

**Addendum Submission to
Protecting Victoria's Vulnerable
Children Inquiry**

 Ioddon campaspe
community legal centre

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Background

On 1 June 2011, Peter Noble, Principal Solicitor and Coordinator of the Loddon Campaspe Community Legal Centre appeared before the Protecting Victoria's Vulnerable Children Inquiry ("the Inquiry") during its Bendigo sitting. LCCLC's submission was accompanied by a written paper.

LCCLC focused its submission on question 3 of the Inquiry's Terms of Reference, *"The quality, structure, role and functioning of: family services; statutory child protection service, including reporting, assessment, investigation procedures and responses; and out of home care including permanency planning and transitions; and what improvements may be made to better protect the best interests of children and support better outcomes for children and families."*

LCCLC's submission was based on the experiences of grandparents, specifically members of the Kinship Care Group supported by St Lukes Anglicare, within the child protection continuum.

During the appearance the Inquiry panel invited Loddon Campaspe Community Legal Centre (LCCLC) to consult with the Kinship Care Group and provide their views on the relative merits of a professionalised foster care system compared to a supported kinship care model, or a combination of these models.

LCCLC has consulted with the Kinship Care Group and offers the following views for consideration by the Inquiry.

Addendum Submission Framework

This addendum submission offers perspectives of two different models of care, specifically kinship care and a system of professional foster care. These perspectives are grounded in the lived experiences of members of the Kinship Care Group, Bendigo, supported by St Luke's Anglicare. LCCLC has sought to elicit both the perceived benefits and limitations of the models. The submission also draws from the direct experiences of the LCCLC.

While the term kinship carers or just carers is used in this submission to refer specifically to grandparents, LCCLC believes that issues experienced by this cohort of kinship carers are likely to be experienced by other cohorts (such as friends or other relatives) who are kinship carers.

Overarching Perspectives of Addendum Submission

Kinship carers feel that children are best supported by remaining in the care of their extended family. Kin are able to offer children a familiar environment and a link to culture and heritage. While kinship carers emphatically support kinship care as the preferred model of care they recognise its limitations. Kinship carers often feel a significant disparity

between the support provided by child protection services to foster carers, with greater support being afforded to foster carers.

Kinship carers generally feel they need greater supports, especially if they are to provide care over an extended period or where the children have high care needs or behavioural problems. Kinship carers are unhappy that financial and non-financial supports provided to foster carers are greater (or apparently greater) than those afforded to them. Kinship carers would like the same opportunities to attend parenting classes or training to update and maintain their parenting skills. Kinship carers would also like greater access to professional supports such as counselling services and respite care.

Kinship carers felt that they would benefit from having information about the child protection system and the processes involved from the outset. Many found the system bewildering and that information regarding payments or allowances they may be entitled difficult to source. Kinship carers also felt there was an expectation that they would or should provide particular items, such as beds, for the children as they are the child's grandparents and should have such items anyway. Contrast professional carers who would receive additional funding for these type of necessities. There is a real perception amongst kinship carers that professional carers receive a higher rate of reimbursement for care costs.

Independent enquiries made by the authors indicated that while the baseline caregiver reimbursement rates (administered through the Department of Human Services) for both kinship and professional carers are similar if not the same, there are various additional allowances to which all carers may be entitled. Entitlement to these is determined by individual caseworkers and there can be significant discrepancies depending on region and worker. Kinship carers are often not aware of extra allowances and therefore do not make requests for these. Kinship carers often complain that caseworkers do not provide information regarding allowances and that this information is difficult to source.

Kinship carers were concerned about the lack of support workers and other professionals such as child psychologists particularly in regional areas where long waiting lists exist for services such as the "Take Two" programme. Kinship carers view access to these services as vital, particularly where children have experienced significant trauma.

Some Kinship carers also feel the quality of care they provide can be limited or impacted on by their own health or age. Some kinship carers feel torn about their personal physical limitations, either feeling misplaced guilt when struggling to cope or overcompensating by going above and beyond the call of duty at great personal cost to their general well-being. While this willingness and determination to provide support can come at a personal cost, it is also seen as a part of family life; indeed it is a hallmark of familial commitment.

Kinship carers do not feel as though there is an adequate or consistent understanding of the nuanced challenges of providing kinship care in later years. Some felt as though child

protection workers placed emotional pressure on them to accept the care of grandchildren, where the kinship carers own assessment of ability was doubtful. Some in the group also felt disrespected by child protection workers who, when informed of physical limitations in providing care, threatened to remove children rather than suggest support options.

LCCLC realises that while the kinship model may not be appropriate in all circumstances it can provide enormous benefits by providing vulnerable children with a stable familiar environment. LCCLC considers the following points as key:

1. That kinship care is the preferred model of care, however, the carers would like similar supports to those offered to foster carers.
2. The need for both financial and non-financial support to enable and enhance quality care provided by kinship carers.
3. The need for greater recognition by child protection workers of the care and insight kinship carers are able to provide.

Focus Group Responses

LCCLC facilitated a focus group meetings with the Kinship Carer's Group to illicit their responses to key questions concerning kinship care and foster care:

1. What is your preferred model (kinship or non-kinship care) and why?

Kinship care

- The children are far better off with family as children are provided a sense of belonging
- Children are provided a connection to family, culture and heritage
- *"Family are all these children have. They have already lost parents; we're all they have got"*
- We know their likes and dislikes
- We know the history of the child
- Emotional bond is a benefit for long term mental health of children
- *"Family will go the extra mile for the child"*
- Family bond is beneficial gives the child a sense of belonging

Non Kinship care

- Sometimes the provision of care is beyond the capabilities of grandparents because of age, health lack of financial support particularly where the children have high needs
- Sometimes grandparents want the opportunity to *"just be grandparents"*, having a special and limited relationship with children without being their primary carers

2. Are there any limitations to the kinship model? What are they?

- Generational differences sometimes make it difficult for carers to relate to children in their care this is particularly true in case of teenagers rather than younger children
- Care of grandchildren can be challenging, physically, emotionally and where there are is a conflict of values
- It is sometimes difficult to set boundaries
- Financial reimbursements / supports are lower than those paid to non kin carers
- Age and health of kinship carers can place limitations on care they are able to offer
- Sometimes a kinship carer may be *“too close”* and not recognise problems that are apparent to an external observer or someone in a non kin relationship

3. When do you think a kinship care model may be inappropriate or not in the best interests of the child?

- When there is deep conflict or abuse within a family or intergenerational conflict
- When the behavioural issues of the child are so great such as where the child’s behaviour manifests in physical violence against the kinship carer and other children
- *“When you cannot help that child no matter what you do. The damage is too great.”*
- When you are not provided with enough support from the Department of Human Services
- Where the caseworkers from DHS use emotional blackmail against the carer such as saying if a carer who already has the care of one child does not agree to take another then they may remove both children

4. What might be the benefits of a more professional model of out of home care?

- Better supports and ongoing training for carers
- Stricter guidelines and protocols for caseworkers
- Funded Training opportunities for kinship carers to learn/update parenting skills

5. What makes kinship care hard? What have you found hard?

- Value conflicts between kinship carers and children that can reflect generational divides
- Lack of support
- Conflict with parents of the child
- General inconsistencies in Departmental approach over time; such as the amount of financial support provided
- Change in case workers / team leaders can mean inconsistencies in the Department’s approach
- Not feeling respected by caseworkers feeling of treated like *“glorified babysitters”*

When concerns are raised by carers the caseworker can be dismissive and leave carer with a feeling they are being disbelieved or listened to

- Lack of involvement in court proceedings
- Lack of respite care particularly where the children have special or high needs

6. What supports are necessary to maximise the potential for kinship care to succeed? How could you be better supported?

- Being better informed as to the progress of matter, such as case planning meetings, court proceedings etc
- Being treated with greater respect by caseworkers
- For the Department to comply with their own protocols e.g. ensuring that drug testing of a parent is undertaken, as required by the Court
- Less tolerant approach to use of illegal drugs such as marijuana, even in small amounts
- Post permanent care placement support

Should the Committee of Inquiry require further information, please contact Peter Noble at petern@advocacyandrights.org.au or (03) 5444 4364 or by post at PO Box 432, Bendigo, 3552.