

# Financial support for kinship carers

VCOSS submission to the Victorian Ombudsman's investigation

28 April 2017



## About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the social and community sector in Victoria. VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups, and individuals interested in social policy. In addition to supporting the sector, VCOSS represents the interests of vulnerable and disadvantaged Victorians in policy debates and advocates for the development of a sustainable, fair and equitable society.

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VCOSS acknowledges the traditional owners of country and pays its respects to Elders past and present.

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# Introduction

The Victorian Council of Social Service (VCOSS) would like to thank the Victorian Ombudsman (the Ombudsman) for the opportunity to comment on the investigation into the financial support provided to kinship carers by the Department of Health and Human Services (DHHS).

We note the Ombudsman's investigation is focused on access to financial support and complaints mechanisms. During consultations VCOSS members told us of the difficulty in separating financial support for kinship carers from other support they need. While financial concerns are a problem for kinship carers, other issues directly relate to difficulties accessing financial support.

# Summary of recommendations

## Scope of kinship care

- Provide access to information, support and remuneration for kinship carers, regardless of their status as formal or informal carers, the existence of a statutory order, formal intervention by Child Protection or allocation of a case manager

## Complexities in kinship care

- Prevent and address quality of care concerns by adequately screening, supporting and remunerating kinship carers
- Support kinship carers to provide care that is safe, secure and therapeutic

## Access to remuneration

- Increase funding to meet placement establishment costs
- Independently assess funding levels based on the needs and best interests of the child and placement costs.
- Make information about application processes for higher funding transparent and accessible. Decision making should be fast and based on well publicised criteria.
- Make information and funding available to children and kinship carers in “informal” placements.

## Aboriginal kinship carers

- Tailor support for Aboriginal families to keep Aboriginal children connected to family, community and culture

## Non-financial support for kinship carers

- Provide independent and intensive support for children, kinship carers and family members to maintain placements

# Scope of kinship care

## Recommendation

Provide access to information, support and remuneration for kinship carers, regardless of their status as formal or informal carers, the existence of a statutory order, formal intervention by Child Protection or allocation of a case manager.

The Australian Institute of Health and Welfare (AIHW) define kinship care as:

“...where the caregiver is a relative (other than parents), considered to be family or a close friend, or is a member of the child or young person’s community (in accordance with their culture) who is reimbursed (or who has been offered but declined reimbursement) by the state/territory for the care of the child.”<sup>1</sup>

Kinship care is part of the child protection system,<sup>2</sup> but there are “informal” kinship care arrangements which sit outside of the AIHW definition. There are many pathways to kinship care, including when children stay with a family member more and more frequently, until they simply don’t go home, or when child protection takes children to family members in a crisis and ask them to provide care for a time.

Kinship care is the preferred out-of-home care placement for children and young people in the Victorian child protection system.<sup>3</sup> The benefits of kinship care are “...preserving family, reducing separation trauma, maintaining a sense of belonging and being loved, maintaining a sense of security and stability and preserving cultural identity. The sense of security a placement with kin provides for a child is linked to better long term outcomes.”<sup>4</sup>

Relative or kinship care is the most common form of child protection placement. Most children (94 per cent) in out-of-home care at 30 June 2016 were in home-based care, with 39 per cent in foster

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<sup>1</sup> Australian Institute of Health and Welfare, *Child Protection Australia 2015-16*, AIHW, Canberra, 2017(1), p. 65

<sup>2</sup> Yardley, Mason and Watson, *Kinship Care in NSW – finding a way forward*, Social Justice and Social Change Research Centre, University of Western Sydney, NSW, 2009

<sup>3</sup> Department of Health and Human Services *Child Protection Manual* [http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/kinship-placement/support-kinship-carers#h3\\_0](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/kinship-placement/support-kinship-carers#h3_0) (Accessed 6 April 2017)

<sup>4</sup> M Benton, R Pigott, M Price, P Shepherdson and G Winkworth, *A national comparison of carer screening, assessment, selection, training and support in foster, kinship and residential care*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017 p. 66

care and 49 per cent in relative or kinship care.<sup>5</sup> During 2015-16, there were 5,873 households in Victoria with a formal kinship care placement.<sup>6</sup>

The majority of Victorian kinship carers had one child in their care (2507), 779 carers had two children, 375 had 3-4 children and 28 carers had 5 or more children.<sup>7</sup>

These numbers, however, do not provide the full picture of kinship care. The AIHW counts only formal kinship placements. VCOSS members explain many kinship carers do not have a direct relationship with DHHS (and are therefore not included in AIHW data). Care for some children is arranged between family members to avoid a formal child protection intervention. There is no accurate estimate of how many informal kinship care arrangements there are in Victoria. Kiraly's review of Australian and international surveys of kinship carers found much of the research looked exclusively at statutory kinship care. Research in the UK and the USA found up to 95% of kinship care is provided informally. The quantum of informal kinship care in Australia is unknown.<sup>8</sup>

While some kinship care arrangements are informal, still others might be established through DHHS intervention but are not allocated to a case manager. While these carers are technically counted, they have no other formal support.

VCOSS members express concern kinship carers with no direct link to DHHS might be out of scope for this investigation, even though their need for financial and other supports is equally urgent. In 2014 the Senate's Community Affairs References Committee report *Grandparents who take primary responsibility for raising their grandchildren* said all grandparent carers, including informal carers, should be able to access financial assistance.<sup>9</sup>

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<sup>5</sup> Australian Institute of Health and Welfare (1), op. cit. p. 49

<sup>6</sup> Ibid.

<sup>7</sup> Australian Institute of Health and Welfare, *Child protection Australia 2015-16 Supplementary data tables*, Child welfare series no. 66. Cat. No. CWS 60. AIHW, Canberra, 2017(2)

<sup>8</sup> M Kiraly, "A review of kinship carer surveys: The 'Cinderella' of the care system?" CFCA Paper No. 31, March 2015 <https://aifs.gov.au/cfca/publications/review-kinship-carer-surveys/introduction> (Accessed 29 March 2017)

<sup>9</sup> Senate Community Affairs References Committee, *Grandparents who take primary responsibility for raising their grandchildren*, Commonwealth of Australia, Canberra, 2014

# Complexities in kinship care

## Recommendations

- Prevent and address quality of care concerns by adequately screening, supporting and remunerating kinship carers.
- Support kinship carers to provide care that is safe, secure and therapeutic.

Although kinship care is the most common form of out-of-home care, it features a unique set of poorly understood complexities. Kinship carers are the least well served by the child protection system and their issues and concerns receive inadequate policy attention from government. This may be due to an historical legacy assuming kinship care involves a familial bond and does not require additional support for its maintenance.

VCOSS members explain kinship care is very different to other forms of out-of-home care. The main distinction between foster and kinship care is foster carers make a deliberate choice to become carers. Conversely, kinship carers feel they have little or no choice. VCOSS members were keen to emphasise children in kinship care (where carers have little choice about becoming carers) are equally as challenging as children in other out-of-home care.

Kinship carers face issues including more likely to be older, poorer, less healthy and the sole head of the household, compared with foster carers.<sup>10</sup> As noted above, kinship carers often take children into their care in circumstances of crisis<sup>11</sup> rather than in a planned transition. Their care of a relative's children can create conflict between family members, sometimes rendering the placement unsuitable.<sup>12</sup>

Some grandparent carers experience a sense of shame, blaming themselves for their own children's problematic alcohol or other drug use, or mental health problems.<sup>13</sup>

Kinship carers are often in strained financial circumstances, including

- 56% of grandparent carers in one survey receive a pension or benefit
- 66% of grandparent carers describe themselves as "poor", "very poor" or "just getting along"
- 35% of sole grandparent families have an income of less than \$499 per week.<sup>14</sup>

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<sup>10</sup> Kiraly, op. cit.; Benton et. al., op. cit. p. 66-67

<sup>11</sup> Benton et. al. op. cit. p. 66

<sup>12</sup> D Brennan, B Cass, S Flaxman, T Hill, B Jenkins, M McHugh, C Purcal and k valentine *Grandparents Raising Grandchildren: Towards recognition, respect and reward* SPRC Report No 14/13 2013 Social Policy Research Centre, Sydney p. 69

<sup>13</sup> Breman et. al. op. cit. p. 27

<sup>14</sup> Kiraly, op. cit., citing research by Brennan et. al. op. cit.



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According to VCOSS members, kinship carers do not receive assistance from DHHS to overcome these additional complexities. As a result of lower engagement with DHHS, quality of care concerns are not addressed.

VCOSS members tell us some carers approved for kinship care would not meet the requirements to become foster carers. VCOSS understands situations normally resulting in a child's removal from foster care do not result in removal from kinship care.

While VCOSS members agree family is the best place for children, they emphasise the need for kinship carers to have adequate support so the placement is safe, secure and therapeutic. In the view of VCOSS members consulted for this submission, this is not currently the case.

# Access to remuneration

## Recommendations

- Increase funding to meet placement establishment costs
- Independently assess funding levels based on the needs and best interests of the child and placement costs.
- Make information about application processes for higher funding transparent and accessible. Decision making should be fast and based on well publicised criteria.
- Make information and funding available to children and kinship carers in “informal” placements.

Kinship carer households face increased financial difficulties when children are placed with them.<sup>15</sup> The most significant issue for grandparent carers is access to payments, services and support. Grandparents “do not claim, and are not supported to claim, payments and benefits to which they are entitled.”<sup>16</sup> VCOSS members report some kinship carers have lower financial literacy, meaning the process of claiming financial support can be especially burdensome.

Taking on “primary care of grandchildren can lead to extreme financial stress or poverty” with grandparents paying for initial establishment costs (including clothing, bedding, medication, car seats), day to day living expenses (including school uniforms and equipment, transport, gifts) and medical expenses for complex health needs.<sup>17</sup>

Children in kinship care are likely to have experienced comparable levels of abuse or neglect as their counterparts in foster care, and are likely to need therapeutic supports. In spite of the needs of children in kinship care, funding is inflexible, provided at the lowest possible level for home-based care.

Research by Bapcare advocated for appropriate levels of financial reimbursement for kinship care placements. They said client financial support and other funding available to foster care, should be available to children in kinship care on the basis of need, and at least at parity with children with similar needs in foster care.<sup>18</sup>

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<sup>15</sup> Brennan et. al. op. cit.

<sup>16</sup> Ibid. p. 117

<sup>17</sup> Senate Community Affairs References Committee op. cit. p. 29

<sup>18</sup> Breman “Policy Briefing Paper: Complexity in Kinship Care in Victoria” Bapcare, [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Out\\_of\\_home\\_care/Submissions](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Out_of_home_care/Submissions) (Accessed 20 April 2017) p. 4

VCOSS members tell us mechanisms exist for kinship carers to apply for higher funding, but information about payment levels and how to access increased funding is so unclear it is “virtually impossible” for kinship carers to navigate this system without independent support. Even with support, applying for funding commensurate with need is time consuming, hampered by long delays and heavy administration requirements.

VCOSS members experience inconsistent decisions about additional funding requests. Decision making lacks transparency and funding levels bear little relationship to the child’s day-to-day living requirements, therapeutic needs or an assessment of their best interests.

Informal carers in Victoria are not provided with any support. The Senate inquiry into grandparent carers found:

“A corollary to access to financial assistance is the knowledge that such assistance is available. The committee acknowledges the identified need for current and reliable information which advises grandparents raising grandchildren of their potential entitlements. As proposed by the AHRC, there should be a comprehensive national resource in relation to the government and non-government financial assistance in each jurisdiction. This resource should be made available across a range of mediums and in a variety of formats through government departments and agencies, as well as community service providers...

Overwhelmingly, submitters and witnesses indicated that Commonwealth, state and territory governments need to improve the available financial assistance. The committee heard many accounts of grandparents raising grandchildren in desperate financial circumstances due not only to a lack of financial support but also the payment amounts received from governments.”<sup>19</sup>

VCOSS members said kinship care is a mechanism for cost-shifting to the Commonwealth government through Centrelink entitlements. However, although kinship carers might be eligible to apply for Centrelink parenting payments, some do not want to as they risk increasing tensions amongst family members, who may, in turn, lose their Centrelink payments.

VCOSS members provided us with detailed information about the financial hardships faced by kinship carers, including

- Financial support is not available for kinship carers if there is no statutory order. Even when child protection is involved in the placement, unless a statutory order is in place, kinship carers receive no remuneration.
- Reimbursements for large items of furniture, for example cots, beds and bedding, take too long. VCOSS heard about kinship care families living from one pay to the next, having to wait weeks and months for reimbursements. This, in turn, affected food provision for the children in their care and meeting housing and services costs.

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<sup>19</sup> Senate Community Affairs References Committee op. cit. p. 72

- Community agencies have no discretionary funds to assist kinship carers with one-off expenses. For example, a VCOSS member organisation undertook targeted fundraising to buy school uniforms for children in kinship care.
- Unlike foster care, respite support funding is not available for kinship care. Kinship carers need for respite is the same as for foster carers.
- Some retired kinship carers have been forced to return to work or access superannuation funds to support the children in their care.

### **Reimbursement and recognition of therapeutic needs**

A VCOSS member organisation consulted for this submission told us about a child who displayed extreme trauma based behaviour, which included eating objects. When the kinship carer asked for financial support to replace some of the things he had eaten, or had been partially destroyed, DHHS asked for a detailed list of the items. They refused to replace the child's destroyed school uniform because the child had eaten holes in it. The support workers said refusing to replace the child's school uniform and other items was insensitive and unfair.

VCOSS members report Targeted Care Packages (TCPs) are being used to support young people to live with family members. TCPs are intended to support children and young people leave residential care. Placement with family or friends can be considered under the TCP guidelines. Although VCOSS members welcome this, it does not replace the need for a comprehensive review of financial support for kinship carers.

# Aboriginal kinship carers

## Recommendation

Tailor support for Aboriginal families to keep Aboriginal children connected to family, community and culture.

VCOSS supports the focus of VACCA, SNAICC and other ACCOs to keep Aboriginal children who are in out-of-home care connected with family, community and culture. SNAICC's Family Matters Roadmap asserts:

"The evidence is clear that the strengths to address child well-being and safety concerns lie within Aboriginal and Torres Strait Islander communities with extensive research describing the unique value of Aboriginal and Torres Strait Islander child-rearing practices, the importance of Indigenous-led solutions to improving outcomes, and that continuity of cultural identity is vital to the well-being of Indigenous children."<sup>20</sup>

The increased focus on keeping Aboriginal children and young people safe within Aboriginal culture and community is welcome. However, the support offered to Aboriginal carers, and Aboriginal communities is inadequate. Benton et al noted the additional levels of stress felt by Aboriginal kinship carers, because of the multiple levels of disadvantage experienced by Aboriginal communities.<sup>21</sup>

The Commission for Children and Young People's (CCYP) report *'Always was, always will be Koori children': Systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria* made a series of recommendations related to the need for Aboriginal children to have resilient, supported and capable carers. The CCYP said adequate resourcing of Aboriginal kinship carers was essential to support them in this role and promote placement stability. The Commission reported on the "countless" stories of inadequate support and advocacy for kinship carers of Aboriginal children.<sup>22</sup>

VCOSS members tell us Aboriginal carers can feel unable to ask for help and need additional support to identify their needs. Aboriginal kinship carers face multiple barriers, including no specific

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<sup>20</sup> SNAICC, *The Family Matters Roadmap*, 2016 <http://www.familymatters.org.au/wp-content/uploads/2016/11/TheFamilyMattersRoadmap.pdf> (Accessed 19 April 2017)

<sup>21</sup> Benton et. al. op. cit. p. 70

<sup>22</sup> Commission for Children and Young People, *'Always was, always will be Koori children': Systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria* Commission for Children and Young People, Melbourne 2016. See Recommendation 7

Aboriginal kinship carer networks, minimal support and lack of practical assistance from DHHS following placement, inadequate training and higher expectations, despite their own health issues and age.

VCOSS members report vulnerable Aboriginal children are often placed with vulnerable Aboriginal families, who may have themselves experienced intergenerational trauma. Carers don't receive any therapeutic support for their own trauma, compromising their provision of a secure environment for the children in their care. VCOSS members tell us Aboriginal kinship carers need support for their own issues, in conjunction with training and assistance on how to care for children with trauma.

The CCYP noted Aboriginal kinship carers receive low rates of carer payments and entitlements and "lengthy and onerous 'red tape' procedures to seek review of caregiver payments".<sup>23</sup>

Reluctance to ask for help amongst kinship carers is magnified for Aboriginal carers, as a result of the impact of the Stolen Generations and negative experiences with child protection and welfare services. While support for carers in their caring role is needed, the importance of sensitive and skillful delivery is critical.

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<sup>23</sup> Commission for Children and Young People op. cit. p. 81

# Non-financial support for kinship carers

## Recommendation

Provide independent and intensive support for children, kinship carers and family members to maintain placements

VCOSS members report after a child is placed in kinship care, DHHS communication with the family is minimal. When allocated, case manager contact is infrequent. VCOSS believes interventions by child protection are an opportunity to trigger intensive support for the whole family, to work towards the best outcomes for the child. At this intervention point, parents *and* kinship carers can receive parenting skills training, information about trauma and family support.

VCOSS members tell us there are benefits in placing children in kinship care over foster care, but kinship carers need more support to care well. As a group, kinship carers are less likely to ask for help. Kinship carers may be concerned if they fail the child will be placed in foster care, making it even less likely they will ask for help. Support can be independently delivered, helping assure kinship carers when they seek help it will be granted without fear of repercussions.

It is difficult to separate the need for adequate remuneration from the need for other kinds of support. Presumably if kinship carers were receiving better support, case managers would be aware of the need to better remuneration, and be able to support kinship carers to access their entitlements.

Financial difficulties can't be separated from the need for adequate support. Financial problems create enough stress to put placements at risk, and lack of financial support has direct implications for service delivery and outcomes for children.<sup>24</sup>

Without adequate support, kinship carers are unlikely to know about or be in a position to independently advocate for, a fairer payment system.

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<sup>24</sup> R Breman *Peeling back the layers – kinship care in Victoria: 'Complexity in Kinship Care' – Research Report* Baptcare, Melbourne 2014 p. 27

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