A new kinship care program model for Victoria

June 2009
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A new kinship care program model for Victoria

Purpose

1. The purpose of this paper is to outline a new kinship care program model which it is proposed to progressively implement throughout Victoria.

2. This model is primarily focussed on more effectively meeting the needs of the most vulnerable children in statutory kinship care but is also intended to enhance the available community supports for all children in kinship care.

3. Some components of the model are designed to provide some time limited support for some children in private kinship care in order to minimise the need for Child Protection intervention.

4. A parallel program model for Aboriginal children being cared for by Aboriginal carers is also being developed concurrently with this model. This “mainstream” kinship program model is therefore only directly considering the needs of non-Aboriginal children in kinship care. It is anticipated that the Aboriginal model will have some different and some common components with this model. This model may however be applicable to some Aboriginal children if they are being cared for by non-Aboriginal kinship carers.

Definition of Kinship Care

5. Kinship care is the care provided by relatives or a member of a child’s social network when a child cannot live with their parents.

6. Statutory kinship placements occur when a Child Protection intervention has occurred and a decision has been made to place a child with relatives or a significant friend, and may also involve an order made by the Children’s Court.

7. Private kinship care (sometimes called “informal’ or “non-statutory” kinship care) is the term used in this paper for those arrangements where children are cared for by relatives without any Child Protection intervention.

Policy Context

8. The policy context for kinship care is provided by:

- the Children, Youth and Families Act 2005 (the Act)
- the Best Interests Case Practice Model which implements the Act’s requirements to make the best interests of the child paramount
- the Looking After Children (LAC) approach which provides the practice framework for the actual provision of out of home care within the overall Best Interests Case Practice Model
- the registration standards for community services organisations providing family services and placement services which will also be applicable in future to kinship care services developed under this program model
- the Charter of Rights for Children in out of home care
- The Charter of Rights for Carers (when jointly endorsed by Commonwealth and State governments)

Background

9. Over the past 10 years, the number of children placed in statutory kinship care in Victoria has significantly increased and the number of these placements now exceeds the combined number of unrelated (placement of children and young people with non-relative carers) out of home care placements in Victoria (excluding permanent care and
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adoption). Kinship care is the first placement option considered by Child Protection for a child whenever a decision is made to place a child away from their parents. Children placed in kinship care typically stay in care for longer and are less likely to be reunified with their parents than those placed with unrelated carers.

10. In the past, State government carer payments were less likely to be paid to kinship carers even when Child Protection arranged the placement and the children involved had similar needs to those placed with unrelated foster carers. This situation has changed significantly with virtually all statutory kinship carers in Victoria (and increasingly most kinship carers subsequently approved as permanent carers) receiving the same ongoing basic carer payments as unrelated foster carers.

11. Department of Human Services (DHS) internal administrative data projections indicate that in 2010/11 there will be approximately 2,000 Victorian children in statutory kinship placements. Although there are no reliable estimates of the number of current private kinship care arrangements in Victoria, national ABS data related to grandparents caring for grandchildren indicate that there are probably about four times more children in private kinship care arrangements than in statutory kinship care.

The DHS Kinship Care Project

12. In late 2006, the DHS Child Protection, Placement and Family Services Branch commenced a project to develop an articulated policy framework to guide the development of the future kinship care service response. This project was guided by an advisory committee and extensive feedback was provided from DHS regional staff, CSO based practitioners, kinship carers, children in kinship care and their advocates.

13. Three discussion papers have been previously published as part of the DHS kinship care project so far:
   - Kinship Care: Relatives and Family Friends Caring for Children; Report on Consultations ( May 2007)
   - A Green Paper Policy and service design: Kinship Care (February 2008).

14. In 2008 a project working group assisted with the development of the new format for Child Protection assessments of the suitability of a kinship care placement to meet the needs of the child, specifically the screening assessment and the initial assessment of the suitability of an interim kinship care placement. This new assessment format is consistent with the Best Interests Case Practice Model that directs practice across child protection, family services and placement services under the recently enacted Children, Youth and Families Services Act (2005).

15. During the course of the project, some additional government funding was allocated specifically for kinship care in the 2008/09 State Budget. This new funding provides a greater capacity to not only fund the immediate growth in the demand for kinship carer payments. It also provides for the progressive expansion of the capacity to provide necessary support for the most vulnerable kinship placements and minimise the need for Child Protection involvement in most kinship care arrangements.

16. The development of this new kinship care program model completes the initial phase of the DHS Kinship care project. It brings together all the work on this project to date, including all the feedback from the consultative process, consideration of some promising kinship care service models piloted concurrently with the project, the most recently available international research and the need to develop an integrated kinship care service response across Child Protection and CSOs consistent with the Best Interests Case Practice Model.
Key issues identified by the project

17. The key issues identified during the DHS Kinship care project are:

- The need to ensure that the focus of the whole service system response is always on the best interests of the child.
- The importance of ensuring that each child or young person has a say and is listened to, age appropriately, about the things that affect them, like where they will live and where they will go to school.
- The value of family meetings and the importance of engaging the child’s immediate family and extended family network in the initial and all subsequent decision-making processes.
- The value of kinship placements in promoting children’s long term stability, family and social relationships, family and cultural connections, identity and sense of belonging when they are unable to live with their parents.
- The need to ensure that no child is placed or allowed to remain in a kinship placement that is known to be unable to effectively provide for that child’s ongoing safety, stability and healthy development.
- The need to ensure that interim kinship care arrangements promote family reunification or transition to another placement that is planned and in the best interests of the child.
- The importance of aiming for the earliest possible identification of stability planning directions to achieve the optimal level of conversions from kinship care to permanent care when family reunification is not possible.
- The need to ensure that high priority needs and risks for the most vulnerable children in kinship care are properly addressed.
- The need to develop more equitable access to placement support services and resources for children in statutory kinship care based on the child’s needs, not the type of statutory placement arrangement.
- The need to enhance the capacity of kinship carers to provide good care for child with the minimum of professional intervention.
- The importance of ensuring that the potentially available support from across the child’s extended family network is effectively harnessed to enhance ongoing care arrangements.
- The importance of promoting positive relationships between the child’s parents and the kinship carers, especially given the complexity of integrating their changed caregiving roles and their differing relationships with each other as family members.
- The importance of promoting positive age appropriate normative life experiences for a child or young person in kinship care, especially when a child is living with much older relatives.

Need for a new kinship care service model

18. Most children in kinship care have suffered considerable upheaval and adversity. Currently most kinship carers depend solely on their own resources, informal support from family and friends and their capacity to access mainstream services in order to manage the unexpected and ongoing demands of kinship care.

19. Even those kinship arrangements that are potentially extremely stable and secure over the long term could be jeopardised if responsive, timely extra supports cannot be accessed. It is also quite difficult for kinship carers to understand, negotiate and access relevant community services when they need them, even when there may be potentially helpful services available.

20. There is only a very limited capacity within most mainstream family and community services to provide support for kinship families. Such services may not have easily identifiable capacity to assist families with specific kinship care related issues.
21. Despite receiving the same basic carer payments as unrelated foster carers, most statutory kinship carers still need considerable personal and other resources in order to manage the unexpected and ongoing demands of kinship care. The nature and extent of the trauma, grief and loss experienced prior to placement by children placed in statutory kinship care are very similar to children placed in foster care or residential care.

22. Child Protection provides the only generally available placement support service for kinship carers. This support is provided as part of the overall protective intervention service response. Most child protection workers do not currently have the practical capacity to provide the types of support that kinship carers might want or need, even when it is recognised that a kinship placement may be under considerable strain.

23. There is no capacity to provide kinship care placements with the type of placement support currently available to foster carers. Such support would effectively assist kinship carers to meet the safety, stability and developmental needs of the child in their care.

Objectives of the new kinship care service model

24. The main objectives for the development and implementation of this new kinship care model for Victoria 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 ongoing 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 ongoing safety, stability and developmental needs.

Overview of the model

25. This new kinship care program model integrates existing program elements with some new components: some to be provided by community service organisations (CSOs) and some by child protection. The proposed additional kinship care specific support services supplement and build on the resources potentially already available to support children in kinship care from the extended family network, other informal supports and mainstream community services.

26. The centrepiece of the new kinship care model is the proposed development of a new CSO based kinship care service. The new CSO based kinship care service will build on elements of a number of different previously provided or piloted kinship services to provide three distinct program components:

- A regional kinship information and advice service, which will include the capacity for some additional coordination and/or support to be provided for some kinship carers groups
- A kinship family service (providing brief, occasional and short term support only) to assist some self-managing and stable kinship care arrangements (whether they may be statutory or private arrangements) to address their specific concerns and to avoid any (or any further) involvement with child protection
- A kinship placement support service for some statutory kinships placements arranged by Child Protection:
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- Up to six months initial placement support for most (but not all) statutory placements to assist with establishment processes and to enable most kinship arrangements to become self-managing as soon as possible
- Case contracted ongoing placement support for a small proportion of the most vulnerable kinship arrangements to ensure placement viability.

27. The new CSO provided placement support service will not undertake the assessment of the suitability of the kinship care placement to meet the child’s needs. Child protection will make this assessment using the new kinship assessment format recently developed as part of the Best Interests Case Practice Model (BICPM). Child Protection will also have an enhanced capacity to work more effectively with children in kinship care and their extended families across all the phases of the integrated service response and to case contract some ongoing placement support for some kinship placements.

28. The model presupposes the development of an underpinning cross-program practice approach which fully utilises family meetings and other ways of engaging the child’s extended family in decision-making processes on an ongoing basis. This way of working will be promoted by senior and more experienced practitioners utilising a knowledge transfer approach as well as through an ongoing professional learning and development strategy.

29. The model also promotes the development of a family care team approach whereby the primary kinship care givers are supported by a small core group of extended family members who are directly involved in the ongoing care arrangements plus any professionals involved.

30. The main components of the integrated service model are listed in the table below and then described in more detail in the following sections of this paper.

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<td>ix. Kinship placement support (statutory clients only):</td>
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<td>iv. Generalist community services for children, youth and families (services most families use)</td>
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<td>xiii. Other DHS funded placement support eg referral to Take Two, some extraordinary client expenses, some extraordinary placement establishment and/or maintenance expenses</td>
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<td>v. Mainstream targeted services (services some families use)</td>
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Underpinning component:
xiv. Engaging the child’s family and extended family network in all decision-making processes.

Description of the main kinship care program components:

Informal and mainstream community services components:

31. This program model incorporates some components which are potentially already able to be provided from the extended family network, other informal supports and mainstream community services including:
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i. Family meetings

32. Any family may decide from time to time arrange a family meeting to discuss important family issues and make some important decisions as a whole family group. Family meetings may be facilitated by family members or by an external facilitator. External facilitation may be provided by DHS or CSO based workers skilled in utilising a range of best practice approaches to engage a family in various decision-making processes.

33. When issues related to kinship care are being considered, family meetings generally need to involve a large group of people from the child’s extended family, including those from all sides of the child’s family and possibly some other significant members of the child’s social network.

34. The development of this new kinship care program model is based on more effective use of family meetings to support all kinship care arrangements. It also emphasises the importance of engaging the child’s extended family in all relevant formal decision-making processes on an ongoing basis.

ii. Family care team

35. Establishing a family care team for a child in kinship care means that the primary kinship caregivers are supported on a day to day basis by a core group of extended family members who are also directly involved in managing child’s ongoing care needs. This increases the likelihood of additional practical and emotional resources being readily available to assist with the child’s care. It encourages shared decision-making by kinship carers with key extended family members (including the child’s parents unless inappropriate) about how everyday care needs are met, unexpected challenges overcome etc. It is, however, acknowledged that in some kinship care arrangements, the establishment of a family care team may not be possible, or even a desirable option.

36. A distinction is being made between self-managing care teams (informal care teams comprising family members only and with little or no professional involvement) and formal care teams (care teams led by a kinship placement support worker and/or with other professional support being provided). The development of both self-managing family care teams and formal family care teams within kinship care builds on current DHS policy and practice directions to develop more effective care teams for all children placed away from their parents.

37. A family meeting of extended family members may determine whether a smaller family care team should be established and who is in the best position to be involved. Kinship carers themselves may also take the initiative in establishing a family care team as their support group. Where professionals are closely involved in supporting the child’s kinship care arrangements, they may need to take the lead in establishing the family care team.

38. Formal care teams established for children in statutory kinship placements, where placement support is provided, will be required to fully utilise LAC processes and tools. They will be expected to manage the arrangements for initial health assessments soon to be required for all children coming into statutory care. They will be expected to liaise with the school to establish a Student Support Group. Individual Education Plans will be required for each school-age child in out of home care. The objective will be to enable as many family care teams as possible to become self-managing as soon as possible.

39. Self-managing care teams for children in statutory kinship placements will be encouraged to also use the LAC tools and particularly to complete an annual LAC Assessment and Action Record to track the child’s progress in care and to provide input into the ongoing statutory review process.
iii. Extended family network resources

40. These resources include practical, financial, social and emotional help, transport, babysitting/respite breaks, holiday and recreation activities, involvement in special interests and activities, family celebrations, attendance at school functions, sporting events etc.

41. Kinship carers can be assisted to access these resources more effectively through family meetings and a family care team approach. Child Protection workers and CSO based workers will facilitate more effective harnessing of these resources when they actively engage all family members, including extended family members, in decision-making processes.

iv. Generalist community services for children, youth and families

42. These are the services which most families use. They include maternal & child health services, child care, pre-schools, schools, recreation, libraries, neighbourhood houses, youth activities etc. Kinship carers may not always know about these services when they first start caring, especially if they have not previously had the care of children of a particular age and stage, or if they are grandparents who are unfamiliar with the normal range of community activities available for children, teenagers and younger families.

43. Optimal access to generalist community services by children in kinship care and their kinship carers will be enhanced by other components of this model. This will occur through CSO based information and referral services, kinship care information kits, kinship carer self help/support groups and by ongoing encouragement from DHS and CSO workers.

v. Mainstream targeted services

44. These are services some families use when they have a particular need such as if a family member has a mental illness or a substance abuse problem. Mainstream targeted services that some kinship care households might need to access include parenting classes, tutoring services, managing challenging behaviours, Centrelink, financial counselling, other family services, anger management, mediation, alcohol and drug treatment, mental health services, housing support, Family Court services, other legal services, family contact centres, community health programs, stress management etc.

45. Access to mainstream targeted services will be enhanced through the same resources supporting access to generalist community services. Some assistance for some kinship carers with accessing mainstream targeted services may be available via Child FIRST family services and/or the new kinship family services.

vi. Kinship carers groups

46. Kinship carer groups provide opportunities for peer support by enabling kinship carers to meet others like themselves in a local setting, share parenting tips and other useful information, debrief on personal and family changes and learn new skills. Kinship carers groups provide a valued source of support for many kinship carers in both statutory and private kinship arrangements. They also provide an opportunity to provide more kinship carers with relevant information including any training opportunities that may improve confidence and capacity to provide good kinship care. It is, however, also acknowledged that not all kinship carers will necessarily choose to participate in kinship carers groups.
There are a number of existing kinship carer groups that operate across the state in a number of different communities. Some groups are wholly self-directed whereas others depend on the availability of a facilitator to assist the group to function. Some kinship group facilitation is offered by some CSOs and by some child protection workers on an ad hoc basis.

Most kinship carers groups operate with a minimum of formal resources although some groups have been able to access small amounts of funding for their activities from parenting education and other mainstream family services, Commonwealth grants, community donations, and private sources. The DHS kinship project identified some unmet demand for additional facilitated kinship carer groups to be established.

The proposed new CSO based regional kinship information and community referral service to be developed will include some additional capacity to facilitate and coordinate kinship carer groups in each region. Interested kinship carers may also be linked to kinship carer groups via contact information provided in brochures, kinship information kits, FCAV, word of mouth etc.

CSO based kinship service components:

A new CSO based kinship care service will be developed to provide three distinct program components:

- kinship information and advice
- kinship family services
- kinship placement support.

These components would be provided together by a small team of kinship care workers working in one CSO based kinship service covering one sub-regional catchment area. This team will jointly provide a new service type: the kinship service, distinct from but closely linked with both Child FIRST managed family services and other placement support services such as foster care services.

Each of the three components of this proposed new CSO based kinship service is described in some more detail below:

vii. Kinship information and advice service

The purpose of the regional kinship information and advice service will be to disseminate information about the most relevant community resources available to anyone involved in any way with kinship care. This new program component will assist kinship carers (regardless of whether they are private or statutory carers) and those involved in supporting them by:

- Providing kinship specific information resources eg kinship care kits, brochures, newsletter, etc
- Being the primary point of contact for the training opportunities that will be offered to kinship carers including access to training provided for other home based carers eg trauma informed responses, understanding grief and loss, managing challenging behaviours etc
- Providing information about community resources and services which may be needed by kinship carers (eg child care centres, pre-schools, schools, Centrelink, drug and alcohol services, parenting classes)
- Facilitating and/or coordinating kinship carer groups
- Building links with existing and developing statewide information services relevant to kinship care including parent help lines, and with other relevant groups and peak bodies.

It is envisaged that when this program model is fully developed and implemented, there would be the equivalent of one full time information and advice worker per region.
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(which will mean each sub-regional team will have part-time and/or combined role with other CSO based kinship components). Each region or sub-regional kinship service would be encouraged to build on this capacity where possible with the assistance of volunteers, kinship peer mentors, links with related information and referral services, and any other available community resources.

viii. Kinship family service

55. This proposed new kinship family service will provide brief, occasional and short term family support if and when needed for those involved in generally stable self-managing kinship care arrangements not receiving any other formal placement support service.

56. The primary objective of this program component will be to prevent the need for kinship carers to require any or any further involvement with child protection.

57. The kinship family service would provide additional capacity for some time limited kinship specific assistance when requested by a kinship carer, child/young person, parent or other member of the child’s family network to:

- Assist a kinship carer to manage changed circumstances/ emerging issues eg unexpected illness, financial difficulties, relationship difficulties, family conflict, adolescence, cessation of extended family support, legal issues, retirement planning, relocation plans
- Assist a parent or other family member work through concerns about the kinship care arrangements provided by another family member
- Assist a child or young person in kinship care deal with some specific issues such as how to negotiate age appropriate activities, reduce their isolation, manage difficult relationships with family members or peers, plan for their transition to independence etc.
- Facilitate some family meetings to assist with family decision-making processes eg to develop contingency kinship placement options or to work through emerging and/or unexpected issues in an otherwise stable kinship arrangement.

58. It is envisaged that when this model is fully implemented there would be at least one half - time family service worker per sub-regional catchment area in rural areas and one full time (or equivalent) family service worker per sub-regional catchment area in metropolitan areas funded to work with up to 30 kinship families at any one time (caseload will be based on equivalent funding arrangements developed for other DHS funded short-term family service interventions).

59. This service may be provided to assist those in private kinship care arrangements and permanent care kinship arrangements, as well as those in stable statutory kinship care arrangements not currently receiving assistance via the kinship placement support service.

60. It is expected that some gatekeeping arrangements for this new service will need to be developed by the CSO providing this service similar to those currently utilised to determine the priorities for those family services where access is managed via Child FIRST.

ix. Kinship placement support

61. The proposed new CSO based kinship placement support service is the most intensive kinship care program component. It will only be provided for the most vulnerable statutory kinship care placements and only when the CSO based placement support service is commissioned or case contracted to provide this form of placement support for a specific child by Child Protection.
62. When fully operational the proposed kinship placement support service would be provided for:

- Up to six months support for most (but not all) statutory kinship placements during the initial placement establishment period
- A small proportion of ongoing statutory kinship placements under individually case contracted arrangements, specifically targeting those long term kinship placements identified as unlikely to become self-managing due to their high needs and ongoing monitoring requirements.

63. The purpose of the placement support provided during the first six months of a statutory placement will be to establish each placement on a sound basis and to assist the kinship carers and extended family become a self-managing care team with minimal need for ongoing professional involvement.

64. The purpose of the ongoing case contracted placement support will be to provide necessary additional support for as long as this is needed to ensure the child’s safety, stability and development in a specific kinship placement arrangement that has been assessed by child protection as the most suitable placement option available to meet the needs of a particular child.

65. Case contracted placement support will not necessarily commence immediately following the cessation of the placement support provided to establish the placement. This is because Child Protection will need to clearly identify that the kinship placement provides the best long term option but that it is unlikely to be viable without ongoing placement support. Case contracting will only occur for children on long term orders.

66. The kinship placement support worker role will be somewhat equivalent to the role of a foster care worker in that it will involve:

- Formal care team leadership
- Utilisation of LAC processes and records (including Care and Placement Plans and Assessment and Action Records) to ensure the care team provides care that meets the child’s developmental needs
- Managing the arrangements for the initial health assessments required for all children placed in out of home care
- Facilitating positive connections to school and care team involvement in student support groups
- Promoting positive relationships between the child’s parents and carers
- Assisting the care team to manage family contact and access arrangements
- Assisting with explaining the reasons for the care arrangements to the child/young person
- Providing input into the best interests statutory planning and review processes

67. This will be supplemented by some kinship specific placement support elements of the role that will include:

- Facilitating family network meetings and family decision-making processes especially the initial extended family meeting post placement
- Ensuring optimal available support for the kinship carers from the extended family network is harnessed
- Assisting kinship carers adjust to their sudden change in living arrangements
- Assisting kinship carers to resolve ongoing and emerging issues that impact on their capacity to meet the child’s ongoing safety, stability and developmental needs

68. However, unlike a foster care placement provider, the kinship care placement support service will not be responsible for:
• Recruitment of carers
• Assessment of carers’ suitability to provide a placement that meet the child’s needs
• Carer induction, initial training and ongoing professional development (although kinship carers are still expected to be encouraged to access relevant training opportunities offered to other home based carers)
• Intake and administrative work related to placement finding and matching
• Carer management (including managing allegations of abuse by carers)

69. When fully operational, it is envisaged that under this program model there would be several kinship placement support workers providing support with a 1:12 case load across a sub-regional area for up to 80% of the statutory kinship placements for up to six months and for approximately 20% of the ongoing placements on a case contracted basis. It is estimated that at any one time, based on current throughput, approximately 40% of the case load would be with those in new kinship placements and 60% would be for those requiring ongoing support.

Child protection provided and/or accessed components:

70. The Child Protection provided and/or accessed kinship care program components are integral to the overall program model. The development and implementation of the model will involve the provision of some additional resources to enhance and build on the core work that Child protection workers are required to undertake to ensure that statutory kinship care placements ensure the ongoing safety, stability and development of children in their best interests. These components are described below:

X. Best interests decision-making and implementation processes

71. This component of the kinship care program model is about enhancing the capacity of child protection workers to more effectively carry out their core statutory responsibilities for best interests decision-making and implementation processes as they specifically relate to kinship care. This enhanced capacity will be primarily achieved by the development of a significant additional CSO based kinship placement support capacity that will release child protection workers from having the primary placement support responsibility for all those in statutory kinship care. The more effective use of family meetings across the board by Child Protection and CSOs is intended to improve the quality of the statutory decision-making and implementation processes.

72. The specific threshold decisions relevant to kinship care that are currently the responsibility of Child Protection workers to primarily make and implement, subject to any over-riding orders of the Children’s Court, are:

• Identification of the need for out of home care
• Identification of the best placement option
• Stability planning decisions related to family reunification or the requirement for long term care, and if long term care is required, in which care arrangement
• Conversion to permanent care

73. For Aboriginal children, the Aboriginal Child Specialist Advice and Support Service has a key role in all of these decision-making processes, especially in determining the best placement option and in relation to ongoing stability planning.

74. Under this new model, the child protection responsibility for identifying the best placement option for those children who must be placed away from their parents will be enhanced by a more effective use of family meetings to engage all family members in these processes. Harnessing the extended family’s resources at an earlier stage may enable some children to remain with their parents or be reunified sooner. More effective engagement of the extended family in the decision-making processes from the beginning of the child protection intervention is also more likely to enable the best
possible placement option from within the kinship network to be identified sooner and to be better supported by all members of the child’s extended family.

75. The key change under this new model will be that Child Protection will be able to commission a significant amount of placement establishment support from a CSO based kinship placement service for most (but not necessarily all) kinship placements for up to six months. This will significantly free up child protection capacity to undertake more timely assessment of the suitability of the particular kinship placement and to develop the child’s stability planning options, as well as to undertake the various concurrent court directed activities that may be required. Child protection workers will be expected to participate in all the post placement family meetings and care teams processes. However, the CSO placement service will be expected to lead these processes when they are providing placement support, once the model is fully implemented.

76. Child protection will then be well-placed, within six months of a kinship placement being made, to determine whether this kinship care arrangement is likely to be needed on an ongoing basis and if so whether it can be self-managing or will only be viable with ongoing placement support. Under this model, child protection will be able to case contract ongoing CSO provided kinship placement support for the most vulnerable kinship arrangements for those on long term orders (including those on a range of guardianship, custody and supervised custody orders). Ongoing child protection work with the majority of the ongoing kinship care arrangements that will not be case contracted, will then have a greater capacity to be focussed on achieving the earliest possible optimal conversion to permanent care, consistent with stability planning requirements under the Children, Youth and Families Act.

77. When the kinship care model is fully implemented, in conjunction with the full implementation of the new Child Protection operating model, child protection decision-making and implementation capacity is expected to be further enhanced by some additional resources for:

- professional learning and development specifically related to kinship assessments and to the facilitation of family meetings and other ways of engaging families in decision-making processes (including the more effective use of senior practitioners for the development of skills and transfer of knowledge)
- case contracting coordination capacity for kinship care placements

xi. Assessment and monitoring of suitability of kinship placement:

78. The key assessment and monitoring processes associated with kinship care are:

- Screening assessment prior to placement in kinship care
- Initial assessment of interim kinship care arrangements
- Stability planning assessment
- Assessment for permanent care order
- All reviews of the child’s Best Interests Plan (statutory case plan)

79. Under this program model, Child Protection retains the primary responsibility for the assessment of the suitability of a statutory kinship placement to meet the child’s needs. Child protection is also responsible for the ongoing monitoring and review of the suitability of a statutory kinship care placement. The child’s safety, stability and developmental needs must be ensured, consistent with their statutory Bests Interests Plan until, and unless case management is contracted to the CSO providing ongoing placement support, or the kinship placement is converted to a permanent care placement.

80. Child protection will continue to undertake the assessment of kinship carers because this is so closely linked to the child protection best interests planning processes based on each child’s risks and needs assessment. Undertaking kinship assessments will also
build Child Protection workers’ expertise in conducting complex family assessments and engaging key family members and others important in a child’s life. This model presupposes using senior and more experienced practitioners to lead the development of this core competency across the whole Child Protection workforce on an ongoing basis. However it is acknowledged that there may be some circumstances, such as when the potential kinship carers live inter-state, when a particular kinship care assessment or component part may need to be individually contracted by Child Protection to another agency.

81. it is expected that the assessment and monitoring processes undertaken by Child protection will be significantly enhanced by additional input anticipated under this model to come from family meetings, family care teams, CSO based kinship family services and most particularly from the CSO based kinship placement support services. Ongoing assessment of the child’s risks and needs will be especially enhanced by encouraging family care teams to complete a LAC Assessment and Action Record within the first 3-6 months of a kinship placement and thereafter annually to track the child’s developmental progress.

82. The majority of children in kinship placements requiring assessments of suitability for conversion to permanent care will not be receiving ongoing placement support from a CSO. This is because, in this program model, the case contracted kinship placement support is being targeted for those in high needs kinship arrangements that are considered unlikely to become self-managing and therefore unlikely to be able to take on the associated full guardianship responsibilities that are transferred via permanent care. However, when this model is fully implemented, children in kinship placements being assessed for conversion to permanent care will have an allocated Child Protection worker actively undertaking the stability planning work. This work will include assisting kinship carers to utilise Family Court processes where appropriate.

83. The new assessment format developed with the assistance of a working group associated with the DHS kinship care project will significantly enhance the capacity of child protection workers to undertake the assessment of the suitability of a kinship placement to meet the child’s needs. The new format is more consistent with the Best Interests Case Practice Model that directs practice across child protection, family services and placement services under the recently enacted Children, Youth and Families Services Act (2005) than are the various other formats currently in use.

84. The new kinship care assessment format relates specifically to screening assessment and the initial assessment of the suitability of an interim kinship placement. This format will be extended to encompass subsequent kinship placement assessment as part of stability planning process and for the assessment of a kinship placement for conversion to permanent care.

85. It is planned to provide some initial training to implement the new assessment format and also to promote ongoing skill development related to assessment.

Xii Kinship carer payments

86. This model presupposes the same provision for carer payments for statutory kinship carers as for unrelated carers and also that virtually all kinship care placements that are converted to permanent care placements will also continue to receive carer payments until the child in their care turns 18.

87. The issue of extending the eligibility for the Commonwealth Carers Allowance to all kinship carers will be raised as part of the implementation process for the Charter of Rights for Carers when this is jointly adopted by the Commonwealth and the States.
xiii. **Other DHS funded placement support**

88. The full implementation of this model will involve the eventual development of sufficient additional capacity to enable the same provision of other necessary DHS funded placement support for children placed in statutory kinship care as would be provided for those placed with unrelated foster carers or in residential care on the basis of need. This will include:

- Referral to the Take Two service
- Some extraordinary client expenses
- Some extraordinary placement establishment and/or maintenance expenses.

**Underpinning component:**

89. This program model does not propose to establish new stand alone family meeting facilitator positions or new specifically distinct capacities for managing family decision-making processes. Instead it proposes the following unifying whole of service response component for all child protection and CSO based service elements:

xiv. **Engaging the child’s family and extended family network in all decision-making processes**

90. The Bests Interests Case Practice model that has been developed to direct practice across child protection, placement and family services places the child at the centre and involves the development of respectful partnerships with the child’s family and others of significance to the child. It is based on developing a practice culture that is committed to reflective practice and is outcomes focussed. The practice elements described in the BICPM of information gathering, analysis and planning, action and review processes all depend on:

- Relationship building
- Engagement
- Partnership
- Empowerment

91. The BICPM clearly obliges all those involved with vulnerable children in engaging the child’s family in all their decision-making processes. In order to enable the most effective kinship care program to be developed within Victoria, engaging the child’s family must be clearly understood as meaning engaging the child’s extended family network as well as their immediate family members.

92. There are a number of effective strategies and best practice processes for engaging family members in decision-making processes that are known under various titles eg Family Group Conferencing, Family Decision -Making Models. Some of these approaches are more structured, prescriptive and formal than others. All of them are based on the use of facilitated family meetings and a commitment to empowering families to work through various issues together to achieve shared ownership of important decisions affecting the care of a child subject to some predetermined “bottom lines”.

93. This model presupposes a cross-program approach to developing the skills of all child protection workers and CSO based workers involved with kinship care for facilitating family meetings and developing other ways of most effectively engaging families and extended family network members in decision-making processes. This will require a substantial investment in professional development across child protection and CSO based services. It is proposed to further develop these skills utilising a knowledge transfer approach led by senior and more experienced practitioners on an ongoing basis.
When this approach is fully implemented it is envisaged that facilitated family meetings will be an integrated part of the whole service response for vulnerable children and their families across child protection and CSO based placement and family services. This will enable child protection to utilise facilitated family meetings in every phase of their decision-making processes from the commencement of their involvement with a child. It will enable CSO based kinship placement services to facilitate the initial family meeting after a new kinship arrangement has commenced and subsequent meetings as and when needed to address emerging issues. It will also mean that CSO based family services can facilitate family meetings when needed to assist self-managing extended family groups to prevent the need for any or any further child protection involvement.

**Proposed Implementation Approach**

95. It is proposed to phase in the implementation of this new program model in three phases building on existing funding already allocated for kinship care and supplemented as additional funds become available.

96. Selection of sub-regional area service providers will be determined at a regional level. Sub-regional areas will align with Child FIRST areas. In all metropolitan regions and most rural regions the kinship service boundaries will coincide exactly with the Child FIRST catchments, although it is anticipated that one kinship service may have to encompass two Child FIRST areas in several rural regions.

97. Consideration of a range of service providers will be critical, and acknowledge that this model draws on expertise from both family services and placement providers. Service specifications will outline the need for CSOs providing the new kinship service to have demonstrated capacity to work with children and families at the tertiary end of the child protection and care system with strong links with both Child FIRST family services and placement services.

98. Subject to budget availability, the planned implementation will be:

- Phase 1 implementation within 4 regions provisionally recommended to be:
  - Eastern metropolitan region – to implement this model concurrently as part of the Child Protection operating model demonstration project
  - Southern metropolitan region – to build on the Family Decision-Making approach already developed in that region and the experience of the pilot kinship program provided by Oz Child
  - Hume region – to implement the model in a rural region and also to build on the region’s experience with case contracted placement support for a small proportion of their kinship placements
  - One sub-regional area of North and West metropolitan region – to complement and re-develop existing service provision

- Phase 2 implementation in the remainder of North and West metropolitan region plus 2 additional regions (yet to be determined)

- Phase 3 implementation in the remaining 2 regions (yet to be determined)

99. It is intended to arrange some additional professional development in preparation for the actual roll out of the new program components in each region, as part of the implementation process. This professional development will be focussed on developing the skills of all Child Protection workers and CSO workers involved in kinship care in facilitating family meetings and engaging family members in decision-making processes. It will also focus on developing Child Protection workers’ assessment skills in relation to the new kinship care assessment format.

100. A project to develop a specific model of Aboriginal kinship care and therapeutic foster care is currently being developed. This project is being undertaken collaboratively with Aboriginal controlled community organisations and Aboriginal community representatives. It is expected that a new Aboriginal kinship care model will be
developed for concurrent implementation with the implementation of this “mainstream”
kidship care model.

101. Regular Statewide Forums that bring together kinship carers, CSO kinship service
workers, Child Protection workers and others involved with kinship care to acknowledge
successes, raise issues and promote ongoing development will be arranged at least
annually as part of the implementation process.

Proposed Evaluation Approach

102. A full evaluation will be undertaken of the implementation of this new service model in
conjunction with the evaluation of the legislative reform implementation and the Best
Interests Case Practice Model implementation, the Out of Home Care Review and the
Child Protection Operating Model Demonstration Project evaluation.

103. The kinship care evaluation approach will utilise measures linked to the Vulnerable
Children’s Outcomes Framework, the Statewide Children’s Outcomes measures and the
performance measures developed for evaluating family services and Child FIRST
services. It will also utilise outcomes data to be derived from LAC Assessment and
Action Records expected to be completed for the majority of the statutory kinship care
placements.

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