

Practice Skill Development Workshop

Kinship care

Resources	<p>Other resources that can be used to support this session or provide advanced future sessions include the following:</p> <ul style="list-style-type: none"> - Interview resource: Ecomap and Interview resource: Genogram - Kinship care: A literature review - Practice paper: Carer support - Practice resource: Assessment of kinship carer applicants - Practice resource: Meeting the statement of standards - Program description: Kinship care
References	<ul style="list-style-type: none"> - Aldgate J. (2009) Living in kinship care. <i>Adoption & Fostering</i>, 33(3), 51-63. - Argent H. (2009) What's the problem with kinship care? <i>Adoption & Fostering</i>, 33(3), 6-14. - Boetto H. (2010) <i>Kinship care: A review of issues</i>. Family Matters Issues 85, 2010, pp. 60-67. Australian Institute of Family Studies, Australian Government. http://www.aifs.gov.au/institute/pubs/fm2010/fm85/fm85g.html - Bonecutter F. and Gleeson J. (1996). <i>Achieving permanency for children in kinship foster care: A training outline</i>. Jane Addams College of Social Work, University of Illinois, Chicago. - Broad B. (2004) Kinship care for children in the UK: messages from research, lessons for policy and Practice. <i>European Journal of Social Work</i>, 7(2), 211- 227. - Burgess C, Rossvoll F, Wallace B & Daniel B. (2010) It's just another home, just another family, so it's nae different. Children's voices in kinship care: A research study about the experience of children in kinship care in Scotland. <i>Child and Family Social Work</i>, 15, 297-306. - Create Foundation. (2011) <i>Living with Nan: Feedback from Children and Young People about their experiences in Kinship Care</i>. October 2011. - Department of Communities. (2011) <i>Kinship care: A literature review</i>, Child Safety Services, Department of Communities, Queensland. http://www.communities.qld.gov.au/resources/childsafety/foster-care/kinship-care-literature-review.pdf - Department of Communities. (2012) <i>Kinship care: Program description</i>, Department of Communities, Child Safety and Disability Services, Queensland. http://www.communities.qld.gov.au/resources/childsafety/foster-care/pd-kinship-care.pdf

	<ul style="list-style-type: none"> - Department of Families, Housing, Community Services and Indigenous Affairs. (2011) <i>An outline of the National Standards for Out-of-home Care: A Priority Project under the National Framework for Protecting Australia's Children 2009-2020</i>. Australian Government. http://www.fahcsia.gov.au/our-responsibilities/families-and-children/publications-articles/an-outline-of-national-standards-for-out-of-home-care-2011 - Farmer E. (2009) How do placements in kinship care compare with those in non-kin foster care: placement patterns, progress and outcomes? <i>Child and Family Social Work</i>, 14, 331-342. - Lupton C. and Nixon P. (1999) <i>Empowering Practice? A critical appraisal of the family group conference approach</i>, Policy Press: Bristol. - Marsh P. and Crow G. (1998) <i>Family Group Conferences in Child Welfare</i>, Oxford: Blackwell Science. - Messing J T. (2006) From the child's perspective: A qualitative analysis of kinship care placements. <i>Children and Youth Services Review</i>, 28, 1415-1434. - NSW Department of Community Services (DoCS). (2006) <i>Outcomes for children and young people in kinship care: An issues paper</i>, Centre for Parenting & Research, DoCS, New South Wales. - O'Neill C. (2011) Support in Kith and Kin Care - the Experience of Carers. <i>Children Australia</i>, 36(2). - Warren-Adamson C (2009), Exploring kinship care through practitioner collaborative enquiry. <i>Adoption & Fostering</i>, 33(3), 76-83. - Winokur M, Holtan A, Valentine D. (2009) Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. <i>Cochrane Database of Systematic Reviews</i> 2009, Issue 1. Art. No.: CD006546. DOI:10.1002/14651858.CD006546.pub2. - Yardley A, Mason J & Watson E. (2009) <i>Kinship care in NSW. Finding a way forward</i>. Social Justice and Social Change Research Centre. The University of Sydney. - Zinn A. (2010) A typology of kinship foster families: Latent class and exploratory analyses of kinship family structure and household composition. <i>Children and Youth Services Review</i>, 32, 325-337.
Developed by	<p>Tamara Messinbird, A/Principal Program Officer, Quality Out-of-home Care Team, Child Protection Development in consultation with a working party:</p> <ul style="list-style-type: none"> - Di Kemp and Haydee Stampton (Mercy Family Services, Goodna) - Kinship carers from Mercy Family Services, Goodna - Fay Henaway (former kinship carer) - Suzanne Smith (Pathways, Caboolture) - Deb Parker (South East, Placement Services Unit) - Jo Keylar (Sunshine Coast, Placement Services Unit) - Bryan Smith (Foster Care Queensland and kinship carer) - Carissa Inglis (Foster Care Queensland) - Faye Bourke (QATSICPP) - Jo O'Shanesy (Children in Care Team, Child Protection Development),

	<p>Julie-ann Eldridge (North Queensland, Placement Services Unit)</p> <ul style="list-style-type: none"> - Jo Keylar (Sunshine Coast, Placement Services Unit) - Fiona Davies (Thursday Island Hub Officer, FNQ Placement Services Unit) - Karen Davies (A/TL, Mt Gravatt CSSC).
Date Developed	June 2013
Running Time	3.5 - 4 hours
Purpose	<p>The purpose of this workshop is to develop the knowledge and skills of all Child Safety officers to enable them to:</p> <ul style="list-style-type: none"> • articulate and understand the benefits of kinship care • articulate and understand the challenges for kinship carers • engage in a strength-based partnership with kinship carers whilst keeping the child in focus.
Learning Outcomes	<p>At the conclusion of the workshop participants will be able to:</p> <ul style="list-style-type: none"> • articulate and understand the advantages of kinship care as the preferred placement option for children who require out-of-home care • reflect on their own assumptions and values about kinship care and how these assumption impact on practice and the way they see their own role in working with kinship carers • identify the particular challenges that are unique to kinship care • understand strength-based principles and practice for engaging with kinship carers that enhance the stability for both the child and carer.
Additional Comments	<p>You may wish to invite an Aboriginal or Torres Strait Islander CALD community member to the workshop who could briefly share their experiences about kinship care and/or talk about the importance of kinship care.</p>
Materials	<ol style="list-style-type: none"> 1. Facilitator guide 2. PowerPoint presentation 3. Attendance record 4. Handouts: <ul style="list-style-type: none"> • 1: Values and beliefs • 2: Kinship care quiz • 3: Kinship care scenario part 1 • 4: Challenges, advantages and strategies table • 5: Impacts of kinship caring • 6: Kinship care scenario part 2 5. Butchers' paper, whiteboard and pens, Blu-Tack 6. Optional – chocolates or lollies for the quiz activity 7. Evaluation form

WELCOME AND INTRODUCTION - Slide 1	
Handout: Attendance Sheet Slide 1	<p>Welcome the participants and introduce the topic of the workshop – <i>Kinship care</i></p> <p><i>Outline</i> housekeeping issues such as toilets and fire exits etc.</p> <p><i>Distribute</i> the attendance sheet.</p>
	<p>Inform participants that this workshop will provide an opportunity for departmental staff to challenge their assumptions about kinship care, enhance their existing knowledge and skills, to reflect on current practice and develop their understanding of the critical issues for engaging with, supporting and working in partnership with kinship carers.</p>
Purpose and learning outcomes	
Slides 2-3 2 minutes	Outline the purpose and learning outcomes of this session (show slides 2 and 3)
Values and beliefs about kinship care	
ACTIVITY - Handout 1: Values and beliefs 5 minutes	<p><i>Distribute</i> a copy of <i>Handout 1: Values and beliefs</i>, to each participant.</p> <p><i>Ask</i> participants to individually complete the questions by indicating the extent to which they disagree or agree with each statement.</p> <p><i>Explain</i> that there may be no right or wrong answer and participants won't be asked to share their responses.</p>
10 minutes Slide 4	<p>The statements on the <i>Values and beliefs</i> handout are designed to capture some of our values and beliefs about kinship care.</p> <p><i>Ask</i> participants why they think it is important to examine our values and beliefs in the context of the work we undertake with children, families and carers.</p> <p>Responses may include (show slide 4):</p> <ul style="list-style-type: none"> • Values are the things you believe are important • We all have values, whether we recognise them or not • Values affect how you practice – they will determine how you approach your work with children, families and carers • It's critical that you understand your own values • Your values will determine what you assume about families • Workplace stress comes from our values not being in alignment with our practice • We need to be able to identify our values, be able to talk about our values, behave in ways that are consistent with our values, and respect others' values in order to engage in an ethical and meaningful way with people. <p><i>Ask</i> participants why examining our values is particularly important in the context of working with kinship carers.</p> <ul style="list-style-type: none"> • Your values will determine what you assume about the kinship carers you work with, including how you may judge them and what value you put on them. It will also determine what you consider to be successful

	<p>outcomes for children and what you consider to be adequate standards of care.</p> <ul style="list-style-type: none"> Importantly, our values will impact on what we view as our own roles and responsibilities in working with kinship carers. For example, if we believe that kinship carers will hang in there for the child through thick and thin because they are family, then we may also falsely believe that we don't need to support kinship carers as much because they'll just hang in there even when times get tough. If we can identify our values, talk about them, and behave in a way that is consistent with our values, and in turn respect others' values, we will be better able to actively and positively engage with kinship carers and have more ability to keep the purpose of the intervention clear and present in all processes. It is helpful to be aware of how our values may differ from our colleagues, other agencies and clients, because our ability to effectively work towards goals for the child may be hampered by our different values...having an awareness of the differences may enable us to identify the cause of potential conflict and address conflict when it exists.
Assumptions about kinship care placements	
Slide 5	<p>There are many myths and assumptions about kinship care held by workers, carers, families and society. Show slide 5 and explain that the assumptions listed are a few examples of common statements made about kinship care. We are now going to do an activity that looks at some of the assumptions about kinship care.</p>
<p>ACTIVITY</p> <p>15 minutes (5 mins small group activity then 10 mins large group feedback and discussion)</p> <p>Butchers' paper, pens, Blu-Tack.</p> <p>Facilitator to write ideas on the whiteboard during large group discussion.</p> <p>Slide 6</p>	<p>Activity - <i>Separate the group into 4 smaller groups. Hand out butchers' paper and pens.</i></p> <p>In your small groups, take 5 minutes to discuss and share your ideas and thoughts about:</p> <ul style="list-style-type: none"> what you think are the myths and assumptions associated with kinship care think about the question from the perspective of yourself as a worker, your workplace, a kinship carer, and the community write down your ideas on the butchers' paper show slide 6. <p>Invite participants to share their ideas with the large group and then stick the Butchers' paper up on a wall.</p> <p>Quick group discussion questions (<i>note: limit these questions if there are time restraints</i>)</p> <ul style="list-style-type: none"> What are some of the common perceptions that are perhaps particular to specific individuals/groups? Draw out the common perceptions/assumptions from participants' feedback. What are the assumptions held about kinship care in this office? What is the culture of kinship care in the office? Does the culture differ across teams? What is one thing we can do to improve the culture? How can these assumptions hamper or assist the progress of case plan goals? How do your own values drive your practice in working with kinship

<p>Slides 7 and 8</p>	<p>carers?</p> <ul style="list-style-type: none"> • What are healthy assumptions that will benefit a worker engaging and working with families? <p>The next two slides (slides 7 and 8) are comments made by Queensland children about their experience in kinship care and the treatment of their kinship carers. These quotes were gathered as part of CREATE's 'Living with Nan' report (Create Foundation, 2011).</p> <p>This activity has given us a sense of some of our current assumptions about kinship care as a placement option for children. As we progress through this workshop, keep in mind the importance you give to kinship care and the assumptions you may hold that are healthy and appropriate that can help to move towards the case plan goals for children. Also be mindful of the assumptions that may not be appropriate.</p>
<p>Overview and context of kinship care</p>	
<p>Slide 9</p>	<p>We are now going to refresh our knowledge about the context of kinship care by examining and discussing:</p> <ol style="list-style-type: none"> 1. the purpose and aims of kinship care 2. the legislative context and requirements 3. the policy and program context of kinship care 4. characteristics of kinship carers 5. kinship carer statistics.
<p>ACTIVITY</p> <p>Large group discussion</p> <p>5 minutes</p> <p>Slide 10</p>	<p>1. Purpose and aims of kinship care</p> <p>Ask participants what they think is the purpose and aim of kinship care.</p> <p>Responses may include (show slide 10):</p> <ul style="list-style-type: none"> • to provide a child who requires out-of-home care with a safe and caring home environment where their daily care needs are met • to enable the child to be cared for by someone with whom they have an existing relationship and who is of importance to the child • to promote continuity for the child • to maintain family connections by retaining the child's links with their birth family, community and culture • family preservation.
<p>5 minutes</p> <p>Slides 11</p>	<p>2. Legislative context and requirements of kinship care (slides 11 – 13)</p> <p>Before showing slide 11, <i>ask participants</i> what they know about the department's legislative requirements in relation to kinship care.</p> <p>Responses to include (show slide 11):</p> <ul style="list-style-type: none"> • The <i>Child Protection Act 1999</i> acknowledges that a child's family has the primary responsibility for the child's upbringing, protection and development (section 5B(b)). • There is a legislative requirement that, if a child is removed from their family, consideration should be given to placing the child, as a first option, in the care of kin (<i>Child Protection Act 1999</i>, section 5B(h)). • Schedule 3 of the Act also provides a definition for kin, that is, "any of the child's relatives who are persons of significance to the child, and

<p>Slide 15</p>	<p>responsive to children’s needs. It focuses on the aspects of identifying, assessing and supporting kinship carers.</p> <p>The program description has been informed by the literature review <i>Kinship Care: A Literature Review</i> (Department of Communities, 2011) which presents key messages from national and international research on kinship care, with the purpose of informing the development of policy, program and practice.</p> <p>Show slide 15. The program description is also in keeping with the aim of the <i>National Framework for Protecting Australia’s Children</i> (2009-2020) - that children are supported and kept safe within their families and communities, with families holding primary responsibility for the safety and wellbeing of their children.</p> <p>The goal of the kinship care program is to ensure that children in out-of-home care are provided with quality care that is consistent with the <i>National standards for out-of-home care</i>, which is one of the 12 priority projects as part of the National Framework.</p> <p>The kinship care program description outlines the goals that relate to the national standards. For example, standard 9 outlines that children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings and other family members. This means that children in care are to maintain their relationships with people who are important to them, such as immediate and extended family where it is safe to do so.</p>
	<p>Q 2: What are the two processes that research informs us are effective for increasing the likelihood of identifying a kinship care placement for a child?</p> <p>A: Genograms and family group meetings:</p> <ul style="list-style-type: none"> • The use of genograms and family group meetings are more likely to divert a child from a non-kin placement (Marsh and Crow, 1998; Lupton and Nixon, 1999). • These processes are so important because increasing kinship carers is not a simple matter because they cannot be recruited in advance like foster carers can. • A <i>genogram</i> is a tool for creating a visual display of the child’s family tree (McGoldrick & Gerson, 1985 cited in Bonecutter & Gleeson, 2006). • It allows us and the family to collect information about the family's structure and the family's care-giving patterns over time (usually over three or more generations). Constructing a genogram with family members helps identify members of the child's kinship system who are currently involved in caring for the child, those who cared for the child in the past, and those who may be able to care for the child in the future. • The <i>ecomap</i> is a visual display of the family's relationship with its external environment, including the informal and formal systems in the child's ecology. An ecological assessment examines the family's relationship to its environment, the family-environment boundary, and the relationship between individual family members and the environment (Hartman, 1989 cited in Bonecutter & Gleeson, 2006).

	<p>Q 3: What are some of the unique aspects that require attention for kinship carer assessments?</p> <p>A:</p> <ul style="list-style-type: none"> • Family dynamics • Intergenerational factors • Understanding the impact of trauma – this means the kinship carer’s understanding of the possible detrimental impact of previous harm to the child, even though the carer is keeping the child safe from future harm. Understanding the impact of trauma is important for kinship carers as they may need additional support to understand and accept the impacts on the child particularly given their existing relationship with the child, the child’s parents and the person responsible for the harm. • Family contact and safety due to the existing relationship between the carer, child’s parents and child • Existing relationship between the child and carer applicant • Characteristics of the carer applicant – this includes the carer’s current life stage and related support needs. For example, grandparent kinship carers will have particular support needs given their age and health. • Information provision during the assessment – because kinship carers usually put up their hand to care for the child at a time of unplanned crisis and because they don’t have to undertake mandatory training like foster carers, it is important to ensure they are given adequate information so they can fulfil their caring role, including our expectations and information about their rights and available supports and services.
	<p>Q 4: What are some of the support issues that are unique to kinship care?</p> <p>A:</p> <ul style="list-style-type: none"> • family dynamics that cause stress in the placement, including feelings of having to take on the caring role • family contact - assistance with managing the family relationships/dynamics associated with contact arrangements • support to manage the significant and rapid changes that kinship carers make to their lives by caring for children at a time of unplanned family crisis • support to manage feelings of grief, loss and guilt • facilitating access to regular respite, preferably from the kin network • accessing peer support groups, targeted at kinship carers • supports/services for health problems, especially for grandparent carers • support to assist the carer to work with the department, including assistance to work as part of a team to meet the child’s case plan goals, assistance to understand decision-making and support to access financial benefits. <p><i>Explain</i> that the support and supervision challenges related to kinship care will be explored in more depth later in the workshop.</p>
8 minutes	<p>4. Characteristics of kinship carers</p> <p>Ask participants to think about the kinship carers they work with and what they may also know from kinship care research and literature. What are the characteristics, generally, of kinship carers? Think about how the cohort of kinship carers differs from foster carers.</p> <p>If need be, prompt participants to think about age, stage of life, gender,</p>

<p>Slide 16</p>	<p>relationship status, socio-economic status, relationship to the child, health etc.</p> <p>Ask participants what they think these characteristics may mean in terms of the challenges for kinship carers and the provision of support to kinship carers? Consider how these factors may differ from foster carers.</p> <p>Answers about characteristics (slide 16):</p> <p>International and Australian literature informs us that kinship carers are more likely, than foster carers, to be:</p> <ul style="list-style-type: none"> • older, single and female - in a study by Gleeson et al., (2009), grandparents were found to be a large proportion of kinship carers (65%) however there were also significant numbers of other relatives, mainly aunts and uncles. • have lower incomes • experience poorer health • have completed lower levels of education than foster carers • have lower socio-economic status than foster carers. <p>(Connolly, 2003; Paxman, 2006; Smyth & Eardley, 2008 as cited in Boetto, 2010).</p> <p><i>Quick question:</i> What do you think this may mean for kinship carers?</p> <p><u>Responses</u> may include:</p> <ul style="list-style-type: none"> • The nature of this disadvantage may mean that our cohort of kinship carers is more vulnerable than our foster carers. Their potential for vulnerability means that we have a responsibility to adequately support them so that potential risk can be mitigated. • For example, the advanced age and potential health problems of kinship carers, particularly grandparents, can impact the effectiveness of caring. In saying this, a kinship carer's age alone is not an indicator of an inability to provide care. • These challenges are even more significant for Indigenous kinship carers who tend to have higher rates of poverty and disadvantage and are more likely to be experiencing poorer health than their non-Indigenous counterparts. • Indigenous grandparents also face overcrowding, and concerns about birth parents living in the same house may compromise their ability to provide kinship care for a grandchild (Council of the Aging, 2003 as cited in NSW Department of Community Services, 2006). • Furthermore, characteristics and circumstances of the kinship carer applicants, such as health complications and reduced income, may result in children facing additional hardship, should placements proceed.
<p>5 minutes</p> <p>Slides 17</p>	<p>5. Kinship carer statistics</p> <p>Show slide 17. This graph shows the growth of children in out-of-home care in Queensland over a 6 year period from 2006 to 2012. At the end of June 2006 there were 5,874 children in OOHC and this increased by approximately 36% to 7,999 by the end of June 2012.</p> <p>Ask participants what they know about the growth of foster and kinship carers over that same period of time.</p> <p>Show slide 18. This graph shows that while the number of foster carers</p>

Slide 18	<p>has risen over the past 6 years, the number of kinship carers has remained relatively stable, despite the fact that more children are requiring out-of-home care and that the department has a legislative responsibility to place children, as a first option, with kin.</p> <ul style="list-style-type: none"> • This means that the use of kinship care has effectively decreased proportionally over that time period and has struggled to keep pace with the rates of children entering OOHC. • In the future there will come a time when we can no longer successfully recruit foster carers from the community – the finite carer pool will eventually be exhausted. As such, we will become increasingly reliant on identifying kinship carers for children who require OOHC and will need to become more effective in providing them appropriate supports to enable placement stability and success. <p>Note: this data is based on carer families. Foster carer numbers may be inflated because we count foster carers regardless of whether or not they had a current placement on 30 June 2012, whereas we only count kinship carers that had a current placement on 30 June 2012.</p>
Slide 19	<p>Show slide 19. This graph shows the percentage of children in foster and kinship care placements as at June 2012.</p> <ul style="list-style-type: none"> • In Queensland as at June 2012, of all children placed in either foster or kinship care, 62% were placed with foster carers and 38% were placed with kinship carers. • Compare this to NSW, who had 42% of children placed with foster care and 57% placed with kinship carers.
Benefits and challenges of kinship care	
2 minutes	<p>So far in this workshop we've looked at our assumptions about kinship care; the purpose and aims of kinship care; the legislative requirements; aspects of the department's kinship care program; characteristics of kinship carers and kinship care statistics.</p> <p>We are now going to explore some of the more practical elements of our work with kinship carers. We will explore our understanding of the benefits and challenges of kinship care, in particular the challenges that are unique to kinship care as opposed to foster care. We need to understand the challenges of kinship care, and be able to identify the challenges our own kinship carers face in order to adequately support them and work in partnership with them to meet the goals for the child.</p>
<p>ACTIVITY</p> <p><i>Handout 3: Kinship care scenario part 1</i></p> <p><i>Handout 4: Challenges, advantages and strategies table</i></p> <p>45 minutes (25 mins group work; 20 mins</p>	<p>Separate the group into 4 smaller groups and provide a copy of the following to each person:</p> <ul style="list-style-type: none"> - <i>Handout 3: Kinship care scenario activity</i> - <i>Handout 4: Challenges, advantages and strategies table</i> <p>Ask participants in their small groups to:</p> <ul style="list-style-type: none"> • read Handout 3: Kinship care scenario part 1 • discuss and document their answers • share their responses with the larger group. <p><i>Note to facilitator: To save time during large group feedback, ask group 1</i></p>

<p>Slides 26-27</p>	<p>and 27.</p> <p>Ask participants what they think may be some aspects of kinship care that children may be concerned or worried about.</p> <p><u>Responses</u> may include:</p> <ul style="list-style-type: none"> • the nature of their relationship with biological parents, particularly if contact was missed or the child isn't able to spend time with them • divided loyalties • the possibility of being moved into foster care • the health, energy, wellbeing and financial capacity of their relative caregiver, particular if their grandparent is the carer • about their own future • how to manage the negative experiences they had prior to moving into kinship care. <p>(Algate, 2009; Boetto, 2010; Broad, 2004; Burgess et al, 2010; Messing, 2006)</p> <p>Research has also highlighted that some children may not fully understand why they require kinship care. For example, one third of the children in Aldgate's 2009 research were not clear about this issue. This finding highlights the importance of ensuring appropriate explanations are provided to children about the reasons they are in OOHC.</p>
	<p>Q2. What are some of the challenges Judy may experience in becoming a kinship carer for Annie?</p> <p>Ensure the following challenges are identified and discussed. The impacts of kinship caring generally fall into four categories:</p> <p><u>Personal</u> (these are the emotional and psychological impacts on the kinship carer as an individual)</p> <ul style="list-style-type: none"> • feelings of anger in relation to her daughter and son-in-law's parenting capacity • feelings of guilt due to her own history of experiencing domestic violence and exposing her children to domestic violence during their childhood • perhaps poorer health given Judy's age and fatigue and lack of energy in terms of running around after a toddler • loss of lifestyle - friendships, activities, networks, independence. Kinship carers also frequently report loss of jobs, friendships and recreation activities as a result of taking on the caring role (McGushin, 2005; Ochiltrie, 2006; Pitcher, 2002; Vimpani, 2004 cited in O'Neill 2011). They consequently also report feeling isolated from family and friends (Pitcher, 2002 cited in O'Neill 2011). These issues have been linked to what Crumbly and Little (1997) refer to as the 'interrupted life cycle' experience by most kinship carers. • possible lack of supports for Judy in the family system • intergenerational trauma – Judy's and Kylie's history of exposure to domestic violence • fear of the department and losing Annie if she struggles to cope • challenge of understanding her new role and statutory expectations of the department, including knowing what decisions she can and can't make. <p><u>Child-related</u> (the range of child needs the kinship carer has to respond to, organise and assist with)</p>

<p>Slides 28-29</p>	<ul style="list-style-type: none"> • change of role with her granddaughter – going from being her grandmother to being her fulltime care provider; loss of her grandparent role. <p><u>Family-related</u> (change in family roles, structure and circumstances for kinship carers)</p> <ul style="list-style-type: none"> • change of role with her daughter and son-in-law – from being a mother to being a carer – change in the family structure • grief and loss – in relation to her change in relationship with her daughter and grief, loss and concern for her daughter and granddaughter – Research shows that grandparent carers in particular struggle with issues of loss and grief related to their children’s complex lives (O’Neill, 2011) • feelings of blame for the dysfunction in Kylie and John’s relationship and the impact of this on Annie • family dynamics – e.g., Judy may have to negotiate different rules with Annie’s parents regarding contact and boundaries etc. • managing possible conflict and animosity between Judy and John. <p><u>Financial</u> (includes the economic implications of kinship caring)</p> <ul style="list-style-type: none"> • Judy may struggle financially given she is on a pension and didn’t plan to commence caring for Annie fulltime. Almost all research in the area of kinship care identifies limited finance as a very real issue for carers (O’Neill, 2011). <p>Advise that considerable research has examined the impact of kinship care on carers. This means, how the caring experience can influence or effect carers. It is important to have an understanding of the potential impacts so that as workers we can adequately support our kinship carers to manage the challenges they may face.</p> <p>Whilst we have identified many potential challenges that Judy may face in her caring role, it is important to remember that kinship carers are not a homogenous group and therefore the possible impacts on kinship carers are diverse (Zinn, 2010).</p> <p>Risks or concerns about kinship care don’t only relate to the impact and effects on kinship carers, risk may also relate to workers’ presumptions about kinship care. The following slides (slides 28 and 29) outline what the literature tells us about some other risks related to kinship care.</p> <ul style="list-style-type: none"> • poorer or different standard of care expected by workers compared to non-kin placements • kinship carers may not be sufficiently supported by workers • safety issues – parents may gain unsafe contact to their children • intense parental emotions can result in difficulties for the kinship carer (e.g., hostility, undermining) • developmental impacts on the child due to capacity of kinship carers (e.g., meeting child’s needs, insufficient stimulation) • kinship carers persevere with difficulties longer than foster carers given their feelings of responsibility to provide care for the child. This can have adverse implications for the carer, the child and the quality of the placement. This issue needs careful assessment as the duration of unacceptable placements can be longer in kinship as compared to
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<p>Slides 30 to 32</p>	<p>foster placements. Research shows that compared to foster carers, kinship carers have a stronger commitment to persevere with a placement even when it is experienced as highly challenging (Farmer, 2009).</p> <p>(Cross et al, 2008; Cuddeback, 2004; Messing, 2006; Palacios & Jimenez, 2009; Warren-Adamson, 2009)</p> <p>Previously, we identified that improved stability for children is one of the benefits of kinship care and research on kinship care support this. However, this improved stability for children in kin placements is at times at the expense of the carers who may be suffering considerable stress (Farmer, 2009).</p> <p>The next few slides capture the feelings of kinship carers, including the isolation and fear, but also the intense motivation to care for the child. Read through slides 30 to 32.</p> <p><i>Provide a copy of Handout 5: Impacts of kinship caring, to each participant for their reference.</i></p>
	<p>Q3. How can you move toward overcoming the identified challenges? Provide 3 points to respond to at least 2 of the identified challenges.</p> <ul style="list-style-type: none"> • educating Judy about her role as a kinship carer and the role and expectations of the department (e.g., decisions she can make as carer vs decisions to be made by the department and parents; ensuring Judy understands the Statement of standards, ensuring Judy has a copy of the Foster and Kinship Carer Handbook and any relevant carer fact sheets; encouraging and supporting Judy to contact her CSO if she has questions or needs assistance – reframing for Judy that it is okay to ask for help) • developing a genogram and ecomap with Judy to identify her support systems and who the department could potentially engage from the extended family for respite options if required • assisting Judy with family contact requirements • educating Judy about formal and informal supports that are available to her • referring Judy to a foster and kinship care service for support • educating Judy about the impact of trauma on Annie and strategies that Judy can use respond to Annie's care needs • educating Judy about managing her own feelings of grief and loss and possible feelings of guilt • informing Judy about available financial supports • keeping Annie in focus when engaging the parents, Judy and other family members in making decisions about Annie's future - so that any decisions made on Annie's behalf are in the best interests of Annie • supporting Judy to redefine her relationships with her daughter and son-in-law • identifying Judy's individual support needs given her age and stage of life and possible loss of lifestyle.
<p>ACTIVITY Handout 6:</p>	<p>Handout a copy of Handout 6: Kinship care scenario part 2 to each person. Ask participants in their small groups to:</p>

<p>Kinship care scenario part 2</p> <p>Provide Butchers' paper and pens</p> <p>45 minutes (25 mins group work; 20 mins feedback)</p>	<ul style="list-style-type: none"> • read Handout 6 • discuss and document their answers on the Butchers' paper provided • share their responses with the larger group. <p><i>Note to facilitator: Participants may be inclined to talk about what needs to be implemented for Annie's parents. Remind participants to remain focussed on the needs of Judy and Annie that will assist to maintain a successful and stable placement, even though in reality many of Judy's needs may be addressed by also addressing the parents' needs.</i></p>
	<p>Q1. What do you think are Judy's presenting needs in her role as a kinship carer? Consider Judy's immediate needs and longer-term needs.</p> <ul style="list-style-type: none"> • Judy needs information about: <ul style="list-style-type: none"> - the proposed timeframe for providing care to Annie to future plans and supports can be implemented - the kinship carer assessment process and what will be expected of her and what she can expect from the department. • The smacking allegation – this should be explored without jumping to the conclusion that it is an automatic case of the standards of care not being met. Does Judy have information about, and understand, the standards of care? Were the standards explained to Judy during the provisional approval assessment? Does Judy have information about the department's process should the standards of care not be met? Does Judy know not to use corporal punishment and the reasons for this standard? Does Judy need education/information about appropriate discipline techniques? • Support to manage Annie's behaviour (e.g., Annie's crying, eating and sleeping disruption may be trauma related) – support may be through formal support and education about the impacts of trauma and abuse, support to develop a daily eating and sleeping routine; referral to the Foster and Kinship Care Support Line for after-hours support. • Judy should already have a placement agreement developed with her and if not, this should be prioritised. • Respite should be explored – preferably from Annie's existing family and community network. • Timely financial assistance and information about financial supports offered by the department and community organisations. • Family contact – Judy's support needs in relation to managing family contact need to be identified. Judy should not be expected to supervise family contact, particularly given the animosity towards Judy from her son-in-law. Current family contact arrangements place Judy in a situation where she has to manage difficult family dynamics and conflict, which places additional pressure on Judy to manage her change in role, particularly given the expectation that Judy provide feedback to the CSO about contact. Research indicates that there are more disruptions in kinship care placements when contact is not supervised at all (Farmer 2009b cited in O'Neill 2011). • Referral to a foster and kinship care service - Judy should be referred to a FKC service for support, if possible. Argent (2009) argues that if

	<p>organisations wish to support kinship care, consideration should be given to having specialist teams or dedicated, specialist kinship care practitioners within a service. Anecdotally, kinship carers who have transitioned from being supported by the department to being supported by a foster and kinship care service unanimously report that since transitioning to the agency they feel much better support; feel more informed about the role of being a kinship carer; have a greater understanding of how the department works; feel less fearful of raising their own support needs; and feel more confident in advocating on behalf of the child.</p> <ul style="list-style-type: none"> • Support and information for managing: family dynamics, family conflict and tension; grief loss and concern for Kylie; her new role in the family (from grandma to carer); and options for how Judy can still play the 'grandma' role with Annie at times. <p>Judy's needs are directly related to Annie's care needs. If Judy's needs are not adequately supported, not only are we on a pathway to placement disruption and breakdown, we are also failing in our role of supporting the child and working towards the goals for the child.</p>
	<p>Q2. What impacts may the challenges faced by Judy as a kinship carer have on Annie? Think about any possible impacts given you only have limited information provided by the scenario. Responses may include:</p> <ul style="list-style-type: none"> • instability related to a change of routine, boundaries, home environment, and changes in her relationship with Judy (i.e., from being 'grandma' to primary care provider) • possible safety issues may exist for Annie if her parents gain unsafe access to Annie and if Judy isn't able to prevent this from occurring • possible developmental impacts on Annie – Judy may potentially struggle to meet Annie's needs if she is not supported adequately - particularly given Judy's age (may be less energetic/active) and that she is a single carer. Such needs may include Annie's day-to-day care needs, education needs, need for stimulation i.e., play etc.) • other environmental hardship due to the Judy's characteristics – lower socio-economic, single, older.
	<p>Q3. What practical strategies could be put in place to help Judy meet Annie's care needs without Judy "burning out"?</p> <ul style="list-style-type: none"> • refer Judy to a foster and kinship care service for support • provide respite for Annie and Judy, ideally from within Annie's existing and familiar network • refer Judy to the Foster and Kinship Care Support Line for after-hours support if required • link Judy in with a kinship care support group that also provides educative workshops to kinship carers • ask Judy what she feels she needs to make her role a kinship carer enjoyable – then implement strategies to meet these needs • cease the expectation that Judy supervise family contact at this point in time • provide Judy with a list of local community supports that are available to help her in her caring role • ensure that Judy receives a back payment of the fortnightly caring allowance from the date she was provisionally approved

	<ul style="list-style-type: none"> • identify options for ensuring that Judy has at least some opportunity for time out to be able to continue to participate in her social activities of knitting and bridge • identify the expenses that Judy has met in meeting Annie's unique care needs that can be reimbursed through child related costs (for example, any specialist appointments, products for treating malnutrition etc.).
How can we best work with kinship carers? (Slides 33-48 (15 minutes))	
Slide 33	<p>In working through the case scenarios about kinship carer Judy, you have already identified many varied and positive strategies that can be implemented to support and assist kinship carers to better cope with the challenges they face as carers.</p> <p>As workers, in order to be able to best work with the challenges, we need to have the knowledge and skills that will enable us to work in partnership with our kinship carers. So, how as workers can we best work in partnership with them and how can we work with them as part of team that is working towards meeting the goals for the child?</p> <p>To answer these questions, we need to have an understanding of evidence-based approaches as recommended in the literature on kinship care; we need to understand what is important to kinship carers and what they tell us works best for them; and we need to understand what our own role is in supporting and working in partnership with carers.</p>
Slide 34	<p>Kinship carers tell us that they want to be valued, respected, trusted and treated as experts (Murphy, 2008).</p>
Slide 35	<p>In an Australian research study on the experience of kinship carers, O'Neill (2011) found that almost all of the carers talked about various aspects of difficult relationships with government agencies. This next quote (slide 35) was noted as a typical comment: "I'd like someone to say 'he's doing well, you're doing a great job' – all they do is criticise if something goes wrong – nobody's here to say 'Look do you need help?'"</p>
Slide 36	<p>And (slide 36): "They notified us that they were going to put a Protection Order on the children...I didn't know what that was...it sounded awful, it sounded like they were going to take the kids..."</p>
Slides 37 to 39	<p>Kinship carers were consulted as part of the development of this workshop. Research on kinship care has also sought the views of kinship carers. Some of the key messages from kinship carers include (slides 37 to 39):</p> <ul style="list-style-type: none"> • Overwhelmingly carers want to be listened to; they want to be believed when they give the case worker information about the child and about their experience of caring for the child. • Respite is highly valued by kinship carers but often reported as inadequate or inconsistent (O'Neill, 2011). However, Lutman and colleagues 2009 (cited in O'Neill, 2011) report positive instances of extended families providing ongoing respite and also some stability for children in situations of disruption with re-placement arranged within the child's family. Kinship carers talk of the need for respite (though not all carers want respite). • Contact with workers who have some life experience (O'Neill, 2011)

<p>Slide 40</p>	<ul style="list-style-type: none"> • They want contact with workers who are stable – they want the same CSO for longer periods of time so they don't have to re-tell their story. They want case workers to read their carer assessments so they have prior knowledge before meeting them. • They want and talk about the need for peer support. They want to meet other carers in the same situation (O'Neill, 2011). • They want to understand how the system and the department works – they want to know where they fit in, what they can and can't do, what our processes are, what decisions they can make for the child etc. A lot of carers feel that they have a lack of information and they crave information. They want to know their rights, information about the child, what challenges they may face caring for the child, what practical help they can get – a list of supports and services that are available to them. • They report feeling like they have to beg for support and this feels bad. • Generally want CSOs to know what's going on the household and know the child, so the CSO can better understand the carer. • They want their CSO to know that they're dealing with trauma and the impacts of the loss of family and friends. • They want timely payment and reimbursements given the financial struggles for many carers. • They want as much information as possible to help them in their role • Kinship carers who have transitioned from being supported by the department to being supported by a FKC service, report numerous benefits of moving to a service. • All of the kinship carers consulted in the development of this workshop acknowledged the hard job that CSOs do with too many cases and spoke of the positive relationship they have with their CSO when they feel like their worker listens to them and listens to the child. <p>ASK: Kinship carers themselves, and the research literature on kinship care, informs us that kinship carers receive better support when it is provided by a dedicated or specialist service – for example, a foster and kinship care service. Does anyone know what our data looks like in Queensland in terms of the provision of support to kinship carers by FKC services VS by the department, and how this compares to foster carers?</p> <p>Slide 40. This slide shows carer type (foster and kinship carers) by affiliation as at 31 December 2012. As you can see, the majority of our foster carers (maroon) are supported by an agency, whereas for kinship carers (dark blue and yellow), more than half of all our kinship carers are still supported by the department and don't benefit from the specific and unique support that can be provided to them by an agency</p>
<p>Slide 41</p>	<p>Let's take a look now at what the research tells us about the best approaches for working with kinship carers.</p> <p>Several commentators have recommended that kinship care could be recognised as a specialist area of practice and that this form of care requires well-developed policy, frameworks and resourcing (Yardley et al, 2009; Backhouse & Graham, 2009; Warren-Adamson, 2009; Hunt, 2005 in Sinclair, 2005; Boetto, 2010).</p>

<p>Slides 42 to 43</p>	<p>Slide 42: Argent (2009) argues that if organisations wish to support kinship care, a number of issues require consideration:</p> <ul style="list-style-type: none"> • Does the organisation support and encourage practitioners to explore kinship care as a placement option? • Are there specialist teams or a dedicated, specialist kinship care practitioner within a service? • Are family group conferences or meetings seen as an integral part of kinship work? “Family meetings should not be used merely as one-off events to identify possible carers, but to establish ways of working together to support the family’s children. Decisions have to be reviewed, progress should be acknowledged and sticking points must be identified” (p. 8). • Does a service have a specialised assessment process and courses which aim to effectively prepare kinship carers? • Are there appropriate financial and other forms of support available to kinship carers (formal or informal) which is comparable to non-kin foster carers? • Are the support processes and packages for kinship carers accessible, culturally-sensitive and respectfully incorporating kinship care traditions? • Are information resources available for kinship carers in their local communities in various languages? Are local practitioners also aware of provisions, support available etc? • Are kinship carers fully briefed and prepared for kinship care: i.e. options available, some of the potential issues, benefits and risks?
<p>Slides 44 to 45</p>	<p>Research on supporting kinship care placements indicates that:</p> <ul style="list-style-type: none"> • support may be required at any point during the placement but may be particularly needed in the early stages (Farmer & Moyers, 2008). • some kinship carers view the term ‘supervision’ as having negative connotations such as ‘surveillance and spying’ therefore a professional supervision approach based on partnership, sharing ideas, assistance and empowerment to make decisions, may be more positively viewed by kinship carers (Yardley, Mason & Watson, 2009). • where carers are older (e.g., over 60) – alternative contingency plans such as respite care or care by other family members should be planned (O’Neill, 2011). • not all kinship carers will require or desire formalised support and assistance. But provision does need to be available. Research informs us that some kinship carers want to be treated like foster carers, with a similar range of supports, while others see departmental intervention and support as intrusive (Paxman, 2006; Sykes et al., 2002 cited in O’Neill, 2011). Furthermore, Aboriginal kinship carers may not want to seek government support for which they are eligible. • support with managing, negotiating and supervising family contact • easily available information on available financial supports • increasing workers’ understanding of the complex nature of kinship care. • assist the carer to identify their social support network. The availability and responsiveness of a social support network has been shown to have a direct effect on reducing stress and increasing one’s sense of wellbeing (Rothman, 1994; Tracy, 1990; Tracy & Whittaker, 1990 cited in Bonecutter et al. 2006). The genogram and ecomap are both useful tools

	in assessing one's social support network.
Slide 46 to 48	<p>We are nearing the end of this workshop. But before we conclude, we will take a quick look at some of the principles for effectively engaging and strengthening the kinship care system.</p> <p>Identify family strengths</p> <ul style="list-style-type: none"> • Every family has its own strengths and helping traditions • Some families are more connected to their cultural traditions and find greater strength in these than other families • Identify the strength and helping traditions that are unique to the carer who you are working with. <p>Respect for parents, kinship carers, other relatives and children:</p> <ul style="list-style-type: none"> • Professionals with a strong commitment to preserving families look for strengths in parents and kinship carers. Looking for strengths in people demonstrates respect for them and carers who feel respected by the departmental workers are more likely to participate in meeting with officers to plan for the child's future. <p>Collaboration</p> <ul style="list-style-type: none"> • We can't achieve goals of safety, permanency and wellbeing for children independently • Need the involvement of members of the child's kinship network to facilitate achievement of the goals <p>Honesty and clarify about choice and consequences</p> <ul style="list-style-type: none"> • about policies and decisions; highlighting choices and explaining consequences of choices <p>Contracting and negotiating</p> <ul style="list-style-type: none"> • Negotiate with, rather than dictate to the kinship carer, when planning for the child • Plans should be directed towards goals with which parties are in agreement, given kinship carers by the nature of their role will be carry out tasks that lead towards the goals for the child
Wrap up and conclusion	
10 minutes	<p>Today we have explored the many benefits and challenges of kinship care. I hope it has given you a greater appreciation of this complex area of work and of the importance of our role and responsibility to adequately support and work in partnership with kinship carers.</p> <p>Historically, there has been limited guidance in the form of structured evidence-based frameworks to guide the way departmental staff work with kinship carers, despite our legislative requirement to place a child, as a priority, with kin.</p> <p>There is a shift though. As discussed, we now have a unique program description and policy for kinship care that clearly articulates a unique framework for working with kinship carers. Our assessment framework for kinship carers differs to that of foster carers and we are seeing a move towards more evidence-based approaches to working with children in kinship care placements. For example, we are seeing increasing numbers of specialised foster and kinship carer services that primarily focus on providing support to kinship carers.</p>

<p>Slide 49</p>	<p>Failing to address the needs of kinship carers neglects the needs of children and young people placed in kinship care, which stands in opposition to a child-focused approach and serves to further subordinate children, young people and kinship carers who already suffer extreme disadvantage. Developing a practice framework for kinship care takes a significant step towards addressing these needs. (Boetto, 2010)</p> <p>I'd like to thank you all for your participation in today's workshop. Finally, I'd like you to take a minute to think about one of the kinship carers who you work with. Think about a challenge they may face that you have not reflect on, or thought about, before today.</p> <p>Ask participants to share their challenge with the person sitting next them and have a quick discussion about a practical strategy or step that they can take to better support the kinship carer to manage or cope with the challenge. Ask participants to identify a timeframe for when they will act on this strategy or step.</p> <p><i>Note to trainer: this may be as simple as calling the carer to ask how they are feeling or to thank them for the care they provide to the child, or it may be a significant task such as organising a meeting with the carer to develop a genogram or ecomap with the carer to help identify other supports that could help the carer.</i></p>
<p>Handout: Evaluation: <i>Distribute the evaluation form and ask participants to complete it.</i></p>	