



The KCV  
longitudinal study  
of kinship care  
families, 2011 and  
beyond

# **The Tenth and Final Report**



GPV is supported by donors, life members and ordinary financial members.

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Key words which influence GPV/KCV ethical approaches are:

- Truthfulness
- Confidentiality
- Inclusiveness
- Integrity
- Constancy
- Gratitude
- Commitment
- Compassion





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## About GPV/KCV

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On 29 April 2001, Grandparents Victoria (GPV) was formed in the belief that the life experiences of grandparents mean they could make a valuable contribution in supporting their families and the wider community. Further, they have much to contribute to the public discourse about family welfare.

At that early stage, with only four core members at the first meeting, it was not certain what the group would do, or how its activities were to be funded, but the idea was welcomed.

For the first two years, GPV focused on consultation with grandparents. A number of informal gatherings were held in an attempt to learn what challenges grandparents and their families were facing in the 21st century. A series of more formal forums were also held across the state to get grandparents talking about what they saw as the most pressing issues. Later and regularly held forums have reaffirmed and refined knowledge and understanding of what GPV should address into the future.

In March 2002, the issues faced by grandparents raising their grandchildren were noted, with the GPV Board deciding that the role of grandparents within child protection would be a priority area of work for GPV.

Another landmark was reached in 2004 when GPV staff attended the inaugural meeting of the Shepparton Kinship Care Support Group. This was the first of many visits to support groups across the state and heralded a commitment to local peer support for kinship carers.

The first statewide kinship care conference was held in the Moonee Valley Town Hall in 2009. The conference brought kinship carers, bureaucrats and community sector representatives together. The kinship carers attending proved their skill at raising issues, and from this occasion advocacy flourished.

In 2010 the Department of Health and Human Services (DHHS) awarded GPV the contract to establish Kinship Carers Victoria (KCV), a network formed to connect carers across Victoria and to act as the peak group representing the views of kinship carers. Thus, GPV/KCV emerged as a statewide agency advocating for kinship carers and addressing a range of community issues from the viewpoint of grandparents.

GPV/KCV is committed to an ethical approach to its work, meaning that it will:

- maintain a commitment to its beliefs, prioritising the wellbeing of families,
- maintain confidentiality at all times, protecting the privacy of all who associate with GPV/KCV,
- uphold individual rights while at the same time advocating for the rights of disadvantaged groups,
- foster a culture of fairness,
- respect a diversity of views.

GPV/KCV believes that:

- all children must be protected and given every opportunity and all possible support to fulfil their potential,
- the needs of families are becoming more complex and the support grandparents can offer to their own family and to other families is significant,
- grandparents have unique understandings and attitudes that should influence decisions about child wellbeing,
- through acting together grandparents can become strong advocates,
- grandparents have a responsibility to engage in public discussions and to act to ensure the wellbeing of children.





GPV/KCV aims to:

- link grandparents across the state,
- identify, articulate and promote the needs of grandchildren and grandparents,
- represent the views of grandparents and influence policy/practice affecting families,
- share ideas and information about what works well in supporting families.

GPV/KCV conducts:

- campaigns on issues that affect grandparents and families,
- surveys to ascertain the opinions and needs of grandparents and kinship carers on a variety of topics,
- action research to find out what grandparents and kinship carers see as the issues they face on a day-to-day basis,
- celebrations to celebrate the work of GPV/KCV.





## Foreword

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The KCV Longitudinal Study of Kinship Care Families has been important to GPV/KCV. It has given depth to the organisation's understanding of the day-to-day challenges kinship carers face and has renewed the commitment of KCV staff to serve the carers.

Further, KCV has relied on the information arising from the study to guide what the organisation needs to do and say on behalf of carers.

In deciding to end the study in 2020, KCV has not decided to minimise commitment to kinship carers. Rather, the vacuum left by the removal of the longitudinal study from the work program will leave space to undertake a series of related but more intense examinations of issues arising from the longitudinal study.

For example, in 2020 KCV is working with 10 kinship care families to document their experiences of, and views about, reunification of children with parents.

Plans are also being made to work with a sample of kinship care families to document how they have coped with the COVID-19 lockdown restrictions.

Thanks are due to the carers involved in the longitudinal study and the KCV staff who have worked alongside them. KCV staff have come to realise that being privy to intimate stories about people's lives is almost a sacred privilege.

Anne McLeish, OAM  
Director, GPV/KCV

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*'I feel privileged that the carers shared their stories and trusted me to record them. The relationships created over the years of the study have strengthened, making it easier for the carers and I to have difficult conversations about the struggles they endure, but also about the joys of raising the children and young people.'*

*Naomi Whyley, KCV*

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*'At first it was difficult to hear of the challenges the carers were facing, as so many were in situations I couldn't have imagined. As the study progressed, it was gratifying to learn how these situations were improving, and to hear about the wonderful positive outcomes that were being achieved for the children and young people.'*

*Megan Crowle, KCV*





## Summary of findings and future directions

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The KCV Longitudinal Study of Kinship Care Families commenced in 2011 with 113 kinship care families. At that time, these families were raising 177 children and young people between them, a figure which increased to 197 by the end of the study.

The longitudinal study was comprised of a series of interconnected surveys, including an annual 'check-in' with kinship carers to investigate changes in their lives, as well as more targeted 'snapshot' surveys delving deeper into how specific issues affect the lives of kinship care families.

Over the 10 years of the study, the shape of kinship care families changed as children and young people entered or left kinship care. For example:

- 14 kinship carer families have, between them, welcomed an additional 20 children and young people ranging in age from newborn babies to 16-year-olds, into their families.
- 106 children and young people have left the placement due to turning 18, being reconciled with parents, or moving into other accommodation.

### Ten years of conversations

The kinship carers participating in the study conversations were drawn from across Victoria and between them have over 1000 years' experience as kinship carers, making their views well worth hearing. The majority of the kinship carers in the study were grandparents, but those surveyed also included a small number of other relatives and kith carers (close family/friends).

### Parental and child vulnerabilities

The overall reason children were in kinship care was the inability of their parents to cope with raising them. This inability to cope was due to a variety of causes and manifested in different ways, including instances of drug and alcohol abuse, family violence and criminal acts leading to incarceration.

As a result of the aforementioned reasons, nearly all of the children and young people referred to in the study conversations had suffered trying circumstances early in their lives. The abuse and neglect experienced by many of these children and young people has led to many reports of ongoing mental health challenges.

### Positive outcomes for children and young people are established

Although a number of the children and young people in the study still face ongoing challenges at the conclusion of the study, the majority achieved positive outcomes from their placement with the kinship carers.

Data collected from the combined surveys found that the majority of young people who had left the study after turning 18 were successfully transitioning or had successfully transitioned into adult life, with only a small percentage reported as being unable to cope with either study or work due to mental or physical difficulties.

*...the majority of young people who had left the study after turning 18 were successfully transitioning or had successfully transitioned into adult life, with only a small percentage reportedly being unable to cope with either study or work due to mental or physical difficulties.*





Despite facing challenges, the children and young people were achieving or had achieved positive milestones, such as engaging in work and/or further study. A snapshot survey in 2018 found that 88.4% (159 of 180 children and young people traced) were fully engaged in either work or study in a variety of fields, including retail, hospitality, agriculture and food production, construction and vehicle construction, trades such as work as an electrician, private security, IT and health. A further 2.7% (5 of 180) were actively seeking employment at the time that data was collected in 2018.

***88.4% (159 of 180 children and young people traced) were fully engaged in either work or study, in a variety of fields including retail, hospitality, agriculture and food production, construction and vehicle construction, trades such as work as an electrician, private security, IT and health.***

A small number of young people in the 2018 snapshot survey (8.9% or 16 of 180) were struggling to engage in the workforce due to ongoing health, mental health or developmental challenges, or because they were raising their own children full time.

As at 2018, those young people who had turned 18 were also managing their own day-to-day needs, such as health care and accommodation, living independently and no longer relying on their kinship carers.

At the conclusion of this longitudinal study, the majority of those young people who have transitioned out of placement are successfully managing relationships with others. Many are now living with a partner, some are married, and a number of these young adults are coping well in raising children of their own. Importantly, those young people who have left the kinship care placement are now able to reconnect with their kinship carers, who they relate to now as grandparents, rather than as their guardians.

### **Stability and reliance of children/young people is established**

Much has been said about the need for stability of kinship care placement in order to ensure children and young people achieve positive outcomes. Data from this study supports that need for stability, but also demonstrates that children and young people can be resilient.

Stability does not necessarily equate solely with permanency of placement. Stability can be achieved either when a young person or child remains within the kinship carer family or when they move on to another living situation, if this is in the best interests of the child or young person.

If the child or young person's basic needs are being met, including not merely having a roof over their head and food to eat but also through receiving support to achieve positive educational and health outcomes, then GPV/KCV views this as a stable situation. A child or young person being supported to maintain strong relationships, including a close connection to their biological family, is also considered a sign of stability.

### **The importance of carer wellbeing is established**

Survey data has shown that the attitude of kinship carers towards their role affects their overall ability to fulfil the role. In many cases, a carer's attitude is impacted by their situation. A carer who is already facing challenging circumstances outside of their carer role will be affected more deeply in terms of their ability to fulfil the role.

Many kinship carers are at an age where they face health challenges, and in the course of the 10 years of the longitudinal study eight carers passed away. However, these deaths did not disrupt the care placement. In cases where the family was led by a sole carer, succession planning was in place to ensure that the children or young people in those families would continue to be taken care of after the carer's death.





Healthy relationships contribute to carer wellbeing. Many carers reported not having satisfactory contact with members of the child in their care's extended family, and at one time almost half of kinship carers reported that they had received no practical support from the extended family.<sup>1</sup>

Peer support groups are helpful in bridging this gap in support. The longitudinal study data showed the value of support groups in strengthening the capacity of carers to fulfil their role and feel more positive. When carers were asked to rate the value of support groups out of a possible score of 10, all of them ranked their value as a nine or higher.<sup>2</sup>

### **Pressing concerns and ongoing challenges**

Throughout the study, carers repeatedly reported that they were facing financial, legal and health challenges which required attention. Although the frequency of these reports of challenges declined as the study progressed, it is clear kinship carers will continue to face these challenges in the future.

Kinship carers also reported having concerns for the ongoing health and wellbeing of the children and young people in their care. Amongst these concerns were children and young people's mental health, educational outcomes and relationships with extended family and parents, whilst carers also experienced trepidation about what the future might hold for these children and young people after they leave kinship care.

### **Future directions**

*The KCV Longitudinal Study of Kinship Care Families* has prompted the conducting of a number of snapshot surveys into issues such as outcomes for children transitioning out of care, the value of peer support groups, and relationships of carers and children with extended family.

Information gathered from the study has informed submissions to government inquiries on topics including grandparents as kinship carers, adoption, changes to the *Children's, Youth and Families Act (Vic, 2014)*, and the Legal Aid Child Protection Review.

Projects and campaigns created or supported because of the study's findings include work to strengthen support groups, liaison with Local Government Areas (LGAs) to foster more support for carers, and Anglicare's Homestretch Campaign.

Work commenced as a result of longitudinal survey data is continuing. This includes, for example, work to strengthen peer support networks for kinship carers, and projects designed to enhance carer wellbeing.

In 2020 GPV/KCV is conducting a joint study into the reunification of children and their parent(s).

GPV/KCV believes that family preservation and kinship care are issues of national significance and should be spoken about in those terms.

### **GPV/KCV calls on Commonwealth, State and Territory Community Services Ministers to issue a specific communique that declares the nation's aspirations for strengthening and rebuilding families.**

This communique must address the transition many families undergo after parental custody has been terminated through placement of children and young people in kinship care and then back to reunification with their parents.

In March 2020 Commonwealth, State and Territory Community Services Ministers issued a communique agreed upon between them in response to discussions about the possible next steps in regard to the National Framework for Protecting Australia's Children (2009-2020).

Commitments were made in the communique to affirm a determination to improve safety outcomes for children and families beyond the conclusion of the National Framework at the end of 2020.

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<sup>1</sup> 2013 – Relationships with Extended Family snapshot survey

<sup>2</sup> 2014 – Value of Support Groups snapshot survey





Ministers agreed:

- that the National Framework should focus on issues where there would be demonstrable benefit in having a national approach. These issues could include improving protective factors with evidence-based prevention and early interventions to prevent engagement with the child protection system where possible, supporting young people who are transitioning from out-of-home care (OOHC), and enhancing responses to supporting young parents who may have been in care as children and young people yet who are now kinship carers.
- to consider a collaborative response to ensure a robust, evidence-based approach to supporting young people aged 18 to 21 in care as they transition to independent adulthood.

On 20 March 2020, ministers also noted that there will be continued discussions between governments and the National Coalition on Child Safety and Wellbeing to further develop the suggested main themes for the next framework for final consideration by ministers.





## A dynamic study

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KCV commenced *The KCV Longitudinal Study of Kinship Care Families* in the belief that, where it is at all feasible, it is in the best interests of children and young people to remain within their extended family whilst in OOHC, as this provides the best outcomes for young adults transitioning out of care.

The findings arising from the study support the validity of this belief. The 2020 survey shows that kinship care arrangements for the children and young people in the study continue to provide a stable environment from which children and young people can transition into productive post-care lives.

### GPV/KCV snapshot surveys arising from this study

Over time, *The KCV Longitudinal Study of Kinship Care Families* came to consist of five interrelated studies. The 10-year annual survey of 113 carer families formed the foundation of the study, with four supplementary snapshot surveys providing detail on topical issues along the way. The findings arising from the snapshot surveys have been integrated into this summary to comprise one overall picture. The snapshot surveys addressed the following issues:

- **Relationships with Extended Family survey (2013)** – A survey examining the contact carers had with members of the child or young person’s extended family, and the levels of support they received from these family members.
- **Transitioning Out of Care (2014)** – A report outlining the outcomes for 26 young adults who had transitioned out of kinship care in the first three years of *The KCV Longitudinal Study of Kinship Care Families*.
- **The Value of Support Groups (2014)** – A report examining the levels of participation of carers in kinship care support groups, and the benefits experienced by those who participated.
- **Where Are All the Children Now? (2018)** – A report on outcomes for the 196<sup>3</sup> children and young people in *The KCV Longitudinal Study of Kinship Care Families*.

The carer respondents were open to understanding the importance of the study and freely shared their stories. Through conversations shared over 10 years, bonds and understandings have been strengthened and KCV’s previously existing high regard for the work of kinship carers has increased. This process has been a case of familiarity stimulating even greater respect.

### GPV/KCV actions arising from the longitudinal study

Aside from the snapshot surveys, *The KCV Longitudinal Study of Kinship Care Families* spawned a number of projects and activities. As issues became evident and opportunities presented themselves to GPV/KCV, appropriate actions were enacted, making use of the information and motivation inspired by the carers participating in the study. The longitudinal study gave rise to two campaigns, five projects and four submissions to government enquiries.

The following three pages provide an overview of the surveys and actions arising from *The KCV Longitudinal Study*.

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<sup>3</sup> One additional child entered this longitudinal study after the conclusion of the *Where Are All the Children Now?* report.





	<b>KCV SURVEYS UNDERTAKEN</b>	<b>ACTION ARISING FROM THE SURVEYS</b>
<b>2011</b>	<p><b>The KCV Longitudinal Study Survey/Report #1</b></p> <p>A report introducing the kinship carers, giving an overview of the reasons they were providing care and general demographic information about the kinship carers in the survey.</p>	
<b>2012</b>	<p><b>The KCV Longitudinal Study Survey/Report #2</b></p> <p>A report revisiting the situation of the kinship care families interviewed in 2012. The survey found that while some kinship carers' lives had become easier, most carers were facing ongoing hardship.</p>	
<b>2013</b>	<p><b>Relationships with Extended Family Survey</b></p> <p>A report examining the contact carers had with extended family, and the levels of support they received from those family members.</p> <p><b>The KCV Longitudinal Study Survey/Report #3</b></p> <p>A report which found that while the number of kinship carers reporting negative situations was declining, many still struggled with circumstances such as mental health challenges for the children and difficulties in interactions with the courts and child protection services.</p>	
<b>2014</b>	<p><b>Transitioning Out of Care</b></p> <p>A report outlining the outcomes for 26 young adults who had transitioned out of kinship care in the first three years of the longitudinal study.</p> <p><b>The Value of Support Groups</b></p> <p>A report examining the levels of participation of carers in support groups, and the benefits experienced by those who attended them.</p> <p><b>The KCV Longitudinal Study Survey/Report #4</b></p> <p>A report which found that a significant number of young people turning 18 remained with their kinship care family whilst completing secondary and tertiary education, leading to the transitioning out of care snapshot survey above.</p>	<p><b>A submission to the Australian Senate enquiry on grandparents as kinship carers</b></p> <p>GPV/KCV made 12 recommendations to this enquiry. The organisation called for national action and leadership in regard to kinship care, namely better financial support for kinship carers, a coordinated national policy framework, better data collection, a national carers card and an enquiry into reunification.</p>
<b>2015</b>	<p><b>The KCV Longitudinal Study Survey/Report #5</b></p> <p>A report which recorded a level of stabilisation in the kinship care families, with fewer transitions into and out of care than in previous years. This report delved deeper into the topic of case management and interactions with DHHS, focusing on the assessment carers received (or didn't) at the beginning of the placement.</p>	





2016

**The KCV Longitudinal Study Survey/Report #6**

A report which asked in-depth questions about how carer wellbeing was affected by the outcomes for children. The main focus of this survey, however, was on the effect on placements of changes to permanency objectives in the Children, Youth and Families Act (2014).

**Adoption – a legal solution to a relationship problem**

This submission to the Victorian Law Reform Commission drew on comments from the kinship carers in The KCV Longitudinal Study of Kinship Care Families. The carers stipulated that adoption should never be used within out-of-home care. The GPV/KCV submission to the enquiry indicated that it must be established that children are born into families, not just to parents.

**A call for changes to the Youth and Families Act**

GPV/KCV joined a number of Victorian organisations from across the community and legal sector to raise public awareness about the possible impacts of the new legislation on families and the ways in which it has the potential to breach family rights.

2017

**The KCV Longitudinal Study Survey/Report #7**

A report which found that negative attitudes amongst those surveyed to the circumstances of kinship families continued to decrease. For the first time this survey examined the effect on placements of the death of carers.

**Submission to the Legal Aid Child Protection Review**

This submission was made in response to the critique kinship carers make about a range of legal matters, most particularly that children’s rights do not seem to be upheld. GPV/KCV supported 50 options for making legal aid more responsive to the needs of families.

**The Pakenham Support Group Project**

KCV facilitated the Caring Again!! support group to explore best practice for kinship care support groups. The project resulted in the production of a handbook, as negotiated with the kinship carers.

**LGA Liaison (ongoing)**

KCV began a project liaising with local councils to discover what services these councils are able to provide for kinship carers. In Mildura, this work resulted in the formation of the Mallee Kinship Care Consultative Committee.

**Kinship support groups, the cornerstones of peer support**

This work involved an analysis of the breadth and depth of kinship care peer support groups across Victoria and provided recommendations for strengthening support group networks.

**Homestretch (Anglicare) Campaign**

GPV/KCV supports this campaign due to the findings of the longitudinal survey, which affirmed that few children physically leave their placement once they reach 18 years of age.





<b>2018</b>	<p><b>Where Are All the Children Now? (2018)</b> A report on outcomes for the 196 children and young people in the KCV Longitudinal Study of Kinship Care.</p> <p><b>The KCV Longitudinal Study Survey/Report #8</b> A report which raised in more detail the issue of carer wellbeing, in addition to examining the status of placements in light of the new model of support for kinship care, and looking at training offered to kinship carers.</p>	<p><b>A call to the Australian Government to implement the United Nations Convention on the rights of the child (2018)</b> KCV responded to a number of clauses contained in the United Nations Convention to the Rights of the Child, including clauses related to family environment and alternative care. This included comments about reunification and children’s rights to participate in decisions affecting their lives and placement.</p>
<b>2019</b>	<p><b>The KCV Longitudinal Study Survey/Report #9</b> A report which, in addition to revisiting subjects raised in past years, asked specific questions about contact between the children/young people and their parents, and how this is facilitated.</p>	
<b>2020</b>	<p><b>The KCV Longitudinal Study Survey/Report #10 (final)</b> A report which retrospectively examines the entirety of the longitudinal study projects and ties its findings to the broader work of GPV/KCV that has arisen from the study.</p> <p><b>Reunification Survey – a pathway from kinship care to family preservation (2020)</b> A report of conversations with 10 kinship carers about their experiences of reunification.</p> <p><b>Kinship Care in the Time of Coronavirus survey (2020-21)</b> A survey of 30 kinship carers to determine the effects of COVID-19 on placements and the strategies they use to cope.</p>	<p><b>The Peer Support Enhancement Project (2019-20)</b> This project will deliver a handbook outlining best practice approaches to be adopted by local groups with existing kinship care support programs as well as by local agencies that do not currently have kinship care peer support programs.</p> <p><b>Reunification in the Time of Coronavirus and Beyond campaign</b> This project centred around extended conversations with kinship carers who had experienced reunification of children in their care with the children’s parents.</p>





## Ten years of conversations

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Although *The KCV Longitudinal Study of Kinship Care Families* has consisted chiefly of structured surveys, it has also been heavily influenced by day-to-day conversations with kinship care families. It was thanks to early conversations with carers that GPV/KCV discovered the need for the longitudinal study to begin with. Ongoing conversations with carers in the years since the study began have also helped to shape the types of questions which have been asked in the survey.

### Kinship carers participating in the conversations

#### Length of caring responsibility

The kinship care families featured in the survey had been together for varying lengths of time when the longitudinal study began. One kinship carer had taken on responsibility for a child just three weeks before the commencement of the study, whilst three kinship carers had already been caring for other people's children for 16 years or more when the study began.

Between them, the kinship carers in *The KCV Longitudinal Study of Kinship Care Families* have a total of over 1162 years' experience in raising children in their kinship placement. It is likely that this total amount of experience is in reality much larger, as it does not include any additional years of experience that kinship care families with whom GPV/KCV has lost contact have had, and years of experience in carer families who may have continued caring after they ceased involvement with the longitudinal study. The known period of caring responsibility for individual kinship families ranges from six months to 24 years. The average period of caring responsibility is 10 years.

**Geographical spread** – The carers were drawn from across the state:

- 9 (7.9%) were from inner metropolitan areas
- 36 (31.9%) from outer metropolitan areas
- 32 (28.3%) from provincial areas
- 36 (31.9%) from rural areas

**Carer relationships** – Of the 113 families surveyed:

- 104 (92.0%) were grandparents
- 6 (5.3%) were other extended family, most commonly an uncle or aunt
- 3 (2.7%) were unrelated kith carers

### Children and young people referred to in the conversations

The families across the 10-year study raised a total of 197 children and young people between them. These children did not all remain in their care family for the entirety of the study. (See sections on 'New children into the study' and 'Children leaving care' for more details.) The figures below represent the total number of children raised per family over the course of the study:

- 57 (50.9%) carers raised one child
- 34 (30.4%) carers raised two children
- 14 (12.5%) carers raised three children
- 6 (5.4%) carers raised four children

Nearly all of the children and young people in the study had experienced difficult circumstances early in their lives. The following section in this report provides some insights into the difficulties they may have encountered.





## Parents referred to in the conversations

Complex parental circumstances can lead to kinship care. In the 2011 survey, when carers were asked how they had come to be kinship carers, a total of 111 reasons were given. Some carers nominated two or more reasons and gave extra detail about these.

The summary below outlines all of the reasons offered by carers. The overall reason children ended up in kinship care was the inability of their parents to cope with raising them. What differs in different cases is the detail around why these parents were unable to cope.

Reasons parents were unable to cope with caring for their children:

- 48 (43.2%) cases of drug and alcohol abuse
- 33 (29.8%) cases offering 'other reasons' (as detailed below)
- 15 (13.5%) cases of the death of a parent – four respondents offered details of the parent's death, including cancer, suicide, murder (some of these 15 cases were also drug-related deaths)
- 12 (10.8%) cases of illness of a parent – in seven cases the parent had mental health issues; in four cases the parent had physical health issues/disabilities. The circumstances of one case are not known.

Details of 'other reasons' offered by carers (the 33 cases as listed above) as to why parents were unable to cope with caring for their children:

- General abuse and neglect of children by parents
- Parents separated and an AVO had been put in place against the father
- Mother had no contact with child
- Death of a child's own sister after the sister had been shaken
- Parent disability
- Family violence committed by father
- Father in jail
- Homelessness of mother/child not safe
- Incarceration of both parents
- Mother – father unknown<sup>4</sup>
- Mother didn't want children
- Mother "went off the rails"<sup>5</sup>, signed guardianship over to DHHS
- No father present
- Poor choice of partners by parent(s)
- Safety
- Sexual abuse by mother's boyfriend
- Single mother studying, in new relationship
- Father's occupation takes him away regularly
- Violence
- Younger sibling drowned, father molested another child

Twenty-three carers offered multiple reasons as to why children were in kinship care. In some cases, carers were describing the circumstances of both parents. For example, one reason related to one parent's drug addiction while the second reason related to the other parent's incarceration in jail.

At other times carers described multiple problems being experienced by the one parent. For example, drug addiction was listed as a foundation problem that led to one parent's suicide. There were a number of links made between drugs and alcohol and poor mental health. It is not clear what the causal relationship was, as in, which came first: the poor mental health or the drugs and alcohol.

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<sup>4</sup> No specific details were given as to why the child could not remain with the mother. The father could not be contacted as his identity was unknown.

<sup>5</sup> Carer's words. No further clarification as to what this signified was given.





## The changing shape of the families

The KCV Longitudinal Study commenced with 113 carer families. Across the 10 years of the study, the make-up of these families changed:

- Some families welcomed new children during the period, even while they were farewelling others.
- Children in many families either turned 18 or moved on to other accommodation with parents, other family members, or in other forms of out-of-home care.

### New children welcomed into the families

Over the 10 years of the study, 14 families welcomed 20 additional children:

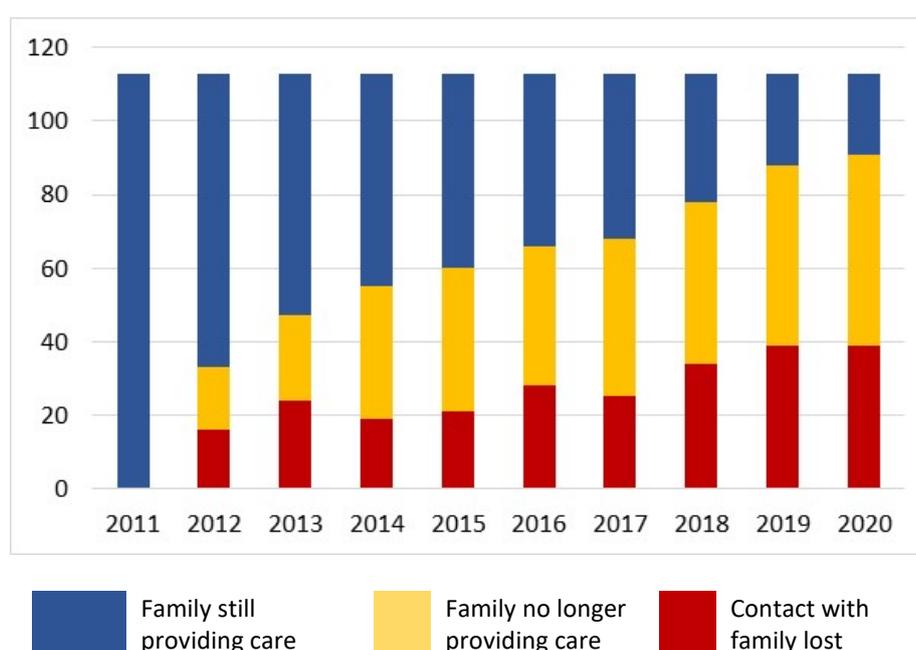
- Nine families welcomed one new child
- Four families welcomed two new children
- One family welcomed three new children

The introduction of new children into the kinship care families extended the caring responsibility period by many years for some carers. In at least five cases, a new child joined the family at a time when previous children in the family were on the verge of transitioning out of care.

### Three streams of movement

In the 10 years of the study, surveyed carer families have been divided into three categories, as outlined in the table and graph below:

Status of families	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Still providing care	113	80	66	58	53	47	45	35	25	22
No longer providing care	0	17	23	36	39	38	43	44	49	52
Contact with family lost	0	16	24	19	21	28	25	34	39	39
<b>Total</b>	<b>113</b>									





Details about the changing shape of the 113 families

<p><b>Families still providing care (22)</b></p>	<p><b>Twenty-two families continue to provide care for 35 children and young people:</b></p> <ul style="list-style-type: none"><li>• 16 families are providing care for one child</li><li>• two families are providing care for two children</li><li>• one family is providing care for three children</li><li>• three families are providing care for four children</li></ul> <p>These 35 children are aged between 5 and 17 years of age:</p> <ul style="list-style-type: none"><li>• nine are aged 10 or younger</li><li>• 16 are aged between 11 and 15</li><li>• 10 are aged 16 or 17</li></ul>
<p><b>Families no longer providing care (52)</b></p>	<p><b>Fifty-two families are no longer providing care for children or young people due to the following reasons:</b></p> <ul style="list-style-type: none"><li>• all the young people in the family have turned 18 (33 families)</li><li>• all the young people in the family have been reconciled with a parent (13)</li><li>• the placement broke down and alternate accommodation was found (3)</li><li>• the placement ended after multiple children left for different reasons (3)</li></ul>
<p><b>Families with whom contact has been lost (39)</b></p>	<p><b>Thirty-nine families have been lost to KCV contact.</b></p> <p>A family is deemed to be a 'lost contact' if phone numbers or email addresses are disconnected or disused, or if carers do not respond after repeated messages are left via telephone and/or email.</p> <p>From time to time contact is re-established with a carer who has previously been listed as a lost contact. Most often this occurs when the carer contacts KCV for assistance, although this has sometimes occurred because KCV staff have reconnected with the carer when the latter has attended a support group meeting.</p>





## Positive outcomes for children and young people are established

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The central purpose of kinship care is to ensure better lives for the children and young people in the placement. *The KCV Longitudinal Study of Kinship Care Families* found that the kinship carers surveyed were achieving this goal.

Some indicators which demonstrate positive outcomes for young people as they transition into independent living include the young people achieving the following:

- engaging in work and/or further study
- managing their own health
- managing interpersonal relationships, including successfully raising their own children where they have them
- moving into independent accommodation, either alone or with housemates or a partner.

The total number of children and young people who were part of the study is 197. Although at the conclusion of the study a number of them face ongoing challenges, for the vast majority of children and young people in the study the outcomes achieved were positive.

Across the 10 years of the study, kinship carers continually reported that children and young people in their care achieved positive outcomes, particularly as the young people transitioned into adulthood.

The children and young people in the study reached the usual milestones as they grew up, in spite of any challenges they faced, and remained engaged in education as they approached the age of 18.

The majority of young people who had left the study were successfully transitioning or had successfully transitioned into adult life, with only a small percentage reportedly unable to cope with either study or work due to mental or physical difficulties. This affected 11% (3 of 26) young adults in the 2014 snapshot survey, and 8% (5 of 61) in the 2018 snapshot survey.

The *Where Are All the Children Now?* snapshot survey found that of the children and young people who could be traced:

- 88.4% (159 of 180) were fully engaged in either work or study,
- 4.5% (8 of 180) were partially engaged in study,
- 3.3% (6 of 180) were unable to work or study due to mental or physical health challenges,
- 2.7% (5 of 180) were actively looking for work,
- 1.1% (2 of 180) were raising families full time.

Occupations or fields of employment engaged in, or aspired to, by the young people in the survey cohort included:

- |                         |                                 |
|-------------------------|---------------------------------|
| • aircraft construction | • electrician                   |
| • auto-wrecking         | • food production and packaging |
| • bricklaying           | • hospitality work              |
| • cleaning trucks       | • psychology                    |
| • commercial laundry    | • retail sales                  |
| • computer technician   | • security guard                |
| • dairy farming         | • traffic management work       |

At the time of this final report, eight young people were successfully parenting 10 children between them, and at the time of the snapshot survey (2018) another two babies had been expected.

The snapshot surveys that focused specifically on outcomes for children and young people found that a significant number of young people remained with the kinship carer family for some time after turning 18. These young people were generally engaged in completing high school or further study, which is a very positive outcome for the young people, but which also led to added financial





stress on carers, who were still providing accommodation and food for these young people without the assistance of reimbursement payments they were previously eligible for.

The outcomes reported for young people leaving kinship care compare favourably to those outcomes from national surveys conducted with other young people leaving care. For example, only 1% of all young people in the KCV survey cohort were reported to have had interactions with the justice system after leaving kinship care, compared with 46% of boys and young men in the CREATE Foundation survey.<sup>6</sup>

<b>2009 CREATE Foundation survey on care leavers</b> (Department of Families, Housing, Community Services and Indigenous Affairs, 2010)		
	CREATE results	KCV results
Homeless in the first year after leaving care	35%	0%
Boys involved in the juvenile justice system	46%	0%
Unemployed	29%	21%
<b>2008 Care Leavers Australia Network survey on care leavers<sup>7</sup></b>		
	CLAN results	KCV results
Pregnant during adolescence	41%	3%
Poor mental health outcomes <sup>8</sup> (including depression, anxiety, PTSD, panic attacks and sleep disorders)	43–65%	16%

In 2020, carers remained optimistic about outcomes for the children and young people, with only half of carers (11 of 22) expressing concern for the children and young people’s mental or physical health. These children and young people were receiving the assistance they needed to successfully address these concerns.

Several carers reported experiencing some anxiety about the children and young people in their care related to the COVID-19 pandemic and associated lockdown. Particular concerns were raised by two carers about managing the child or young person’s anxiety whilst in isolation, and four carers raised concerns about managing online learning for the children and young people in their care.

<sup>6</sup> Create Report Card 2009 – Transitioning from Care: Tracking Progress

<sup>7</sup> A Terrible Way to Grow Up: The experience of institutional care and its outcomes for care leavers in Australia, CLAN Survey, 2008.

<sup>8</sup>(including depression, anxiety, PTSD, panic attacks and sleep disorders)





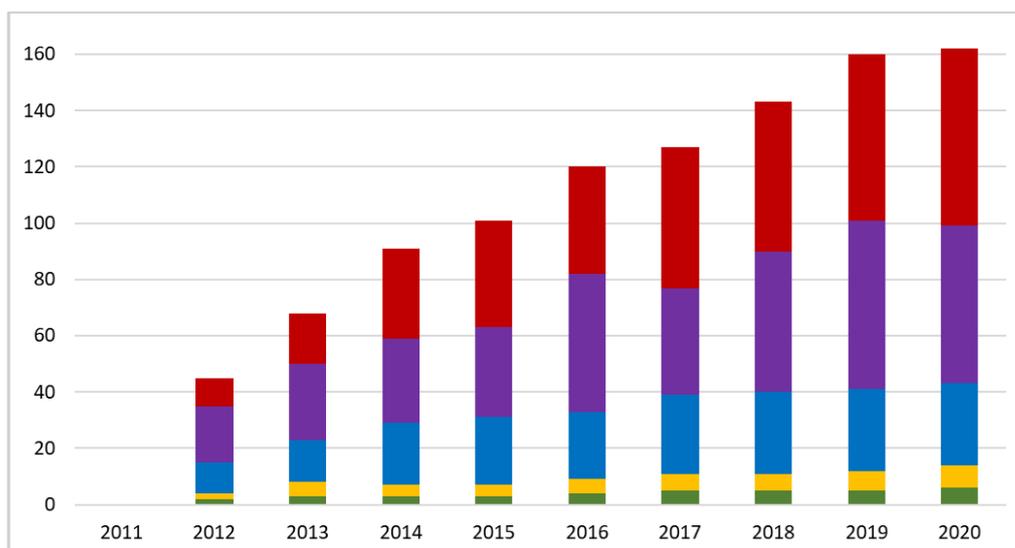
## Stability and reliance of children/young people is established

Much has been said about the need for stability of placement in order to ensure positive outcomes for children and young people. This study supports that principle but also demonstrates that children and young people can be resilient when they need to be. In the 10 years since the study commenced, 162 children and young people have moved out of their placement and demonstrated an ability to cope with yet another change in their lives.

Since the study commenced, some children and young people have remained within the kinship care family, whilst others have moved on to other living arrangements. GPV/KCV views this as positive, as in most cases these transitions have been undertaken in the best interests of the child or young person.

### Stability within the care placement

Of those who have been part of the study in the past 10 years, 35 children and young people remain in the same kinship care placement with which they entered the study. These placements remain stable. The children and young people who remain with their kinship carer are reported to be happy and healthy, and are receiving the support they need to continue developing and moving towards a successful transition into adulthood.



- Young people who have turned 18
- Children/young people with whom contact has been lost
- Children/young people who have reconciled with a parent
- Children/young people placed in other accommodation
- Children/young people placed with other kith or kin





<b>38.9% (63 children) have turned 18</b>	<p>Sixty-three of the young people in the study have turned 18. The majority of the young people who have turned 18 over the course of the study are now in the workforce, having either entered employment straight from high school, or after having completed further study.</p> <p>More information about the outcomes for these young adults can be found elsewhere in this report.</p>
<b>17.9% (29) have been reconciled with a parent</b>	<p>Twenty-nine children or young people have been reconciled with parents. Thirteen of these children returned to their father and 15 to their mother, while one returned to both parents together.</p> <p>Only three of the children were reconciled with their parents within two years after the placement began.</p> <p>The remaining 26 of these children or young people were reconciled with parents after two or more years in the placement.</p> <p>The majority of these reconciliations, which occurred prior to changes to permanency objectives in the <i>Children, Youth and Families Act (2014)</i>, took place more than five years after the initial placement, with one young person returning to a parent as many as 16 years later.</p> <p>A full list of the duration of reconciled kinship care placements can be found elsewhere in this report.</p>
<b>4.9% (8) have been placed in other accommodation</b>	<p>Eight children or young people left their original kinship care placement for another form of accommodation before they reached 18 years of age. Of these eight:</p> <ul style="list-style-type: none"><li>• three left for foster care. Two of these have since turned 18</li><li>• one was sent to boarding school and has since turned 18</li><li>• one was sent to residential care and has since turned 18</li><li>• two moved into accommodation with a partner, even though they were not yet 18</li><li>• one was set up in supported housing by DHHS.</li></ul>
<b>3.7% (6) have been placed with other relatives or family friends</b>	<p>Six children or young people have left their original kinship care placement to live with another relative or family friend. Of the six:</p> <ul style="list-style-type: none"><li>• four moved to live with uncles</li><li>• one moved to live with an aunt</li><li>• one moved to live with a godparent.</li></ul>
<b>contact has been lost with 34.5% (56)</b>	<p>Fifty-six children or young people have been lost to the study through loss of contact. This means that the current circumstances of 56 children and young people are unknown to KCV.</p> <p>However, it is believed on the strength of information in the survey prior to contact being lost that almost half of these young people (45%) have since transitioned away from kinship care due to turning 18.</p>





### Stability beyond the care placement

Whilst stability is an essential factor in ensuring positive outcomes for children and young people in kinship care, it does not necessarily equate with permanency of placement.

Stability can be achieved either when a young person or child remains within the kinship carer family or when they move on to another living situation, if this is in the best interests of the child or young person.

It is not always possible or desirable for children or young people to remain in a placement simply for the sake of 'permanency', but stability can still be achieved if the child or young person's basic needs are being met. These needs include more than having a roof over their head and food to eat. If the child or young person is being supported to achieve positive educational and health outcomes and has a network of strong relationships, including a close connection to their biological family, then GPV/KCV views this as a stable situation.





## The importance of carer wellbeing is established

In spite of its acknowledged importance in the achievement of successful outcomes for carers as well as children and young people, ‘carer wellbeing’ was not immediately recognised with its own section in the longitudinal study.

From 2014 onwards, carer wellbeing took on greater importance, both within the context of *The KCV Longitudinal Study of Kinship Care Families* and in the wider work of KCV. Comments about carer wellbeing arising in *The KCV Longitudinal Study of Kinship Care Families* led to the creation of the *Kinship Carers Wellbeing Magazine*, of which three editions have so far been published.

In 2020, for the second consecutive year no carers reported having overall negative feelings towards their experiences over the previous year. Over half of the carers reported having overall positive feelings. This does not mean that carers are not facing challenges, but suggests carers are feeling supported to face these challenges as they arise. This was far from the case in early surveys.

It could be safely assumed that:

- responses to questions about the stability of a placement demonstrated that carer wellbeing was a factor in that stability,
- responses to questions about a carer’s physical health demonstrated that in some cases the pressure of day-to-day challenges was taking a toll on the carer’s general wellbeing.

### Carer attitudes can determine success

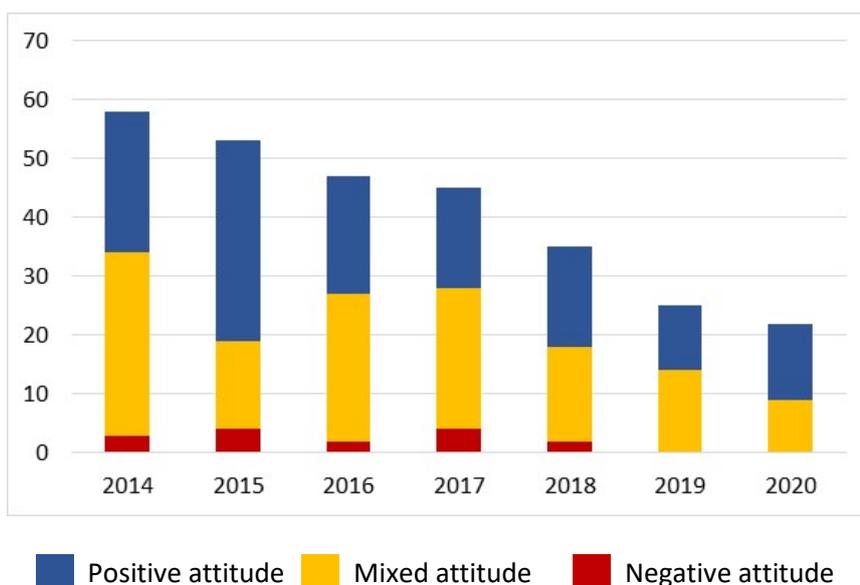
Across the 10 years of the study, data has shown that the attitude of kinship carers towards their role affects their overall ability to fulfil that role. It is important to note that in many cases, the carer’s attitude is impacted by their situation, so that a carer who is facing already challenging circumstances will be affected more deeply by negative attitudes than a carer who has less challenges to overcome.

From 2014 onwards, when carers were first asked to define their attitudes to their role, the number of carers reporting overall negative feelings remained low. In 2016 the increased number of kinship carers reporting mixed attitudes to their situation was partly attributed to carers who were experiencing mixed outcomes for the children in their care; for example, one child or young person might be achieving positive outcomes, whilst another might be struggling. There was also an increase during this period of the study of kinship carers reporting that they faced their own health challenges in addition to those faced by the children and young people in their care, a trend which continued into 2017.

Mixed and negative attitudes amongst carers dropped sharply in 2018. The survey report for that year shows that this was partly attributable to a decline in the number of reports of serious health concerns for carers, and an increase in positive outcomes for the children and young people.

Carer Attitudes										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
<b>Positive</b>	This question was not asked in these years			24	34	20	17	17	11	13
<b>Mixed</b>				31	15	25	24	16	14	9
<b>Negative</b>				3	4	2	4	2	0	0
<b>Number of carers still providing care</b>				<b>58</b>	<b>53</b>	<b>47</b>	<b>45</b>	<b>35</b>	<b>25</b>	<b>22</b>





An overview of factors influencing carer attitudes

<b>Negative attitudes</b>	<p>Carers reporting overall negative feelings were often faced with challenges such as:</p> <ul style="list-style-type: none"> <li>• the death of family members, including partners</li> <li>• serious mental health challenges for the children and young people in their care</li> <li>• deteriorating relationships with parents of children and young people in their care</li> <li>• children and young people coming to the attention of police due to negative behaviours</li> </ul>
<b>Positive attitudes</b>	<p>Carers who reported overall positive attitudes reported circumstances such as:</p> <ul style="list-style-type: none"> <li>• children and young people showing improved health, both physical and mental</li> <li>• children and young people succeeding in education</li> <li>• positive changes in the lives of the children and young people</li> <li>• young people reaching life milestones such as learning to drive and gaining employment</li> <li>• carers receiving adequate financial and emotional support from various providers</li> <li>• positive steps being taken by carers in relationships with parents</li> </ul> <p>Whilst many of these carers reported ongoing challenges for the children and young people in their care, the carers nevertheless were feeling positive about the way the children and young people were progressing.</p>
<b>Mixed attitudes</b>	<p>Carers described their experience as mixed for a variety of fluctuating and complex factors, such as</p> <ul style="list-style-type: none"> <li>• complex family relationships, including unsatisfactory contact with parents, the death of a family member, the need to care for other members of the family and Quality of Care investigations</li> <li>• ongoing health challenges for the children or young people in their care, such as: autism, ADHD, ODD, PTSD and trauma-related behaviours, and developmental delays, including foetal drug and alcohol syndrome</li> <li>• carer health challenges</li> <li>• teenagers experiencing hormonal changes</li> </ul>





### Death and ill health of carers do not disrupt the placement

In the 10 years since the study commenced eight carers have died. Two carers' deaths occurred after the children had left their care. However, six carers died whilst the placement was still active, affecting the placements in the following ways:

- two of these deaths ended the care arrangement – the sole carer's death had been anticipated and plans for the child's continuing care had been made in advance
- four of these deaths left the remaining partner to care for children on their own.

Across the life of the study, carers reported suffering from or experiencing a number of medical issues, ranging from cancer and heart disease, minor aches and pains, and stress-related ailments to the need for joint surgeries. Carers sometimes reported variations on the theme of 'not getting any younger'.

### Relationships with extended family are underdeveloped

In 2013, data from the snapshot survey *Relationships with Extended Family* revealed that a number of kinship carers had no contact with members of the children or young people in their care's extended family. A further number reported that what contact they did have with the extended family was negative in nature. It was shown that in a number of cases one reason for this lack of contact was simply that the kinship carer did not know who the child's father was.

Almost half of kinship carers reported at that time that they were receiving no practical support from the children or young people in their care's extended family. Those carers who were supported reported being offered support including financial, childcare/respice, and gifts for the children on special occasions such as birthdays and Christmas.

In more recent years, the survey has placed some emphasis on the amount of contact with the children and young people's parents.

### Peer support groups are helpful

A number of factors have been shown across the life of the study to have a particular impact on the wellbeing of carers. However, the strength of relationships with others beyond the children in the placement was crucial. Two of the snapshot surveys contributed some insights into the importance of relationships with extended family and with peers at support groups. The findings relating to support groups led KCV to work closely with DHHS and local community sector agencies on strengthening support group provision.

The value of support groups has been clarified across the study.

- In the first year of *The KCV Longitudinal Study of Kinship Care Families*, kinship carers listed better access to peer group support and training or workshops as necessary solutions to improving their situation.
- In the second year of the study it was reported that by 2012 the majority of respondents were connected to one or more support groups; however, some respondents noted in that year that there was room for improvement in the way support groups were operated.

In the report from a snapshot survey, *The Value of Support Groups* in 2014, KCV outlined its recognition of the work of support groups in strengthening the capacity of carers to fulfill their role.

A response to questions about support groups in this survey found that 60% (35 of 58 respondents) either attended one or more support groups, or would choose to do so if they could find one that met at a convenient time and place.

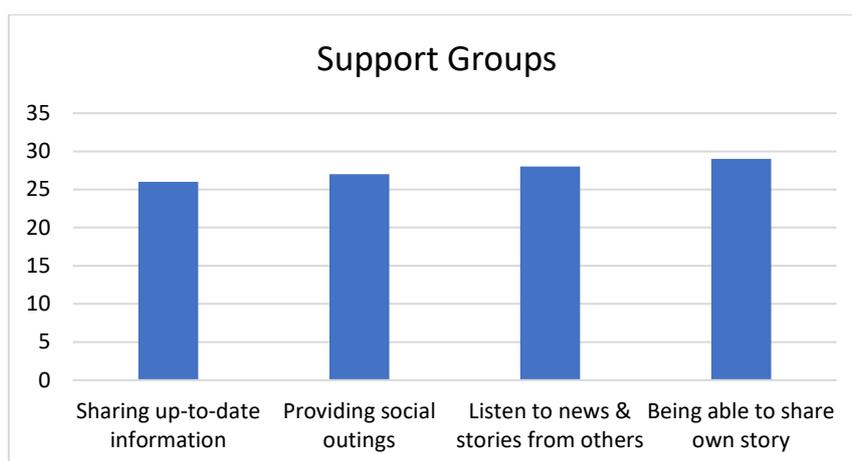




*'I enjoy being with this group of people so much. They all were such support for me through the years; I want to help support other new carers that come along.'*  
A carer in 2014.

When asked to rate the value of support groups out of a possible score of 10, all of the survey respondents ranked the value as a nine or higher, with the support aspects ranked as of almost equal importance. Carers agreed that support groups provided the following functions:

- access to up-to-date information
- social contact
- opportunity to listen to others in the same circumstances
- opportunity to share stories with empathetic listeners



KCV has relied on comments about the value of support groups and the need for them to be more accessible and responsive to the requirements of carers as the basis for establishing a number of projects in recent years.

- **The Pakenham Support Group Project (2017)** – KCV facilitated the Caring Again!! support group to explore best practice for kinship care support groups with a hands-on approach. The project resulted in the production of a handbook, as negotiated with the kinship carers.
- **Kinship Support Groups, the Cornerstones of Peer Support (2017)** – This work involved an analysis of the breadth and depth of kinship care peer support groups across Victoria and provided recommendations for strengthening support groups across the state.
- **The Peer Support Enhancement Project (2019-20)** – This project will deliver a handbook outlining best practice approaches that will be able to be adopted by local groups with existing kinship care support programs as well as by local agencies that do not currently have kinship care peer support programs.





## Pressing concerns and ongoing challenges

Across the survey respondents have provided information on a number of pressing concerns which kinship carers confront from year to year. The most frequently raised issues are outlined in the table below.

<b>Financial concerns</b>	Kinship care families face a number of financial challenges, including: <ul style="list-style-type: none"> <li>• cost of housing</li> <li>• day-to-day expenses</li> <li>• cost of medical treatments</li> <li>• cost of education</li> </ul>
<b>Medical concerns</b>	The medical concerns of kinship carer families include: <ul style="list-style-type: none"> <li>• ongoing medical challenges for the children and young people</li> <li>• accessing timely and affordable treatment</li> <li>• medical concerns of the kinship carers</li> </ul>
<b>Legal concerns</b>	The most commonly raised legal concerns included: <ul style="list-style-type: none"> <li>• interactions with the courts</li> <li>• quality of care investigations</li> <li>• access to legal documents such as birth certificates and passports</li> <li>• not receiving court outcomes documents</li> </ul>
<b>Relationships</b>	Kinship carer families raised concerns about relationships with children's other relatives, including relationships with the parents and members of the extended family. Primary amongst these ongoing issues is that of reconciliation of the children with parents and contact between parents and children.
<b>Future uncertainty</b>	Kinship carer families worry for the future, with concerns including: <ul style="list-style-type: none"> <li>• concerns for the future lives of young people transitioning out of care</li> <li>• concerns about the placement of the children and young people if anything happens to the carers</li> </ul>

### Reconciliation of children with parents

Across the life of the study, 29 children under the age of 18 were returned to one or both of their parents.

Kinship carers retain a keen interest in the welfare of the children who were formerly under their care and reported that, for the most part after the return of their children, parents were successfully raising their children with little outside support.

KCV did receive a couple of reports of situations where reconciliation was less stable than might be hoped. It should be noted that several of the carers who reported having such concerns also expressed distress that they were denied access to the children after the children had been returned to their parents, and therefore the carers may not have been in a position to accurately and objectively assess the situation.

Thirteen children returned to their father and 14 to their mother, while one returned to both parents. The vast majority of children returned after a number of years in the kinship placement (see table below).





Number of years taken for children to be reunited with parent(s)	one year	two years	three years	four years	five years	six years	seven years	eight years	nine years	thirteen years	fourteen years	sixteen years.
Number of children	3	4	1	1	5	1	4	3	3	1	1	1

Of the 29 children and young people reconciled with parents, GPV/KCV has knowledge of the post-reconciliation circumstances of 18 of them:

- nine children and young people were doing well – engaging in work and study and getting on with life
- six children and young people were experiencing some challenges but working through them – these challenges included health issues, educational issues, behavioural issues and unplanned pregnancy
- three children and young people were experiencing major challenges – family conflict, not engaging with work or education, involvement with police.

### Contact visits between children and parents

Questions about contact visits between parents and children were asked only in the 2019 and 2020 surveys.

The data showed that at the time less than half of the children and young people in the study had contact with one or both of their parents.

Responses varied as to the level of contact that children had with their parents, ranging from occasional face-to-face meetings to frequent phone calls.

In most cases it was the kinship carer who facilitated the meetings with parents, and as at 2020, visits were increasingly occurring within the kinship carer’s home, rather than in a neutral location.

Of the 22 respondents to the 2020 survey, eight kinship carers reported that the children and young people in their family maintained some level of contact with one or both of their parents.

Of those carers who reported no contact between the children and young people and their parents, the reasons stated for this included:

- the parent(s) had passed away
- the parent was unsafe to be around
- the child chose not to associate with the parents after being let down by them in the past.

In July 2020, GPV/KCV issued a communique to mark the commencement of a GPV/KCV campaign designed to highlight the value of contact between parents and children and the importance of reunification of parents and children. This communique highlighted the difficulties faced by kinship care families wishing to have contact with parents during the COVID-19 lockdown.

***‘Under COVID-19 restrictions, court-ordered contact between children and their families [has been] suspended in almost all cases without consultation with the court.***

***The Court has adjourned most cases and is only hearing urgent applications where contact for children with their family and friends is an urgent matter. Programs, supports and assessments provided by community services have been cancelled or placed on-line.***





*DHHS has advised that they are gradually resuming some contact but that their resources to do this safely within the guidelines are limited. Anecdotally we have heard that there is still very little physical contact between parents and their children in care.<sup>9</sup>*

The communique further points out that the pandemic may have far-reaching effects for families reaching the end of the 24-month reunification window, as cancelled services have made it difficult for parents to meet reunification goals. By the time courts resume sitting, families may have passed the reunification deadline, meaning the court would be unable to grant a Family Reunification Order, and the child would be permanently removed from their parents.

### Communication with DHHS

Early on, particularly in the 2011 and 2012 surveys, carers reported concerns about the level of communication between themselves and DHHS, Centrelink and Community Service Organisations. Carers found it very difficult to find out which payments and other supports they were eligible for, and how to access these. Accessing adequate financial support continues to be an issue for some carers.

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*'DHHS was fantastic, they did everything they could for us, if we needed anything, they went out of their way to get it for us.'*  
*A carer in 2015.*

The sentiment expressed in the quote above was not shared by all the carers in the study. A number of carers reported that they were promised DHHS assessments at the beginning of the placement but these were delayed or never eventuated. Some have had to fight hard for any additional supports, such as increases to reimbursement payments to reflect the child or young person's higher needs.

### Adoption

In the period from 2014-16, when changes were made to permanency objectives in the *Children, Youth and Families Act (2014)*, questions were added to the longitudinal study to gauge how these changes were affecting kinship carers. In particular, carers were adamant that they would not wish to have children placed for adoption away from the biological family.

### Legal support

In 2015, conversations with carers showed that attending court could be an expensive and traumatic experience which did not always lead to the desired outcomes. The 53 kinship care families who remained in the study in that year were asked whether they had been to court:

- 45 carer families had attended court at some point
- eight carer families had not attended court at any point

Those kinship carers who had attended court had done so either to obtain a guardianship order, or to alter the type of guardianship order through which they were caring for the children and young people. This may have been, for example, when transitioning from temporary guardianship to a Permanent Care Order. In some cases, this process was delayed because the child's parent or parents did not attend court when summoned, or because the child's parents were challenging the guardianship. Of eight carers who did not attend court, five were informal carers without any court orders, and three carers were represented at court by a DHHS case manager.

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<sup>9</sup> GPV/KCV communique - Child/Parent Contact and Reunification in the Time of Coronavirus and Beyond.





Of those 45 families who had attended court:

- 27 families described their court experience as satisfactory
- 11 families described their court experience as unsatisfactory
- seven families indicated that their experience had both satisfactory and unsatisfactory elements

The most common complaints about interactions with the family court system included the following:

- Carers faced high costs associated with court appearances – they were not eligible for legal aid, but the child’s parents made use of legal aid to repeatedly take the matter back to court.
- Multiple adjournments were requiring multiple court visits. Those carers who work had to continually take time off for court appearances and some had to travel significant distances.
- Carers were concerned about the lack of information they received, and found the process more intimidating because they didn’t know what to expect.
- Attending court compounded the trauma of already difficult circumstances, such as the death of the child’s parent.
- Carers felt intimidated in court and felt that when being questioned they were also being blamed for the situation.
- Carers experienced a lack of privacy, with key discussions being held in corridors.

### Support for 18-year-olds

In both the 2014 and 2018 snapshot surveys, tracing of outcomes for young people who have transitioned out of kinship care showed the necessity of extending support for young people through programs such as Home Stretch.

Survey data showed that many kinship carers were continuing to support young adults as the latter undertook further study and transitioned into the workforce, sometimes for the entire three or four years of a university degree.

In the 2018 Victorian state election campaign, extending the supports available for young people in kinship care beyond the age of 18 became a key election promise for both major political parties.

### The status of statutory kinship care

In 2018, the divide between available supports for statutory and non-statutory carers was canvassed in response to the New Model for Kinship Care, as was the subject of training for carers and carer wellbeing.

This issue was shown as becoming problematic again in the 2020 survey, when coronavirus related relief payments to kinship carers and permanent carers were sometimes mixed up by DHHS. Some permanent carers receiving the kinship relief payment by mistake. Scores of permanent carers who complained about not receiving the kinship care payment did know that there was a difference between permanent carers and statutory kinship carers.





## Young people ask kinship carers about their lives

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As part of the 2020 survey, GPV/KCV invited a small group of young people who had had no direct experience of kinship care to imagine that they were chatting with kinship carers and to craft a set of questions they would like answered. The questions the young people came up with, and carers' answers, are detailed below.

### How did you feel when you first had to *step up* to be a kinship carer?

Kinship carers described feelings of shock, sadness, anger and also fear of the unknown issues they may face, including:

- how they would cope emotionally and financially
- how the children would be affected by the situation
- what to expect when navigating the child protection system.

### What toll does the role of kinship carer take on your mental, physical and social health?

Carers described experiencing almost complete isolation from their former social circles. Many people with whom they socialised had difficulty comprehending the enormity of the changes that came with the kinship carer's new role. For example, the carers could no longer easily attend social events, such as coffee mornings or weekends away. One carer reported that they drifted apart from friends who eventually stopped inviting them to go out, after saying 'just get a babysitter'.

Relationships with the carers' extended families also suffered, with family members raising concerns that their caring role took time away from other children and grandchildren.

Kinship carers also reported that they were no longer able to take holidays in the way they once did, because the needs of the children came first.

### What do you think is the biggest misconception about being a kinship carer?

Two main issues were raised in response to this question:

- Kinship carer families were disappointed that people in the community hold the mistaken belief that kinship care is the same as foster care and that some people might think carers were 'just in it for the money'.
- Kinship care families were distressed by the attitude of community members that it is somehow the kinship carer's fault that parents were unable to safely raise the child themselves – perhaps that, as one carer reported '[they think] it's our fault that our kids end up taking drugs'.

### What do you think the community needs to know about kinship carers?

Kinship carers would like to see a greater community understanding of kinship care in general. They would like to see more awareness of the large numbers of kinship carers in the community, and the fact that it is not only grandparents, but also other relatives and/or friends who can take on this role. They would also like people to understand that there are a variety of factors that lead to children entering kinship care.

### What do you think the community needs to do to better support kinship carers?

Kinship carers want understanding and support from individual members of their community. One carer noted that 'parents in her primary school wouldn't let their own children play or be friends with our grandchildren because they were "those kids"'. There were also concerns raised about their family circumstances being the subject of gossip within school communities. Kinship carer families also reported that they need faster access to a better range of support services that are responsive to their individual needs.





### How do the children and young people in your care feel about living in kinship care?

The responses to this question were varied. Generally, the children and young people were accepting of the situation, and even happy about living with their carer(s) and developing close relationships with them. The young people were happy to invite friends to visit the house, and missed the kinship carers if they were separated. In a case where the child/young person said they would prefer to live with their parents, it was noted that they were still accepting of the situation.

### What is the most rewarding thing about being a kinship carer?

Responses to this question included the following:

- Spending time together with the children or young people and creating special relationships
- Learning things from the children or young people
- Seeing the children or young people have life positive experiences and achieve successes along the way
- Forming relationships with other kinship carers and knowing that many others are living in the same situation.





## Findings from the 2020 survey

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### **Families continuing to provide kinship care**

Over the past 12 months, the number of kinship care families known to still be caring has reduced by three. This leaves 22 of the original 113 surveyed families who are still known to be providing care. Between them they were caring for 35 children at the time of the 2020 survey.

### **Family taking in new children**

No carers reported that they have taken up the care of additional children in 2020.

### **Families no longer providing kinship care**

In the 12 months prior to the 2020 survey, three families ceased caring for any children or young people. In all of these cases, the reason for the end to caring responsibilities was that the young people had turned 18 since the last survey.

### **Families with whom contact has been lost**

During the 2020 survey period contact was not able to be made with one family which had previously been contactable. KCV has minimal concerns for this family, as the young person in this family had previously been reported to be facing challenges but was coping well.

In 2020 contact was re-established with one family previously reported as a lost contact.

### **Carer attitudes**

When asked to define their attitude to their role over the previous 12 months, carers responded as follows:

- 59% (13 of 22) reported having 'positive' feelings overall about their experience
- 41% (9 of 22) reported having 'mixed' feelings

In 2020 no carers reported having overall negative feelings towards their experiences. This is the second year in a row that this has occurred, having never happened prior to 2019.

In 2020, 13 carers reported having positive attitudes. They reported circumstances as helped having form a part of their attitudes such as:

- children and young people showing improved health outcomes, both physically and mentally
- children and young people succeeding in education
- positive changes in the lives of the children and young people
- developing a closer relationship with the children and young people through the shared experience of the COVID-19 lockdown.

Whilst many of these carers have reported and did report ongoing challenges for the children and young people in their care, they nevertheless were feeling positive about the way the children and young people were progressing.

In 2020, nine carers reported a variety of problems leading them to describe their experience as mixed, rather than positive. These factors included the following:

- complex family relationships, such as unsatisfactory contact with parents, the death of a family member, the need to care for other members of the extended family and Quality of Care investigations (one carer reported the death of their partner in 2020. This did not affect the status of the placement).
- teenagers experiencing hormonal changes
- ongoing health challenges for the children or young people
- carer health challenges





### **Children/young people still in the same placement**

In 2020, 35 children in the care of the families contacted remain in the same kinship care family with which they entered the study. Based on prior data, it is probable that 25 of the 39 families with whom GPV/KCV has lost contact continue to provide kinship care for approximately 31 children and young people.

### **Children/young people transition out of kinship care**

In 2020 six young people transitioned out of kinship care: four turned 18 and are engaged in further study or work, while two moved away from their kinship family into alternate arrangements. Of the four who turned 18, carers reported that:

- two are still in secondary school and completing year 12. Of these one is known to have struggled with online learning due to COVID-19
- one is working part time
- one is engaged in further education

### **Children/young people with unknown outcomes**

During the 2020 survey period contact could not be made with one kinship care family that was raising one young person who is believed to have turned 18. This means that at the conclusion of the study in 2020, the whereabouts of 56 children and young people are unknown to KCV, as contact has been lost with their carer(s). Based on data provided in past surveys, it can be presumed that:

- 25 children and young people are in their pre-teen or teenage years
- 25 have turned 18 since contact has been lost
- six are likely to turn 18 within the next 12 months
- none are under 10.

One family previously listed as a lost contact returned to the study in 2020, reconnecting KCV with five children and young people.

### **Children/young people and ongoing living arrangements**

Whilst no children were reconciled with parents in the 2020 survey, one carer reported a child leaving their care to live with other kith or kin. One young person left their kinship care family for other accommodation.

### **Contact with parents**

In the 2020 survey, carers were asked whether the children in their care have contact with their parents:

- eight carers reported that there was contact between the children or young people in their care and their parents
- 14 reported that there was no contact between the children or young people in their care and their parents

Four carers reported that the children or young people in their care had contact with their parent – either in person or by phone/facetime – monthly or more often.

Four carers reported that this contact with parents was less predictable, ranging from rare contact through to contact three or four times a year.

In 2019, the majority of carer families who had contact with one or both of the children or young people in care's parents reported that this took place in a neutral location. This changed dramatically in 2020, with only one carer reporting that contact occurred at a neutral location. Three carers reported that visits happened at their house and four took the children to the parent(s)' house.





Of those carers reporting no contact between the children and young people and their parents, few gave reasons, but the reasons stated in the past have included the following:

- the parent(s) have passed away
- the parent is unsafe to be around
- the child chose not to associate with the parents after being let down by them in the past.

Not all of the carers answered questions about who facilitates and pays expenses for the visits, but of those who did, the majority reported that they themselves both facilitated and paid for the expenses of the visits. One carer reported that contact with parents was facilitated and funded by the Victorian Aboriginal Child Care Agency (VACCA).

### **Pressing concerns**

When asked to identify the most pressing issues they were currently facing, 16 carers listed one pressing concern and one carer listed two pressing concerns. The most commonly occurring pressing concerns were:

- financial concerns
- education concerns
- concerns for young people transitioning out of school to adulthood
- health and wellbeing of children and young people
- COVID-19 lockdown

It is noteworthy that concerns which appeared in earlier surveys did not appear in the 2020 survey, namely:

- the child's mental health/caring for young people who have experienced trauma
- concerns about family relationships, including with the child's parents and other relatives and the carer's partner
- contact with the courts
- housing
- caring for other (elderly) members of the extended family





## Details about GPV/KCV action on contemporary issues informed by this study

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*The KCV Longitudinal Study of Kinship Care Families* has spawned a number of related activities. As issues became evident appropriate actions were implemented by GPV/KCV, making use of the information and motivation inspired by the carers participating in the study.

### Submissions to enquiries

The Australian Senate Enquiry on Grandparents as Kinship Carers (2014)

In 2014, GPV/KCV made representations to the Australian Senate enquiry into grandparents who take primary responsibility for raising their grandchildren. The submission focused on recognising the unique situation of kinship carers, contrasting it with other forms of OOHC and urging the government to create a national framework for supporting kinship carers. Among the recommendations of the GPV/KCV submission were the following:

- efforts to improve data collection and identify the true extent of kinship care nationwide
- the creation of an 'Australian Carers Card'
- measures to ensure financial stability for kinship carers
- measures to improve child outcomes and carer wellbeing.

Adoption – a legal solution to a relationship problem (2016)

This submission to the Victorian Law Reform Commission drew on comments from kinship carers in *The KCV Longitudinal Study of Kinship Care Families*. Carers were adamant that adoption should never be used within out-of-home care and that no matter how difficult their lives might be, they would never concede that adoption would be a better option. This passionate belief set the tone for the GPV/KCV submission to the enquiry and indicated that it must be established that children are born into families, not just to parents. Three basic beliefs were established in the submission:

- Adoption should only be allowed once parents have been supported to keep their child and after their rights and options have been explained to them by a specially trained person who is independent of the Department of Health and Human services (DHHS). This is the only way the community can be assured that the parents are not making decisions under duress or self-imposed confusion.
- Adoption should never be applied as a means of reducing the statistics relating to children in out-of-home care or reducing the obligation of society to support children in need.
- Adoption should never be enacted if the extended family is willing and able to raise the child, and, in all cases, the extended family must have the right to prove their capacity and willingness to raise the child. Any application by extended family to raise the child must be given priority consideration, even if the biological parent initially approves an adoption. In cases where members of the biological family other than the parents want to raise a child, adoption should not proceed because court and DHHS ordered parenting orders are sufficient to provide stability to the child's life





### Submission to the Legal Aid Child Protection Review (2017)

This submission was made in response to the criticism kinship carers make about a range of legal matters. Most particular amongst these criticisms is that children's rights do not seem to be upheld by DHHS and that carers have inadequate access to legal aid when they need to resort to courts to protect the children in their care.

In this submission GPV/KCV reviewed and supported 50 options for making legal aid more responsive to the needs of families, better able to empower families and more transparent in the ways in which Legal Aid Victoria protects family rights.

### Campaigns

#### A call for changes to the *Children, Youth and Families Act (Vic 2016)*

This submission came after a number of phone conversations GPV/KCV had with kinship carers concerned about the effects of the *Children, Youth and Families Amendment (Permanent Care and Other Matters) Act 2014*. Although little hard data had been collected at the time, anecdotal evidence and informed legal opinion predicted that the effect of the Act on kinship care families was likely to be 'toxic'.

The submission decried the Act's lack of focus on children's rights, citing the *United Nations Convention on the Rights of the Child*, along with supporting arguments from Dr Briony Horsfall, the Victorian Commission for Children and Young People, and the Hon Justice Alistair Nicholson. It called for a greater focus on family preservation, more freedom for the courts to facilitate this preservation, and for adoption away from the family to be removed from the hierarchy of permanency objectives.

#### Anglicare Homestretch Campaign (2017)

This campaign is supported by KCV due to the findings of the longitudinal survey which affirmed that few children physically leave their placement once they reach 18 years of age. KCV has mailed a series of letters to federal politicians about this matter and has urged others to also contact politicians.

#### A call to the Australian Government to implement the United Nations Convention on the Rights of the Child (2018)

This submission was made to the National Children's Commissioner, Megan Mitchell, during the period when she was due to report to the United Nations regarding Australia's progress in implementing the *United Nations Convention on the Rights of the Child*.

GPV/KCV raised concerns about Victorian policies and practices that breached the Convention, including provisions of the *Children, Youth and Families Amendment (Permanent Care and Other Matters) Act 2014*, recently publicised issues around the treatment of children and young people in youth justice centres, adoption practices, and the treatment of refugees. It also called for Australia to place a greater focus on Article 31 in the UN Convention, A Child's Right to Play.





## Projects

### The Pakenham Support Group Project (2017)

KCV facilitated the Caring Again!! kinship care support group for a period of 12 months. This project provided an opportunity to explore best practice for kinship care support groups through a hands-on approach. The project resulted in the production of a handbook for the groups, as negotiated with the kinship carers.

### Local Government Area Liaison (2017 and ongoing)

KCV began a project liaising with local councils to discover which services these councils may be able to provide for kinship carers in their LGA. In Mildura, this work resulted in the formation of the Mildura Kinship Care Consultative Committee.

### Kinship support groups in Victoria, the cornerstones of peer support (2017)

This work involved an analysis of the breadth and depth of kinship care peer support groups across Victoria and recommended that:

- GPV/KCV be funded by DHHS to work with local agencies to conduct forums in priority areas agreed to with DHHS, with a view to establishing support groups in them where none exist.
- throughout 2017-18 GPV/KCV liaise with LGAs in areas of rapid growth in kinship care. Such liaising would involve face-to-face visits with key personnel in an LGA and the crafting of a memorandum of understanding outlining mutual support.
- kinship care support groups be awarded a training grant that would enable them to broker their own local training.
- GPV/KCV be funded to auspice regular meetings of facilitators from across Victoria. Such forums are to be used as opportunities to enhance facilitator skills. E.g. using guest speakers on conflict resolution.
- DHHS and GPV/KCV work together to develop standardised minimum key selection criteria for support group facilitators and a duties statement for them.
- GPV/KCV and DHHS jointly review the locations of existing funded support groups, as well as the locations where new support groups should be established or funded.
- GPV/KCV be funded to develop a carer wellbeing handbook for use at support group meetings and by individual carers.
- a Charter of Peer Support for OOHC, much the same as the existing *Charter of Peer Support* in the area of mental health, be developed. Such a charter would provide peer support with the status it deserves and would set a framework for the provision of such support.
- GPV/KCV and DHHS work together to develop a statement governing peer support groups.
- GPV/KCV continue to work establish the place of mentoring by one carer to another, electronic networking, carer wellbeing and the role of local government in a local peer support strategy.





### The Peer Support Enhancement Project (2019-20)

This project will deliver a handbook outlining best practice approaches for peer support groups that can be adopted by local groups with existing kinship care support programs as well as by local agencies that do not currently have kinship care peer support programs. The *Best Practice Manual* will include:

- a knowledge and skills framework for peer support facilitators to promote consistency,
- a 'new to kinship care' seminar or communication piece that may be delivered by kinship providers to new kinship carers in the First Supports program that promotes the value of peer support groups,
- performance measures for the information and advice component of the kinship model (which funds the peer support groups) to include specific, countable measures to monitor agency performance.

### Reunification (2020)

This project commenced despite the COVID-19 lockdowns enacted at the time because the issues involved became both important and urgent. Reunification was deemed important by *The KCV Longitudinal Study of Kinship Care Families* because a high number of children and young people in the study were reunified with parents. Reunification was then deemed urgent because the COVID-19 lockdown resulted in a hindering of reunification procedures.

Kinship carers from the longitudinal study have agreed to share their experiences of reunification with researchers so that a comprehensive picture can be documented. A series of recommendations about how to improve reunification procedures and supports are planned and will result from this project.

