the views of children are appropriately solicited and listened for by funded kinship support services, the Children's Court and Child Protection, and that the Create Foundation remains an active advocate for this group of young people.

13. Encourage and facilitate the establishment in Victoria of the Family Inclusion Network as in other Australian States to provide a voice for parents of children in care.

14. Given the additional stress engendered in families offering kinship care, reform the Children's Court with an alternative paradigm to the adversarial approach and find a way to reduce delays and repeated hearings.

15. Explore possible benefits in coordinating services to kinship carers with services for the ageing, possibly via the Council for the Ageing.

Attachment 1: A Broader Sense of Family: A Literature Review of Family Contact in Kinship Care
Attachment 2: The Ties that Bind: complexity and challenges in the kinship care family

Signed:

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On behalf of the Alfred Felton Research Program, Department of Social Work, University of Melbourne

Endorsement from:
The Centre for Excellence in Child and Family Welfare

Date 20 April 2011

References

AIHW. (2011). *Child protection Australia 2009-10*. Canberra: Australian Institute of Health and Welfare.

Ehrle, J., & Geen, R. (2002). Kin and Non-Kin Foster Care - Findings from a National Survey. *Children and Youth Services Review, 24*(1/2), 15-35.

Family Inclusion Network NSW. (2009). FIN NSW.   Retrieved 25 March, 2011, from http://fin-nsw.org.au

Kirkegard, S. (2007). *Kinship Care - Care by Relatives and Family Friends: Policy and Service Design*. Melbourne: Department of Human Services Victoria, Child Protection and Family Services Children Youth and Families Division.

Worrall, J. (2009). *Grandparents and Whanau/Extended Families Raising Kin Children in Aotearoa/New Zealand: A view over time*. Auckland, New Zealand: Grandparents Raising Grandchildren Trust NZ.

Inquiry Note:

The following attachments are not published within
this submission at the request of the author.

Attachment 1:

A Broader Sense of Family: A Literature Review of Family Contact in Kinship Care

Attachment 2:

The Ties that Bind: complexity and challenges in the kinship care family