Policy Briefing Paper
Complexity in Kinship Care in Victoria

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Baptcare, OzChild and Anchor are Community Service Organisations (CSOs) that provide support to Kinship Carers in Victoria. 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.

About Kinship Care in Victoria

Kinship care is the fastest growing form of care for children who have been found to be at risk and who can no longer live with their parents. 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, CSOs currently support approximately 750 statutory kinship cases.

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 worker. 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 worker 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).

Levels of support in kinship care consist of Placement Establishment Support (PES) and Case Contracted. PES involves a referral by the Department Human Services (DHS) to a CSO to provide up to six months of placement support to assist with placement establishment processes. Case Contracted support includes a referral from the DHS to a CSO to provide on-going placement support for a small proportion of the most vulnerable kinship arrangements to ensure placement viability.

To date, the current funding model for kinship care does not vary according to the level of complexity and needs of the child or young person. Therefore, children placed in kinship care are currently receiving inequitable support compared to children in other types of out of home care.

The Concept of Complexity

Baptcare, OzChild and Anchor identified that there is increasing 'complexity' in statutory kinship placements. 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 .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.

About this Research

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 all three organisations, who were partners in this research. Based on their experience supporting children and families within kinship placements, these organisations believed that many placements are more complex than 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 CSOs 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 findings support a review and refinement of the existing kinship program model, coupled with a better funding and allocation of resources to support highly complex cases in kinship care.

Key Findings

Placement

- Two-thirds (69%) of all placements in this study had a duration of more than two years.
- Most cases came from the Western Region of Melbourne (39%). One third (33%) came from the Southern Region and 29% from the Eastern Metro Regions.
- 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.

- 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.

Children

- In total, there were placement 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 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).
- 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 practitioners interpretation.
- Two-thirds (68%) of all children in this study were attending primary or secondary school (88). 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.
- Twenty children (15%) in the overall sample were reported as being isolated from their friends, family and/or their community.
- 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.

Carers

- 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.
- Once the placement was established, 89 carers (68%) had issues raised concerning the placement.
- 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.
- 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, according to the interpretation of the practitioners.
- 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).
- The majority of carers were the grandparent of the child being cared for (63%).
- Overall, 25 (19%) carers were reported as having complexity evident within the carer's own household relating to their own biological children, for example, significant behavioural or health issues, and/or past involvement with statutory bodies.
- In total, 18 (14%) carers blocked access to specialist support services during the current placement.
- Overall, 16 (12%) carers were isolated from their own social connections (that is, friends, family, and the community).
- In total, 23 carers (18%) were subject to a Quality of Care review relating to the current placement.
- Twenty (15%) carers' experienced prior Child Protection involvement with their biological children.
- 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.

Discussion and Recommendations

Kinship placements are far more complex than initially identified during the placement assessment process

The data showed that placement issues for both the child AND their carer are significant and more prevalent once the placement has been established, compared to issues identified at the point of referral. 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. 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.

Some of the issues for the child and carer that were identified after the placement was established could not have been known to Child Protection 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 to the kinship care support service but came to light as time progressed.

However, 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 Child Protection workers 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 CSO's to assess the likely risks attached to the placement.

We recommend:

- 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.

- That consistent policies and practices for kinship placement screening and ongoing assessment (i.e. Part B) be strengthened across divisions of the DHS.
- That DHS consider outsourcing Part B assessments to an expanded kinship care program provided by CSOs.

The length of time taken to support Placement Establishment Support cases is too restrictive under the current kinship care model

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). This will promote placement stability, avoid multiple placements and ensure all the support needs of the children are adequately met.
We recommend:

- That the time limits on support to Placement Establishment Support be removed and that support be provided according to child and kinship family need.

Indicators of placement complexity for both the child AND carer is significant, and is evidence of substantially higher incidence and levels of complexity than has been previously recognised in the kinship service model

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 by 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.

The main 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

Quality of Care concerns may be raised about the carer(s) by the child or young person they are providing care for, the child or young person's family, or members of the community. 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 is viable for the future. A Quality of Care concern may 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. Other complexity indicators for the carers were:

- Child Protection history with the carers own children
- Complexity evident within the carers household relating to their own biological children
- Carers blocking access to specialised 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.

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.

Baptcare, OzChild and Anchor are concerned about the impact that ANY indicator of complexity may have on placement stability, irrespective of the number of indicators that may be present.

The current program model and service system response is not sufficient to accommodate the proportion of highly complex cases, especially in relation to the carers. Based on these findings we recommend:

- That the current Victorian Department of Human Services kinship care model is further developed and refined.
- That any future models of service provision 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.
- That the majority of children in statutory kinship care placements are contracted to receive CSO support.
- That where significant complexity or risk is identified for a carer (only) this is recognised as requiring additional support.
- 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.

Complexity is not adequately recognised in the costing of kinship care

In other forms of out of home care programs such as the foster care and residential care programs, DHS 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).

The proportion of 'complex clients' identified in this study is substantially higher than the 10% allocation of funding provided for complex cases in out of home care as premised in the DHS funding model.

As documented in this 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 research 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 support 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. We recommend:

- That more appropriate levels of financial reimbursement are more readily available for kinship care placements.
- 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.

There is a lack of measurement tools specific to kinship care to assess complexity

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. No single tool adequately assesses complexity (from both the child and carer perspective), or provides definitions surrounding complexity, or the strength or intensity of any given measure. Therefore, assessing and categorizing complexity in kinship care is ambiguous and open to interpretation.

It is the view of Baptcare, OzChild and Anchor that the evidence of placement complexity presented in the research supports the need for further exploration of potential tools to define, assess and categorize complexity that is specific to both children placed in kinship care, as well as the carers supporting these children. Therefore we recommend:

- 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 that would draw information from a range of sources including external references.

More support is needed for carers to sustain the placements

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 carer's household (relating to their biological children) adds to the evidence that there is increased complexity for families where intergenerational disadvantage is present, with consequent needs to intervene to address such disadvantage. Needless to say, transgenerational trauma is a significant issue in kinship care and this 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 own 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.

Conclusions

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.

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 children and young people who are currently unable to live at home with their parents. The research should lead to a call for action to meet the support needs of carers so they can successfully support the placement.

Enacting these recommendations would:

- Enhance the health, safety and wellbeing of children residing in kinship care arrangements while they are no longer able to live with their parents.
- Strengthen placement viability for both the child and their carer and reduce the number of placement breakdowns.
- Provide much needed support to carers looking after children in their care.

Further Information:

The full report '*Peeling back the layers – Kinship care in Victoria': Complexity in Kinship Care Research Report*, by Rachel Breman (in partnership with OzChild and Anchor) is published by Baptcare and is available from Baptcare: 1193 Toorak Road Camberwell 3124, Victoria, Australia. www.baptcare.org.au

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