

Kinship Care

Program description

Child Protection Development, Strategic Policy and Programs
Department of Communities, Child Safety and Disability Services

Contents

1. Introduction	4
1.1 Purpose	4
1.2 Background	4
2. Kinship care	5
2.1 Definitions	5
2.2 Legislative context	5
2.2.1 Aboriginal and Torres Strait Islander Children	6
2.3 Key messages from research on the benefits of kinship care	7
3. Purpose and aims of kinship care	7
3.1 Best practice principles	7
3.2 Goals of the kinship care program	8
3.3 Outcomes of an effective kinship care program	9
4. Elements of a kinship care program	9
4.1 Locating and identifying kin	9
4.1.1 Exploring options during investigation and assessment	10
4.1.2 Genograms, family group meetings and eco-mapping	10
4.1.3 Participation of children and young people	10
4.1.4 Re-exploring kinship care options for children	11
4.1.5 Roles and responsibilities	11
4.2 Assessing kinship carers	11
4.2.1 Family dynamics	12
4.2.2 Intergenerational factors	12
4.2.3 Understanding the impact of trauma	13
4.2.4 Family contact and safety	13
4.2.5 Relationship between the child and carer	13
4.2.6 Characteristics of the carer	13
4.2.7 Information provision during the assessment	14
4.2.8 Assessment responsibilities	14
4.3 Approving kinship carers	14
4.3.1 Provisional approval	14
4.3.2 Kinship carer approval	14
4.4 Ongoing provision of information to kinship carers	15
4.4.1 Information sessions	15
4.4.2 The foster and kinship carer handbook	15
4.5 Supporting kinship carers	15
4.5.1 The placement meeting and placement agreement	16
4.5.2 Ongoing day-to-day support and supervision	16
4.5.3 Financial support	17
4.5.4 Ongoing information sessions and carer support groups	17

4.5.5	Foster and kinship carer support line	17
4.6	Supporting children in kinship care.....	17
4.6.1	Case management.....	18
4.6.2	Case work	18
4.7	Renewal of approval for kinship carers	18
5.	Quality of care	18
5.1	Statement of standards	19
5.2	Charter of Rights for a child in care.....	19
5.3	Statement of Commitment.....	19
5.4	Reviewable decisions	19
5.5	Matters of concern.....	19
5.6	Community Visitors.....	20
6.	Funding.....	20
6.1	Funding of non-government foster and kinship care services.....	20
6.2	Funding of recognised entities.....	20
7.	Links.....	21
7.1	Legislation.....	21
7.2	Related policy and procedure.....	21
8.	Reference list	22

1. Introduction

Kinship care is the fastest growing out-of-home care placement type in Australia and it is anticipated that this growth will continue. At 30 June 2010, 32.5% of Queensland children residing in out-of-home care placements were placed with kinship carers and 59.8% resided with unrelated foster carers. This is in comparison to 55.6% in NSW, 50% in the ACT and 45.5% nationally (Australian Institute of Health and Welfare, 2011). Nationally, it is projected that at the current rate of growth, there will be three kinship placements for every one foster care placement by 2016 (Joyce, McCrae and Pitman, S 2008).

Increasing numbers of children entering the out-of-home care system at a younger age and staying longer, coupled with a decreasing number of foster carers has contributed to pressure on the out-of-home care system. Increased demand for the use of kinship care has also occurred because of legislative requirements, such as explicit preference for kinship care above all other forms of out-of-home care, a change in social attitudes such as positive attitudes towards the use of kin as formal carers and the acknowledgement of the importance of preserving family connections.

The Department of Communities, Child Safety and Disability Services (the department) recognises that kinship care is a unique placement type within an integrated system of out-of-home care placement and support options and is committed to its legislative responsibility to preserve children's family connections and promote their wellbeing. With this in mind, a considered approach towards identifying, assessing, supporting and training kinship carers is required.

1.1 Purpose

The overarching purpose of the program description is to improve outcomes for children and their families through the provision of quality care.

This program description:

- defines the kinship care program in Queensland, and outlines the elements that ensure it is effective and responsive to children's needs
- articulates the uniqueness and importance of kinship care as one placement type within an integrated system of out-of-home care placement and support options
- supports the department's commitment and legislative responsibility to preserve children's family connections and promote their wellbeing by identifying suitable kinship carers for children in out-of-home care
- outlines the distinct types of support required by kinship carers, to improve the stability of kinship care placements
- assists staff to understand the importance of kinship care in promoting positive outcomes for children in out-of-home care by detailing the benefits that kinship care may provide
- informs departmental staff and other child protection stakeholders about the challenges and key considerations in identifying, assessing and supporting kinship carers and the children in their care
- provides a basis for evaluation of the department's kinship care program.

1.2 Background

The Child Protection Partnership Forum, established in 2007, is a mechanism for government and non-government partners to come together to address complex child protection system issues. In August 2010, the forum identified kinship care as one of its agreed work plan priorities for 2010-2012. Key drivers included:

- the increasing demand for, and low availability of, kinship carers
- the number of children in placements that are not consistent with the Child Placement Principle
- placement systems being at capacity
- the need to seek better outcomes for children
- the need to respond to the increasing numbers of children from culturally and linguistically diverse (CALD) backgrounds entering the child protection system

- acknowledgement that kinship care is a unique placement option that differs from foster care and therefore requires a different approach to practice and service delivery.

In response to these key drivers, the department has developed this program description, which is specific to kinship care. The program description has been informed by the literature review *Kinship Care: A Literature Review* (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. It is also in keeping with the aim of the National Framework for Protecting Australia's Children (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.

Additionally, both national and international research and information gathered from the Queensland child protection sector supports the need for the department to re-conceptualise kinship care as a unique placement option within a process of family engagement and support.

2. Kinship care

2.1 Definitions

Kin is defined as 'any of the child's relatives who are persons of significance to the child and anyone else who is a person of significance to the child' (*Child Protection Act 1999*, schedule 3).

A **kinship carer** is a person related to the child or a member of a child's community and considered by the child to be family, or a person of significance to them, **who is approved by the department** to provide an out-of-home care placement for that (specific) child.

For Aboriginal and Torres Strait Islander children, kinship care may include another Aboriginal person or Torres Strait Islander who is a member of, or compatible with, the child's community or language group.

A **foster carer** is a person approved by the department under the authority of the *Child Protection Act 1999*, to care for children subject to departmental intervention, in the carer's own home. Approved foster carers are not approved for specific children, and placements are made in accordance with placement matching principles. An approved foster carer may provide care for a child who is 'kin' to the carer.

The **primary kinship care placement** is the placement where the child normally resides and returns to following any respite placement.

A **respite placement** is a placement where a child temporarily resides with a respite carer, to support the child in their primary placement, where it is in the child's best interest. The use of kinship carers to provide respite is the preferred option, as it maintains family relationships and connectedness for the child.

Intensive foster care is a placement option for children in out-of-home care that offers intensive support for children with complex and extreme needs. For children placed with a kinship carer in an intensive foster care placement, intensive support is provided to the child and carer by a non-government intensive foster care service. For more information about Intensive kinship care, refer to the *Intensive foster care program description*.

Specific response care is a placement and support model where an approved kinship carer is employed and paid a salary or wage by a non-government organisation to provide full-time intensive care for children who have been assessed as having extreme support needs, with severe problems in one or more areas of functioning.

Community Visitors are employed by the Commission for Children and Young People and Child Guardian to undertake regular visits to children in out-of-home care under the *Child Protection Act 1999*, section 82. They are responsible for monitoring the safety and well-being of children, ensuring the concerns, views and wishes of children are listened to and advocating on behalf of children.

2.2 Legislative context

The *Child Protection Act 1999* acknowledges that families have the primary responsibility for the upbringing, protection and development of their children. When a child requires out-of-home care to meet his or her care

and protection needs, the department is required, under the *Child Protection Act 1999*, section 5B(h), to give consideration to placing the child, as a first option, with kin.

The *Child Protection Act 1999*, section 82(1), provides authority for the chief executive to place a child in the care of an approved kinship carer, approved foster carer or provisionally approved carer where the child is subject to statutory child protection intervention, either under a care agreement or a child protection order where the chief executive has custody or guardianship of the child.

The legislative requirements for the approval of kinship carers are specified in section 135(1)(b) of the Act and in section 23 of the *Child Protection Regulation 2011*.

Under the *Child Protection Act 1999*, section 84, the department is required to enter into a written agreement with the kinship carer regarding the child's care. This agreement, referred to as a Placement Agreement, is developed to ensure the kinship carer has access to necessary information about the child and the supports required to maintain the placement and meet the child's safety and care needs.

Note: The following care arrangements under the *Child Protection Act 1999*, section 82, do not constitute kinship care, as the child's carer is not required to be an approved foster or kinship carer for the child:

- placement of a child subject to a child protection order granting short-term custody of the child to a member of the child's family under the *Child Protection Act 1999*, section 61(d)
- placement of a child subject to a child protection order granting long-term guardianship of the child to a member of the child's family under the *Child Protection Act 1999*, section 61(f)(i).

2.2.1 Aboriginal and Torres Strait Islander Children

Aboriginal and Torres Strait Islander children are significantly over-represented in the child protection system and in out-of-home care. The national rate of Aboriginal and Torres Strait Islander children in out-of-home care as of June 2010 was almost 10 times the rate of other children and approximately 37.5% of all children living away from home, as of June 2011 (Australian Institute of Health and Welfare, 2011).

Despite the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care, the number of Aboriginal and Torres Strait Islander carers, as a percentage of the total Indigenous population of Queensland, is significantly greater than the number of non-Indigenous carers, as a percentage of the total non-Indigenous population of Queensland.

The Child Placement Principle has been formalised in policy and legislation in all Australian jurisdictions. It acknowledges that previous policies have caused suffering to Aboriginal and Torres Strait Islander peoples and reflects the right of Indigenous people to raise their children and keep them in their communities. Emphasis is placed on the importance of kinship arrangements in preserving and enhancing a child's sense of identity by maintaining their connections with family, community and culture. Research evidence indicates that kinship care helps Aboriginal children maintain their cultural identity and connections, and this lessens the stigma of out-of-home care (Valentine & Gray, 2006, p.541).

The Child Placement Principle in the *Child Protection Act 1999*, section 83, sets out the preferred placement options for Aboriginal and Torres Strait Islander children and requires the department to give 'proper consideration' to placing a child, in order of priority, with:

- a member of the child's family
- a member of the child's community or language group
- another Aboriginal person or Torres Strait Islander who is compatible with the child's community or language group
- another Aboriginal person or Torres Strait Islander.

Implementation of the kinship care program for Aboriginal and Torres Strait Islander children will need to be tailored to meet the specific needs of these children.

2.3 Key messages from research on the benefits of kinship care

“If the goal of kinship care is to enhance the behavioural development, mental health functioning, and placement stability of children, then the evidence base is supportive” – conclusion from a systematic review undertaken by the Campbell Collaboration (Winokur, Holtan & Valentine, 2009, p. 37).

One of the primary strengths of kinship care is that all children can benefit from maintaining family, cultural and community connections. Research on the effectiveness of kinship care remains limited, however there is evidence that kinship care can afford children the following benefits:

- increased stability and continuity
- enhanced opportunity to develop their identity
- feelings of belonging
- better opportunities for family contact and ties
- increased chance of siblings remaining together, resulting in reduced anxiety about separation
- a buffering against the effects of family separation
- longer placements and fewer placement changes.

Children have also expressed positive views about kinship care, including that they feel loved, nurtured and valued when living with relatives and kin and that there is reduced stigma associated with separation from parents.

Although the evidence on the effectiveness of kinship care is inconclusive, it is a viable placement option for many children and there is no evidence to suggest that it is harmful to children or less beneficial than other care options in the out-of-home care system. Additionally, Hunt, Waterhouse and Lutman (2008) report that successful kinship placements are more likely if:

- the child is younger at the time of placement
- the child has minimal problems
- the child has resided with the kin previously
- the kin initiated the placement
- the kin is a grandparent
- the kin is a sole carer
- there were no other siblings living in the household (of the kinship carer).

3. Purpose and aims of kinship care

The primary purpose of kinship care is to provide children who require out-of-home care with a safe and caring home environment with someone who is of significance to the child and who can meet the child's daily care and protection needs. Kinship care promotes continuity for the child and maintains family connections by retaining the child's links with their birth family, community and culture.

The primary aim of kinship placements is family preservation. Family preservation is enhanced when a child is placed with a kinship carer whilst the department and the child's family work towards reunification, or when kinship care becomes the long term placement arrangement when reunification is not possible.

3.1 Best practice principles

The kinship care program is underpinned by the following principles, which support best practice in the delivery of kinship care:

- kinship care options should be actively explored during all phases of departmental intervention, including investigation and assessment, regardless of whether or not an out-of-home care placement is immediately required for a child
- kinship care options should always be actively explored *before* a child is placed with a foster carer

- the department will actively engage with children to identify people within the child's network with whom the child has an attachment or connection, and with whom the child may feel safe and happy living with, including:
 - immediate and extended family members
 - neighbours and members of friendship groups
 - contacts through the child's sporting activities, school, church group, informal mentors, and other extra-curricular or social/community networks.
- processes to identify kinship carer options will be documented by way of a genogram and where appropriate, an eco-map and will be re-explored at regular intervals (as family structures and community support networks are fluid and can change over time)
- the assessment of kinship carer applicants includes the consideration of cultural sensitivities and an assessment of the resources required by the prospective carer to secure approval for the placement of the child (for example, assistance with facilitating family contact to prevent unnecessary conflict and stress related to strained family relationships, or in-home help and respite for grandparents who could successfully provide care for the child if they received additional support to enable placement stability)
- the department will continue to actively explore kinship care placement options (for a child initially placed with a foster carer due to the unavailability of a suitable kinship care option) as part of ongoing case work with the child and family, and during case plan reviews. Attempts to identify a suitable kinship care placement will continue until such time that the child is placed with kin, or it would be considered in the child's best interests (having regard to their need for permanency) to remain with the foster carer due to continuity of relationships
- kinship carers will be provided with:
 - the necessary information they require to fulfil their roles as carers, including open and transparent information about the child, the child's case plan, the department's expectations and information about the supports and services which will assist them to meet the child's ongoing care needs
 - opportunities to participate in meetings relating to the child in their care, including family group meetings, case plan review meetings and placement meetings
 - support and encouragement to participate in meetings and to access training and support groups
 - ongoing recognition for the important and challenging role they undertake in caring for a child in need of protection.

3.2 Goals of the kinship care program

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 *National Standards for out-of-home care*. The specific goals (and relevant standards) are to:

- provide stability and security for the child whilst in out-of-home care, including through matching children with the most suitable carer and care environment according to the child's needs (consistent with Standard 1)
- actively involve children in decision-making about their lives (consistent with Standard 2)
- ensure the participation of Aboriginal and Torres Strait Islander communities in decisions concerning the care and placement of their children (consistent with Standard 3)
- ensure children have a case plan that reflects their views and their individual care and protection needs (consistent with Standard 4)
- support children to safely and appropriately maintain connection with family, including placement with kinship carers where it is in the child's best interests (consistent with Standard 9)
- support children to develop their identity through safe and appropriate contact with their family, friends, culture, spiritual sources and communities (consistent with Standard 10)
- undertake appropriate assessments of carers and provide relevant training and support to carers to enable them to provide quality care (consistent with Standard 12).

3.3 Outcomes of an effective kinship care program

The expected outcomes of a kinship care program include:

- the meaningful and active participation of children in decision-making, including children being supported to have the skills and confidence to speak out, give their views, assert their wishes and have their views about possible placement options taken seriously
- increased compliance with the Child Placement Principle for Aboriginal and Torres Strait Islander children, through the targeting of kinship carers for these children
- the placement of children in primary placements with kinship carers who have been identified, assessed and approved to care for the child and are able to meet the child's specific needs, including identity, family relationships, cultural, educational, health, social, emotional and behavioural needs
- the provision of safe and stable care environments that contribute to improving developmental outcomes for children who require out-of-home care
- the provision of respite care for children, where required, with approved kinship carers
- meaningful participation by the child, birth parents, family members, significant others and kinship carers in decision-making
- an increase of increased placement stability through the provision of targeted and effective supports for children and kinship carers
- increased kinship carer awareness of, and access to, available services and supports, including State and Commonwealth Government benefits
- enhanced long-term outcomes for children after leaving care as a result of having experienced a sense of security, stability, continuity and emotional and social support from their kinship carers.

4. Elements of a kinship care program

Due to the distinct nature of kinship care within the out-of-home care system and the unique challenges it involves, sound processes and adequate supports are required at the identification, assessment and support phases of kinship care to enable initial placement with an appropriate kinship carer to occur and subsequently maintain a nurturing and stable placement that meets the child's ongoing care and protection needs.

4.1 Locating and identifying kin

Kinship care can allow a child the benefits of a nurturing, stable and well-supported kinship placement.

Departmental case workers are required to consider kinship carer options in the first instance, however, approval of a kinship carer is dependent on the prospective carer's ability to meet the child's safety and care needs and respond to any particular needs of the child (for example, a particular medical or other facility may be the most appropriate entity for a child with complex medical needs or a significant disability).

Locating a kinship care placement for a child can present challenges as kinship carers are not 'recruited' in the same way as foster carers. Kinship placements are often located in times of crisis for the family, are regularly unplanned and do not allow the opportunity for kin to prepare emotionally and materially.

The department is required to explore placement options with kin when it is determined that a child cannot safely remain with his or her parents. Successful identification of prospective kinship carers for the child requires active and systematic exploration of the child's kinship networks, as soon as the department commences involvement with the family. This may include:

- exploring options during an investigation and assessment
- using genograms, eco-mapping and family group meetings
- ensuring the participation of children and young people
- re-exploring kinship care options for children.

4.1.1 Exploring options during investigation and assessment

Departmental staff are responsible for exploring who is in the child's and family's support network during the investigation and assessment phase of intervention, including asking the child's parents, the child, siblings, and other relatives, where possible, about family and community members and documenting the relationships and quality of the relationships.

The process of exploring the child and family's support networks is to occur as part of every investigation and assessment, to determine what supports and strengths the family has to help them keep their child safe, or alternatively identify potential kinship carer options.

Where an out-of-home care placement is required for an Aboriginal or Torres Strait Islander child during an investigation and assessment, the exploration of family and kin networks will occur in consultation with the recognised entity or staff of Indigenous foster and kinship care services.

4.1.2 Genograms, family group meetings and eco-mapping

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).

A genogram is a diagrammatical representation of all members of the child's family and the strength of these relationships. It assists with the identification of maternal and paternal family members, aunts and uncles, cousins, grandparents, step-relatives and adult siblings. Completing a genogram in the early stages of contact with the family allows the early exploration of kinship care options to occur as soon as possible.

Family group meetings can also be used to engage the family and identify the strengths and stressors in the extended family network, the family's own resources, and potential kinship care placements and respite options for the child. The use of family group meetings to assess the most appropriate placement options for a child is likely to continue to be the most appropriate mechanism for making kinship care placements (Broad, 2004).

An eco-map is a broader diagrammatic representation of the community network of the child and family and helps identify persons of significance to the child and their relationship to the child and family, including:

- family friends
- teachers, sporting coaches or other recreational contacts within the child's community or language group
- work colleagues of parents or relatives
- any other significant adult in the life of the child and family.

An eco-map not only provides a visual representation of how an individual or group fits into their larger social network, it also provides an important way to engage family members in conversation about their family and social networks.

Use of genogram and eco-mapping process will engage the child and may also raise a child's awareness of their family history and their connection to their community.

4.1.3 Participation of children and young people

Children are often the most helpful source of information about relatives, and are to be provided with the opportunity to participate in decision-making about their out-of-home care placements. This includes:

- explaining to the child the reason why an out-of-home care placement is required and that the department has a preference for placing them with a relative or community member who they know and feel safe with
- actively engaging with the child to ask them who they have a connection with and would feel safe living with
- explaining the range of potential kinship care options for the child (for example, extended family members, friends parents, adults from the child's school or sporting activities)
- acknowledging the child's views and wishes.

4.1.4 Re-exploring kinship care options for children

The department is responsible for continually re-exploring kinship care options for children who were not able to be placed with a kinship carer in the first instance, or required a short-term foster care placement whilst kinship care options were being explored. During case planning meetings and between case plan reviews, identifying potential kinship carer options is to remain a focus until the child is successfully placed with a kinship carer, or it is considered to be in the child's best interests to remain with the current carer, for stability of care and continuity of relationships. Where a child is to remain with a current carer, it is important to continue to explore whether there are family members with whom the child can have contact, or who may be able to provide respite care.

Actively re-exploring kinship care options involves:

- engaging with the child and birth parents to again ask them to identify potential relatives and community members who could care for the child
- checking with former case workers
- talking to services known to, or working with, the child and family
- examining the child's case records for information about potential kinship carers
- working in partnership with the recognised entity and foster and kinship care services to identify appropriate kinship carer options for an Aboriginal and Torres Strait Islander child
- updating the child's genogram and eco-map accordingly.

4.1.5 Roles and responsibilities

The department is responsible for identifying and locating appropriate kinship care options for children and re-exploring kinship care options for children placed in foster care or residential care. The department will work in partnership with foster and kinship care services in this process.

For Aboriginal and Torres Strait Islander children, the department is responsible for liaising and consulting with a recognised entity to identify the most appropriate placement. The recognised entity is responsible for participating in the planning for, and decision-making about, the child's placement, including identifying options that comply with the hierarchy of placements in the Child Placement Principle. The department will work with the recognised entity and relevant Indigenous foster and kinship care service to obtain information about individuals or family members who may be appropriate, safe, and compatible kinship carers for the child.

The department promotes kinship care by developing information resources about kinship care and enhancing the public profile of kinship care, for example, by holding the annual Foster and Kinship Carer Week.

4.2 Assessing kinship carers

The assessment of kinship carer applicants is different from the assessment of foster carer applicants. There are additional and distinct issues that may impact on suitability for kinship carers, including family dynamics and intergenerational factors. Kinship carers are assessed in relation to their ability and willingness to care for a specific child, not for children in general.

Assessors require a clear understanding of the issues specific to kinship care and consider these as part of the assessment. Research indicates that quality carer assessments and pre-placement assessments are linked to better quality kinship care placements.

The department is responsible for ensuring that kinship carer applicants are assessed in a way that determines whether or not:

- the applicant is a suitable person to be an approved kinship carer for the child
- all members of the applicant's household are suitable persons
- the applicant and adult household members hold a current blue card or exemption card from the Commission for Children and Young People and Child Guardian

- the applicant is able to meet the standards of care (*Child Protection Act 1999*, section 122)
- the applicant is able to help in appropriate ways towards achieving plans for the child's protection.

To determine whether a kinship carer applicant is a 'suitable person', the assessment must demonstrate that the applicant:

- does not pose a risk to the child's safety
- is able and willing to protect the child from harm
- understands and is committed to the principles for administering the *Child Protection Act 1999*
- has completed any training reasonably required by the department to ensure the person is able to properly care for the child.

Kinship carer applicants are subject to a comprehensive assessment of their overall suitability based on legislative and policy requirements and their ability to meet the particular needs of the child. The framework for assessing kinship carer applicants is different from the framework for assessing a foster carer, due to the existing family connections between the child, the kinship carer applicant and the child's parents. The assessment of a kinship carer applicant includes consideration of any existing shared responsibility for care of the child, an assessment of the applicant's acknowledgement of harm and awareness of familial intergenerational patterns of abuse and neglect, and the applicant's capacity to ensure the child's safety.

Kinship carer assessments will be a collaborative, empowering and supportive process that aims to **enable** the potential kin carer to provide a placement that will meet the child's needs rather than simply **approving** the kin as a carer.

For the reasons previously highlighted, the content of the assessment report for kinship carers will differ from the content of foster carer assessment reports. The unique aspects that require attention for kinship carer assessments include:

- family dynamics
- intergenerational factors
- understanding the impact of trauma
- family contact and safety
- relationship between the child and carer applicant
- characteristics of the carer applicant
- information provision during the assessment.

4.2.1 Family dynamics

The relationship between birth parents and kin may be amicable and positive, however, the grief and disillusionment of losing the care of one's own children, compounded by feelings of betrayal when a family member assumes the care of the child, can result in difficulties for kinship carers. For example, a parent's hostile attitude toward a kinship care placement may result in the parent complaining about the quality of care provided to their child, undermining the placement, making malicious allegations against the kinship carer, or being verbally and physically aggressive towards the carer (Farmer & Moyers, 2008; Farmer, 2009).

The assessment of the kinship carer applicant is to include details about the relationship between the carer and the birth parents, and the complications and changes that may result for the kinship carer following placement of the child. Any potential negative impact on the child due to difficult family dynamics and the ability of the carer applicant to meet the child's protection and care needs is to be identified, along with supports required to address any concerns.

4.2.2 Intergenerational factors

The assessment of kinship carer applicants will consider whether intergenerational transmission of risk factors (such as a history of abuse or neglect) has occurred and, if applicable, whether kin have experienced, or will experience similar difficulties in caring for the child. Kinship carers may be affected by the same issues as a child's parents, due to their shared family and social background.

This may present significant challenges in assessing the suitability of the kinship carer applicants. The assessment needs to consider whether a kinship carer applicant who has experienced similar background issues, demonstrates positive adjustment to, and management of, issues and has strong support networks and sufficient resources to cope with pressures that may arise from caring for a child with whom they are related.

4.2.3 Understanding the impact of trauma

Trauma impact relates to the detrimental consequences of neglect and child abuse trauma on the developing child. It is important to assess whether a kinship carer understands that while the child in their care may not be exposed to ongoing harm, the detrimental impact of the previous harm may be ongoing and affect the child's physical, neurological and psycho-social development and their behaviour. The kinship carer's ability to understand, accept and respond to the child's needs will impact on their relationship with the child, the child's parents and the person responsible for harm to the child, and the stability of the placement.

4.2.4 Family contact and safety

Continued contact with the birth family is a reported benefit of kinship care. However, if not well managed, it may lead to the child being at risk due to unsupervised contact between the child and parent. Additionally, family contact can be difficult for some kinship carers as they may feel unsure about how to manage potential conflict in contact situations and therefore may require support or assistance.

The carer applicant's views regarding family contact and the capacity of the applicant to facilitate positive contact for the child (taking into consideration family dynamics), is an important part of the assessment. Any supports the carer may need to facilitate and successfully manage family contact for the child are to be identified, documented and implemented. The provision of necessary supports around family contact is essential, not only for the safety and wellbeing of the child, but also to decrease the likelihood of placement instability. Unsupervised, difficult contact arrangements have been identified as a possible factor in kinship placement disruption (Farmer, 2009).

4.2.5 Relationship between the child and carer

The assessment of a kinship carer applicant is to include the child's views in relation to the proposed carer, as well as information gathered from the child and the carer applicant about the amount and quality of previous contact between the child and carer applicant (so that an understanding of the level of attachment can be established).

It is also to include an assessment of the carer applicant's motivations to care for the child and their commitment to doing whatever is necessary to maintain the safety and wellbeing of the child, regardless of the impact or consequences this may have on other family members and relationships.

Information about the quality and context of the relationship between the child and carer applicant will also assist to determine the support needs that a child or carer may require in relation to transitioning the child into the placement, particularly if the proposed carer is a relative with whom the child has had little or no previous contact.

4.2.6 Characteristics of the carer

The applicant's health status, family circumstances, accommodation, financial circumstances, current life stage and related support needs are identified and assessed as part of the kinship carer assessment. Kinship carers are more likely to be single older women, have a reduced income, have had limited educational opportunities and have a lower socio-economic status than foster carers. The advanced age and potential health problems of kinship carers, particularly grandparents, can impact the effectiveness of caring and will be taken into account during the carer assessment and in the provision of ongoing support.

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).

The characteristics and circumstances of the kinship carer applicant, such as health complications and reduced income, may result in a child facing additional hardship, should the placement proceed. The

applicant's support needs, including respite needs, are to be included in the applicant's assessment and information about available supports is to be provided to the applicant.

4.2.7 Information provision during the assessment

A person makes an application to become a kinship carer as a result of a child needing a placement, often at a time of family crisis, not because of a general interest in caring. While pre-service and standard training are not mandatory for kinship carers, the department is responsible for encouraging kinship carers to attend any necessary training that may assist them to care for the child.

Because kinship carer applicants may not attend training, the department will ensure kinship carer applicants are provided with all relevant information they require to fulfil their caring role, prior to approval. The person undertaking the assessment is responsible for providing the kinship carer applicant with this information. This information includes:

- the department's expectations of them as a carer
- their rights as a carer, including services and supports they are entitled to receive
- details about the expected legislated standards of care
- the department's matters of concern process for responding to breaches of standards and allegations of harm or risk of harm
- the role of kinship carers in working in partnership with the department, foster and kinship care services and other services involved in meeting the child's needs.

4.2.8 Assessment responsibilities

Kinship carer assessments are completed by either the department's Placement Services Unit or referred to a non-government foster and kinship care service or fee-for-service contractor for assessment. The process for completing these assessments is outlined in the Child Safety Practice Manual, Chapter 8.

During the assessment process, the assessor is responsible for providing the kinship carer applicant with the information necessary for the applicant to fulfil their role as a carer, as outlined above.

Following the completion of all the assessment material, the department is responsible for the quality assurance of assessments. This includes ensuring that all legislative requirements are satisfied and that the assessment includes all the information required for the Child Safety Service Centre manager to make an approval decision.

4.3 Approving kinship carers

4.3.1 Provisional approval

Kinship carer applicants may be provisionally approved for 60 days with a further extension of 30 days to allow for the urgent placement of a child whilst the outcome of the kinship carer application is being decided. Departmental staff undertake the assessments for provisional approval, and the Child Safety Service Centre manager is responsible for making decisions about provisional approval. In urgent circumstances, the regional director may make decisions about provisional approval, where criminal history checks have not been able to be completed in a timely manner. When an urgent placement is required after hours, the duty executive officer is responsible for making the provisional approval decision.

4.3.2 Kinship carer approval

The department has statutory responsibility for approving kinship carers.

The Central Screening Unit conducts personal history checks on the applicant and adult household members and will either determine that the application is suitable to be progressed or refuse the application, based on the personal history checks.

Following the outcome of personal history checks, the blue card process undertaken by the Commission for Children and Young People and Child Guardian and the kinship carer assessment, the Child Safety Service Centre manager is responsible for deciding whether to approve or refuse the kinship carer's application

based on overall suitability. For further information about the assessment process, refer to the Child Safety Practice Manual, Chapter 8.

Refusing an application for a certificate of approval as an approved kinship carer is a reviewable decision and the applicant may apply for the decision to be reviewed by the Queensland Civil and Administrative Tribunal. However, where an applicant was refused because the applicant or an adult household member did not hold a current blue card or exemption card issued by the Commission for Children and Young People and Child Guardian, the decision is not reviewable.

4.4 Ongoing provision of information to kinship carers

One of the challenges of kinship care is that some kinship carers may find it difficult, or may resist, working with the department due to concerns about intrusion and interference by a statutory agency in what may be considered a family problem. Additionally, some kinship carers may already provide a level of care for the child and therefore may not understand the need for the department to provide information about the child's particular care and protection needs, their role as a kinship carer, the limitations of decision-making and the role the department can play in providing for their potential support needs.

Research indicates that although kinship carers are keen to receive services to help them care for children, they are often reluctant to request assistance from statutory agencies. It is therefore imperative that the department provides accurate and timely information to kinship carers, to assist them to meet required standards of care, seek approval for decisions when necessary and meet the child's needs. Whilst departmental staff and assessors are responsible for providing certain information to kinship carer applicants during the assessment phase, the provision of detailed information following the carer's approval is the ongoing responsibility of the department and the foster and kinship care service (where applicable). Some of the ways kinship carers are provided with information are outlined below.

4.4.1 Information sessions

Where possible, kinship carers are encouraged to attend information sessions about their role as a carer. Information sessions delivered by the department may take the form of modified versions of the standard foster care Pre-Service Quality Care Training modules and contain information about departmental processes for supporting a child in care, decision-making, financial support, the matters of concern process, confidentiality and contact details for the carer to access a range of supports. Other information sessions for kinship carers may target particular issues that kinship carers may face, such as managing family contact and difficult family dynamics.

In some areas of Queensland, the department can provide one-on-one information sessions to kinship carers in their own home following approval as a carer. These sessions are typically conducted by staff from the Placement Services Unit.

4.4.2 The foster and kinship carer handbook

All approved kinship carers are provided with a copy of the Foster and Kinship Carer Handbook. The handbook contains information to assist carers with their day-to-day caring role, including information about departmental policies and procedures, decision-making, health and education matters, legal issues, financial assistance, State and Commonwealth Government benefits and valuable contact details.

4.5 Supporting kinship carers

Literature reports that kinship carers receive fewer services, training and supports than foster carers (Ehrle & Green, 2002; Cuddeback, 2004). Kinship carers are also more likely to persist with a placement despite having difficulties because they are motivated to care for the child due to family loyalty, commitment and attachment to the child. A central and consistent theme in the research has been the need to provide better support to kinship care placements and research indicates that placement instability may be prevented by the provision of appropriate placement support.

One of the challenges of kinship care identified in the research, is that a poorer standard of care may be accepted by practitioners overseeing kinship placements compared to non-kin placements. This is due to a perception that the benefits of placing children with family outweigh any problems or concerns about the quality of care provided. However, children are only to be placed with kin where it is assessed as the best option for promoting the child's safety and wellbeing. Support and supervision of kinship carers is important

for assisting carers to provide an adequate standard of care which meets the child's ongoing care needs, thereby increasing the likelihood of placement stability for the child, enhancing the child's wellbeing and supporting progress towards meeting the case plan goals for the child and family.

Kinship carers may have different support and supervision needs from foster carers however, the overriding factor determining how much support and supervision a kinship carer will receive is the needs of the child and carer. Support and supervision issues unique to kinship care placements may include:

- family dynamics that cause stress in the placement
- assistance with managing the family relationships and dynamics associated with family contact arrangements
- the need to manage the significant and rapid changes that kinship carers make to their lives by caring for children at a time of family crisis, including assistance to manage the placement of potentially large sibling groups
- facilitating access to regular respite and peer support, including respite with other kin where possible
- ensuring kinship carers receive support and services for their own health problems, particularly for grandparent carers
- support to assist kinship carers in their role of working 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
- accessing peer support groups for carers, including discussions, social groups and information sessions that target issues specific to kinship carers.

Support is provided to kinship carers through:

- placement meetings and completion of Placement Agreements for the child
- ongoing day-to-day support and supervision, either by telephone or face-to-face
- financial support
- information sessions and carer support groups
- the Foster and Kinship Carer Support Line.

4.5.1 The placement meeting and placement agreement

The department has a legislative responsibility to enter into a written agreement with the kinship carer regarding the child's care (*Child Protection Act 1999*, section 84). This agreement is referred to as a Placement Agreement and is developed by holding a placement meeting with the kinship carer.

The purpose of the Placement Agreement is to ensure the kinship carer has access to all the necessary information about the child, and the supports required to maintain the placement and meet the child's protection and care needs. For kinship carers, the Placement Agreement will also include the kinship carer's learning and training needs related to the placement.

The child safety officer with case responsibility for the child is responsible for organising the placement meeting and completing the Placement Agreement. The meeting will involve the carer, the child (where appropriate), the child safety officer and the carer's support worker, if the kinship carer is supported by a foster and kinship care service.

4.5.2 Ongoing day-to-day support and supervision

Once approved, kinship carers may choose to be affiliated with either the department or a non-government foster and kinship care service. The affiliation determines who is responsible for providing ongoing support for the carer. Support may include:

- telephone calls to check in with the carer about how they are coping with the care of the child
- telephone support for debriefing, advice and supervision
- home visits on a regular basis and more frequently during difficult periods
- assistance with transport for family contact or respite care (where negotiated and approved)

- information provision and assistance to access training and carer support groups.

4.5.3 Financial support

Kinship carers are volunteers as they do not receive a wage or income to care for the children placed in their care. The department does however provide financial assistance to kinship carers commensurate with the child's level of needs and the consequent costs to the carer. Kinship carers are paid the same allowances as are paid to foster carers, including:

- establishment payment, when the child first enters out-of-home care
- start-up/outfitting allowance, when the child first enters a new primary placement
- the fortnightly caring allowance (with a regional and remote loading applied in some locations)
- high support needs allowance, where required to meet the child's support needs
- complex support needs allowance, where required to meet the child's support needs
- child related costs as a reimbursement of approved expenditure to meet case plan goals and activities, based on the child's needs and eligibility criteria
- access to a range of business discounts through the Foster and Kinship Carer Card.

Kinship carers are also entitled to a variety of State and Commonwealth Government allowances, the details of which are outlined in the Foster and Kinship Carer Handbook.

4.5.4 Ongoing information sessions and carer support groups

Kinship carers are entitled to attend information sessions held by the department or foster and kinship care services, and will be encouraged to do so. Specific kinship carer information sessions and support groups are held in many regions. Additionally, kinship carers may attend any training that is provided by the department or foster and kinship care service to foster carers, including access to online courses available from the Foster Parent College.

Kinship carers will also be encouraged to consider becoming a member of Queensland's foster care association, Foster Care Queensland (FCQ). FCQ provides support, advocacy and advice to all carers, and members have access to additional carer-related information via the FCQ newsletters.

4.5.5 Foster and kinship carer support line

Outside of business hours kinship carers have access to counselling, support and advice through the department's Foster and Kinship Carer Support Line to support them to meet the child's care needs.

4.6 Supporting children in kinship care

As outlined above, the support needs of kinship carers may differ from foster carers due to the nature of kinship care. Children in kinship care require, and are entitled to, the same services and supports as children in foster care and residential care placements. However, they may also require different levels of support due to the nature of kinship care placements.

Unlike foster carers, kinship carers usually do not have the benefit of planning their decision to care for a child, nor do they have experience of, and knowledge about, departmental process and avenues for advocating on behalf of a child in their care. As a result, children placed with kinship carers may have greater needs for advocacy than children placed with foster carers.

Additionally, research has shown that children placed with kinship carers, and the case workers of children placed with kin, are less active in planning for the child's transition to independence compared with children in foster care or residential care placements. Children in kinship care have also reported lower levels of confidence that their transition from care case planning would be helpful in assisting them to function independently in the future and, compared with children placed with foster carers, were less likely to know who, or which service, would be responsible for helping them achieve successful independence (McDowall, 2011).

Therefore, although children placed with kinship carers may be afforded benefits such as continuity of relationships that continue beyond the child exiting care, they still require assistance to plan, and implement the required supports, for their transition from care to independence. The department is responsible for ensuring that adequate contact and involvement is maintained by case workers with children and their kinship carers, so that children's transition from care needs are adequately planned for and implemented.

4.6.1 Case management

The department is responsible for providing case management functions for a child and their family. Case management is a way of working with the child, family, carers and other agencies to ensure that the services provided are coordinated, integrated and targeted to meet the goals of the case plan or support plan.

Two of the primary components of case management for a child in out-of-home care include the development of a case plan (this applies to any child in need of protection) and the development of the Placement Agreement, as outlined in section 4.5 *Supporting kinship carers*.

The case plan provides a clear statement about why the child is in need of protection and the roles and responsibilities of all participants in addressing the child's protection and care needs. An initial case plan is developed at the Family Group Meeting, and reviews are conducted every six months with the inclusion of the child, family members, kinship carer and other stakeholders in the child's life (including the recognised entity for Aboriginal or Torres Strait Islander children).

Case plans are informed by the Child Strengths and Needs Assessment, which identify the child's strengths and needs across defined areas of their development and functioning, for example, behaviour and physical health.

4.6.2 Case work

Case work for a child and their family is the responsibility of the department and refers to the practical day-to-day intervention with the child, their family and kinship carers, including implementing and monitoring the case plan and coordinating services and supports.

Where a kinship carer is supported by a non-government foster and kinship care service, the department retains case work responsibility for the child and the foster and kinship care service is responsible for working in collaboration with the department to support the child's placement by assisting to identify the carer's support needs and implementing actions to support the carer (for example, debriefing, counselling support and provision of training).

4.7 Renewal of approval for kinship carers

Kinship carers, like foster carers, are required to undergo a renewal of their approval 12 months after their initial approval and every two years thereafter. However, the renewal of approval process differs for kinship carers as they are not required to complete the mandatory standard and advanced training module requirements that apply to the renewal of foster carers. Additionally, the renewal assessment for kinship carers differs to that of foster carers, as the kinship renewal assessment takes into consideration the unique aspects of the caring role that were considered as part of the initial kinship carer assessment, such as family dynamics and family contact and safety.

5. Quality of care

The monitoring of kinship care placements is undertaken via ongoing assessment of the progress of the child in placement and the capacity of the kinship carer to meet the child's placement needs. Monitoring of the child's placement is the responsibility of the department (where the carer is supported by the department) and both the department and foster and kinship care service (where the carer is supported by a foster and kinship care service). Monitoring of kinship carers take place through ongoing casework with the child, placement meetings with the carer, visits by the Community Visitor and the ongoing provision of carer support.

5.1 Statement of standards

Kinship carers, like foster carers, are required to provide a level of care which is consistent with the Statement of Standards outlined in the *Child Protection Act 1999*, section 122. The Statement of Standards outlines the standards of care, or quality of care, that a kinship carer will provide to a child. The standards of care underpin the assessment of the ongoing suitability of carers. The application of the standards will take into account the needs of each individual child, including the length of time the child has been placed with the kinship carer and the child's age and development.

5.2 Charter of Rights for a child in care

The *Charter of Rights for a child in care* outlines the core legislated rights that apply to every child who is subject to the custody or guardianship of the chief executive (*Child Protection Act 1999*, section 74 and Schedule 1), in order to ensure their safety and improve their emotional, physical and psychological well-being. The department is required to advise children of these rights and the resources that exist to assist them having their needs met.

5.3 Statement of Commitment

The *Statement of Commitment between the Department of Communities, foster carer services and the approved carers of Queensland* reflects the partnership approach between the department, approved carers and foster and kinship care services and aims to ensure that their combined efforts are directed in ways that support the safety, well-being and best interests of children who require out-of-home care. The statement sets out the expectations of each party and their commitments to working together in a respectful, productive, forward-looking partnership that benefits children in out-of-home care. The Statement of Commitment also establishes the rights of approved carers.

5.4 Reviewable decisions

Kinship carers are entitled to have certain decisions that relate to them or the child in their care reviewed by the Queensland Civil and Administrative Tribunal. The reviewable decisions that relate to kinship carers are set out in the *Child Protection Act 1999*, schedule 2, and include the decision to:

- refuse an application for a certificate of approval as a kinship carer, or an application for renewal as a kinship carer, except where the kinship carer applicant was refused because the applicant or an adult household member did not hold a current blue card or exemption card issued by the Commission for Children and Young People and Child Guardian
- remove a child from the care of a kinship carer if the department has custody or guardianship of the child under a child protection order AND either the child protection order grants the chief executive long-term guardianship of the child OR the reason for the removal of the child is because the kinship carer is no longer a suitable person to have the care of the child or the carer is no longer able to meet the standards of care for the child as outlined in the Statement of Standards. The carer does not have a right of review if they are only provisionally approved as a carer.
- refuse an application made by a kinship carer to amend their certificate of approval
- amend a kinship carer's certificate of approval
- suspend or cancel a kinship carer's certificate of approval (section 140). This does not apply to provisionally approved carers
- cancel a kinship carer's certificate of approval (section 140AG(3) or (4)).

5.5 Matters of concern

If concerns are raised about the quality of care provided by the kinship carer, including an alleged breach of the standards of care or allegations of harm or risk of harm to the child, the department responds to the concerns in accordance with the policy and procedures for assessing and responding to 'Matters of concern'.

5.6 Community Visitors

Children in out-of-home care are visited by Community Visitors who are employed by the Commission for Children and Young People and Child Guardian. Community Visitors:

- monitor the child's safety and wellbeing
- listen to any concerns raised by the child or the carer
- advocate about those concerns on behalf of the child
- assist with resolving identified issues, where applicable, by intervening at a local level with service providers
- prepare a report for the Commissioner about the children in the carer's home, after each visit.

Although Community Visitors require permission before entering a kinship carer's home, kinship carers are legally required (under the *Commission for Children and Young People and Child Guardian Act 2000*) to allow Community Visitors entry.

6. Funding

6.1 Funding of non-government foster and kinship care services

The department provides grant funding to foster and kinship care services to provide placements for children in out-of-home care. Non-government organisations are funded under this model to manage and monitor quality kinship care placements through:

- co-delivery, with the department, of pre-service foster care training and ongoing training of carers (optional for kinship carers)
- assessment and reassessment of carers prior to approval and re-approval by the department
- identifying foster and kinship carers that best meet the needs of children referred by the department
- providing ongoing support to foster and kinship carers, including attendance at placement meetings for kinship carers, access to respite and after-hours support
- providing some short-term emergency placements and improved departmental after-hours access to placements.

Services are required to proactively recruit Aboriginal and Torres Strait Islander carers to address the specific needs of Indigenous children who are currently over-represented in the out-of-home care sector.

Organisations that are successful in obtaining grant funding are required to enter into a Service Agreement with the department and participate in performance monitoring. The level of service outputs delivered and their alignment with the capacity for which the service is funded, is assessed at Quarterly Service Meetings by regional Community Support Team staff.

All organisations funded via grant funding are required to be licensed. The *Child Protection Act 1999* provides a framework for licensing foster and kinship care services in order to ensure that children in the care of the chief executive are cared for in a way that meets the Statement of Standards (*Child Protection Act 1999*, section 122).

Ideally, the kinship carers of Aboriginal and Torres Strait Islander children will be supported by an Aboriginal and Torres Strait Islander agency. A greater level of support and guidance around cultural issues has been found where carers are managed by an Indigenous agency rather than by the statutory department (NSW Ombudsman, 2008, cited in McHugh, 2009). These agencies may also work with the department in the process of locating kin.

6.2 Funding of recognised entities

The department funds recognised entities to fulfil its responsibilities under the *Child Protection Act 1999*, section 6. This requires the department to provide a recognised entity with the opportunity to participate in the decision-making process about significant decisions for Aboriginal and Torres Strait Islander children and

consult with the recognised entity on all other decisions. This ensures recognised entities provide information to assist the department to make the best possible decisions about Aboriginal and Torres Strait Islander children.

The placement decision for an Aboriginal or Torres Strait Islander child in out-of-home care is a significant decision. The department is responsible for giving the recognised entity an opportunity to participate in the decision-making process relating to where and with whom the child will live, or any change of placement. The recognised entity is responsible for:

- participating in the decision-making about the placement of an Aboriginal or Torres Strait Islander child, including identifying placements that comply with the hierarchy of placements in the *Child Protection Act 1999*, section 83, and providing information about the suitability and compatibility of a placement
- providing information about individuals or families who may be appropriate, safe, compatible kinship carers for an Aboriginal or Torres Strait Islander child
- participating in the investigation and assessment of matters of concern notifications in relation to an Aboriginal or Torres Strait Islander child.

7. Links

7.1 Legislation

Child Protection Act 1999

Child Protection Regulation 2011

7.2 Related policy and procedure

Assessing and responding to matters of concern (policy)

Carer learning and support (policy)

Carer participation (policy)

Case planning (policy)

Child Related Costs (multiple policies and procedures)

Child Safety Practice Manual

Complex Support Needs Allowance (policy and procedure)

Dual payment of carer allowances (policy and procedure)

Expenses – fortnightly caring allowance and interstate foster payments (policy)

Guide to Supporting Positive Behaviour (practice resource)

High Support Needs Allowance (policy and procedure)

Kinship care (policy statement)

Participation by children and young people in decision-making (policy)

Positive behaviour support (policy)

Regional-remote loading for carers (policy)

8. Reference list

- Australian Institute of Health and Welfare (2011). *Child protection Australia 2009-10*. Child Welfare Series (51), CWS (39). Canberra: AIHW.
- Broad, B (2004) Kinship care for children in the UK: Messages from research, lessons for policy and practice 1. *European Journal of Social Work*, 7(2), 211-227.
- Cuddeback G S (2004), Kinship family foster care: a methodological and substantive synthesis of research. *Children and Youth Services Review*, 26, 623-639.
- Department of Communities. (2011) *Kinship care: A literature review*, Child Safety Services, Department of Communities, Queensland.
- Ehrle, J. & Geen, R. (2002), Kin and non-kin foster care: Findings from a National Survey, *Children and Youth Services Review*, vol. 24, no. 1-2, pp. 15-35.
- Farmer, E. (2009) How do placements in kinship care compare with those in non-kin foster care: placement patterns, progress and outcomes? *Child and Family Social Work*, 14, 331-243.
- Farmer, E. & Moyers, S. (2008) *Kinship Care: Fostering Effective Family and Friends Placements*, Jessica Kingsley Publishers, London.
- Hunt J., Waterhouse S. and Lutman E. (2008) *Keeping Them in the Family: Outcomes for children placed in kinship care through care proceedings*, BAAF: London.
- Joyce, McCrae & Pitman, S (2008), *The Lottery of Systems: Ways forward for Children in Need- Kinship or Foster Care?* Paper presented at ACWA conference 19 August 2008. Victoria: Oz Child.
- Lupton C. and Nixon P. (1999) *Empowering Practice? A critical appraisal of the family group conference approach*, Policy Press: Bristol.
- Marsh P. and Crow G. (1998) *Family Group Conferences in Child Welfare*, Oxford: Blackwell Science.
- McHugh, M. (2009) *A Framework of Practice for Implementing a Kinship Care Program*, The Benevolent Society, Social Policy Research Centre, University of New South Wales, Arts and Social Sciences.
- McDowall, J. J. (2011). *Transitioning from Care in Australia: An Evaluation of CREATE's What's the Plan? campaign* (CREATE Report Card 2011). Sydney: CREATE Foundation.
- NSW Department of Community Services (DoCS). (2006) *Outcomes for children and young people in kinship care: An issues paper*, Centre for Parenting & Research, DoCS, New South Wales.
- NSW, Ombudsman. (2008) *Supporting the carers of Aboriginal children*. June 2008.
- Valentine B & Gray M (2006), Keeping them home: Aboriginal out-of-home care in Australia, *Families in Society*, 87(4), 537-544.
- Winokur, M., Holtan, A. and Valentine, D. (2009) *Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment*. Campbell Systematic Reviews 2009: The Campbell Collaboration.