



Peeling back the layers – kinship care in Victoria

'Complexity in Kinship Care' – Research Report

Rachel Breman

Baptcare Research Unit in partnership with OzChild and Anchor

October 2014





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For queries relating to this research please contact:

Rachel Breman, Senior Researcher
Baptcare Research Unit
Baptcare Central Office
Ground Floor/1193 Toorak Road
Camberwell VIC 3124
Email: rbreman@baptcare.org.au
Phone: 03 9831 7321

Contents

Glossary of Terms and Acronyms	4
1. Executive Summary	5
2. Introduction	8
2.1 Overview.....	8
2.2 Background.....	8
2.3 Aims.....	11
2.4 Methodology.....	11
2.5 Data Analysis.....	14
2.6 Limitations.....	14
3. Results	15
3.1 Demographic Snapshot.....	15
3.2 Issues Involving both Child and Carer.....	17
3.3 Child Placement Issues and Impacts.....	18
3.4 Carer Placement Issues and Impacts.....	22
4. Discussion	26
4.1 Discussion.....	26
4.2 Indicators of Placement Complexity.....	28
4.3 Measurement Tools.....	30
4.4 Interaction of Complexity and Funding.....	30
4.5 Financial Support for Carers.....	31
5. Recommendations	32
References	33
Appendix A – List of Analysis Variables	34

Glossary of Terms and Acronyms

Carer Assessment (Part A and B)	The Part A Assessment form is the initial screening tool used by Child Protection practitioners to assess the kinship placement and is also used as the basis for the preliminary assessment report to agencies at referral. The Part B Assessment is a more comprehensive assessment of the suitability of the carer to support and sustain the placement and is undertaken by Child Protection practitioners for placements that are likely to exceed three weeks.
Case Contracted	A referral from DHS to a non-government provider to provide on-going placement support for a small proportion of the most vulnerable kinship arrangements to ensure placement viability
CP	Child Protection
Complexity	Refers to substantial issues that are likely to make the placement particularly challenging. Measures of complexity may include any one, or a combination of, issues relating to the child, carer or the family. They include substantial problems in the domains of health, emotional disturbance, social interaction, familial tensions and/or conflict and financial difficulties.
CSO	Community Service Organisation
Custody to Secretary Order	The magistrate of the Children's Court has granted the Secretary of the Department Human Services sole custody of the child.
DHS	Department Human Services
Guardianship to Secretary Order	The magistrate of the Children's Court has made the Secretary of the Department Human Services the guardian of the child. The legal rights and responsibilities as a parent have been transferred for the length of the order to the department.
Kinship Care	Kinship care refers to the care provided by relatives or members of the child's social network when a child is unable to live at home with their parents.
Statutory Kinship Care	Statutory kinship placements occur when Child Protection intervention has occurred and a decision has been made to place the child with a relative or significant friend. It may also involve an order made by the Children's Court.
OoHC	Out of home care
PES	Placement Establishment Support. This involves a referral from the DHS to a non-government provider to assist with placement establishment process for up to six months.
Placement Issue	Placement issues may include low level issues (for example, minor health issues) through to high level issues that contribute to complexity (such as risk taking behaviours, significant mental health issues) for either the child or carer in the context of the placement.
Self-managing	Kinship placements that involve engaging members of the extended family to be able to successfully manage the placement with a minimal need for on-going professional involvement.

1. Executive Summary

Baptcare, OzChild and Anchor are Kinship Care service providers in Victoria that have identified increasing complexity in statutory kinship placements and are concerned about the adequacy of capacity of the existing kinship care service model in Victoria to properly address the level of complexity. For the purpose of this study, 'complexity' is a measure of substantial issues that are likely to make the placement particularly challenging. The measure of complexity may include any one, or a combination of, issues relating to the child, carer or the family. They include substantial problems in the domains of health, emotional disturbance, social interaction, familial tensions and/or conflict and financial difficulties.

Kinship care refers to the care provided by relatives or members of the child's social network when a child is unable to live at home with their parents, and is the preferred placement option within the child protection system. Children entering out of home care bring their own unique issues and difficulties and often present with a range of significant behavioural, emotional, health and physical needs that reflect their history of neglect, disadvantage and abuse (Department of Human Services, 2006).

Kinship care is an important element of the child protection system given the number of out of home care placements. According to the latest statistics from the Australian Institute of Health and Welfare (2013), as of June 30 2012, there were 39,621 children in out of home care in Australia; an increase of 5.4% on the previous year. In total, 47% of these children reside in a kinship care arrangement, followed by foster care (44%). In Victoria, 3526 children are in statutory kinship placements. Of these, Community Service Organisations (CSOs) currently support approximately 750 statutory kinship cases.

Historically, the Department of Human Services (DHS) was responsible for the welfare of children in statutory kinship care in Victoria. In 2010, a new state-wide kinship support program was implemented that involved a tender process with a selection of CSOs. The kinship model consists of three distinct components including; information and advice, placement support and kinship family services, as outlined in the Department Human Services document *'A new kinship care program model for Victoria,'* December 2008.

To date, no tool has been developed to assess complexity in kinship care arrangements and associated service needs in out of home care. Previous research has also not addressed this issue.

Baptcare OzChild and Anchor proposed this research to understand more about how complex issues were impacting children and families in kinship care.

The aim of this research was to explore the range and impact of the complexity surrounding statutory kinship care placements for kinship clients from three organisations, Baptcare, OzChild and Anchor, who were partners in this research. Based on their experience supporting children and families within kinship placements, these organisations were of the impression that many placements are more complex than what is initially identified during the placement assessment process. The research also aimed to identify indicators of placement complexity that might act as 'red flags' at the time of referral to indicate that the placement would benefit from more intensive and/or therapeutic supports than are normally provided.

One hundred and thirty children and their carers in statutory kinship care in Victoria were randomly selected to participate in this study from Baptcare (50), OzChild (50) and Anchor (30) that were active (for at least some part) during the period March 2011—March 2013. At a point in time this sample represents 18% of the current number of all state-funded kinship placements supported by a community service agency in Victoria. The research involved secondary analysis of pre-existing service data, with practitioners extracting de-identified data taken from case notes and included a range of demographic, placement, child and carer variables. The majority of these placements had duration of over two years.

This research revealed substantial breadth and intensity of complexity among kinship care arrangements. The evidence indicates that the needs of the children and carers are more complex than has been previously recognised in the current kinship service model.

For example, issues concerning the placement for either the child or the carer were identified for almost two thirds (63%) of all cases in this study during the initial screening process, as identified during the Part A Assessment. Placement issues may include low level issues (for example, minor health issues) through to high level issues that contribute to complexity (such as risk taking behaviours, significant mental health issues) for either the child or carer in the context of the placement. Once the placement was established, issues concerning the child or the carer were identified in eight out of ten (80%) of all cases in the study.

For the children in the study, overall, the most common placement issues related to significant behavioural issues, including physical and verbal aggression towards others (25%) followed by developmental delays (14%), physical health issues (12%) and significant school issues (11%). Of the cases where an issue was identified for the children after the placement was established (88), over eight in ten (83%) were reported as having a 'medium or high' impact on the placement.

Half (50%) of the children who attended primary or secondary school experienced poor educational outcomes (44 out of 88); that is, they were not achieving academically and/or experienced learning difficulties. One in six children (15%) were reported as being socially isolated from connections such as their friends, family, school and/or their community. Most children had other siblings in care (67%).

In terms of the carers, overall, conflict with the birth parents (77%), followed by financial stress (52%) and concerns over access/fear of reunification (15%) were the most common issues that were reported during the placement. Of the cases where an issue was identified for the carers after the placement had been established (89), two thirds of (67%) were reported as having a 'medium to high impact' on the placement.

The majority of carers in this study were grandparents (63%) followed by an aunt/uncle (19%). Only one third of all carers in the study carers were employed (33%), half were in financial stress (that is, reliant upon income support and/or were in debt) and just under one in five carers were (or had at some point) been subject to a Quality of Care review concerning the current placement (18%).

Over two-thirds (70%) of carers and half (49%) of children had some indication of complexity. This suggests that the current funding model, based as it is on the presumption that most placements only require low level of support, is inadequate to provide sufficient support to these kinship care families.

Given that the majority of children in out of home care are currently residing in a kinship care arrangement, it is no longer acceptable to make broad assumptions that a familial relationship is enough in and of itself to fully meet the needs of children and young people in the out of home care systems.

Children and young people in the out of home care system have inevitably experienced trauma, grief and loss which impacts on all areas of their life and long term outcomes. The needs of carers and their issues impact significantly on the outcomes of these children and therefore their needs must also be considered.

Until we better understand these complexities within kinship care placements and develop appropriate responses to address them, we run the risk of failing to meet the needs of half of the children and young people who are currently unable to live at home with their parents.

In order for this to occur the kinship program model needs be reviewed accompanied by a better funding structure and allocation of resources so that children placed in kinship care receive equitable care compared to children in other out of home care programs. The majority of children in statutory kinship care should be contracted to CSOs.

Further, in the absence of a reliable tool used to assess complexity that is specific to kinship care, all children in kinship care should be assessed, as a matter of priority, using the same classifications used in foster care so that highly complex cases start to receive the support they need.

Likewise, all carers should also be assessed to ensure they are receiving the appropriate amount (and length) of support required to sustain the placement and to ensure a safe environment for the child being cared for.

2. Introduction

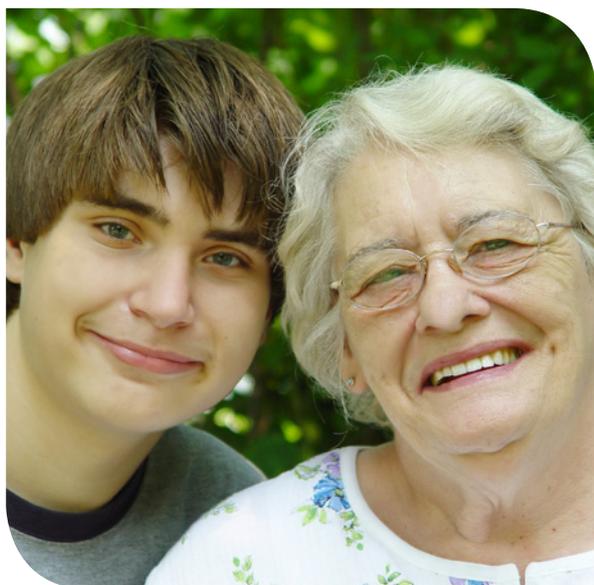
2.1 Overview

This report presents the findings of the research project titled *'Peeling back the layers – Kinship care in Victoria: Complexity in Kinship Care.'* The report is structured as follows:

- Section 1 provides an executive summary of the report
- Section 2 details an overview of the project, including the project background, research aims and methodology
- Section 3 provides a summary of the key findings relating to both children and their carers
- Section 4 includes a discussion of the key findings including; indicators of placement complexity, measurement tools used in out of home care and current care funding parameters
- Section 5 provides recommendations for consideration.

2.2 Background

Kinship Context



Kinship care refers to the care provided by relatives or members of the child's social network when a child is unable to live at home with their parents, and is the preferred placement option within the Child Protection System.

Kinship care is an important element of the Child Protection System given the number of out of home care placements. According to the latest statistics from the Australian Institute of Health and Welfare (2013), as of June 30 2012, there were 39,621 children in out of home care in Australia; an increase of 5.4% on the previous year. There are 3526 Victorian children in kinship care. In total, 47% of these children reside in a kinship care arrangement, a higher proportion than in foster care (44%).

There are currently 25 Community Services Organisations (CSOs) providing Kinship Care Support Programs in Victoria. These programs were supporting approximately 750 children as of June 2013. The remaining statutory placements were being case managed within the DHS Child Protection program.

In Victoria, projected figures indicate that by 2016 there may be three statutory kinship placements for every foster care placement (Joyce et al, 2008). There are several drivers for the current increase including:

- The legal requirement to consider family under Section 10 (3)(h) of the Children Youth and Families Act 2005
- Less stigma for children
- The belief that placement with family members preserves cultural identity and continuity, therefore better outcomes
- Placement stability

- The increasing costs of foster care, and
 - Reducing numbers of foster carers (notably, problems with recruitment).
- (Joyce et al, 2008, McHugh 2003, Nixon 2007, Paxman 2006, Selwyn 2008).

As highlighted in the literature, there are several benefits involved in providing kinship care. These include:

- Children being able to maintain contact with friends and family
 - Children are able to maintain a sense of belonging and self-identity and feel settled because they are placed with people they know
 - Children having more stable placements than children staying with non-relatives carers and being less likely to experience multiple placements, and;
 - A greater commitment with children feeling loved, valued and cared for.
- (Everett, 1995; Department of Health and Human Services, 2000; Scatterfield, 2000)

Historically, the DHS was responsible for the welfare of children in statutory kinship care in Victoria. In March 2010, a new state-wide kinship support program was implemented that involved a tender process with a selection of Community Service Organisations (CSOs) including Bapcare, OzChild and Anchor. The objectives of the kinship model, as outlined in the Department Human Services document '*A new kinship care program model for Victoria,*' December 2008 are:

- To more effectively harness the capacity of extended family networks to provide the best possible kinship care arrangements for children unable to live with their own parents
- To assist more kinship carers to provide on-going normative age appropriate life experiences for the child with the minimum level of professional intervention from the formal service system, building on their informal supports and other available community resources
- To ensure that the kinship care placements arranged for the most vulnerable children as a result of child protection involvement are more effectively established, supported and monitored to ensure that they meet each child's on-going safety, stability and developmental needs.

The kinship model consists of three distinct components including;

- Information and Advice: including the capacity for some additional co-ordination/support to be provided for some kinship carers groups
- Kinship Family Services: providing brief, occasional, short term support to assist some self – managing and stable kinship arrangements to address any specific concerns and to avoid any further involvement of Child Protection, and
- Kinship Placement Support Service: for some statutory kinship placements arranged by Child Protection:
- Up to six months initial placement support for most statutory placements to assist with establishment processes and to enable most placements to become self-managing as quickly as possible
- Case contracted on-going placement support for a small proportion of the most vulnerable kinship arrangements to ensure placement viability.

Although it was the stated intention, the Kinship Care Program has not been evaluated by DHS since inception; however an announcement has recently been made by the DHS to review the Kinship Care Program.

The Kinship Care Assessment Process

The assessment process for each placement is performed in two parts. A preliminary assessment is the first step to establishing that a placement for a child is appropriate for them and is completed by the Child Protection Practitioner. It should ascertain that the placement is safe and suitable, and that the kinship carer(s) with support, can meet the immediate needs of the child/young person. The information gathered in the preliminary assessment is recorded in the Kinship Care Assessment Form A. This form is also used as the basis for the preliminary assessment report to agencies at referral.

If a kinship care placement is likely to exceed three weeks, the Child Protection Practitioner must complete a more comprehensive assessment, within six weeks of the placement commencing. The comprehensive assessment should focus on the kinship carer(s) ability to meet the ongoing needs of the child and to engage in long-term planning for this child. The information gathered for a comprehensive assessment is recorded in the Kinship Care Assessment Form B (Comprehensive Assessment). (DHS, 2013).

Complexity Surrounding Kinship Care

Children entering out of home care bring their own unique issues and difficulties with them. Children in care may present with a range of significant behavioural, emotional, medical and physical needs that reflect their history of neglect, disadvantage and abuse (Department Human Services, 2006). Therefore, multiple layers of complexity are brought to their care environment.

Kinship care arrangements can be complicated by family dysfunction, substance abuse, child abuse and violence (Dunne & Kettler, 2008). While contact between the child and their birth parent and extended families may be vital for child well-being, this comes with a range of challenges, contention and complexity that may threaten the stability of the child in care (Farmer, 2010).



Kinship care is often provided by people with the following characteristics: female, typically grandparents, single, older, less educated, reduced health status, lower socio-economic status and unemployed, or having time spent out of the workforce (Boetto, 2010). The motivations of kin to care for the child often relate to family loyalty, child attachment, family preservation, not wanting to split up siblings, and the desire for the child not to be placed in foster care (Lernihan & Kelly, 2006).

The impact on kinship carers for caring for a child or young person is significant and ranges from personal, financial, child-related and family-related factors. For example, personal impacts such as declining health, stress, loss of opportunities, mental health, fatigue, isolation, grief and guilt, and a loss of independence has been well documented (Yardley et al, 2009). Financial impacts such as inadequate housing, overcrowding, poverty, insufficient income (that is often derived from welfare support), possible sacrifice of employment and income and the rising costs associated for caring for the child are evident.

The child-related impacts on the carer are also considerable. Factors such as managing behavior, managing a child's specific needs or issues (for example, disability, abuse effects, grief and loss), responding to family contact and visitations, working with a range of services and managing educational needs are readily documented (McHugh, 2009). Likewise, family-related issues including dealing with, and managing the family dynamics, the carers 'new' role within the family, grief and loss and concern over the adult parent and managing family tension and conflict is common (Harden et al, 2004; Vimpani, 2004). Hence, kinship carers may be placed under considerable stress and experience a range of adverse implications.

Baptcare, OzChild and Anchor are Kinship Care service providers in Victoria that are concerned about the increasing complexity in statutory kinship placements.

The Concept of Complexity

For the purpose of this study, 'complexity' is a measure of substantial issues that are likely to make the placement particularly challenging. The measure of complexity may include any one, or a combination of, issues relating to the child, carer or the family. They include substantial problems in the domains of health, emotional disturbance, social interaction, familial tensions and/or conflict and financial difficulties.

There is a lack of measurement tools available (both locally and internationally) to assess complexity within out of home care. There is no tool used to classify complexity that is specific to kinship care, especially to assess complexity for the carer, as distinct from the child.

The current measurement tools used within out of home care do not adequately assess complexity, or provide definitions surrounding complexity, or their strength or intensity of any given measure. Therefore assessing and categorizing complexity in kinship care is ambiguous and open to interpretation.

2.3 Aims

Baptcare OzChild and Anchor proposed this research to understand more about how complex issues were impacting children and families in kinship care.

The aim of this research is to explore the range and impact of the complexity surrounding statutory kinship care placements amongst kinship clients from Baptcare, OzChild and Anchor (partners in this research). The research also aims to identify indicators of placement complexity that might act as 'red flags' at the time of referral to indicate that the placement would benefit from more intensive and/or therapeutic supports than normally provided.

More specifically, aims are:

- To explore the concept of complexity in kinship care
- To understand how a picture of complexity builds as information relating to a case becomes available over time
- To provide the basis for improvements to practice and service development to better meet the needs of kinship clients and carers in Victoria
- To disseminate the research findings to policymakers and practitioners within the field in order to allow for the development of the practice model and progressive improvements to kinship care support services.

2.4 Methodology

The research consisted of a secondary analysis of service data. De-identified data was extracted from case files and documented in relation to pre-defined child, carer, placement and demographic measures. No client was directly approached to participate in this study.

A random sample was taken of past and present statutory kinship (child) clients who had engaged with the three participating organisations between March 2011 – March 2013. All three organisations provided a de-identified list of all clients during this two year period on an Excel spreadsheet. The lead researcher used a function within Excel (RAND) to generate a random list of a pre-defined number of clients from each organisation to be selected for participation in the research. The sample was a mix of Case Contracted and Placement Establishment Support (PES) cases either open or closed, including closed cases that had converted to permanent care.

Baptcare and OzChild provided 50 cases (each) that included a mix of PES and Contracted cases (this was approximately two thirds of all statutory cases held within each agency for the specified time period from which the sample was drawn). Due to their smaller program size, Anchor provided 30 cases (approximately one third of all their cases), bringing the total sample size to 130. Most cases came from the Western Region (39%) of Melbourne. One third (33%) came from the Southern Region and 29% from the Eastern Regions respectively.

After extensive consultation with the research partners, a list of pre-defined variables was selected for analysis. These variables related to the child, their carer, the placement and key demographics. These variables included:

Child

- Age
- Gender
- Other siblings in care
- Level of involvement, and impact of involvement of child with birth parents and extended families
- School attendance
- Level of schooling achievement
- Isolation from social connections (friends, family, school, the community)
- Impact of socialisation
- Issues with self-care

Carer

- Relationship of carer to the child
- Number of carers in household
- Age and gender
- Family composition
- Prior Child Protection involvement with the carer's biological children
- Conflict between the carer and birth parent(s)
- Blocking access to specialist support services for the child (for example, counselling etc.)
- Isolation from social connections (friends, family, the community)
- Impact of social isolation

Placement

- Agency name
- Catchment area
- Duration of current placement and duration of agency support on the current placement
- Number of prior placements for the child
- Case status
- Type of court order
- Presence of parent in carer household
- Complexity evident in carer's household relating to their biological children (for example, practitioners were looking for evidence of factors such as significant health or behavioural issues of their child, risk taking behaviour, past involvement with their child with other statutory bodies etc.)
- Issues relating to the child and carer identified on the Part A Assessment
- Issues relating to the child and carer after placement establishment
- Impact of the issues for both the child and carer on the placement
- Quality of Care

Demographics

- Employment status of carers
- Financial status of carers
- Country of origin (child and carers)
- Main language spoken in kinship home
- Identification of Aboriginal or Torres Strait Islander background of child and engagement with others from their nationality and culture

All measures, with the exception of placement issues identified at the point of referral and after placement establishment, were prompted measures, each with a series of pre-defined response options (refer to Appendix A). For measures relating to the placement issues at referral and subsequently, practitioners were asked to identify this information spontaneously using their professional judgment and knowledge of the case.

Some of these measures were taken to be indicative of 'complexity', others that were identified as 'placement issues'. Placement issues refer to both low level issues (for example, minor health issues) through to high level issues that contribute to complexity (such as risk taking behaviours, significant mental health issues) for either the child or carer in the context of the placement.

The complexity indicators have been identified on the basis of filtering the range of placement issues that were identified for the child and carer and classifying those which have a more serious and substantial impact on the placement risk and vulnerability (i.e. a subset of placement issues).

The main placement complexity indicators identified in this study for the **CARERS** were:

- Quality of Care review that emerges during the placement, and the concerns this raises around the capacity for the carers to adequately care for the child
- Child Protection history with the carers own children
- Complexity evident within the carers' household relating to their own biological children (for example, significant health or behavioral issues, past involvement with other statutory bodies etc.)
- Carers blocking access to support services (for example, counseling etc.)
- Carers isolated from social connections (that is, friends, family and the community)
- Financial stress (that is, the carer/carer household was reliant upon income support payments or in debt)

The main placement complexity indicators identified in this study for the **CHILD** were:

- Significant behavioral issues (for example, physical and/or verbal aggression)
- Significant school difficulties (suspension, school refusal, ongoing issues)
- Poor educational outcomes (that is, not achieving academically or experiencing learning difficulties)
- Risk taking behaviors (including drug and alcohol)
- Mental health issues (including depression, suicide attempts and self-harm), and
- Disability (including intellectual and physical disability)

2.5 Data Analysis

Information was entered onto an Excel database that provided the basis for quantitative analysis. Analysis was by simple summation of the incidence of measures as defined and was performed using a statistical package (SPSS). Where appropriate, results are expressed as percentages of the total sample or a sub-sample. All data presented in this report is unweighted.

2.6 Limitations

Due to the sample size, analysis was limited to basic frequency counts and cross tabulations where appropriate. Further, due to small cell sizes, significance testing was unable to be performed.

All data was collected via the kinship practitioners and not directly from the client. At times, practitioners were asked to identify information using their professional judgement of the case.

Ethics approval was obtained from the Anglicare Victoria Research Ethics Committee.

3. Results

3.1 Demographic Snapshot

Children

The gender of the children in this study was relatively evenly distributed with 45% males and 55% females (refer to Table 1). Half (51%) of children were aged over 10 years (mean age = 9 years). Two children were identified as being 19 years of age in the sample. For the closed cases, the age of the child was at the time of case closure; while for all others it was at the time the data was collected for this study. (It can be assumed that the two children who were 19 were cases that were closed just after their 19th birthday.)



Over nine in ten (96%) children were born in Australia and English was the main language spoken in the kinship home (90%). A small proportion of the children were identified as Aboriginal or Torres Strait Islander background (7%). Two thirds of children (67%) had other siblings in care.

Table 1: Child Demographics (%)

Sample Demographic (child)	%	n
Gender		
Male	45	59
Female	55	71
Age		
0–9 years	49	64
10–19 years	51	66
Other siblings in care		
Yes	67	87
Born in Australia		
Yes	96	125
No	4	5
Main language spoken		
English	90	117
Other	10	13
AB or TSI Background		
Yes	7	9
No	93	121

Base: All Children (n=130)

Carers

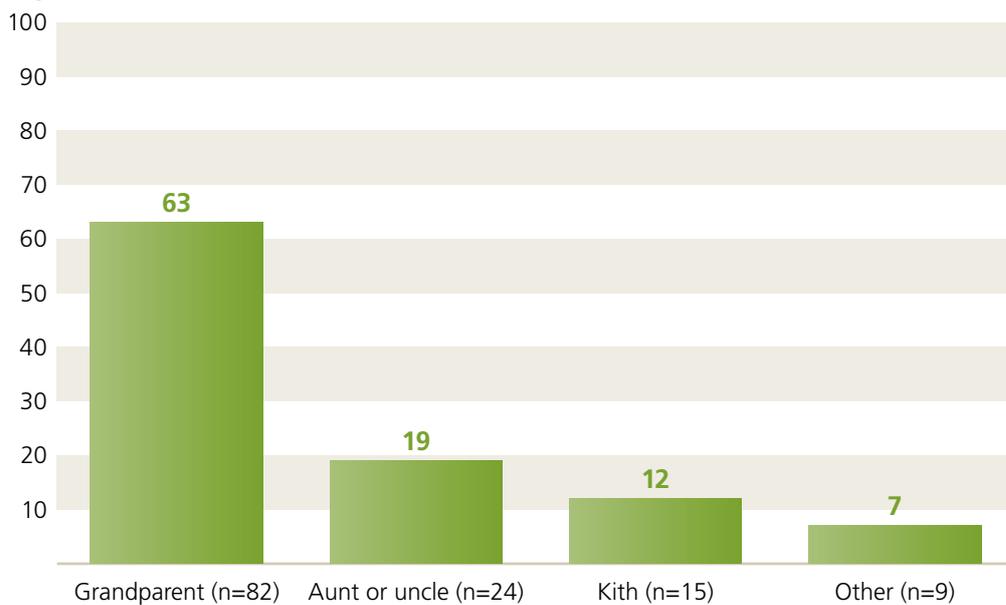
As shown in Table 2, the primary carer was likely to be female (84%) and aged between 50–76 years (72%). Two-thirds of carers were not in paid employment (67%) and half (52%) were in financial stress (that is, reliant upon income support payments and/or in debt). In most cases (61%) there were two carers in the household.

Table 2: Carer Demographics (%)

Sample Demographic (primary carer)	%	n
Gender		
Male	16	21
Female	84	109
Age (years)		
21–29	4	5
30–39	11	14
40–49	13	17
50–59	41	52
60–69	24	31
70–79	7	9
Primary Carer Employment Status		
Employed	33	43
Unemployed	13	17
Semi-retired/retired	14	18
Home duties/caring for children	39	50
Looking for work	1	1
Student	1	1
Carer Household Financial Situation		
Financially secure	39	51
Reliant upon income support	46	60
Debt	6	8
Number of Carers in Household		
One	39	51
Two	61	79
Relationship to Child		
Grandparent	63	82
Aunt or uncle	19	24
Kith	12	15
Other	7	9

Base: All Carers (n=130)

As can be seen in Figure 1, the majority of carers were the grandparent of the child being cared for (63%), followed by an aunt/uncle (19%) and kith (12%). Only a small proportion of children were being cared for by a sibling, cousin or other family member (7%).

Figure 1: Relationship of the Carer to the Child (%)

Base: All Carers (n=130)

Placement Details

Two-thirds (69%) of all placements in this study had a duration of more than two years. In 43% of these cases, agency support was provided (for that current placement) for the same time period. Most cases came from the Western Region (39%) of Melbourne. One third (33%) came from the Southern Region and 29% from the Eastern Metro Regions.

Just under half (47%) of cases were under a Custody to Secretary Order, and 22% were under a Guardianship to Secretary Order. Two-thirds (69%) of cases were Case Contracted, with one third (31%) of cases being Placement Establishment Support (PES).

3.2 Issues Involving both Child and Carer

Issues Identified at Referral

Issues concerning the placement for either the child or the carer were identified for 63% (82) of all cases in this study during the initial screening process, as documented on the Part A Assessment form. The Part A Assessment form is the initial screening tool used by Child Protection practitioners to assess the kinship placement and is also used as the basis for the preliminary assessment report to agencies at referral.

Issues were more likely to be identified early, that is in the Part A Assessment, where there was:

- Complexity relating to the carers' own children, for example, significant health or behavioural issues (83%, 20 out of 24)
- If there had been prior Child Protection (CP) involvement with the carers' own children (80%, 16 out of 20)
- If the child being cared for in the placement was experiencing poor educational outcomes (that is, not achieving academically and/or experienced learning difficulties, 84%, 37 out of 44).

Issues Identified after Referral

Issues concerning the placement were identified later than the referral stage for 80% (104) of all cases. For most (63%) this meant the identification of additional placement issues. However for 17% (22) this was the first time issues were identified.

More issues were identified after the placement commenced as shown in the following groupings:

- For all of the 23 carers who were subject to a Quality of Care review relating to the current placement (100%), some issues were raised after the placement had been established.
- Where the child being cared for was experiencing poor educational outcomes (93%, 41 out of 44)
- Where there was prior CP involvement with the carers own children (90%, 18 out of 20)
- Where the carer was observed to 'block' access to support services, including specialist services for the child (89%, 16 out of 18).

Part A Assessments

Part A Assessments were not undertaken for 10% (13) of cases in the total sample. Of these 13 cases:

- Eight children were placed with a grandparent(s) and of these, five were subject to a Quality of Care review
- Eight placements had issues raised after the placement had been established.

3.3 Child Placement Issues and Impacts

Child Placement Issues Identified at Referral

In total, there were 79 issues relating to 71 children identified on the Part A Assessment form (accounting for over half (55%) of the total sample of children). Of these 71 children, 31 (44%) had at least two issues documented at this point. This represents nearly one-quarter (24%) of the total sample of children.

The most frequently reported issues for the child documented on the Part A Assessment form included;

- Significant behavioural issues, including physical and verbal aggression towards others (19)
- Physical health problems (11)
- Past trauma (9)
- Exposure to family and domestic violence (8)
- Disability (6)
- Developmental delays (5)
- Risk taking behaviours (5)
- Mental health (5)
- Allegations/past history of sexual abuse/assault (4). (It was unclear whether these allegations were substantiated.)¹

Child Placement Issues Identified after Referral

There were 67 issues relating to 88 children identified after the placement was established (68%), a somewhat higher figure than the 55% of children where issues were raised at the time of referral. Forty-

¹ Lower levels of some of these issues than expected within a Child Protection cohort may reflect lack of specific documentation rather than absence of these issues from a child's life.

seven new issues were identified after the placement had occurred that were not documented at the time of referral. Of these 88 children, 35 (40%) had two placement issues identified. This represents one-quarter (27%) of all children in this study.

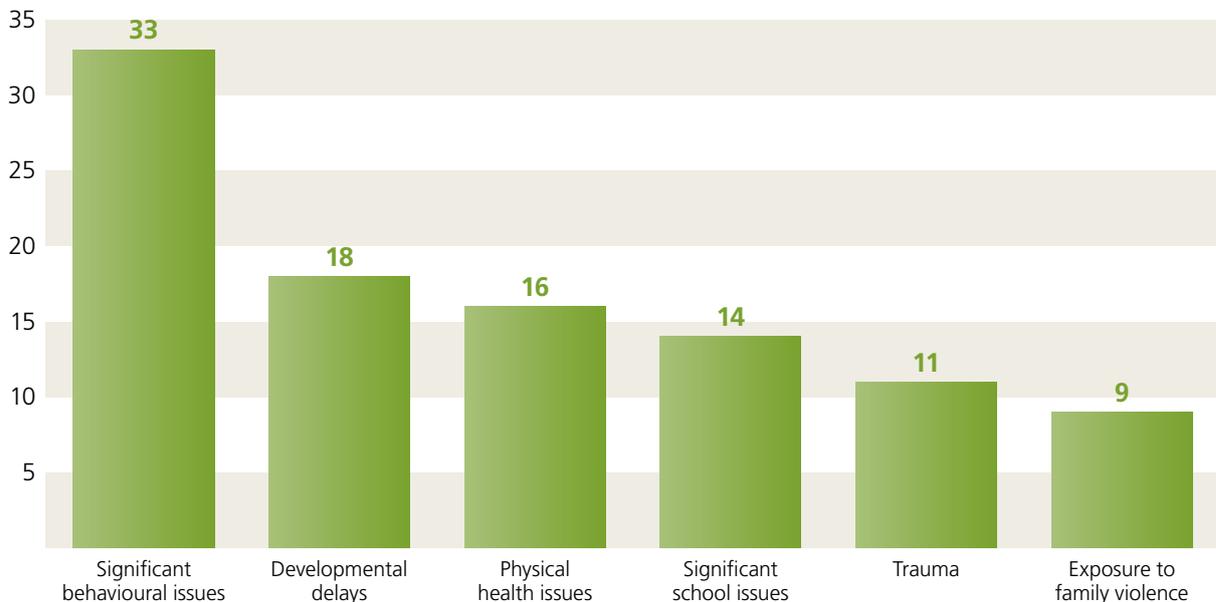
The most frequently reported issues documented after the placement was established were:

- Significant behavioural issues, including physical and verbal aggression towards others (26)
- Developmental delays (16)
- School difficulties/absenteeism/suspension (14)
- Mental health issues (10)
- Sexual abuse/past history/allegations (9)

Total Child Placement Issues Identified

As shown in Figure 2, the most common issues identified concerning the child (based off the total sample of 130) were significant behavioural issues (33), followed by developmental delays (18), physical health issues (16) and significant school difficulties (14).

Figure 2: Total Placement Issues Identified for the Child (n)



Base: All child respondents (n=130)

Tables 3 and 4 show the issues evident for the child at referral categorised by children's age. As shown in Table 3, physical health problems, behavioural issues and developmental delays account for the most common issues reported for children aged up to 10 years during the initial placement screening (Part A assessment).

As the child enters adolescence, behavioural issues still remain, however documentation of mental health issues and evidence of past trauma are more prominent. These two issues remained apparent in documentation through the teenage years, although disengagement with school, work and other daily activities were also reported for the older age group. We note, however, that the small numbers involved make the reliability of these figures questionable.

Table 3: Top 3 Child Placement Issues at Part A Assessment by Age (n)

Child age	Top 3 Issues identified at Part A	n
1–5 years old (n=20)	Physical health problems	5
	Significant behavioural issues	4
	Significant development issues & birth parent in prison	2
6–10 years old (n=22)	Significant behavioural issues	8
	Physical health problems	4
	Significant development issues	3
11–15 years old (n=17)	Depression/suicidal tendencies/self harm/ other mental health	3
	Past trauma	3
	Significant behavioural issues	3
16+ years old (n=12)	Depression/suicidal tendencies/self harm/ other mental health	3
	Significant behavioural issues	3
	Child disengaged in school, work/withdrawn from daily activities	3

Base: Issues for the Child documented at Part A (n=71)

A similar pattern emerged for the children after the placement had been established. Physical health problems and developmental delays were frequently reported for children up to 10 years of age. Allegations of abuse, social exclusion and isolation, and school issues became evident in the older age groups. Behavioural issues and problems with school remained apparent in documentation through the teenage years together with allegations of abuse in care and mental health issues. Refer to Table 4.

Table 4: Top 3 Child Placement Issues Post-Part A Assessment by Age n

Child age	Top 3 Issues identified after Part A	n
1–5 years old (n=22)	Significant developmental delays	6
	Physical health problems	4
	Allegations of abuse/abuse in care	4
6–10 years old (n=29)	Significant developmental delays	8
	School suspension/absenteeism/ongoing problems	4
	Social exclusion/isolation	4
11–15 years old (n=22)	Significant behavioural issues	7
	School suspension/absenteeism/ongoing problems	5
	Allegations of abuse/abuse in care	3
16+ years old (n=18)	Depression/suicidal tendencies/self harm/other mental health	5
	Significant behavioural issues	3
	School suspension/absenteeism/ongoing problems	2

Base: Issues for the Child documented after Part A (n=88)

Impact of Child Issues on the Placement

The impact that the child's issues had on the placement was documented in most instances. Of the 88 cases where an issue was identified for the children after the placement was established, 50 (57%) were

recorded as having a 'high' impact on the placement, and 73 (83%) were recorded as having a 'medium or high' impact on the placement, according to the interpretation of the practitioners.

Other Findings Relating to Children

Involvement of the Child and Children's Parents and Extended Family

Forty-nine (38%) children in the total sample were deemed to have a 'significant' involvement with their mother and 27 (21%) with their father. Fifteen (12%) children had no contact with their mother and 36 (28%) had no contact with their father.

- For the children who saw their birth mother a 'significant' amount of time (49), this was reported as having a 'positive' impact on the child for 42 children (86%). Seeing their mother 'sporadically' was having a 'negative' impact on 23 children.
- For the 27 children who saw their father a 'significant' amount of time, this was reported as having a 'positive' impact for nearly all (26) the children. However, seeing their father 'sporadically' had a 'negative' impact for 14 children.

To note, these research categories ('positive', 'negative', 'significant' and 'sporadic') were based on the professional judgement of the kinship practitioners and interpretation of the individual cases.

Nearly two-thirds (63%) of the children in the total sample had a 'positive' involvement with their maternal extended family (81), however only 39% had a 'positive' relationship with their paternal extended family (50). Almost one in five (19%) had a 'non-existent' relationship with their paternal extended family (25).

School Attendance and Level of Schooling Achievement

Two-thirds (68%) of all children in this study were attending primary or secondary school (88). Twenty children (12%) attended pre-school or kindergarten, 15 children were too young to attend pre-school/kinder and a small proportion (5%) either refused to go to school or they had already completed school (7).

For the 88 children who attended school nearly half (48%) were apparently 'achieving academically.' A further 35 (40%) were experiencing learning difficulties, and 9 children (10%) were not achieving academically. In two cases, this information was not recorded.

In other words, of the 88 (68%) children currently attending school, half (50.0%) were experiencing poor educational outcomes (i.e. they were not achieving academically and/or experienced learning difficulties).

Child Isolated from Social Connections

Twenty children (15%) in the sample overall were reported as being isolated from their friends, family and/or their community.

Of the 20 children who were deemed to be socially isolated:

- Eighteen (90%) had experienced up to 3 prior placements
- Eight (40%) of the carers looking after these children blocked access to support services, including specialist services for the children
- Six (30%) of the carers looking after these children were isolated from their own social connections
- Fifteen (75%) of these children were female, and
- Eleven (55%) of these children experienced issues with self-care



- The impact of these children’s social isolation on the placement was reported as ‘medium’ or ‘high’ for 19 out of 20 of these children.

3.4 Carer Placement Issues and Impacts

Carer Placement Issues Identified at Referral

The array of issues surrounding the carer(s) and the placement, and the range of complexity that was evident for the carer(s) was substantial. In total, there were 44 issues relating to 70 carers identified on the Part A Assessment form. That is, over half (54%) of children’s carers in this total sample were identified as having issues specifically related to the carer(s) at the time of referral. Of the 70 carers that had an issue documented on the Part A Assessment form, 21 of these carers (30%) had at least two issues identified. This represents 16% of the total sample. The most frequently reported issues for the carers included:



- Conflict with the birth parent(s) (14)
- Physical health issues (10)
- Access issues/concerns (9)
- Financial difficulties and support to manage behaviours (8)
- Housing issues, including homelessness and a physical lack of space to accommodate an extra person (7)
- Fears for the safety of the child/reunification (5)
- Unresolved past trauma (5) and
- Carer mental health issues (4).

Carer Placement Issues Identified after Referral

Once the placement was established, 89 carers (68%) had issues raised concerning the placement. 27 ‘new issues’ were identified, demonstrating the breadth of issues facing carers in supporting the placement. 20 of these carers (22%) had at least two issues documented. The most frequently reported issues for the carer identified after the placement was established included:

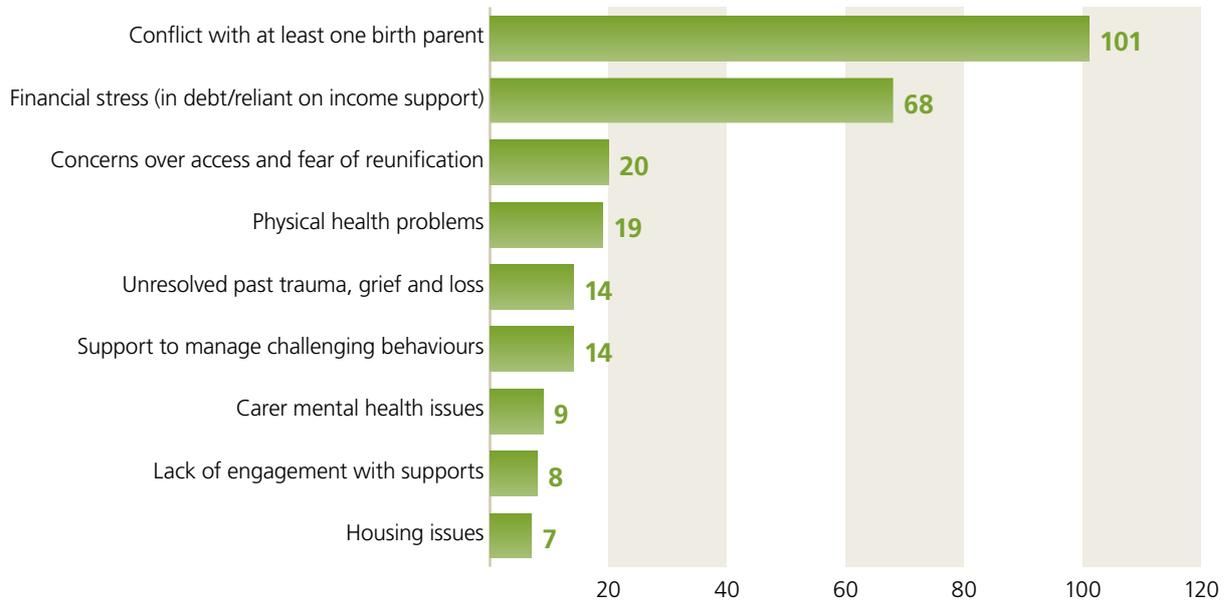
- Conflict with the children’s parents, including family violence (17)
- Financial difficulties (12)
- Concerns with access visits and fear of reunification (9)
- Physical health issues (8)
- Carers’ lack of engagement with services/supports (6)
- Additional placement supports required (5).

Notably, conflict with the children’s parents was documented as the most frequent issue for carers both at the initial (Part A) assessment and later in the placement.

Total Carer Placement Issues Identified

As shown in Figure 3, the most common placement issue concerning the carer was conflict with the children's parents, evident for 101 (78%) of the 130 carers. Financial difficulties were recorded for 68 carers (52%) and concerns over parental contact arrangements and fear of reunification were recorded for 20 (15%) carers.

Figure 3: Total Placement Issues for the Carer (n)



Base: All carer respondents (n=130)

It should be noted that the proportion of carers experiencing conflict with the birth parents and financial difficulties was captured on multiple occasions during the process of data collection. Firstly, as a *spontaneous mention* by practitioners, when they were asked to document any issues relating to the carer both pre-and-post Part A Assessment (as reported on page 23). And again as a *prompted measure*, and it is this proportion that is reported in Figure 3. The prompted measure more accurately reflects the incidence of these variables within the carer cohort in this study.

Tables 5 and 6 show carer placement issues categorised by the age of the carer. Financial difficulties and conflict with children's parents were reported among the three issues most frequently mentioned by carers and was evident in all age groupings except the youngest carers, both at the early (Part A) assessment and later as the placement was established.

Table 5: Top 3 Carer Issues at Part A Assessment by Age (n)

Carer age	Top 3 Issues identified at Part A	n
21–30 years old (n=5)*	Financial difficulties	2
	Housing issues/homeless/instability	2
	Physical health problems	2
31–40 years old (n=7)*	Unresolved past trauma	3
	Conflict with parents	2
	Financial difficulties	2
41–50 years old (n=21)	Conflict with parents	2
	Grief and loss issues	2
	Requires support to manage behaviours	2
51–60 years old (n=23)	Conflict with parents	3
	Mental and physical health issues	3
	Financial difficulties	3
60+ years old (n=24)	Conflict with parents	6
	Physical health issues	4
	Requires support to manage behaviours	3

Base: Issue for the Carer documented at Part A Assessment form (n=70)

*Caution – low base

As age increased, access issues, additional placement support, support to manage challenging behaviours and carer health issues became evident. However noting the small numbers, this data should be treated with caution. Refer to Table 6.

Table 6: Top 3 Carer Issues Post-Part A Assessment by Age (n)

Carer age	Top 3 Issues identified after Part A	n
21–30 years old (n=5)*	Financial difficulties	2
	Unauthorised access visits	2
	Difficulties managing child behaviour	2
31–40 years old (n=10)	Conflict with parents	2
	Financial difficulties	2
	Access issues	2
41–50 years old (n=13)	Conflict with parents	3
	Additional placement support required	3
	Allegations of abuse by carer	3
51–60 years old (n=34)	Conflict with parents	6
	Financial difficulties	5
	Difficulties managing child behaviour	4
60+ years old (n=27)	Conflict with parents	6
	Carer health issues	4
	Financial difficulties	3

Base: Issue for the Carer documented after Part A (n=89)

Impact of Carer Issues on the Placement

The impact that these issues had on the carers after the placement had been established was also documented by practitioners in most instances. Of the 89 cases where issues were identified for carers, 40 (45%) were identified as having a 'high impact' on the placement. Sixty (67%) were identified as having either a 'medium' or 'high impact' on the placement.

Other Findings Relating to Carers

Quality of Care Reviews

In total, 23 carers (18%) were subject to a Quality of Care review relating to the current placement. In most cases, (19, or 83%) these quality concerns were formally substantiated.

Complexity Evident in Carers Household Relating to their Biological Children

Overall, 25 (19%) carers were reported as having complexity evident within the carers own household relating to their own biological children, for example, significant behavioural or health issues, and/or past involvement with statutory bodies.

Carers Blocking Access to Supports and Isolation from Social Connections

In total, 18 (14%) carers blocked access to support services during the current placement. Not surprisingly, this is particularly prevalent for those carers who have been subject to a Quality of Care review (30%, 7 out of 23), or had prior involvement with Child Protection (30%, 6 out of 20).

A further review of this group of 18 carers who blocked access to supports for the children placed with them was undertaken. Of these 18 cases:

- Seven (39%) of these carers had been subject to a Quality of Care review
- Six (33%) of these carers experienced past statutory involvement with their own children

In total, 16 (12%) carers were isolated from their own social connections (that is, friends, family, and the community). To note, this data should be treated with caution due to the low sample numbers.

Past Child Protection Involvement with the Carer's own Children

Twenty (15%) carers experienced prior Child Protection involvement with their biological children.

4. Discussion

4.1 Discussion

The findings of this study have revealed substantial complexity involved in kinship care placements for both the child and the carers.

The majority of children in out of home care reside in a kinship placement and therefore it is no longer acceptable to assume that a familial living arrangement is necessarily in the best interests of the child without ensuring the required supports are in place. In order for this to occur, the program model needs to be reviewed accompanied by a better funding structure and allocation of resources.

Given that the majority of all placements were over two years duration, it is clear that the length of time required to support the majority of PES kinship cases in this study typically required longer-term support than the 6–9 month intervention outlined in the DHS kinship service model. Therefore, there is a fundamental need to invest in supporting these placements from the beginning (and continue with this support for as long as required) in order to promote placement stability and avoiding the scenario of multiple placements, and to ensure all the support needs of the children are adequately met.

A small proportion of cases in this study had no Part A Assessment undertaken before the referral was accepted by the CSO. It is noted that in most cases the decisions regarding the referrals were already made before agency support was provided. It is also noted that when the current kinship model was rolled out in 2010, there was an impetus to ensure that as many families gained support as quickly as possible and therefore a large number of referrals required immediate attention. Child Protection practitioners did not have capacity to undertake all of the Part A Assessments. However, noting the caution related to the small size of this sub-group, the data nevertheless reinforces the idea that the Part A Assessment is important in identifying early, any known issues and concerns with placements so as to provide CSOs with vital information to assist them to better target their responses to support each placement.

For those cases where the Part A Assessments were completed, the breadth of complexity evidenced for both the children and carers (both at the start of the referral process and subsequently) was considerable.

For example, significant behavioural issues including verbal and physical aggression towards others, allegations of sexual assault/past history/abuse, developmental delays and school difficulties all impact on other areas of the child's life and have long term outcomes. Notably however, issues of allegations/history of sexual abuse/assault, developmental delays and the identification of past trauma in the children are of a lower proportion of the group than we would have predicated, given the nature of the vulnerable client base. This may be due to several reasons including; poor documentation of issues and/or limited knowledge of the child at the time of the placement, the method of data collation for this question (for example, this data was captured as spontaneous mentions to an issue by the practitioners as opposed to a prompted response) and that the presentation of behavioural issues is likely to be an indicator of past trauma (for example, abuse and assault). It may also have been that workers assume the presence of trauma, especially coexisting with some of the other factors, so they simply failed to mention it spontaneously. However, the data highlights the need for more thorough screening of these issues so they can be properly identified, and/or possibly a revision of the Part A Assessment form to adequately capture these issues.

For the carers, issues such as conflict with birth parents, health issues, concerns around access and financial difficulties were all identified at the point of referral and subsequently. In the absence of supports

given to these carers from the beginning of the placement, it is concerning that these carers are taking on the extra responsibility of caring for a child who themselves are likely to present with a range of challenging issues.

There needs to be greater recognition of these significant issues that are unique to kinship care within the out of home care sector. The issue of family conflict adds to the complexity that is evident for kinship carers and calls for additional supports if placements are to be stable and supportive for the children in care. On occasions the research partners have experienced situations where conflict with the parents alone had such far reaching effects as to render the placement unsuitable for the child. This is an area that merits further research.

Financial difficulties are significant in terms of stressors for carers and for the viability of the placement and were experienced by half of the carers in this study. The limited financial support offered to kinship carers has direct implications in terms of service delivery and client outcomes (i.e. better financial support will assist to achieve better outcomes for children, reduced carer stress, fewer placement breakdowns and so on). The data presented in this study illustrates the need for increased funding for more intensive work around both of these issues and the impact this has on child wellbeing and placement stability.

It is acknowledged that some of the issues for the child and carer that were identified after the placement was established could not have been known to CP practitioners prior to completing Part A or to CSOs at the time of accepting the referral. Secondly, it is recognised that some issues may not have been apparent at the time of referral but came to light as time progressed.

Nevertheless, the data presented in this study show that both children in kinship care (and their carers) have a much higher level of complexity than is identified in the Part A Assessments at the beginning of the placement. Further, while the purpose and intent of the Part A Assessment form is for use as a screening tool, this data provides evidence to advocate that there is room for improvement for the Part A assessment and documentation to capture more detail about issues concerning the child and carer, and/or for a greater focus by, and improved capability of CP practitioners in regards to adequately assessing children and carers in completing the Part A form more fully. This would assist with providing more targeted support for the placement where there are considerable child and carer issues and needs are identified. Further, it may assist CSOs to assess the likely risks attached to the placement.

The use of better screening tools for both the child and the carer may be an area of interest for future research.

Further, the findings of this study show the types of placement issues that children and carers are likely to be facing according to their age, and therefore practitioners need to be mindful and to provide interventions and offer more intensive supports for kinship placements at an early stage in order to prevent these issues from occurring, or to minimise their impact on the placement.

Of particular concern is the high proportion of school aged children in this study that experienced poor educational outcomes. These findings are consistent with previous research that suggests children and young people in out of home care are at a greater risk of experiencing poor educational outcomes compared to children the broader community (Wise, Pollock et al; 2010). In addition, children in out of home care perform academically below what is expected according to their age (AIHW, 2007b), have higher rates of being held back a year, truancy and absenteeism compared to their peers (Wise & Pollock et al, 2010). Once again, this highlights levels of complexity in children in kinship care and the need for additional educational and therapeutic supports that would produce better outcomes for the child.

It is important to note that while therapeutic support is perceived to be successful for foster care; more research is needed to assess the appropriate type of support suitable for kinship care. The research partners strongly believe that any future model must be flexible and responsive to the family's needs – whether that be in the form of therapeutic support, more intensive supports, family support or trauma

informed approaches. Kinship care is different to foster care and any future model must embrace this difference, rather than attempt to replicate foster care which may or may not be successful for a kinship care arrangement.

The carers of children in kinship care clearly require more support to sustain the placement and to provide a safe environment for the child being cared for. For example, the high proportion of grandparents acting as the primary carer has significant implications and links to a range of other issues including the ageing of the carers, their declining health status, the role of confusion (both in a role of the 'grandparent' but also called upon to adopt the 'parenting' role), and the complicated nature of family dynamics that are unique to kinship care. This illustrates the need for support to be given to carers in order to help them navigate and understand these complex issues.

The data presented in this study referring to the complexity evident in the carers household (relating to their biological children) adds to the evidence that is well documented in other studies that there is increased complexity for families where intergenerational disadvantage is present (Nandy, Selwyn et al, 2006; Sammut, 2013), with consequent needs to intervene to address such disadvantage. Needless to say, transgenerational trauma is a significant issue in kinship care and therefore highlights the need for targeted and kinship-specific therapeutic support services. Notably however, this study did not identify the *intensity* of complexity that was evident with the carers own biological children. This should be an area for future research

Also of concern is the proportion of carers who blocked access to specialist support services for the children being cared for, as well as being isolated from their social connections. Noting the caution that this data comes from a small cohort (and therefore care must be taken when interpreting the data), the data suggests that carers react and withdraw from supports based on their past negative experience with the statutory Child Protection system, which then impacts on the children in their care. Or alternatively, this group had such significant issues (as demonstrated by their past involvement with Child Protection) that their capacity to appropriately care for a child who has been placed in their care may be questionable. This evidence may also suggest that there is a negative impact of social isolation on carers and the children in their care. The implications for this group of vulnerable children in care are significant. Engaging with this group of carers is difficult and may require a different response than is often possible with the current model of kinship care provision.

Lastly, there was a group of carers in this study that were subject to a Quality of Care review relating to the current placement. As Quality of Care issues emerge as a placement progresses, this is an indicator that children are often placed in less than suitable arrangements, or that the placement is likely to need additional support to make sure it viable for the future. A Quality of Care concern has the potential to further deteriorate the care the child is receiving, and/or lead to a placement breakdown. By the time evidence is visible and measurable, a significant amount of trauma has gone on unaddressed for a period of time, putting pressure on the placement as well as having a direct impact on the child. Therefore it seems reasonable that additional supports are put in place for these carers to reduce the amount of Quality of Care issues.

4.2 Indicators of Placement Complexity

As evidenced throughout this report, this study has identified a range of 'placement complexity indicators' that have the potential to have a significant impact on the success of the placement – for both the child and the carer.

These indicators have been identified on the basis of filtering the range of placement issues for the child and carer and identifying those which are more serious and have a substantial impact on the placement risk and vulnerability.

If an indicator is present at the time of referral as documented on the Part A Assessment, it is likely that the placement would benefit from more intensive supports (as opposed to a general, 'light touch' as premised in the current kinship model).

The main placement complexity indicators identified in this study for the **CARERS** were:

- Quality of Care review that emerges during the placement, and the concerns this raises around the capacity for the carers to adequately care for the child
- Child Protection history with the carers own children
- Complexity evident within the carers household relating to their own biological children
- Carers blocking access to support services
- Carers isolated from social connections (friends, family and/or the community)
- Financial stress (that is, the carer/carer household was reliant upon income support payments or in debt)

From the total sample in this study, 32% (41) of all carers presented with evidence of one complexity indicator. A further 38% (50) of all carers in the total sample presented with evidence of two or more complexity indicators.

Therefore in total, 70% (91) of carers in this study presented with at least one indicator of complexity.

The proportion of carers presenting with indicators of placement complexity is significant and is evidence of substantially higher incidence and levels of complexity than has been previously recognised in the kinship service model.

It needs to be noted that without any comparative data it is impossible to know if this is substantially higher than the foster care population. However it is clear that there are some key variables that are likely to lead to quality of care issues. Understanding that these variables are the key to a success of the placement would assist CP and CSOs to screen carers with these issues and make a case for additional supports to reduce the number of placement breakdowns or Quality of Care issues.

The main placement complexity indicators identified in this study for the **CHILD** were:

- Significant behavioral issues (for example, physical and/or verbal aggression)
- Significant school difficulties (suspension, school refusal, ongoing issues)
- Poor educational outcomes (that is, not achieving academically or experiencing learning difficulties)
- Risk taking behaviors (including drug and alcohol)
- Mental health issues (including depression, suicide attempts and self-harm), and
- Disability (including intellectual and physical disability)

From the total sample in this study, 29% (38) of all children presented with evidence of one complexity indicator. A further 20% of the total sample of children (26) presented with at least two indicators of complexity.

Therefore in total, 49% (64) of children in this study presented with evidence of at least one indicator of complexity.

This proportion of 'complex clients' is substantially higher than the 10% allocation of funding provided for complex cases in out of home care as premised in the *Department Human Services Home Based Care – Funding Model (2012)*.

The proportion of children presenting with indicators of placement complexity is significant and is further evidence of substantially higher incidence and levels of complexity than has been previously recognised in the kinship service model.

Baptcare, OzChild and Anchor are concerned about the impact that ANY indicator of complexity may have on the placement, irrespective of the number of indicators that may be present. Further, little is known about the STRENGTH or INTENSITY of any given indicator and therefore this research calls to action further investigation into appropriate measurement tools that should be used to assess and categorize complexity for BOTH children and carers in kinship care.

4.3 Measurement Tools

There is a lack of measurement tools available (both locally and internationally) to assess complexity within out of home care. There is no tool used to classify complexity that is specific to kinship care, especially to assess complexity for the carer, as distinct from the child.

The *Strengths and Difficulties Questionnaire (SDQ)* is currently used as a tool to inform discussion around complexity within out of home care. The SDQ is used to identify children and young people who may have, or are at risk of behavioral and mental health problems. The SDQ measures five domains including emotional symptoms, conduct problems, hyperactivity, peer relationships and pro-social behavior and is used for children aged three years and over. However this tool does not consider other complexity factors such as school absenteeism and other ongoing problems, learning difficulties or significant disability or other health issues.

Another tool that is used within out of home care is the *North Carolina Family Assessment Scale for Reunification (NCFAS-R)*. This tool is used to assess how a family is functioning as well as determining the risk of out of home care placement or successful reunification for a family (in the context of family strengths and challenges). Several domains are measured including; the environment, parental capabilities, family interactions, family safety, child well-being, caregiver/child ambivalence, and readiness for reunification.

While both tools have their place within out of home care, neither tool adequately assesses complexity (from both the child and carer perspective), or provides definitions surrounding complexity, or their strength or intensity of any given measure. Therefore assessing and categorizing complexity in kinship care is ambiguous and open to interpretation. However, as an interim measure, it is recommended that children in kinship care should, at a minimum, be able to be re-classified through the same mechanism as children in foster care. Such a re-classification could occur immediately and ensure that children with additional needs in kinship care are able to access the same level of case support as those with additional needs in foster care.

It is the view of Baptcare, OzChild and Anchor that the evidence of placement complexity presented in this report supports the need for further exploration of potential tools that may be developed to define, assess and categorize complexity that is specific to both children placed in kinship care, as well as the carers supporting these children.

4.4 Interaction of Complexity and Funding

Within the foster care program, the department recognizes that ‘some children will place a greater demand on their carers and the CSO supporting the placement’ and that ‘those who do work with this more complex group should be reimbursed with appropriate funding levels to meet the additional workload, staffing costs and agency costs associated with these placements’ (Department Human Services Home Based Care – Funding Model (2012)).

As documented in the home based care funding model, a broad description of complexity for children is provided. This document defines three levels of complexity; ‘general’, ‘intensive’ and ‘complex’ however,

the descriptive text outlining each level is ambiguous. The current approach to applying levels of complexity is a process of assessment, discussion and negotiation that occurs at a regional level.

While the current foster care complexity classifications are determined from an entirely 'child-centric' view (understandably), it is critical to recognize the differences within the kinship care context. Importantly, and as has been evidenced throughout this report through examination of kinship care placements, a significant (and higher) proportion of placement complexity is derived from the carers. Until we understand these complexities within kinship care placements and develop responses to address them, we run the risk of failing to meet the needs of both children and their carers in out of home care.

Funding for kinship placement support is at a lower level than the 'general' clients in out of home care.

Therefore, children placed in kinship care are currently receiving inequitable care compared to children in foster care. If a child with complex needs was placed in foster care they would be eligible for additional case worker support and additional financial support. However if a child with identical needs is placed with a kinship carer, the level of support does not vary. This places additional stress on the placement household and this study shows that many of these carers are already stretched and in need of more support. Additional case work support for these cases, via changes to the funding model, would see these children receive a more intensive level of case support, according to their level of need, and similar to that received by children in foster care. Levels of carer reimbursement also need to vary, according to the levels of complexity of the placement.

Based on this research and the experience of the kinship programs at Bapcare, OzChild and Anchor, it is our contention that these multiple complexities and sources of complexity need to be more fully accounted for in the kinship funding model in relation to the intensity of kinship support and timing of interventions.

Financial reimbursement for kinship carers in Victoria is insufficient and there is strong evidence from this research to support the argument for appropriate improved financial support to assist the carers to take care of themselves and the child being cared for, to help maintain the sustainability of the placement and the outcomes for children in placements.

4.5 Financial Support for Carers

Support for carers should take the form of both carer payments to kinship carers at least equivalent to the payment of foster carers where a child is assessed as 'intensive' or 'complex' (which implies the need to make those assessments). Financial packages need to be made available for the child and carers in kinship care and they should be able to access these funds in the same way that children in foster care can.

Lastly, although not within the scope of this research, the three agencies, Bapcare, OzChild and Anchor, are concerned about the high number of statutory kinship placements that currently exist in Victoria without any NGO support. The high demands on the Child Protection system means that these cases are often unable to be prioritized for service. Many of the cases that have been referred have come into the three agencies needing a significant amount of support. Many of the carers have been struggling 'on their own' with incredibly complex family dynamics and children who have a wide range of emotional, behavioral and educational issues. Referral into the NGO can also be quite slow and at times agencies have needed to actively advocate for a kinship arrangement to be referred for support, having heard about the placement and the high needs of the child and carer from other sources, such as the information and advice services.

5. Recommendations

1. That the current Victorian Department of Human Services kinship care model is further developed and refined to provide support for complex cases.
2. That the majority of children in statutory kinship care placements are contracted to receive CSO support.
3. That the time limits on support to Placement Establishment Support be removed and that support be provided according to child and kinship family need.
4. That all children in kinship care be classified through the current foster care complexity classifications (as an interim solution) so that the highly complex cases start to receive the support they need.
5. That a reliable and validated tool specific to kinship care is developed to assess complexity for the kinship carer (as a long term solution) and this would draw information from a range of sources including external references.
6. That where significant complexity or risk is identified for a carer (only) this is recognised as requiring additional support.
7. That any future models of support for kinship care are tailored to the specific needs of kinship care placements and are piloted and evaluated. Models must provide for various levels of intensity of support, and explore the applicability of therapeutic, family support and trauma informed approaches. Models of appropriate educational support to the children are also critical.
8. That service sector training is undertaken to provide an understanding of the impact of complexity in kinship care placements, this would include; CSOs, government and the legislative system.
9. For placements that have a substantiated Quality of Care, funds are immediately available to escalate to a more intensive support level to enable additional case management and resources until the issues are resolved.
10. That consistent policies and practices for kinship placement screening and ongoing assessment (i.e. Part B) be strengthened across divisions of the DHS.
11. That continual training is provided to Child Protection staff to build a greater understanding of the level and quality of detail required to successfully complete the Part A and Part B Kinship Assessment and that only Child Protection staff that have been trained in conducting Kinship assessments are able to undertake these assessments.
12. That DHS consider outsourcing Part B assessments to an expanded kinship care program provided by CSOs.
13. That more appropriate levels of financial reimbursement are more readily available for kinship care placements.
14. That client financial support, or any other funding available to foster care, is made available to children in kinship care on the basis of need, and at least at parity with children with similar needs in foster care so that the types of care available in out of home care are equitable.
15. That future research effort is directed towards:
 - Gaining a greater understanding of the impact of complexity on a child's progress.
 - Further exploration of the link between children's contact with parents and the extended family and the long-term effect this has on children's outcomes.
 - Trans-generational complexity associated with the carers' biological children.
 - Impact of identified quality of care concerns on the long term viability of a placement and impact on child.
 - The use of better screening tools for children and carers (including the use trauma screening tools).

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Appendix A – List of Analysis Variables

PLACEMENT Variables	Response options
Q1 Identification number	BC1, BC2, OC1, OC2, AN1, AN2 etc
Q2 Agency name	Baptcare
	OzChild
	Anchor
Q3 Catchment area	West
	South
	East
Q4 Duration of current placement	0 to less than 3 months
	3 to less than 6 months
	6 to less than 12 months
	12 months to less than 2 years
	2+ years
Q5 Duration of kinship agency support on current placement	0 to less than 3 months
	3 to less than 6 months
	6 to less than 12 months
	12 months to less than 2 years
	2+ years
Q6 Number of prior placements for the child	0–10+
Q7 Case Status (PES or CC)	PES
	Contract
Q7a If PES, is case open or closed?	Open
	Closed
Q7b Reason for case closure	Record details as required
	n/a
Q8 Type of court order	GSO
	CSO
	PCO
	SCO
	IPO
	IAO
	Vol
Q9 Does a birth parent live in the household where the child is being cared for?	Yes
	No
Q10 Impact of parent living in household with their child	Positive
	Negative
	n/a – parent not living in household with child

Q11 Is there complexity evident in carer household related to carers own children?	Yes
	No
Q12 Were there any issues of the placement identified on the Part A form?	Yes
	No
Q12a If yes, summarise the issues relating to the CHILD (if applicable)	Record details as required
Q12b If yes, summarise the issues relating to the CARERS (if applicable)	Record details as required
Q13 Were issues raised during/after the placement since being allocated to the agency (i.e. after Part A)?	Yes
	No
Q13a If yes, summary of issues identified during/after the placement for the CHILD	Record details as required
Q13b For each issue identified, describe the impact on the placement for the CHILD	High
	Medium
	Low
Q14a Summary of issues identified during/after the placement for the CARERS	Record details as required
Q14b For each issue identified, describe the impact on the placement for the CARER	High
	Medium
	Low
Q15 Has there been a Quality Of Care process (sub or non-sub)	Yes
	No

CARERS Variables	Response options
Q16 Relationship of carer to the child	Grandparents
	Kith
	Aunt/uncle
	Sibling
	Cousin
	Other family member
Q17 Number of carers in household	1
	2
Q18 Age of carer # 1 (years)	(18–100 years)
Q19 Gender of carer #1	Male
	Female
Q20 Age of carer # 2 (years)	(18–100 years)
	Enter n/a if only 1 carer
Q21 Gender of carer #2	Male
	Female
	Enter n/a if only 1 carer
Q22 Family composition for carers	Single (no other children)
	Couple (no other children)
	Single (other children at home)
	Couple with children at home
	Couple with children not at home

Q23 Has there been CP history with the carers relating to their own children?	Yes
	No
Q24 Has there been conflict between the carers and birth parents?	None
	Yes – conflict with carers and birth mother
	Yes – conflict with carers and birth father
	Yes – conflict with carers and both birth parents
Q25 Is there evidence of carers blocking access to support services (counselling etc)?	Yes
	No
Q26 Is there evidence of carers being isolated from social connections (friends, family, school, community etc?)	Yes
	No
Q27 Describe the impact of social isolation for carers on the placement	Low
	Medium
	High
	Not applicable

CHILD variables	Response options
Q28 Gender of child	Male
	Female
Q29 Age of child (years)	(0–18 years)
Q30 Are there other siblings in care?	Yes
	No
Q31 Level of involvement of birth mother to the child	Significant
	Sporadic
	Whereabouts unknown
	Deceased
	No contact
Q32 Impact of involvement of mother to the child	Positive
	Negative
	Not applicable
Q33 Level of involvement of birth father to the child	Significant
	Sporadic
	Whereabouts unknown
	Deceased
	No contact
Q34 Impact of involvement of father and child	Positive
	Negative
	Not applicable
Q35 Status of school attendance	Non-school age child
	Pre-school/kinder
	Attends school
	Refuses to go to school
	Completed school

Q36 Level of schooling achievement	Achieving academically
	Not achieving academically
	Experience learning difficulties
	Not applicable – child does not attend school
Q37 Is there evidence of the child being isolated from social connections (friends, family, school, community etc?)	Yes
	No
Q38 Describe the impact of social isolation on the child on the placement	Low
	Medium
	High
	Not applicable
Q39 Does the child have issues with self-care?	Yes
	No

DEMOGRAPHIC variables	Response options
Q36a Carer #1 employment status Q3b Carer # 2 employment status	Employed
	Unemployed
	Semi retired/retired
	Home duties/caring for children
	Looking for work
	A carer for another person
	Student
	Voluntary/community work
	n/a – only 1 carer
Q37 Carers household financial situation	Financially secure
	Reliant on income support
	Debt
	Bankrupt
	Unknown
Q38a Country of origin (Child)	Enter response
	Indicate if AB or TSI background
Q38b Country of origin (carer #1)	Enter response
	Indicate if AB or TSI background
Q38c Country of origin (carer #2)	Enter response
	Indicate if AB or TSI background
	n/a – only 1 carer

Q39 If AB or TSI background, does the child engage with people from their own nationality and culture?	Yes
	No
Q40 Main language spoken at (kinship) home	English
	Other
Q41 Impact of involvement of child with maternal extended family	Positive
	Negative
	Non-existent
Q42 Impact of involvement of child with paternal extended family	Positive
	Negative
	Non-existent



Baptcare Central Office

Ground floor/1193 Toorak Road, Camberwell VIC 3124
(PO Box 230, Hawthorn VIC 3122)

Phone: 03 9831 7222 Fax: 03 9831 7272 Email: info@baptcare.org.au

www.baptcare.org.au

Baptcare proactively responds to human need to create positive change through advocacy, a diverse range of services and community engagement. Baptcare supports children, families, people with a disability, financially disadvantaged people and asylum seekers, and provides residential care and community care for older people. Baptcare works across Victoria and Tasmania.

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