

The KCV Longitudinal Study of Kinship Carers 2014

In 2011 KCV established a longitudinal study into the lives of 113 kinship carer families. The carers agreed to be interviewed every twelve months and to share the changes in their lives and in the lives of the children for whom they care.

The outcomes of the study inform the work program of KCV and are used to inform a range of decision makers who have the authority to make decisions that affect the lives of kinship carer families.

This is the fourth in a series of reports.

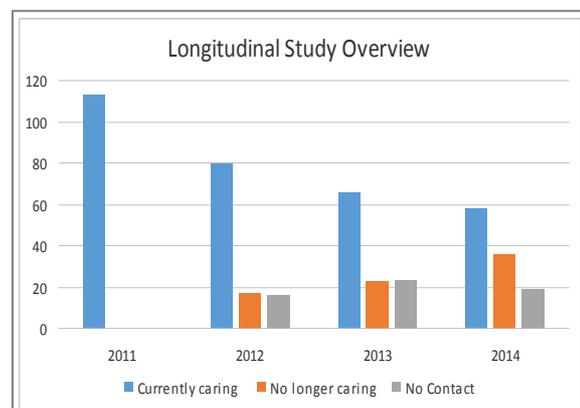
1...The changing shape of the placements

It is to be expected that the shape of the placements will change over time. Certainly it is to be expected that some children will leave kinship care as they turn 18 years of age.

It is also expected that new children will come into the care of the kinship carers in this study.

The trend that was less clearly expected was where children are successfully returned to their parents after quite a few years in kinship care.

The trends over the four years of the study:				
	2011	2012	2013	2014
1.1 Still caring	113	80	66	58
1.2 No longer caring	0	17	23	36
1.3 No Contact	0	16	24	19
Total	113	113	113	113



1.1 Still caring

58 of the original 113 carerfamilies in the study are still caring for one or more relative children. In some cases, carers are caring for fewer children than they were originally, as one or more of the children in their care has transitioned into adulthood. On the other hand, some carers have increased responsibilities, as they are now caring for new babies and toddlers born since the beginning of the study.

While it is expected that several more young people in the survey group will be transitioning into adulthood in the next year or two, most of these have younger siblings who are likely to remain in kinship care for years to come.

Changing numbers of children

In 2014, the 58 carers are raising a total of 96 children between the ages of 2 and 17. Three of these children came into kinship care after the study was started. One came to her grandmother in 2012 at age 10 months, and another two came to their grandmothers in 2013, both at age 16 months.

In 2 cases, carers continue to care for one or more children, while other children formerly in their care have been reconciled with their parents, while in another 2 cases children who had previously been reconciled with their parents are now back in their original kinship care placement.

Changes in the numbers of children		
In 16 cases the number of children being cared for reduced and/or increased from the original number in care as outlined below:		
→	Caring for the same number of children as at the start of the survey	42
↓	Caring for fewer children than at the start of the study	11
↑	Caring for more children than at the start of the study	2
↑ ↓	At one stage in the longitudinal study these carers were caring for more children than at the start of the study but in 2014 are caring for fewer children than at the start of the study	1
↓ ↑	At one stage in the longitudinal study these carers were caring for fewer children than at the start of the study but in 2014 caring for more children than at the start of the survey	2
Total		58

1.2 No longer caring

Postive outcomes for the 36 cases no longer caring:

- For 33 the reasons that the kinship placements have ceased are postive and have come about because the children have turned 18 or been reconciled with parents or other relatives
- For 2 cases it is unclear whether the reconciliation with parents or other relatives has been positive or negative, because the kinship carers have had little contact with the children since the reconciliation took place.
- In 1 case the reconciliation is not working and the outcome is negative for the children involved.

Case Study

**Anne is currently caring for her 2nd lot of grandchildren. Previously she looked after her two grandsons for 12-14 years, one of whom still lives with her. She now also has care of her daughter's children aged 11, 9 and 2. There are currently 6 people living in the house - Anne, her husband, and her 4 grandchildren. There were 11 until recently when Anne's eldest son and his family moved out after being homeless and no where else to live.*

*The older 2 grandchildren, *Peter and *Laura, have been in Anne's care for 6 years. Anne had a call from DHS one day asking if she could look after them after *Kelly, the children's mother, had got drunk, passed out and the smoke detectors went off in the house. The police were called, when they arrived the house was in a mess and therefore DHS got involved.*

*When Kelly had *Jack, the youngest, she came to live with Anne. Everything was going really well until about a year ago DHS came out to visit and said that Kelly could move out with the children. That same day Anne and Kelly went into town, but Kelly decided not to return home with Anne. Since then Kelly has had no contact with the children and is now living in Anne's ex-husband rental property in town. DHS and Anne have tried to contact Kelly with no response.*

Anne is the sole bread winner for the family, and has now extended her retirement date so she can send the children to private schools. Anne's says the children are very well adjusted, well mannered children and they are doing very well at school. The two eldest are very talented guitar players and go to swimming lessons.

*She finds the daily 25 minute drop off and pick up to school the most challenging. *James, aged 21, her eldest grandson is completing his chef apprenticeship, and also needs to be dropped off and picked up. This combined with Anne's busy work schedule makes for a lot of driving when they live 'in the sticks'.*

Anne makes sure the children have contact with their fathers side of the family and Anne makes sure that they ring their father and his family on special occasions.

Reason children are no longer in care

The table below outlines the reasons children are no longer in care.

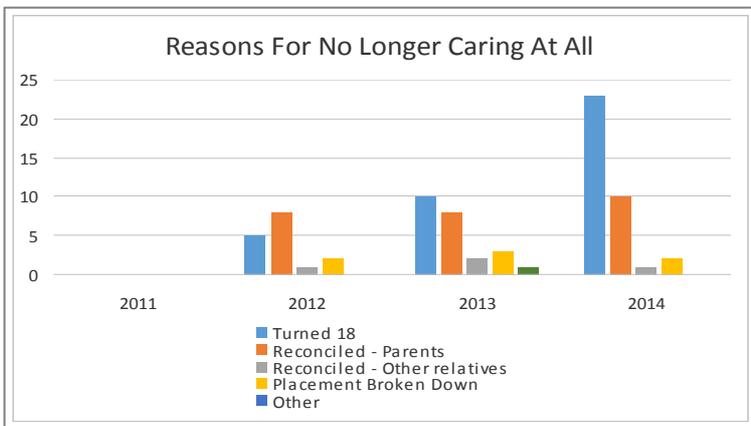
Reason for no longer caring at all				
The vast majority of reasons that the kinship placement has ceased are positive.				
	2011	2012	2013	2014
Children have turned 18	0	5	10	22
The children are reconciled with parents	0	8	8	11
The children are reconciled with other relatives	0	1	2	1
The placement has broken down	0	2	3	2
Other	0	0	1	0
Totals	0	16	24	36

Children in the placement have turned 18

In 22 cases the children in the placement have turned 18 years of age. In 2013 KCV predicted that a number of placements would cease all together in 2014 for this reason. There were many positive comments, for example, about young people learning to drive and getting their first jobs.

In many of these cases the now adult children are still living with their former carers. This means that although no longer legally responsible for these young people,

the former carers are still subject to the pressures of having these young people residing with them, and still feel obliged to provide financial support, food, clothing etc. A number of these young adults are currently studying at university, which may also put pressure on the household.



Children are reconciled with parents

In 2014 there are 11 cases where all the children in that placement have been reconciled with parents. This means that the number of children in continued reconciliation in 2014 is 15. These children were returned to their parent/s after a number of years as outlined below:

- 2 children were returned to their parent/s after 2 years in the kinship placement
- 1 child was returned after 3 years
- 1 child was returned after 4 years
- 4 children were returned after 5 years
- 3 children were returned after 6 years
- 1 child was returned after 7 years
- 1 child was returned after 8 years
- 1 child was returned after 13 years
- 1 child was returned after 15 years

Case Study

**Carol has been caring for her 6 year old grandson, *Christopher, since he was 4 months old. Her son, * Matthew, and his girlfriend, *Hayley were living with her at the time of Christopher birth, but found it difficult to cope with a newborn baby. After an assessment from DHS Carol was asked to care for Christopher. His parents now live in a house nearby.*

During the past 6 years both Matthew and Hayley have had regular supervised visits, although from time to time Carol has had to stop access due to the unhealthy environment for Christopher. At the moment Christopher’s parents have access 6 days per week. These visits include one on one time with Christopher as well as joint visits. On Thursdays both parents visit and they all have dinner together. Christopher really enjoys his visits from his parents and is doing well at school.

The regular visits are very tiring for Carol and she finds that because of the quantity of visits Matthew and Hayley do not spend quality time with their son. They often are on their phones playing games or on Facebook.

Carol has great support from her daughter and once a month she attends Oz Child support group where she has made some very valuable friends.

Children are reconciled with other relatives

In 2014 in one case the child remains with an uncle after leaving the original kith care placement. This was decided in the best interests of the child who was suffering the effects of trauma

The placement has broken down

In two cases the outcomes for the children were negative. These are circumstances where the care arrangement has broken down to the point where other alternatives have had to be found, and the children have generally been placed in foster care or residential care. In all these cases the children's needs were acute.

1.3 Lost contact

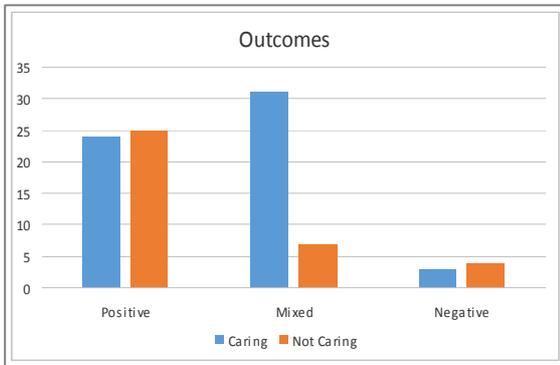
Having lost contact with 19 carers over the four years of the study is disappointing. Attempts are made each year to re-connect with them. In 2014, several carers who had previously been marked as *lost contacts* have been re-established in the study. The reasons some gave for losing contact in the first place were that the placements had finished and the carers thought that there was no need to stay in the study. Others seem to have been permanently lost to the study and we are unable to be certain about why, however, in a number of cases KCV knew that there were difficult circumstances surrounding the family. There are many disconnected phone numbers amongst these particular cases.

2...Outcomes for children

	Still Caring	No longer caring
2.1 Positive outcomes	24	25
2.2 Mixed outcomes	31	7
2.3 Negative outcomes	3	4

The carers who are still caring in 2014, and those whose caring responsibilities have ceased (a total of 94 cases), were all asked to make an appraisal about the outcomes for children whether they are still in a placement or not. Carers rarely take their own circumstances into account when making these appraisals. The factors they do take into consideration include:

- improvements in child wellbeing, acknowledging that there is still room for improvement
- how the child is getting on with other people
- school performance
- general physical and mental health



The carers are reporting:

- long lasting positive outcomes in 52.1% (49 out of 94) placements
- mixed outcomes in 40.4% (38 out of 94) placements
- negative outcomes in 7.4% (7 out of 94) placements

2.1 Positive outcomes

The positive outcomes relate to the stability of the placement and the progress of the children. It does not mean that there are no problems with which the carers have to contend but it does mean that the placement is achieving substantial outcomes, particularly for the children. Many cases where the outcomes have been deemed positive involve situations such as:

- improvements in the mental or physical health of the children
- positive steps towards reconciliation with parent/s
- children doing well at school
- children joining community/social clubs such as cubs/scouts
- older children taking steps to enter adulthood by obtaining jobs, learning to drive, studying for the VCE

A few quotes from carers that quantify the detail of the positive circumstances are:

**Great family and friend support base.
Both children have part-time jobs and the eldest is nearly finished VCE.**

**After four years the child has more contact with Mum and Dad and its going well.
We started with no visits then moved to supervised visits and now we all enjoy unrestricted visits.
Very positive - they both enjoy seeing each other.**

The two kids have danced away a lot of their trauma.

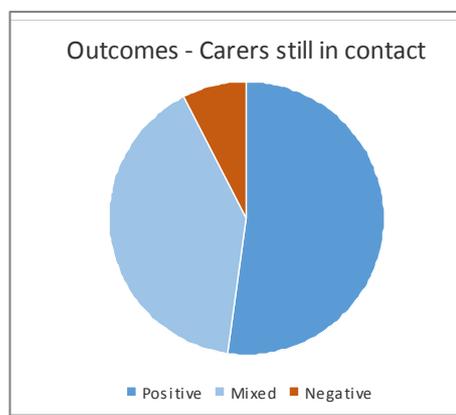
School have done an individual learning plan - going really well.

More positive year due to having supportive family close by.

2.2 Mixed and positive outcomes blend

The mixed outcomes in most cases lean towards positive outcomes, in that the placement remains very stable. However, the carers are reporting some pressures. Quite often the comment heard is, 'we have good days and bad days'. Many of these cases lean towards the positive end of the scale, especially when compared with the disturbing negative outcomes outlined below. Some of the pressures noted by carers who have led to a mixed rating include:

- financial pressures
- minor health issues
- the addition of new babies to the household
- older children needing more privacy
- children struggling at school



2.3 Negative outcomes

It is noteworthy that the number of cases where the circumstances were deemed by the carers to be negative has decreased and is now only 7.4% (7) of cases whereas in the previous year it was 21%. However, the circumstances for some of these negative cases are deeply disturbing.

Three cases where children remain in placements have been marked by the deep depression and attempted suicides within the past year.

The negative outcomes for the four cases where the carers are no longer caring relate to situations where the care arrangement has become fractured and almost entirely unworkable. In these cases, the placement ended badly. In two of them the children were returned to a parent, but since then the kinship carers have expressed concern about the quality of care the children are receiving and have been denied access to the children as a result of expressing their concern. In two other cases, the child/ren had such deep-seated issues that the carer was unable to cope and alternative arrangements had to be made.

3...Support groups contribute to stability of placement

KCV is keen to identify the factors that contribute to stability of placement. Granting permanency to the kinship carers does not in itself achieve this because the children's needs are high and the need for support for carers is likewise high – these needs remain even if permanency is granted. KCV has long believed that the role of support

groups in stabilising the carers and therefore the placement is undervalued and needs to be examined closely with programs to increase and improve the role of support groups.

A carer who attends a support group even though he/she is no longer caring said:

“I enjoy being with this group of people so much. They all were such support for me through the years; I want to help support other new carers that come along”

A carer who is still caring and attends three support groups run by three different agencies said:

“The support group has been fantastic, wished I went earlier. I realised after attending the KCV/Centrelink Families week luncheon in May & after speaking to other carers at the event that I should go to a support group. KCV helped me find the ones closest to me. The groups I attend have a slightly different culture but they are all fantastic.”

Of the 58 cases still caring in 2014;

- 22 regularly attend one support group,
- 7 regularly attend two or more different support groups, and
- 6 no longer attend but wish that they could.

One carer who is no longer caring because his kinship child has turned 18 still attends a support group.

The six carers who are still caring but have recently stopped attending support groups reported that the reasons they stopped attending related to their business and not being able to find time for themselves, and /or the fact that the support groups meeting were held at times and in locations not convenient for them.

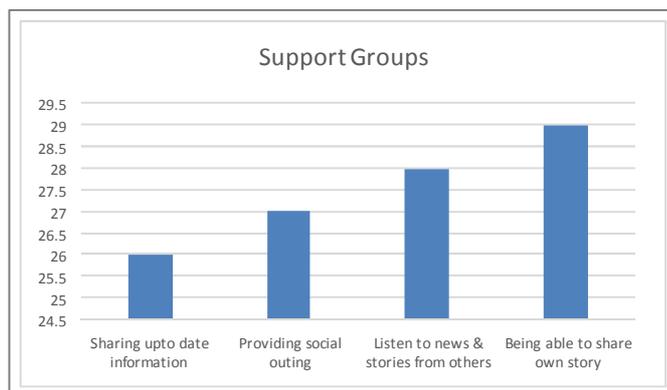
KCV has commenced work to ascertain in more detail what it is about support groups that make them valuable to kinship carers. Thus far eleven carers have been spoken with. They were asked to score the value of support groups on a scale of 1 to 10 with 10 being the best possible score:

- 1 gave a score of 10+
- 5 gave a score of 10 and
- 5 gave a score of 9

The specific roles of support groups all supported

The carers were asked to rank the main aspects of support group work by placing a value between 1 and 4 against each one, with four being the highest ranking. The results were remarkable in that they demonstrated that all four aspects of the work of support groups were strongly supported as outlined below.

Carers	Access to up to date information	Social outings & contact	Listening to others in the same situation	Sharing stories with sympathetic listeners
1	1	3	2	4
2	1	3	2	4
3	4	3	1	2
4	4	3	1	2
5	3	4	1	2
6	1	2	3	4
7	1	2	4	3
8	1	2	3	4
9	4	2	3	1
10	3	2	4	1
11	3	1	4	2
score	26	27	28	29



KCV strongly supports support groups and recommends that:

1. Additional government funding be made available for the establishment of new kinship care support groups in areas not currently served by a kinship care support group and additional funding that is specifically tagged for use by support group facilitators be awarded to all community service agencies currently providing kinship care support groups
2. Funding be made available for the conduct of a KCV survey to establish carer views about the types of support programs, including support groups, that make it possible for them to provide stable placements for children
3. The Department of Human Services (Victoria) conduct an evaluation of the kinship care support program including an evaluation of the work of funded community service agencies in providing support groups
4. That the Department of Human Services fund KCV to write a series of fact sheets on topics about which carers request further information: such as child discipline, handling children suffering with trauma. These fact sheets would accompany the kinship carers hand book for Victoria and could be used as discussion starters at support group meetings.

4... Emerging issues

4.1 Health of carers, aging carer population

Carers were asked to indicate if they had any concerns for their own health and wellbeing, and the responses were concerning. Only 24 of 58 carers indicated that they were feeling both physically and mentally well. Others reported ailments ranging from 'feeling my age' through to minor injuries and several reports of major illnesses such as diabetes and cancer. Many carers also indicated that they are feeling the pressure and that this is leaving them feeling 'worn down' or 'exhausted'. Several carers also indicated that they are suffering varying levels of mental illness.

Age Group	Primary Carer	Partner
Age not indicated	3	39
30-49	2	0
50-59	19	3
60-69	21	10
70-79	12	6
80+	1	0

Of the 58 cases still active, the majority of carers are in their 50s and 60s.

These issues could raise concerns for the future welfare of children in these placements. In many cases the current carer is the only family member willing or able to raise the children, and it is unclear what would happen to the children in these cases should the carer be unable to continue to care for them.

4.2 Housing and finance

As indicated above, many carers are reaching – or have exceeded – retirement age. In previous years carers have indicated that they sometimes find it difficult to make ends meet, and have raised concerns about the rising costs of education, not to mention feeding and clothing the children in their care. In several cases KCV has been made aware that housing is also an issue. At a time in their lives when many people are considering downsizing their homes, these carers are finding it necessary to make room for additional family members. In the 2014 survey, there are several cases where carers have indicated that their homes are overcrowded. It is possible that as the children in these cases grow up, they will want more privacy and personal space, which could become a greater issue in the future.

Case study - A difficult start to life but trauma is danced away

Lisa began caring for Kimberly* and Amanda* four years ago. Kimberly was aged 15 months and Amanda was 8 years old. Both girls were traumatised by living with their parents. Kimberly was born a drug addicted baby and had sleep trauma when she came into Lisa's care. She had a flat head and was overweight due to her older sister making up the bottles of formula. Amanda had been exposed to her parent's needle use, swearing, knives, sex and fighting. She was forced by her parents to pee in a bucket for the DHS drug tests and felt responsible for caring for her little sister.*

The events which lead to Lisa caring for her granddaughters included armed robberies of chemists and ambulances and a drug bust of their drug lab. They were also not taking Amanda to school.

When Lisa began caring for her two granddaughters she started off by creating boundaries for the girls, gave them routine and concentrated on a healthy diet. She believes this was very important in the first year for reducing the girl's trauma.

Dancing away the trauma

Amanda began dancing not long after being in Lisa's care. Although this was difficult for Lisa to get her there with a baby, she felt it was very important to continue as it gave Amanda freedom, made her feel beautiful, gave her a positive disposition and reduced her trauma. She also started swimming which made her extremely happy.

When they moved from Morwell to Warragul it meant changing schools and dance schools. Lisa looked for a dance school that didn't concentrate only on competition, although Amanda is a very talented dancer. She currently dances 7 hours per week and does hip hop, ballet, pre point and tap. She did her exams with the Australian Ballet Company last year and received a high distinction. Amanda has received funding from Mirabel to help pay for dance classes, which cost \$860 per term. Lisa says this funding is very important as it makes Lisa more willing to continue with the big commitment. The State Trustee wants to help pay for Amanda's dance lessons also. This is where her father's money is going as he is institutionalised due to his severe schizophrenia.

Kimberly started dancing two years ago. This has given the girls a common interest and helped them to form a sisterly relationship, rather than Amanda feeling responsible for Kimberly. Dance is also helping Amanda to transition into a private high school.

Grandmother's sacrifice

Lisa said she gave up her life to ensure her granddaughters have the best care and to hopefully break the cycle of their parents drug use. She says she is not only raising her grandchildren, but also de-traumatising them. Lisa sometimes attends a kinship care support group.

Once Lisa accepted that her daughter was a drug addict she found it easier to move on with life. Talking about it helps – being honest, not embarrassed. In the past year the girls have been able to spend time with their mother who is no longer using drugs. Amanda now thinks her mum is the best and would like to live with her again, so Lisa reminds her of the past and "keeps it real" for the girls.

** Names have been changed for privacy.*