

Submission to the Victorian Ombudsman's Office
Investigation into financial support for kinship carers

May 2017

The Centre for Excellence in Child and Family Welfare (the Centre) welcomes the opportunity to provide a response to the Victorian Ombudsman's own motion investigation into financial supports provided to kinship carers by the Department of Health and Human Services (DHHS).

As the peak body representing community service organisations working with vulnerable children and families in Victoria, the Centre has over 100 member organisations that provide services to or work with statutory and non-statutory kinship carers.

The Centre engages directly with kinship care service providers through quarterly kinship services network forums. The forums bring together a range of metropolitan and regional organisations, including practitioners, Kinship Care Victoria (KCV), Permanent Care and Adoptive Families Victoria (PCAF), academics undertaking research into kinship care, and representatives from DHHS. The forums provide an opportunity to share information, identify challenges and share best practice in statutory and non-statutory kinship care. This submission reflects discussions from these forums.

Our submission focuses on four key areas identified by the Ombudsman.

Whether DHHS decides applications for financial support on the basis of clear, consistent and fair practices, which take into account a child's best interests and individual needs

Decisions about financial support for kinship care placements are generally made in response to the immediate need to establish a safe and stable placement for a child or young person who is being removed from their parents' care due to unacceptable risk. Carers are often placed on base level funding to ensure they have at least some financial support. However, the initial level of funding is not determined according to the individual needs of the child or carer household, and is often inadequate. The focus of child protection on emergency response does not prepare workers for the more thorough assessments that are required to determine suitability of care arrangements and support needs.

Poor initial assessments (Carer Assessment Part A) mean the child's individual needs are not identified and therefore the complexity of behaviour that carers might be required to manage is not always recognised. Our members report that it is much more difficult to have higher caregiver payments approved for kinship placements than is the case with foster carers. Almost none of our member organisations' kinship carers receive more than the base rate of financial support provided to carers. Behavioural issues have been identified as a key source of placement breakdown, and kinship carers are often not financially supported to deal with the child's trauma and mental health issues. It is vital that these issues are identified as early as possible and that carers have the necessary level of financial support to meet the child's needs.

Child protection workers are under pressure and manage high caseloads. The Centre recognises that placements often need to be made in response to crisis situations where safety is the primary concern. However, our members highlight the need for assessments to be comprehensive enough to accurately identify the payment levels required to establish and sustain the placement and to meet the needs of the child at the very beginning of the placement. This requires an open and responsive dialogue between the carer and child protection worker about the needs of the child and the household. The outcomes of these discussions, together with the completed assessment part A, should then be used to agree on the most appropriate payment level.

Whether DHHS processes applications and makes payments in a timely manner and that kinship carers are not disadvantaged by departmental delays

Feedback from providers indicates that initial payments to kinship carers generally commence in a timely manner. However, the Centre has received advice that some carers have had to wait 4-6 weeks for initial, base level reimbursements to commence. Many kinship care placements do not have an allocated case worker in DHHS or in a contracted community organisation. The length of time that a kinship case might take to be 'contract ready' means it could sit in the child protection system, unallocated or with limited support for many months or even years. Delays can also occur when an informal kinship placement becomes formalised and there is a need to 'retrofit' an existing arrangement.

Service providers consistently report ongoing issues when requesting higher level reimbursements for carers. They describe the approval and enactment of higher payments as a punitive and complicated process. They have also advised that in the rare situation where higher payments have been approved these payments do not always commence immediately and it might take many months after approval for payments to start. They also report inconsistency of carers receiving 'back pay' from the date of approval to the date of commencement.

The assessment of eligibility for foster care placements to receive financial supports and how this process differs from the kinship process

KCV and other kinship care providers, who also provide foster care, advise that although kinship care households comprise the majority of out-of-home care placements and are often lower on economic scale, it is much easier to access and negotiate a higher level of reimbursements for foster carers than for kinship carers. Some of the reasons for this include:

- Often assessments and diagnosis for children and young people have been completed prior to them entering foster care, which makes it easier to determine their support needs.
- Foster care placements are generally contracted to an agency where the case is actively worked and the care team is well established and meets regularly.
- Kinship care cases are often unallocated in child protection. Once a placement is established there are no resources allocated to establishing and maintaining a care team, visiting the child and carers, completing assessment part B or case planning.

There is agreement among our members that the quality and standard of assessment for kinship carers is lower than for children in foster care placements. Placements are regularly made without the same

intense scrutiny and consideration for quality of care and the needs of the individual child as takes place in the foster care system.

Any improvement that could be made in light of the scope of the investigation

Feedback from the network meetings consistently indicates that DHHS places a lower priority on cases where a kinship placement has been established - and the child is viewed as now being safe - than in foster care placements, as evidenced in the high number of unallocated kinship care cases. However, not all kinship carers are safe carers or remain safe, and not all kinship care placements can be sustained by love and base level reimbursements. To ensure the needs of children and young people are met and that they are given every opportunity to thrive, it is critical to adequately resource kinship carer households, provide access to resources and supports, and make sure that cases are allocated to a worker.

To improve the timely and appropriate provision of financial supports for kinship carers, the Centre recommends the following:

- Include training on kinship care and kinship carer entitlements in Beginning Practice training for child protection workers. All staff should complete this training within three months of commencement.
- Increase the capacity within Kinship Care Victoria to provide support and advocacy to kinship carers around placement establishment, rights and responsibilities, including financial entitlements.
- Review current processes for increasing carer reimbursement levels with a view to increased efficiency, understanding child needs and including carers' voices in decision making.
- Undertake comprehensive assessments of kinship carers as early as possible to determine the appropriate level of financial support needed and classification of reimbursement (e.g. General, Intensive, Complex). Where additional supports are agreed, child protection needs to make sure these are provided.
- Allow kinship carers to have the same access to carer payments at the Intensive and Complex levels as foster carers, where the child has specific needs.
- Review existing standards and practice guidance for the completion of carer assessment part A and part B to require a more holistic, individualised and timely approach to completion of these.
- Ensure that all kinship care cases are allocated to a child protection worker.
- Develop a common assessment process that treats kinship and foster carers equally.

For more information, please contact:

Deb Tsorbaris at deb.tsorbaris@cfecfw.asn.au

Level 5, 50 Market Street, Melbourne Victoria 3000

T 03 9614 1577

Find us on Twitter and Facebook @CFECFW

www.cfecfw.asn.au