

See page 9, para 1.4 for
Kinship Care Policy in Victoria - a Green Paper

estimate of non-statutory

AWAITING ENDORSEMENT FOR RELEASE

Kinship Care population

Kinship Care - Care by Relatives and Family Friends

GREEN PAPER

POLICY

and

SERVICE DESIGN

Child Protection & Family Services
Children Youth and Families Division
November 2007



Department of
Human Services

Kinship Care Policy in Victoria – a Green Paper

Quotes from the Victorian review, from the families ...

From the carer

"Understand that we are emotionally attached to both sides"

(the child & the parent)

"Be realistic about the impact of taking on care"

For the child

What does the child need to feel secure? ... "Love, order, boundaries, friends"

"Help them to become strong and secure enough to cope with their parents"

For the parents...

"No blame for either side"

"Building support and care for the parents, staying emotionally close to them"

"The mother has to learn that caring for a child is a 24 hour job"

From the wider family ...

"The extended family is not incompetent ... perhaps mourning a loss of identity"

From the child ...

"When the other adults (family & services) became involved, I thought they would make it better.... but they didn't"

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Quotes from the Victorian review, from the services ...

About Its Place ...

" Kinship care is not fitting neatly into any 'box' we have at present"

About Families and Carers ...

"A population of carers some (not all) who will require substantial financial, practical and emotional back-up to support children's needs long term"

" A real argument for a diversionary loop to prevent some families coming through the system who can benefit from support" ... "not just on a one off basis"

When children are placed ...

"Better resourcing of the assessment within Child Protection at first"

" Given the complexities of many family histories and/or dynamics, timely and comprehensive assessment is critical to the children"

"Focus on individualised family and child supports and their changing needs"

The Work ...

"In other programs there are arguably not the same demands being made on the worker who has the interests of one child per case to focus on rather than the dynamics of a whole family"

" A hybrid of service interventions that may be useful from Out of Home Care and Family Support services" ... also ... " to think laterally ... build the service system by new ways of sharing and reconfiguring resources"

On Groups ...

"To find that you are not alone, to meet others who have faced your issues, to talk over feelings about your family situation, in a way that no professional social worker can provide"

Access ...

"It is not possible to manage and monitor access in a kin placement just as you do in home-based care because of the relationships involved"

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Part 1: KINSHIP CARE - the CONTEXT & PROFILE

1. INTRODUCTION

This Green Paper¹ sets out a proposed response to meet the needs of children placed in the care of approved relatives or family friends following intervention by Child Protection.

In 2007 the Department of Human Services commenced a review of kinship care. Two papers were published as part of this process:

- Issues and Principles in Kinship Care 2007: Relatives and Family Friends Caring for Children (January 2007)
- Kinship Care: Relatives and Family Friends Caring for Children; Report on Consultations (May 2007)

These are available at www.office-for-children.vic.gov.au, at the placement and support page.

Provision of services to kinship care is highly variable across Victoria, and services have developed in response to local pressures. There is a need to develop an articulated policy framework that will guide future development of these services. The policy places kinship care in the wider context of the role of Children, Youth and Families Division² of the Victorian Department of Human Services and sets out models of support and statutory responsibilities in this context.

1.1 BACKGROUND

Kinship care is the care provided by relatives or a member of a child's social network when a child cannot live with their parents. Statutory kinship care are those care arrangements where Child Protection intervention has occurred and a decision has been made to place a child in a kinship placement, and an order of the Children's Court may be in place. Private (and sometimes called 'informal' or 'non-statutory') care refers to arrangements where children are cared for by relatives without Child Protection intervention. This paper is concerned primarily with statutory kinship care.

Family in this paper refers to the group of people who have a biological and/or marital connection to each other, and who acknowledge patterns of reciprocal obligation to each other. This definition is wider than the "nuclear" family of parents and child, and wider than sharing a common residence. It may include relatives from both sides of a "nuclear" family. The definition accepts that an individual's need to belong and to achieve, and the sense of attachment or estrangement, is important in being 'family'.

In Victoria kinship care is the preferred placement for a child when parental care cannot continue due to Child Protection concerns. There are now about 1750 children in kinship placement in Victoria. Kinship care is not a new phenomenon, but its growth within formal care systems has been an international trend across western countries in the past two decades. However, many cultures often have extended family networks to care for a child when the parent is unable to do this. Similarly the Aboriginal community believes strongly that children should be cared for by their kin group or local community.

The increase in relatives caring for children is attributed to several factors such as:

- increased drug and alcohol abuse;

¹ The term "green paper" is used here to indicate a tentative government report of a proposal without commitment to these specific actions.

² From August 2007 Child Protection and Family Services within the Office for Children becomes the Children, Youth and Families Division of the Department of Human Services. The Early Years and Outcomes areas of the Office for Children move to the Department of Education and Early Childhood Development.

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- the increased health and wellbeing of the older generation;
- the difficulty in attracting and retaining foster carers; and
- the acknowledgement in formal policies that placing a child within the extended family can be the best care option.

The larger group of kinship carers are grandparents, but carers may be brothers or sisters, aunts and uncles, or step-relatives. Some carers come from the family or child's social network. Their backgrounds and financial, personal and familial resources vary enormously. However, many carers are older and income tends to be lower than average (Families Australia 2007:8). Caring for the child presents challenges for grandparent and relative carers, in loss of friends, health and energies, in parenting again and dealing with the child's experiences, and in family relationships (Ochiltree 2006:7). Many carers are highly committed and show considerable capacity to cope with the issue they face.

The perception of children about their placement within the family is very important. Children in kinship care see themselves as remaining within the family rather than being "in care", with less stigma or trauma in separation from parents (Paxman 2006:14). Children in kinship care tend to have greater contact with parents than those in foster care, and more contact through informal family contacts or events (Families Australia 2007:29). This continuity and sense of belonging is a major strength.

Supports to kinship carers are critical and need to take account of the family system – the strengths as well as difficulties. Where members of the extended family can be involved, their contribution can be significant in supporting the child and the carers.

1.2 FINDINGS FROM THE VICTORIAN REVIEW

The 2007 Victorian review of kinship care found:

- o Relatives and others caring for children are motivated by a commitment to the child and the family and wanted a respected role in shaping the future for the child. Some carers had provided support to the parents prior to Child Protection intervention in the hope that they could cope.
- o There are many positives where the child remains within the family system such as continued contact with wider family and more fluid contact with their parents. Some carers actively manage parental contact to involve parents in the child's life.
- o Working with kinship families requires a different response. Services and carers stressed that it was not 'like' foster care and support to kinship care needed to work with the whole family.
- o Carers and their family will mobilise family resources to care for the child, but need basic information and practical services to be accessible.
- o Often the extended family was under-resourced to take on the care of a child or children. Whilst many carers displayed significant resilience and commitment, for many it was a challenge, and often drained their personal and financial resources.
- o Children coming into kinship care through Child Protection had been through similar disruption, abuse and neglect as other children coming into care.
- o Not all relatives are able to provide for the needs of a child.

There was a clear request from carers and their families, and services, to develop a policy and service system to recognise the uniqueness of kinship care and provide support for children and their carers. The review identified a number of gaps in the service system such as:

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- Community-based and government services were scattered and the patchwork of services was unable to meet minimum support needs across the system
- Relatives reported they feel alienated and isolated
- Assessments were often inadequate and not at the crisis point where they could be the most effective
- Information is not readily available and entitlements are not always clear
- Carers identified practical supports that were non-existent or hard to access, such as child care, counselling, peer groups, respite, child mental health services, drug and alcohol or mental health supports, schools, health information, and legal aid.
- Child Protection, the first point of contact for carers, was often unable to respond to support needs in the face of competing priorities.

Therefore the development of future services needs to take account of the following:

- Better assessment of the carer and the family relationships
- Early assessment of issues with the wider family to avoid longer term problems
- Practical resources for all carers in the task of care such as
 - Improved information initially and in the continuing care
 - Providing contact with similar carers to overcome isolation
 - Easier access to mainstream services
 - Greater clarity about financial entitlements
- Providing support to children that meets individual needs
- Providing individualised support when and where required by carers
- Joint participation by relatives in reviewing the child's development
- Access to support if needed once permanent care or family court orders are made.

1.3 LEGISLATIVE AND POLICY CONTEXT

In Victoria the *Children Youth and Families Act 2005* (CYFA) and *Growing Victoria II: a Vision for Victoria to 2010 and beyond* acknowledge family and local networks are central to wellbeing, and either direct that these have priority or give undertakings that family networks will be more able to provide assistance.

The Best Interests principle is the foundation of the CYFA, and the basis for all decision-making and actions taken in relation to a child under the Act. The Best Interests principle states that in determining a child's best interests, the need to protect the child from harm, protect his or her rights and promote his or her development must be paramount. The focus on the child's development signifies a clearer focus on the longer term and wider ranging impacts of harm on a child.

Sections 10(3)(b) and 10 (3)(h) of the CYFA require that consideration must be given to:

"10 (3)(b) the need to strengthen, preserve and promote positive relationships between the child and the child's parent, family members and persons significant to the child;

10 (3)(h) if the child is to be removed from the care of his or her parent, that consideration is to be given first to the child being placed with an appropriate family member or other appropriate person significant to the child, before any other placement option is considered."

The CYFA embodies a further principle that early support be available to divert families from statutory care. A key strategy is to create pathways that ensure prevention and

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early intervention services are provided to vulnerable children and families. Services such as Child FIRST assess the concerns and refer the child and family to Family Services.

The Family Services Strategic Framework establishes a flexible response to a family that includes identifying in a Child and Family Action Plan where a child may need alternative care, possibly by extended family, and assists family members in these decisions. These initiatives with the extended family to support and divert from statutory care can assist later intervention where a Child Protection response proves unavoidable.

This response to statutory clients is in line with broader Victorian Government policy commitments to enable extended family to provide assistance. *Growing Victoria Together II, A Vision for Victoria to 2010 and beyond* includes an undertaking to ensure that family networks will be more able to help a needy family member ie. "More Victorians will be able to get help from friends, family or neighbours when they need it."

The *Family and Placement Services Sector Development Plan*, released in August 2006, seeks to achieve effective outcomes for vulnerable children and families. The Plan recognises the needs of children in statutory kinship care, with strategies such as the piloting of kinship support to develop effective supports for relatives who are carers.

1.4 THE NON-STATUTORY POPULATION

It is difficult to estimate the numbers of grandparents and other relatives caring for children where child protection is not involved. Comparing the Australian Institute of Health and Welfare data on children in statutory care, with the data from the Household Income and Labour Dynamics in Australia on children living with relatives, in 2002/2003 it was estimated that in Victoria's population, roughly 4 times as many private arrangements exist as those made by child protection.

The extent and profile of this population is not well known. Not all children in private arrangements are in vulnerable family situations. However, the Victorian review heard of numbers of families where grandparent or relative carers not involved with Child Protection were asking for support. Some families had brief support from local health or family centres. In the course of the review it was found that grandparent and relative support groups are used by equal numbers of statutory and non-statutory carers.

1.5 ABORIGINAL CUSTOMARY CARE

Aboriginal children in out of home care are more likely to be in kinship care than non-Aboriginal children (47% versus 38% of all out of home care placements), based on the 2006 stability survey³. About two thirds (65%) of these children in kinship care are living with Aboriginal relatives, and one third with non-Aboriginal relatives. Children may move considerable distance to live with their relatives, with changes such as a new school, and loss of easy contact with family, friends and community.

Placement with kin is a strongly held value in the Aboriginal community. Within Aboriginal families, relationships and boundaries are underpinned by a community responsibility for children. Kin may encompass many people and care may be provided across a family and community members rather than solely by an individual carer.

Section 13(1) of the CYFA sets out the Aboriginal Child Placement Principle, and this:

- Requires an Aboriginal agency be consulted and involved in decision-making regarding out of home care decisions and arrangements for Aboriginal children
- Specifies the order of priority in which types of placements are to be sought
- Requires a non-Aboriginal placement to ensure the child's connections to their culture and community

³ Stability Survey reported on around 70% of children in care – hence figures vary to those reported to AIHW.

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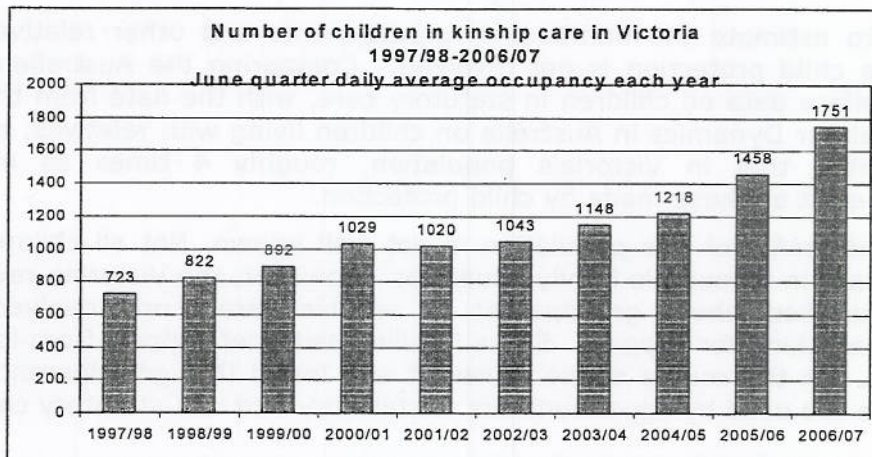
Aboriginal out of home care and family service providers have indicated that “Customary Care” is the appropriate term for placements of Aboriginal children within their community. Development of a specific model for Aboriginal customary care is proposed to recognise the significance of culture and kinship groups for Aboriginal people. Consultations on this are shortly to commence.

2. DATA AND POPULATION PROFILE

2.1 GROWTH IN STATUTORY CARE

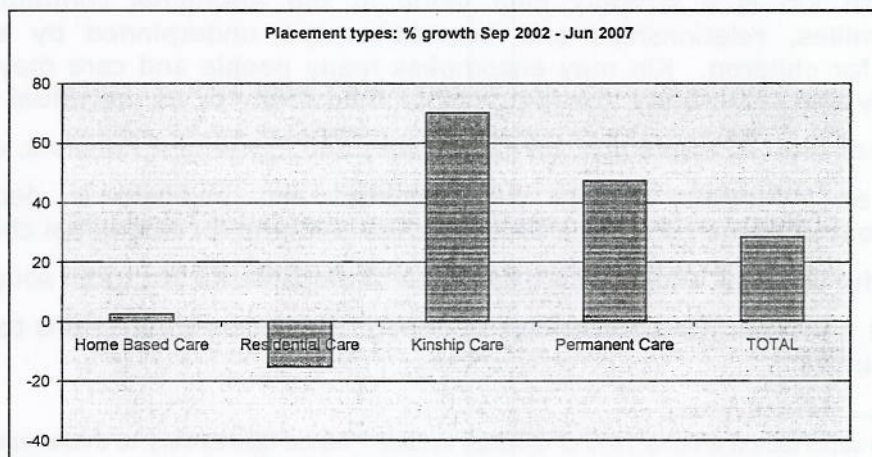
From 1997/98 to 2006/07 (Table 1), the number of kinship care placements grew by 142 per cent; from 723 in 1997/98 to 1,751 children at 30 June 2007. Of those 1,751, 80% are subject to a Custody (54%) or Guardianship (25%) to the Secretary order. Nineteen percent (19%) of children are on an Interim Accommodation or Interim Protection order. In a small number of cases a child is placed with the relatives by Child Protection without a Court order. This occurs if Child Protection assesses the risk to the child is manageable in the circumstances and a Court Order to secure the placement is unnecessary.

Table 1: Statutory Kinship Care 1997/98 – 2006/07



Currently kinship care accounts for approximately 60% of new placements by child protection, and for 34% of all statutory placements at 30 June 2007. This rises to 46% of all placements if permanent care is excluded. As shown in Table 2, kinship care and permanent care orders (PCO) are the main contributors to recent growth in out of home care. Half of the 940 PCOs granted in the last five years have been from kinship care.

Table 2: Percentage Change in Placement Types 2002- 2007



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In *Victorian families, children and their caregivers in 2016*, Background paper No 1 to the Family and Placement Services Sector Development Plan, projections of the composition of caregivers providing out-of-home care in the year 2016 estimate there will be three kinship placements for every foster care placement⁴.

2.2 STATUTORY CLIENT AND PLACEMENT CHARACTERISTICS

The Audit of Kinship Care Clients was based on 52% of children in kinship care in Victoria at 30 June 2000, and gives a detailed profile of client, carer, parent and placement characteristics. Though dated, key findings were reinforced in the recent consultations undertaken as part of this process and in research examined for the recent Victorian review. The findings in 2000 include:

- Most placements were due to a family crisis and not planned. A significant number of cases were not currently active with Child Protection Services. Though case managers were allocated in 84% of cases, of these, 27% had had 2-3 case managers, and 41% had had 4 or more case managers.
- Twenty two percent (22%) used family group conferences in planning the placement.
- Most were younger children. Only 19% were 13 years or over.
- Nearly half (42%) had changed schools in the move into placement.
- The majority of carers (52%) were over 50 years of age. Fifty eight percent (58%) were grandparents of the child. Forty seven percent (47%) of carers relied primarily on income from Centrelink. Almost all were receiving the caregiver payment.
- Most mothers visited their children at least monthly. Slightly over half of the children had access with their biological parents supervised, and in 59% of cases, this supervision was by the relative.
- Thirty one percent (31%) of biological mothers had a diagnosed mental health condition. Thirty nine percent of mothers and 27% of fathers had used heroin.

⁴ This assumes unchanged policy and continuation of the recent growth trend.

Part 2: FOUNDATIONS FOR A KINSHIP SERVICE

In this section the green paper sets out the foundations on which a service design for kinship care can be built. The paper brings together the issues of care for the child and the service system required to support the child's placement, insights into the family roles, and the best practice that we have found in integrating these in service delivery.

This is not all new knowledge. It is already found at varying places across our service system. What is missing is an integrated approach to working with carers, the child, parents, and the extended family, and in this, the design may take some new steps.

The proposed response has implications for Child Protection, Placement and Support, and Family Services. A new kinship response will integrate with other initiatives and with wider practice reforms. It aims to strengthen fledgling practice. The principles and the service design support and extend work to put into practice the directions of the CYFA.

3. PRINCIPLES

Kinship care is a distinct form of care that must be flexible enough to deal with the complexities of family relationships, in that the parents, carer, extended family and the child have a common identity with its accompanying emotions, allegiances and past histories. At the same time kinship care is focussing first and foremost on the needs of the child. Therefore kinship care has a dual focus that underpins service development:

- Ensuring the best interests of the child are at the forefront of decisions
- Empowering the family in expressing family responsibility for the child

This dual focus gives rise to two sets of principles – fundamental principles that apply to services for all children, and specific principles to guide a service system for kinship care.

3.1 Fundamental "Best Interests" Principles

Children in kinship care have their 'Best Interests' at the forefront in all decisions.

The fundamental "Best Interests" principles are:

- **Protect and promote children's safety, stability and development, taking account of age and stage of life and culture**
- **Support 'whole of family' strengthening**
- **Deliver a reliable network of services and supports – that provide additional help when and where it is needed (DHS, Best Interest Principles 2007:6)**

3.2 Kinship Principles

These kinship principles recognise the relationships and interactions between the children, their parents, carers and extended family. The service system will work best when it identifies family roles, values, and key family members, and uses the family's knowledge to support the child and carer and to constructively assist and encourage the parent.

These principles acknowledge that family relationships have beneficial and stressful aspects. Relationships are based on past histories. They can be difficult or have conflicts, past behaviours or attitudes that work against cooperative efforts. Wherever possible the service system for kinship care will reinforce positive aspects and benefits, and

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reduce stress. Workers have a particular opportunity to assist the family in working together through a focus on their commitment to the needs of the child.

Workers in the service system have knowledge about parent and child needs, and issues that are likely to arise in kinship care. By talking about such issues in discussions with the family, workers can assist family members to understand the child's and the parents' situation better. This can help to anticipate future difficulties, and to mobilise family resources. Parents are integral in these family relationships. The potential for the parent to resume care is an important element in discussions with family members.

Kinship principles are:

- **The wider family should be encouraged to be involved with the child, to support the carer and where possible the parent.**
- **Understanding the leadership, decision-making and ways of taking action in the family is critical to supporting the placement. Service system procedures should be flexible to take account of these factors.⁵**
- **Use the critical first few months to assist the family to anticipate and plan for the challenges ahead**
- **Ensure that every approved placement is one where the benefits to the child in maintaining identity and relationships outweigh any difficulties in family history or circumstances.**

4. THE SERVICE DESIGN

The service design proposes what a comprehensive approach to supporting statutory kinship care arrangements might look like in the future ... when, what, who, and how each part of the system could work with the other parts, as part of the overall Child Protection and Family Services service system. The proposed design does not seek to replicate current service models in foster care, family services, or permanent care.

Moving from the current models of assessment and support to kinship care to a more comprehensive approach will require input from a number of stakeholders. More detailed work on an implementation plan will be needed, but at this stage we seek views on whether the service directions proposed are supported.

The service design is presented under the following headings:

- **The Service Design as a Whole**
- **Three Phases in a Response**
- **Impacts in Program Areas**
- **What Needs to be Done**

⁵ Some examples of flexibility may be:

- to hold meetings in a setting familiar to the family
- 'family decisions' often change with circumstances. Could meetings think ahead in reaching decisions and anticipate, discuss and allow for changes?
- more than 1 or 2 outside adults and many families don't feel comfortable. This may affect who attends meetings, and who contributes in other ways.
- is there a family member who could be a co-chair or chair for meetings?

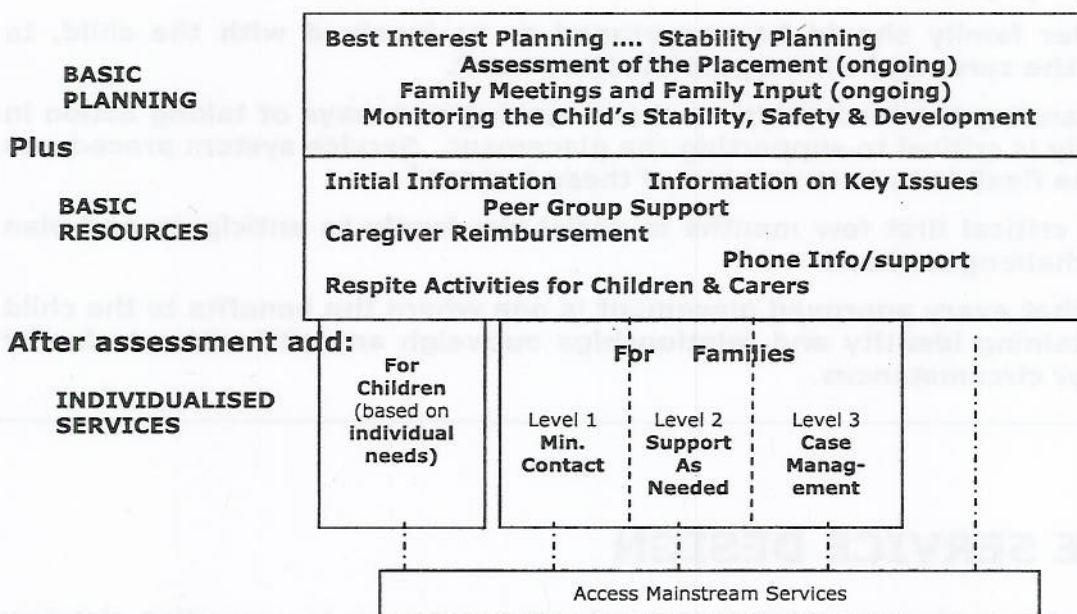
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4.1 THE SERVICE DESIGN AS A WHOLE

The principles give rise to a service design for statutory kinship care (Diagram 1) that has four elements. The first is the planning to sustain a child in a placement. The second is the basic resources all carers need, and the third the differential responses that support the child, the carer and the wider family. The fourth element is the family's ability to use mainstream services.

These elements or 'building blocks' occur simultaneously as a client moves through the system.

Diagram 1: **ELEMENTS OF A SERVICE SYSTEM**



4.1.1 A SUITE OF OPTIONS

The design provides for resources and service options that are practical and flexible. Resources used depend on the individual child and on the resources that come forward from within the wider family. Services needed will change over time, and are intended to strengthen the family in taking responsibility for the child and assisting the parent wherever possible.

4.1.2 WORK IN CONSULTATION WITH FAMILIES

In kinship placements, the statutory system and the family system work together in that:

- the child remains within the extended family and members of that family take on and exercise a continuing responsibility for the child's wellbeing and future
- policies and procedures of the Children Youth and Families Division apply to the child as the means by which the Secretary fulfils the responsibility to provide adequate care for the child

The way we do business may need to change in kinship placements to create more opportunities for the family to exercise shared responsibility for planning and delivery of support to the child. It is important in resolving issues to seek family solutions before seeking outside services. This means that:

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- Best Interests Planning (BIP) is proposed to be undertaken through a family meeting with the members of the child's family who are able to attend.
- The BIP family meeting identifies family members willing to support the child and to work with DHS in decisions around the child and the placement. The parents are involved in these discussions. Where a parent is not involved, their significance for the child is understood and the relationship fostered.
- Standards and procedures that safeguard the interests of a child in the placement and support system need review for their relevance, to take account of the responsibilities a carer may exercise as a relative. Some procedures and standards developed primarily for a non-familial care setting may not apply in the same way when placement is with a family member⁶.
- The suitability of the placement is assessed by discussion with the family as well as by undertaking checks to ensure the quality of the primary care.
- Family members may undertake some tasks in the care planning process

Some children may not have an extended family or these persons may not be accessible. In such situations it is important to identify whether any close friends of that child or their parents have a sufficient commitment to the child and know them well enough to participate as 'family' in long term support and advice.

4.1.3 EARLY INPUT IN THE ADJUSTMENT FOLLOWING PLACEMENT

The proposed design is potentially more resource-intensive at the commencement and early stages of the placement. It recognises that placement of a child with a relative is a time of crisis. Practical tasks in household arrangements, changes in the carer's own lifestyle and the child's routines, the relationship with the parent and feelings about the neglect or abuse make this a stressful time. However, considerable change can occur in a crisis. Crisis theory confirms that targetted input in this early period can mobilise strengths. If issues likely to become problematic are identified before they become problems, it can substantially reduce the severity of later difficulties. A service system needs to recognise this and use the early placement stages constructively.

4.1.4 THE RESPONSE CLOSEST TO 'NORMAL' DAILY LIFE

The needs of carers and children are proposed to be met in the way that is closest to the family's normal daily life. This means that firstly, local services may be used rather than establishing a specific service for statutory kinship clients. Secondly, work to improve accessibility of mainstream services (eg. education, health or justice)⁷ for all carers is more effective than individual workers advocating for each carer separately.

For example:

- Many grandparent and relative carers participate in local support groups, sharing issues and support regardless of whether their children have been placed by Child Protection or in private agreements.
- Most information resources are equally useful for all grandparent and relative carers.
- A child may prefer a local community service (eg. school based activity) that helps them to express or deal with their experiences, rather than more specialised help

⁶ For example, carers may know more essential details about the child than workers; a grandparents' commitment can give stability though 'standards' of care may differ from other forms of care; the young person is unlikely to think of 'leaving' their home / be required to leave because they have turned 18

⁷ Relatives face difficulty using mainstream services such as schools or health centres where the service does not recognize them as the primary carer. It is difficult to get birth certificates and a child's medical information, or for relatives who are primary carers to be eligible for legal assistance.

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- Difficulties for relatives in accessing mainstream services can be most effectively addressed by action by CSOs and DHS to change eligibilities and service guidelines⁸.

4.1.5 A SET OF BASIC RESOURCES

The service design rests upon a set of basic resources that are made available to every kinship placement. These resources explain the situation and will help to equip the carer and family better for the task of care. Further details are under point 5.

- Information of two kinds is to be readily available:
 - Information for carers at the time of placement about the immediate tasks eg. financial assistance, where to get needed items, peer contacts, legal processes, explaining the care system.
 - Ongoing information later that covers issues such as parenting again, child development and the effect of trauma, grief and adjustment in the family, understanding drug issues. (Whilst 'training' is not a term used for family members, ongoing information on relevant issues in care, especially where linked to ongoing peer networks and discussion, is critical.)
- Caregiver Reimbursement
Kinship placements made with the intervention of Child Protection should all receive caregiver reimbursements.
- Grandparent and Relative Peer Networks
"When people believe their situation is unique they also believe it may be insoluble"
Carers place a high value on their peer networks - to share deeply personal feelings, for practical tips, and to absorb and learn from new information. These contacts are useful when the child first arrives, and may provide a foundation for future networks. Not all carers will take part in a formal group. Most networks occur as locally based groups, but there are rural mail or phone networks. Some organisations hold regular 'events' for relatives who are carers. A facilitator is important for continuing groups, both to bring in resources that will help group members and ensure points of stress have a positive response.
- Phone Information and Support
Carers will need access to other information and support. Resources such as telephone information and support will give practical help and reduce isolation.
- Providing Assistance to Children
Children's responses to prior experiences may require assistance in a way individual to that child. Funding should enable a child to be use an activity of their choice.
- Respite Activities for Children and Carers
Many carers are older and on low income. This limits the normal family opportunities for recreation that are beneficial for children and give the carers a 'break'. Whilst the extended family may provide valuable help in this, a program to facilitate such activities for children and/or for child and carer should be considered⁹.

4.2 THREE PHASES IN A RESPONSE

There are three phases in the proposed design, beginning from the point when Child Protection first places a child (Diagram 2). In each phase, basic resources combine with individualised planning and services to support a particular child and family.

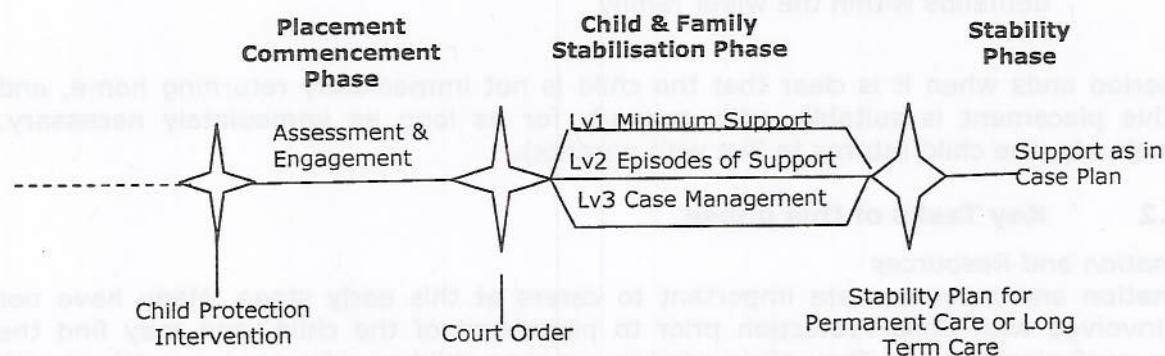
⁸ Work by CSO management and the Children, Youth and Families Division with service systems to change eligibility rules and guidelines, working through intra and interdepartmental forums, creates a more normal experience for families, gives them more energy for the child, and is much less costly in worker time. Such advocacy occupies considerable time of workers and is a significant service cost.

⁹ 5.1.5 notes the experience of programs in other states may be relevant.

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It is implicit in this design that in some cases members of the wider family may be involved with the parent and child prior to statutory involvement, with or without the support of other family and community services. This policy views such work as an important first effort to assist the family, and encourages the statutory response to identify and build on the work in these earlier interventions.

Diagram 2: **Three Phases in Care**



4.2.1 PLACEMENT COMMENCEMENT PHASE

This phase covers what is required from the time of placement, and extends up to 3 months (or longer if the case is contested). This is often the crisis time where the extended family equilibrium is altered, with considerable stress on all concerned.

Child Protection have a primary role in the assessment and engagement with families in this phase. In these first two or three months, assessment and support are integrally intertwined. The extended family members need to discuss what has happened for the child as it affects their family, and understand the effect on the child, and these are also issues that Child Protection must assess. Child Protection engages with wider family through assessing the need for placement and ensuring that it is suitable. Workers meet with family members and provide other support through advice on community contacts and by assisting or referring for other immediate issues in the care.

This period is also the 'Protective Intervention' phase outlined in the Child Protection Case Practice manual that includes a meeting or meetings for the Best Interests Planning process (BIPP). Appendix 1 is the BIPP flowchart from the Manual. When a child is in a kinship placement, it is proposed that discussions with the extended family be the required format for Best Interests Planning¹⁰, and the BIPP meeting should be a meeting with the extended family.

Children and young people should be involved in discussions and family meetings appropriately to their age.

4.2.1.1 Goals of this phase

- To identify extended family members and engage them in support to child and carer
- To assess
 - that the placement needs to continue ie. that a protection order is needed
 - the capacity of the kinship carer and the family to meet the child's needs
 - the level of support appropriate to maintain the placement

¹⁰ It is acknowledged that it may be difficult for relevant family members and the parents of the child in care to meet together to discuss sensitive matters. This should not prevent liaison with extended family. Rather, the service system needs to provide flexible opportunities for their input.

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- To link the carer to practical supports and brief them on the likely impacts of placement for them to consider.

This phase will:

- articulate the problem/risk in parental care that continues to exist
- link carers and parents to practical supports and contacts,
- talk with the carers and extended family about the demands of the care they have taken on, and assess with them if and how they can meet these demands within the wider family

This period ends when it is clear that the child is not immediately returning home, and that this placement is suitable, with support, for as long as immediately necessary. (Alternatively, the child returns to live with parents).

4.2.1.2 Key Tasks of this phase

Information and Resources

Information and resources are important to carers at this early stage. Many have not been involved with Child Protection prior to placement of the child, and may find the system confusing at best. They often need to manage children who are traumatised with significant changes in their lives. It is important that carers be provided with:

- Information relevant to kinship care (booklets, phone line, web sites etc)
- Caregiver reimbursement arranged at commencement of placement
- Practical contacts to be given– where to go for assistance
- Peer contacts for carer

Assessment and Planning

- A key task of this phase is to Assess and Plan:
 - to approve placement to continue if needed
 - to identify the level of support appropriate for the future
- The Best Interests Planning (BIP) provides a framework to plan for the child. The role of the extended family is critical. Questions for the meeting include:
 - Where the child is to live
 - What it would take for parents to resume care
 - How the carer can be supported in caring for the child
 - What involvement the family members are to have in the child's life
 - What are the most practical arrangement for the child to spend time with their parent/s (if this has not be prescribed by the Court)
 - How will the placement change family relationships

The planning will give rise to the following tasks –

In Respect of the Child

- Completion of the Entry to Care Assessment (as required; service to be established)
- Ensuring that education and/or school support is settled
- Addressing immediate needs when identified in Best Interests Plan

In Respect of the Parents

- Ensuring parents remain engaged with their child and have agreed contact
- Assessing the possibility of the child returning to live with their parents

In Respect of the Carer

- Assistance with specific tasks ie. contacts for services or encouraging wider family to assist. Supports may include for access visits, for child care, for household items or information etc (4-8 weeks)

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4.2.2 CHILD AND FAMILY STABILISATION PHASE

Time: 3 months onward; until the child returns to parents' care, or a stability plan¹¹ is made.

The CYFA (s170) requires a Stability Plan to be prepared within 12 months if a child comes into care aged under 2 years, within 18 months if the child is between 2 and 7 years, and within 2 years for a child over 7 years.

This phase begins *after* the assessment with the family has concluded that they are *willing* and are *suitable* to care for the child for longer than the interim weeks or months, and that the child will need this placement for a longer period.

Once a court order is in place¹² and/or it is clear the placement is continuing, this phase provides support to the placement and to the family regarding the child's future.

Support to Determine the Child's Options for Stability

The work to 'reunite' a child with their parents that occurs once a child is placed is different in kinship to other Child Protection placements.

Factors that make work on family relationships different in kinship placements are:

- Generally the child and wider family know each other, and importantly, begin to share views and discuss the parents' capacity to resume care and meet the child's needs *from the moment the child is placed*. From the beginning of the placement, the family are considering what the options are. If the parents cannot care for the child, then is this carer able to continue to care for the child, or are there alternatives within the family.
- Return to parents or continuing to live with a relative is often less a conflict of loyalties for the child and the carer than when care is with an outside person. Children generally will have the close relationship with the relative and the parent regardless of where they live. It is not unknown for children in kinship placements to reach an early understanding about how much they can or cannot depend on their parent/s, notwithstanding that they love them.
- It is characteristic of kinship placements that, in addition to formal contact set down in a Court order or agreed in the Best Interests Plan, often a range of indirect and/or informal contact occurs eg. at family events, by news of each other within the family. As one service notes "the parent is psychologically present in kinship placements".
- The family may make efforts to encourage the child's relationship with their parent, and to involve the parent with the child, because of their links to both parties. Conversely, family can be particularly upset, angry or frustrated, and critical, of failures in parenting, and these feelings need to be taken into account.
- Discussion of 'parent-child relationships' is not separate from the carer, who is linked to the parents and the child. Whilst there may not be agreement,

¹¹ Section 170 (3) of the CYFA requires a Stability Plan to be prepared for a child in out of home care:

(a) in the case of a child who is under 2 years of age at the date of the order, once that child has been in out of home care for one or more periods totalling 12 months;

(b) in the case of a child who is 2 years of age but under 7 years of age at the date of the order, once that child has been in out of home care for a period or periods totalling 18 months;

(c) in the case of a child who is 7 years of age or older at the date of the order, once that child has been in out of home care, for a period or periods totalling 2 years within a period of 3 years from the date of the order.

¹² Delays beyond 3 months may occur in court processes due to contested actions or backlog in hearings. Child Protection may refer a case for support before a hearing, where support is clearly required and a CSO can accept this referral, and in this case Child Protection role becomes a minimum required for the court action.

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family knowledge of and commitment to the parent and child is influential. Often family have more practical information eg. what happens to the parent on evenings and weekends, that it not always accessible to Child Protection or CSO staff. Family contribution assists to achieve the best possible relationship between the child and the parent as early as possible - and to alternate long term care if needed.

In many instances workers supporting the placement are in an excellent position to facilitate and take part in these discussions with the carer, parents and children. This is in contrast to a foster care placement where one worker may support the placement and another worker discuss resumption of parenting with the child's parents.

The work to 'reunite' may be best characterised as helping the family to cope with their feelings about what has happened for the child, and working toward achieving the best possible relationship between child and parents with as much support as possible from family members. This 'best possible' relationship may be to live with the parents in some cases – and alternatively, may be to live with another family member and still have the parent-child relationship. In both situations, the relationship with family members and their support is important for the child.

Support to the Placement

Based on the earlier initial assessments, Child Protection links the family to the ongoing support identified then as needed to maintain the child and support the carer. This organisation assesses identified issues in more detail with the family and is also able to discuss needs and challenges now arising for the family in the placement, and how these may be met.

Family dynamics, and the carer's role within these, are likely to be significant in determining the level of support that is needed. Some families may need a point to contact, peer support and community contacts, others may need initial contact and then episodic support as needs arise, others may need longer term family casework support.

It is proposed that support in this period after the court decision would be provided at one of three levels, and that this level of support required would have been identified by Child Protection during the Placement Commencement phase. Further details are provided in 5.3 (p.25-27):

At Level 1: *DHS Minimum Support Level*

Contact at DHS and/or through peer group:

DHS Kinship Unit¹³ to be responsible for family meetings, for reviews of the child's progress, and for discussion with the family and the parents regarding future care.

At Level 2: *Kinship Support; Initial Family Discussion / Episodic Contact*

Referral to a Kinship support service for initial contact/family discussion/support and then for episodic or brokered assistance.

The Kinship support service would discuss with DHS their capacity to work with the parents and the issues of future care; DHS Kinship Unit to be responsible to review child's progress and (if necessary) work with the parents.

A DHS region may decide to undertake this function internally in preference to contracting service to a community organisation¹⁴

¹³ Several options exist for a region in developing a response to kinship placements, and these are outlined in detail at 5.2 (Regional DHS Kinship Units) and 6.2 (Regional Kinship Plans)

¹⁴ discussed later at 5.2, page 25 "Regional DHS Kinship Units, paragraphs 5-7.

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At Level 3: *Kinship Case Management Service*

Referral to a Kinship Case Management service for ongoing family casework to the child and family. A contracted service would work with the carer, family and the parents, and undertake review of the child's progress; DHS role to be contract supervision and review.

A DHS region may decide to undertake this function internally in preference to contracting service to a community organisation

4.2.2.1 Goals of this phase

- To build and maintain stability for the child.
- To supplement resources of the carer, parent and wider family to care for the child.
- To strengthen the child's stability and development and help them achieve the best possible relationship with their parent/s including return to parents where possible.
- To assess the detail of the ongoing support required in the placement.

4.2.2.2 Key Tasks of this phase

In respect of Carer and Extended Family (including parent)

- Assessment with the carer and the extended family of their capacity to meet child's needs over the longer term. Issues that may need to be considered include:
 - The capacities of carers to care for the child in the longer term
 - The child's activity and recreational needs (and who will help with this)
 - Ways to encourage the parents' involvement with their child if appropriate, and for family members to assist with access
 - Identifying what would help the parent to be able to resume care
 - Could family members provide help in the future if the carer needs this
 - What options does the primary carer have for respite
 - Does the placement have impacts on the family that need to be considered
- Identify with the family, and deliver, the package of services that will maintain the placement
- Best Interests Case Plan to be completed and/or updated

In respect of the Child:

- Individual Activities (eg, peer groups, camps, drama and/or sporting)
- Educational support and schooling to be confirmed
- Behavioural and/or personal growth activities as relevant
- Looking After Children Assessment and Action Record¹⁵ may be considered.

In respect of the Carer:

- Peer group/ peer networks for carer to provide:
 - Support, debriefing, practical contacts and friendship
 - Information/discussion of parenting, child development, family issues and drug, alcohol and mental health issues

¹⁵ As noted on page 13 (3.2), the application of the Looking After Children framework will require further discussion to discern how it could be adapted. Possibilities include:

- Key family members are to be encouraged to work with the carer and the parent, and with DHS in ongoing decisions and support. Mostly family members will talk at times and places that are not office hours or formal settings – and this family network is the long term goal. However more intensive family casework may explore the idea of a 'Family Care Team' of family members with the key worker, or alternatively key family members participating in a six monthly review.
- Use of an 'Assessment and Action Record' to review the child's progress
- The relative may fill in Essential Information where professionals need this information

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- Counselling if requested
- Access arrangements may require assistance where court deliberations have instituted fixed access, or arrangements for other reasons are inflexible. Access arranged following family discussion is more likely to take into account the carer's situation and assistance from family members.
- Assistance with respite activities if needed

4.2.3 STABILITY PHASE

Time: Commences upon development of the child's Stability Plan.

This period begins when a stability plan is made that sets out the future living situation desired for the child.

In the previous phase family members are likely to have discussed from early in the placement, what could happen if the parents are unable to care for the child. Specific suggestions or issues may have been identified. Discussion is likely to have occurred between the parents and other family members about where the child may live in the future. Family meetings and Best Interests planning processes may have identified key practical and emotional issues for the carer and the parent's relationship with the child, potential future care, and family concerns in providing for the future care of the child.

Once it is clear that the child will not be living with their parent, these discussions need to examine in more detail with the carer, the parent, the child and key family members what it means for this or another alternative living situation to become permanent. The views, perceptions and wishes of the child are important in this consideration. The issues of relevance include but are not limited to:

- The appropriateness and capacity of the carer to care for the child into the future, and the support that the family can provide
- The meaning for the family in the change in roles between family members from 'temporary' to 'permanent'. This is unsettling and may not be welcomed:
 - Carers may be ambivalent about taking on a formal long term 'permanent' role due both to the long term impact on life dreams put on 'hold' in order to care, and also as it takes away the hope that the parent would in the foreseeable future resume care.
 - Parents may similarly be reluctant to believe that their situation is not going to improve 'shortly' to allow the child to return to their care.
- Building the relationship between the child and their parents in the most meaningful and appropriate ways.
- Relationships for the child in the family eg. grandparent in-laws or step family. This is especially relevant if the primary carer is older or has other limitations that may need others to assist with the child's developmental needs.
- Older carers may be uncertain about their own future capacities to meet a child's needs in financial or other ways, as the child becomes a teenager or young adult, or may feel their own health cannot be guaranteed.
- The formal mechanism to provide stability for the child in an alternative living situation. There are at least three primary options to be considered:
 - A Permanent Care Order through the Children's Court of Victoria.
 - An Order through the Family Court of Australia.
 - Agreement in Best Interests planning processes to continue a Long Term Alternative Care Case Plan.

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Planned supports or specific actions to achieve this stable ongoing living situation for the child are set out in such discussions.

Some circumstances may exist where a Stability Plan continues a placement as long term without recommending a move to permanent care. Whilst this provides greater support and review from the service system than a permanent care order, such a placement would hope to build similarly an enduring family and friends network for the child and carer that does deliver long term security and stability.

4.2.3.1 Goals of this phase

- To set in place a stable future living situation for the child or young person
- To identify the child's plans for their future
- To identify and resource issues that may require future outside assistance

4.2.3.2 Key Tasks

- Discussion of what stability means for the child, the parent, the carers and the family as a whole
- Identification of specific future support needs
- Referral to or provision of services as identified in the Stability Plan
- Permanent Care Assessment (where appropriate)
- Application for a Permanent Care Order or Family Court Order if relevant

4.3 IMPACTS IN PROGRAM AREAS

The proposed service design impacts upon several program areas within Child Protection and Family and Placement Services. Therefore the service design is being and will be developed in consultation with:

- **Child Protection**

The role of Child Protection is obviously vital. Currently Child Protection staff provide much support for kinship care placements and it is acknowledged that competing demands and the nature of their role can hinder the provision of supports.

The design assumes a stronger role initially for Child Protection in assessing issues with the whole family and linking them to resources. Whilst this direction is broadly within the roles and tasks being developed under the CYFA 2005, future discussion will be required with regions about the way in which the Child Protection workforce is structured, and about how resources can be available to facilitate the child protection role in kinship care.

The Child Protection Operating Model (CPOM) project is examining the future structure of Child Protection to develop a structure that better meets the intentions of the CYFA and improves outcomes for children involved with our services. The service design for kinship care proposed in this paper will be considered as part of the CPOM process.

- **Placement and Support Services**

Some Community Service Organisations (CSOs) provide kinship support at present, though this is inconsistent across regions. Programs have been made possible by pilot funding or under performance against foster care targets ie. funding to CSOs for foster care services has been redirected to kinship support. The role of placement and support services in a future service design needs to consider:

- scope for converting chronic under performance in foster care into kinship support
- in any new funding, possible roles of placement and support CSOs in providing kinship care services

However, what the service design indicates quite clearly is that the support provided in kinship care is not simply "foster care with a relative". The proposed service design will

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require new skills and ways of working, and sharing diverse skills across organisations. For this reason, existing foster care providers may not necessarily be the best providers of a kinship service.

- **Family Services System and Child FIRST**

The review of kinship care identified several family services already supporting both statutory and private kinship arrangements – either through general family support functions or via services such as grandparent carer groups. The extent of service to statutory clients was not clear in the review.

The role of family services in a redeveloped service model and in relation to Placement and Support will need consideration. Working with the extended family is a skill being developed in family services, and a service response may borrow from and use a family service platform as well as or instead of placement and support. The likelihood is that the skills of both areas will be required.

The earliest phases of work with parents, other family and the child may have occurred in family services, prior to statutory involvement¹⁶. Where Child Protection intervenes and it is found that Family Services have been working with that family, the previous understandings reached with the family will be important as a starting point in Child Protection intervention.

- **Permanent Care**

A review is under way of Adoption and Permanent Care (A&PC) that acknowledges that A&PC teams have considerable skills and expertise to contribute in the assessment of kinship care placements “moving” to permanent care. Using the skills and expertise of A&PC teams will assist kinship care where a permanency plan is being considered.

¹⁶ Such work may include temporary placements by agreement and family discussion.

5. What Needs To Be Done

5.1 BASIC SERVICES

The success of the new service design is dependent on ensuring that there are basic resources available to carers, key family members, and the child in the kinship placement.

5.1.1 INFORMATION RESOURCES

Initial Information for new Carers

An information kit¹⁷ that is given to all new carers needs to be developed, and to be widely available for other relatives caring for children (the Office of the Child Safety Commissioner has commenced work on this).

The development of a website for Victorian kinship care would be helpful in accessing information and support for carers and families. This could be a webpage for the Child, Youth and Families Division, and linked with the national parenting website www.raisingchildren.com.au.

What is essential to bear in mind, however, is the responsibility of a service system to ensure that information resources are actively made available to carers. There is evidence that we fail to do this now.

Continuing information for carers in kinship placements

As at 4.1.5 (p16), information needs are identified rather than 'training'. Continuing information is a resource for issues that may relate to the child, to the parent, to family reactions, or their own life adjustment. Carers find themselves facing issues that may be particular to this child, or this situation, and need to know where to find information as they need it.

Format is important. Carers absorb information readily amongst peers eg.

- Support groups or regular local events
- Carers invited to regional or agency forums on matters of interest
- Newsletters, video or DVDs, or email (for rural or employed carers)

Continuing information could be:

- Parenting as a relative or 'the second time around'
- Being able to manage family relationships
- Understanding personal grief about family situations
- Self-care with changed lifestyles and personal goals
- Parenting styles and strategies
- Attachment and the effect of trauma on a child
- Drug and Alcohol dependence and Mental Health issues

5.1.2 TELEPHONE INFORMATION AND SUPPORT

Telephone support can give effective practical information to carers and help reduce their isolation by being available when regular office assistance may not be. An existing or new service will need to be resourced to help relatives caring for children. This will include up to date information and briefing on kinship issues for staff taking calls.

¹⁷ The kit should cover: where to go for practical resources, who pays for what, the phone number for telephone information support, issues that may be expected to arise and helpful suggestions, helpful contacts and support groups, the court system and DHS roles

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5.1.3 GRANDPARENT AND RELATIVE SUPPORT NETWORKS

The change in the lifestyle for new carers is substantial. Many carers lose existing friends who no longer care for children and many face new challenges. Peer networks help to 'make sense' of the new situation for these carers, who have opportunity to exchange information with others and debrief about the changes. Carers may come 'in and out' of a network. The carer feels stronger and not so alone.

Grandparent and relative support networks will require further development in localities across regions. Groups are most effective as local points of contact and usually have a facilitator. Currently twenty local groups exist, established within the Parenting Network or by CSOs, health centres or DHS. Two are self-supporting, and two are rural mail networks. Gains from these networks include:

- Practical information about services and managing children's needs
- Discussion of styles and ways of parenting, and learning about child development
- Debriefing feelings about changes in lifestyle and personal goals foregone
- Awareness of others with similar challenges
- Sharing feelings of grief or shame about what has happened in the family
- Friendships and 'time out'

Not all carers will 'link into' a group, and such networks cannot be forced. However, most carers will be interested in having contact with persons similar to themselves, especially early when the placement first occurs, and such contacts can be encouraged¹⁸. Regular newsletters are appreciated and useful in keeping in touch with information and similar situations.

Guidelines will need to be developed for program input and funding for support networks.

5.1.4 CAREGIVER REIMBURSEMENT

The Child Protection Practice Manual requires that payment of the caregiver reimbursement occurs on placement by Child Protection. Kinship carers are also eligible for the Education and Medical Allowance. However some issues remain in carers accessing caregiver reimbursement and discretionary funds that are available to help carers when a child is placed with them.

Information to regions on kinship care needs to:

- Reinforce the eligibility for basic caregiver rates of reimbursement
- Include the need to assess for practical needs that may be eligible for discretionary Child Protection or Placement and Support funds.

5.1.5 RESPITE ACTIVITIES FOR CHILDREN AND CARERS

Many carers are older and on low income, limiting normal family recreation opportunities. Carers have identified that respite is a need, and that activities such as day outings, children's activities, and camps for themselves and the children help to provide this.

An appropriate Victorian program to facilitate such activities for children, and/or for child and carer, needs to be developed. A recent three year review of a 'Time For Grandparents' program in Queensland could assist in this¹⁹. This program was

¹⁸ Ideas to encourage networks include:

- Contacts being given for local grandparent and relative groups
- "Morning teas" for new kinship carers by a regional office
- Activities for adults accompanying children who are brought to activities
- Regular mailings and/or newsletters

¹⁹ (Service outline & specifications www.communities.qld.gov.au/seniors/events/grandparentsprogram)

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mentioned as having delivered cost-effective support that facilitated young people's local involvement in clubs and sports and provided respite for relative carers.

5.1.6 SUPPORT TO CHILDREN

Children and young people living with relatives valued talking with others in similar situations. Some formed these networks after participating in camps or activities.

Behavioural or other difficulties that children experience following neglect or abuse need help in a way individual to that child. Children need access to an activity or service of their choice that helps them to understand ways of dealing with their experience. This may be a local or a specialised option, and may include:

- o Drama and Music Therapy
- o Peer support groups for children
- o Behaviour support eg. Take Two, children's mental health service
- o Sexual abuse or sexual identity counselling
- o Personal Growth eg. school based personal growth courses

5.2 REGIONAL DHS KINSHIP UNITS

The consultations noted that maintaining a DHS role and profile in kinship care is positive for clients, irrespective of kinship support that may occur from contracted organisations. In view of this finding, the green paper considers that an internal DHS Kinship Unit in each region is a vital resource.

In proposing this, it is noted that four regions have a Kinship or Kinship and Permanent Care Unit that have defined and varying case-focussed functions. The green paper envisages that a DHS kinship role may have some different or additional functions. Nevertheless, the current units are potentially an effective starting point from which to develop a DHS Kinship role and a regional service design.

Progressive development of a DHS Kinship Unit is envisaged to occur as part of a kinship planning process in the region. A DHS Kinship Unit is envisaged as taking on two roles, the second of which may vary considerably between regions. These roles are:

- ◆ a consultative and information role,
- ◆ a case-specific role decided in development of a regional kinship plan (see 6.2).

Consultative and information role

Information and support functions of a Unit are:

- An internal resource for consultation and review of kinship issues for Child Protection, Placement Support and Family Services
- A focus to develop a regional kinship plan

And, over time, would become:

- A regional focus for education about kinship care and to develop awareness of support to relatives caring for children across child and family services settings

Case-Specific Role

Case-specific roles of a DHS Kinship Unit would depend on the extent to which the region decides to provide internal casework and support. Several regions contract out longer term support to external organisations, however not all regions do this.

- Where a region, as part of their regional kinship plan, decides to deliver most levels of support primarily through an internal kinship unit, such internal DHS Kinship support and family casework function would be much larger than if substantial longer term work is contracted to community organisations. Longer term kinship case review function could reside in a Kinship Unit developed to build expertise in working with children, carers and families in kinship placements

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- At the minimum (*ie if most support is contracted to community organisations*), a DHS Kinship Unit could provide:
 - Stability planning, case review and occasional contact for those placements that require minimal support or case involvement (Level 1)²⁰,
 - Stability planning and regular review of the child's wellbeing and of work on parental capacities, with contracted support services that do not take on case management (Level 2), and
 - Case contracting for and statutory planning in liaison with Kinship Case Management services (Level 3).

5.3 CONTINUING SUPPORT FOR CARERS AND FAMILY

Child Protection has the initial role to actively engage with the carer and extended family in discussion of the issues that need assessment and action in the placement. In this process Child Protection will identify the level of support that a carer and extended family may need to maintain the placement, and as soon as court orders are in place or is clearly agreed²¹, refer the family to such support, which is proposed as delivered through one of three options:

- Minimal Support through a DHS contact (Level 1)
- Episodic Support through a Kinship Support Service (Level 2)
- Kinship Case Management Service (Level 3)

This will determine the support that is needed by the placement in the foreseeable future. It is possible over time that support required could decrease or possibly increase, and in those situations, DHS and the support provider (if external) would consider such needs within normal planning processes.

5.3.1 DHS Kinship Unit only (Level 1)

DHS Kinship Unit:

- To undertake assessment with the family of their capacity to meet longer term needs of the child and to identify that:
 - the family has a range of links into local or family supports,
 - the relationship with the parent is not causing undue stress
 - the child's contact and time with their parent is able to be accommodated and supported by the family,
 - the child has either existing community support or the family can follow through appropriate referrals.
- To discuss with the parents their relationship with and parenting capacity in relation to the child and developing an understanding with the parents and family of the options for future parenting
- To meet six monthly with the family to discuss and review the child's progress using the Looking After Children Assessment and Action record²².
- To contact quarterly to confirm the child's progress in areas of the child's plan
- To be available to the family outside planned contacts and meetings.

Example:

²⁰ Alternatively, Child Protection has this role *ie.* to stabilise the child and family and develop long term options.

²¹ Note 5.3.4 "Referral Protocols Where Court Processes are Extended

²² As noted on page 13 (3.2), the application of the Looking After Children framework will require further discussion to discern how it could be adapted. Possibilities include:

- Key family members are to be encouraged to work with the carer and the parent, and with DHS in ongoing decisions and support. Mostly family members will talk at times and places that are not office hours or formal settings – and this family network is the long term goal. However more intensive family casework may explore the idea of a 'Family Care Team' of family members with the key worker, or alternatively key family members participating in a six monthly review.
- Use of an 'Action and Assessment Record' to review the child's progress
- The relative may fill in Essential Information where professionals need this information

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Maternal grandmother has taken on care of toddler when her daughter again left the child unattended due to deterioration in her depressive condition. The child's father is interstate and makes occasional contact. Grandmother has an established relationship with the child and the child knows and sees his cousins. Grandmother is on her own but has a network of friends in the outer city suburb where she has lived for twenty years, attends the local church and gets a range of practical support from these friends. Mother visits the child at grandmothers' home mostly. Regularly mother states that she would like to take on fulltime care but mother and grandmother are able to talk about this at this time in their relationship.

5.3.2 Kinship Support Service (Level 2)

This could be delivered either through a community organisation²³ or a DHS Kinship Unit (dependent on the regional kinship plan).

- A community organisation to be funded to deliver episodic service for the family and child as these are identified by/with the client (this *may* include work with the parents in building their relationship with the child and their parenting capacity and understanding of future options for the child)

OR

- A regional DHS Kinship Unit may consider taking on this function.

At a minimum where work is contracted, the DHS Kinship Unit would liaise with the community organisation to:

- o If not provided by the contracted service, provide support to the parent including discussion with the parents and the family regarding future parenting for the child,
- o Meet six monthly with the wider family, child, and service to undertake LAC Assessment and Action record as the basis for care planning,
- o Contact the service quarterly to discuss child's progress, and receive and act on reports/concerns identified in the intervening period.

Example:

Two children of 3 and 6 are placed with paternal grandparents. The older child has a mild disability, the younger has disturbed sleep, and either have occasional severe tantrums. Grandfather recently retired. Both have lived in the neighbourhood 10 years. Daughter had lived nearby until moving out of her partnership (taking children) with increasing drug use. Children's father has disappeared. Both grandparents have made friends in the local grandparent support group. Child's uncles and aunts, some of whom have legal and health problems, are critical of the demands on grandparent but not actively antagonistic. Mother has frustrating relationship with parents in law (wants to resume care soon) but believes they provide good care. Access and contacts are chaotic. Grandparents mostly support each other in this and can ask for help when they need it. They have followed up a suggestion of where to get specific help for the children.

5.3.3 Kinship Case Management Service (Level 3)

A kinship case management service could be delivered either through a Community Service Organisation (CSO) or a DHS Kinship Unit (as set out by a regional kinship plan).

- CSO to be funded to manage delivery of support to the family and the child through a continuing casework relationship (this includes work with the parents in building their relationship with the child and their parenting capacity and an understanding of future options for the child)

OR

- A regional DHS Kinship Unit may consider taking on this function.

²³'Community organisation' is used at this stage in preference to 'CSO' as the requirement that an organisation be a registered CSO, or not, needs to be determined in discussion of this option.

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At a minimum (ie. where service is contracted to a CSO), the DHS Kinship Unit would liaise with the CSO to:

- o endorse/review changes to the case plan
- o receive and act on reports where the Kinship service identifies a concern.

Example:

A child of 5 is placed with sole grandmother (maternal) who works parttime, doesn't drive, and has poor education and poor command of English. She is also helping other family members. In family meetings the wider family are strongly judgmental; though they offer some help there is likely to be continuing demands on grandmother to split her energies across the family. The grandmother tries to meet these even at risk to her health. The parents are also demanding of the grandmother and antagonistic; the father is in prison, and mother has well established drug habit. Mother is involved with persons not accepted by the family and possibly undesirable for the child.

5.3.4 Referral Protocols Where Court Processes are Extended

Child Protection has the initial role to actively engage with the family. However, where court action is prolonged, or the carer and family have particularly acute needs, this proposed design includes a capacity for Child Protection to develop protocols for:

- o Early consultation where it is likely that the family will be referred
- o Early contracting of support where it is clear that the family requires early intervention and the potential service has the capacity for a timely response

5.4 AN ASSESSMENT FRAMEWORK IN KINSHIP CARE

Assessment is an ongoing activity in supporting a child and a family. This is clearly outlined in the *Summary Guide to the Best Practice Case Practice Model* released in October 2007 by the Department of Human Services. This Summary Guide notes that practice is a recurring cycle in work with a family, that comprises information gathering, analysis and planning, action, and review (Summary Guide, DHS 2007:p10).

In kinship care the suitability and capacity of a placement has four points of focus:

5.4.1 Initial Placement Assessment

Child Protection does an initial risk assessment of the carers prior to placing the child, and in the first week, of the immediate placement requirements.

5.4.2 Family Assessment

Within 2 months of a child being placed, a family assessment is done by Child Protection. Where the placement is with relatives, this assessment incorporates:

- A. A family meeting with the extended family²⁴
- B. Assessment with the carer and key family members of the capacity to provide care

The family meeting²⁵ will discuss:

- o The most appropriate placement
- o The child's wishes and needs
- o Support for the carer
- o Practical arrangements for contact with parent/s
- o What would be needed for the parent to resume care
- o Changes to family relationships

²⁴ This meeting is also the Best Interests Planning meeting as outlined in 4.2.1.2 on page 18

²⁵ It may be that a family meeting with everyone in one room at the one time is impractical. The key point to be made is that we need to tap in to family resources and knowledge in a proactive way, in a joint effort with them to support the child.

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The family meeting and the conversation with the carer together will determine if the placement is adequate, and provide the family with links to resources they will need for:

- Health & lifestyle impacts on the carers
- Educational, recreational and behavioural needs of a child
- Stress points – mental health or drug/alcohol issues & supports, court actions

This role is outlined in a 2007 Scottish Government report (Aldgate & McIntosh ch11,p5):

"assessment and support which... empowers individual family members to share the responsibility ... This does not mean that families can sidestep issues such as safety and basic care of children. Nor does it mean that social workers have to make decisions about these matters alone. It entails social workers putting the issues about which the state needs to be reassured to each family member but also asking them to find solutions and identify the help they need... the role of the social worker becomes that of ally with the family, accountable for the child's safety but not having to be responsible for this alone."

The Children, Youth and Families Division will support development of this area by implementing a revised assessment for kinship care, and by revising kinship care procedures and guidance in the Child Protection Practice Manual. This will be a significantly improved resource for child protection staff, develop their existing skills, and make clear the basic steps in such an assessment.

Such guidance could be supported by information, training and consultation for child protection workers, and this is seen as essential in order to implement these directions over time. This approach is consistent with the directions for Child Protection under the CYFA and benefits workers where family strengths are harnessed to assist the child.

If the child's possible return to their parents' care is being considered or contested, longer term issues can be identified but not discussed until the future is clearer

5.4.3 Longer Term Assessment

Once a protective order is made by the Court, further assessment occurs with the carer and family by the service providing support in the 'Child and Family Stabilisation' phase. This assessment discusses:

- Longer term needs of the child and the capacity of the family to meet these
- Family relationships or other issues that may be a risk over the longer term
- The child's view of their future
- What is needed for the parent to resume care or the best possible relationship
- Earlier commitments are reviewed & adjusted eg. respite and support for carer.

5.4.4 Assessment of Future Stable Living Situation

As outlined in 4.2.3, as the placement progresses the possibility of the child returning to live with their parents, or if not, the capacity of the carer and the family to care more permanently for the child, will become clearer. Once a Stability Plan is made through the Best Interests Planning, the issues as outlined in 4.2.3 become part of a thorough discussion with the carer, parent, child and family to ensure that all issues relevant to a more permanent situation are explored.

5.5 ADAPTING POLICIES FOR FAMILY SETTINGS

Some of the standards and procedures that safeguard the interests of a child in the placement and support system may need review for their relevance and intent in a family setting, and to take account of the responsibilities that the carer may exercise as a relative. Some of these that may need review include:

- ◆ Registration Standards for Community Organisations
- ◆ Investigation of Allegations of Abuse in Care

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- ◆ Leaving Care
- ◆ Permanent Care Assessment
- ◆ Effective Care Team Practice²⁶

In development of a new service for kinship care existing policies will need review. Procedures and standards developed for a non-familial care setting may not apply in the same way²⁷. Some adaptation may be needed to take account of responsibilities that the carer takes on because they are a relative, and to recognise where the relationship and commitment of a relative to a child may be relevant to how a standard is assessed.

6. STEPS AND CONSIDERATIONS IN IMPLEMENTATION

6.1 A SYSTEMATIC RESPONSE

There are a range of issues to consider and steps that must occur for the service system to move from where it is now, to provide services in a new way. Existing gaps and deficits need to be addressed in a systematic way so that a new response can be established across the statutory system. Some actions to achieve this could occur quickly. Others need discussion, planning and a process to create new or transform existing resources.

Broadly, resources required for a kinship care response involve:

- o Skill development – training and support to existing staff in relevant areas, identifying skills to be shared or developed
- o Resources for services – a plan to redirect or increase funds
- o Discussion of the interface and coordination with existing programs – service development in regions and centrally
- o Guideline and protocols developed or revised where needed.

In each of the above areas, steps need to review existing resources and to equip staff in order to make the service design operational. Actions need to be seen as short, medium, and longer term actions, and should take advantage of opportunities and coordinate with other service initiatives. For instance:

- o Information that supports or resources the service design can be drawn together from across the service system and made available more widely.
- o Development of a service design is a firm base from which individual services or regions may take further steps to support carers in their area.
- o Regions may strengthen the local service responses by identifying with existing kinship services and local child protection, placement and family services the services to be developed at regional and sub-regional level.
- o Sharing practice knowledge across existing diverse services will increase understanding of the strengths and the needs of these family groups, and of how the service system could best mobilise family resources.

²⁶ Note details in footnote p.13 & 26 re effects of several outside adults, and that family members talk at times and places that are not office hours or formal settings.

²⁷ For example, carers may know more essential details about the child than the service system initially; a grandparents' commitment can give stability though 'standards' of care may differ from other forms of care; the young person is unlikely to think of 'leaving' their home / be required to leave because they have turned 18

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6.2 REGIONAL KINSHIP PLANS

The design proposes that support to statutory kinship care:

- o has a variety of responses,
- o integrates with other local services where appropriate, and
- o builds on existing local responses and on existing family support.

A regional kinship plan is seen as the first step in regional implementation of kinship care policy. A regional service response is seen as distinctive to each region. Current regional services vary widely, and individual regions may value particular options. As mentioned at 5.2, DHS Kinship Units could assist in developing a regional kinship plan.

Consultation across regional Child Protection, Family Services and Placement and Support areas could determine the most effective mix of Government and community service delivery in that region within the parameters of the service design.

The regional plan that would result would take into account local kinship supports and non-regional supports used by local families and identify gaps in local resources. A regional plan would set out the response for statutory clients that is envisaged. Plans could identify links between Child Protection and Family Services that could develop.

6.3 RESOURCE ISSUES

Financial resources will be more carefully addressed in the final development of a model. Some resources may require careful planning. Others such as training and program development may be resourced partly from ongoing budgets, and others will occur as opportunities arise in normal service management and review.

A policy and service design can assist to guide redevelopment of underused targets, to inform service development, and inform sources of potential external funds. The growth of kinship care as an alternative to other forms of care means that the effectiveness in redirecting existing resources will be integral to the argument to attract new resources.

A new service response would be dependent on several resource issues including:

- Resources for program and policy redesign
- Development of training materials, and coordination with the training and implementation subsequent to the CYFA,
- Development of the Child Protection Operating Model,
- Regional review and planning in kinship care, and
- Budget allocations.

Not all implementation is dependent on additional funding. Some activities that could be undertaken in the first year are:

- Information resources for carers, parents and their families
- Revision of the kinship care guidance in the Child Protection Practice Manual
- Information and training for Child Protection and Placement services in kinship assessment and working with a family group
- A plan of action with Child Protection to develop capacity to implement extended family meetings for kinship placements.
- Coordination with development of the Child Protection Operating Model
- Review and redevelopment if needed of existing services
- Potential use of chronic underused OOH funding for kinship care
- Information resources and other support to grandparent and relatives support groups.

Invitation to comment

In any service design, the devil is in the detail. We have set out here a proposal for how a service design could look... when, what, who, and how each part of the system could work with the other parts, as part of the overall Child Protection and Family Services service system. This is a service design that we hope will invite examination and comment from within the Children, Youth and Families Division centrally, from regional offices, from the community services sector, and from individuals in the community.

There is not one option. At several points there are a range of alternative services to 'package' for a family, and, in the section on implementation, options to decide from where a service is best provided. There may be other alternatives that we have not yet explored, and if so your comment would be welcome.

We are mindful that the task before us involves considerable work to implement what we can do now, and to develop a coordinated approach with other departmental initiatives to longer term issues of resourcing and implementation.

As the service design shows, there is action that can be taken in the short term. We invite your comment, and participation, to assist in this.

Please send comments to Sue Kirkegard at:

- Sue.kirkegard@dhs.vic.gov.au OR
 - **Home Based Care, Placement and Support, Children, Youth and Families Division, Dept. Human Services, Lvl 9, 50 Lonsdale St Melbourne 3000.**
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REFERENCES

Aldgate, J & McIntosh, M, 2006, *Looking After The Family: A Study of Children in Looked After in Kinship Care in Scotland*, www.scotland.gov.uk/Publications/2006/06/07132800, (accessed on 24/11/06)

Department of Human Services, 2001, *Audit of kinship care clients: A summary report* Victorian Government, Melbourne, Victoria.

Department of Human Services, 2007, *Best Interests Principles: A Conceptual Overview*, Victorian Office for Children.

Department of Human Services, 2007, *Issues and Principles in Kinship Care 2007: Relatives and Family Friends Caring for Children*, Victorian Office for Children, Melbourne.

Department of Human Services, 2007, *Kinship Care: Relatives and Family Friends Caring for Children; Report on Consultations*, Victorian Office for Children, Melbourne.

Department of Human Services, 2005, *Victorian families children and their caregivers in 2016*, Background paper No 1 to the Family and Placement Services Sector Development Plan, Victorian Office for Children, Melbourne.

Families Australia, 2007, *Grandparenting: Present and Future*, Family Issues Series No2, Canberra.

Ochiltrees, G, 2006, *The Changing Role of Grandparents*, Australian Family Relationships Clearing House, Melbourne.

Paxman, M, 2006, *Outcomes for Children and Young People in Kinship Care*, Centre for Parenting and Research, NSW Department of Community Services, Sydney.

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APPENDIX 1 BEST INTERESTS PLANNING FLOWCHART

(Advice 1280, Child Protection Practice Manual, Standards and Procedures)

