



The Sixth Report 2016

The KCV Kinship Care Longitudinal Study 2011 – 2021

In 2010 KCV established a longitudinal study into the lives of 113 kinship carer families. Each year the carers share news about their lives and the lives of the children/young people for whom they care.

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

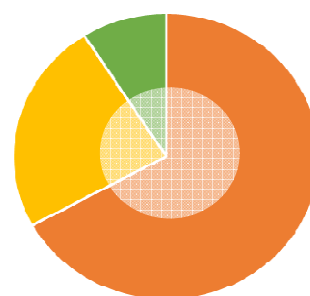
1... Summary of findings from the 2016 study

In 2011 the study commenced with 177 children/young people in care being cared for by 113 kinship care families. Since that time, 18 new children have been placed with the already surveyed kinship carer families, bringing the total number of children/young people who have entered the study to 195. This report outlines the movements and outcomes of these children/young people and the circumstances of the carers – all of whom are committed to their role and would do the same thing over again.

Overall outcomes for children/young people

The purpose of kinship care is to secure the well being, now and into the future, for children and young people and the extent to which this is achieved is a measure of success, or otherwise.

Whilst many factors need to be taken into consideration when determining the wellbeing of the children/young people in kinship care, KCV believes that the connection with biological family is an advantage of kinship care. The trouble to which kinship carers put themselves, and the sacrifices they make in order to improve the wellbeing of the children in their care is astonishing. They *go the extra distance* with these sometimes seriously troubled children/young people because they are their own so to speak.



KCV also believes that there is a need for Victorian research with carers and young people to examine this particular issue and to define the importance of the link with the biological family.

When asked to assess the wellbeing of the children/young people in their care the carers reported that:

- 67% (orange in the diagram) of the children/young people are doing well, although many are still facing challenges.
- 24% (yellow in the diagram) are not doing so well, and are facing severe challenges attached to a wide range of physical and mental illnesses.
- For 9% (green in the diagram) of children/young people the outcomes could not be determined, but it can be said that 77% of these were experiencing mental and or physical illness at the time of last contact.

Outcomes despite substantive challenges

73% (central transparent circle in the diagram above) of the total 195 children/young people in the study are suffering some level of mental and/or physical illness. These 142 are represented amongst those who are doing well, those who are not doing well, and also amongst those for whom KCV has no current information in relation to their progress:

- 76 of the 131 children/young people who are deemed to be doing well have some level of mental or physical illness
- 55 of the 55 children/young people who are not doing well have some level of mental or physical illness
- 7 of the 9 children/young people about whom KCV has no up to date information were exhibiting signs of mental or physical illness when the study last had contact with them.

Given these challenges, the fact that so many of the children/young people are doing well is remarkable, particularly since progress does not follow a straight progression. Trauma can take years to emerge and carers' report that it can be sometime after the children first come into their care before the trauma shows itself and that it then takes years to remedy.

Outcomes for those who have turned eighteen

The majority (40 out of 43) of young people in the study who have turned 18 since 2011 are engaged in positive life experiences. They are:

- attending high school or engaged in further education courses some as challenging as medicine, archaeology, and psychology

- creating their own families of one or more children and engaged /married but with no children of their own as yet
- working in full time employment across the fields of retail, apprenticeships, aged care and nursing

Three young people aged 18 and over who are not engaged in either employment, study or actively looking for employment have mental and/or physical health issues that prevent them from an active working life.

Carer happiness is linked to outcomes

The wellbeing of the children and young people is directly linked to the way the carers feel about their role with their personal happiness being entwined with the wellbeing of the children they are raising. The 47 families still caring for children/young people in 2016 reported, when considering their role, that:

- 20 have positive feelings
- 25 have mixed feelings
- 2 have negative feelings about the wellbeing of the children

Those who reported mixed feelings were still more positive than negative and were cautious in their response because *things are up and down*.

Even those carers who reported feeling positive still faced challenges, particularly relating to the financial pressures of feeding, clothing, educating and providing healthcare for the children/young people. Also, health problems associated with old age are increasingly becoming a concern for some, as are succession plans in the case that something happens to the carers before the children turn 18. Small numbers of carers are crafting their own “succession plans” for the care of the children and seeking court approval, a move that has been welcomed by the courts. This is an issue that could be addressed at an initial family conference held at the commencement of the placement.

Given the stresses attached to their role and current public discourse about adoption, the carers were asked how they felt about this option. They were adamant that they did not want children adopted away from the biological family whilst there is any relative willing and able to raise the children.

Two trends in unexpected numbers

KCV expected that some carers would take on the care of new children and that others would leave kinship care to be reunited with their parents. However, the numbers involved in both these trends are surprising with 18 new children entering the study and 24 being reunited with their parent/s. Both movements in and out have been taken in the best interests of the child.

Children welcomed into the study

The 18 new children who have joined the study since it commenced and have been welcomed into 12 families. These children have entered the study at all ages:

- 4 were young babies
- 4 were aged between 1 and 5
- 7 were aged between 6 and 12
- 3 were aged over 13

Five new children entered the study in 2015 -16. Three of these children came into one family, joining two siblings already placed in that home. One carer welcomed a newborn baby into the family, potentially expanding their caring commitment for another 18 years.

In spite of the challenges faced, carers have willingly accepted responsibility for these new children in order to keep siblings together.

Children reconciled with parents

Over the length of the study 24 children have been reconciled with parent/s:

- 13 of the children are in reconciliations that proceeded smoothly and are stable.
- 7 children are in reconciliations that did not proceed quite so smoothly.

- 4 children are in reconciliations about which there is no current information, but which are ongoing. The lack of detailed information arises from the fact that the carers who resisted the reconciliation in the first place were unwilling/unable to speak about how it was proceeding.

It is also known that:

- 19 children remain with one of their parents (for 3 children, this is not the same parent with whom they were originally reconciled).
- 3 are known to have turned 18 since reconciling with their parents
- One young person is now living in a youth hostel
- The whereabouts of one young person is unknown

KCV did not expect the number of reconciliations that have occurred, or the length of time that some children had been in the kinship carer before reconciliation:

- 7 children returned to parent/s after 1 or 2 years
- 14 children returned after between 3 and 10 years
- 3 children returned after more than 10 years

All but two of the kinship carers enjoy ongoing access to the children for whom they cared. Two carers have no access to the child/children they reared, and one carer has since passed away. In two cases the former carer provides occasional care for the child. This allows continuation of the previous close relationship and assists the parents.

KCV takes the opportunity provided by this report to call again for a complete overhaul of the support offered to kinship carers.

Increases to carer's allowances and the provision of some special payments for permanent carers, implemented by the current Victorian Government are acknowledged and have been well received by carers. However, kinship care needs to be given a greater range of support.

For the past twelve months KCV has dealt with an increase in complaints made by kinship carers about the way the system treats them. There are general complaints about the way they are spoken to through to very specific complaints about the level of financial support they receive. Particularly noticeable are the complaints about how discretionary funds are decided upon and allocated. Individual child protection case workers seem to make up their own mind in a vacuum about what financial support some children are entitled to. Guidelines within which all child protection workers must engage with kinship carers and make decisions affecting them are needed and should be made know to the carers.

Years after the kinship care support program for Victoria has been in place there are still very many instances where children have been left with carers without any assessment of the needs of the carer and identification of the support they need to perform well their role as kinship carers. Further, there are very few instances of the family group conferencing and family planning promised in 2010 as part of the kinship care support program. Both these measures are a crucial foundation upon which the success of the placements rest.

KCV is stunned by the trend to close cases too quickly and to, in effect, leave the carers to their own devices. Closing cases quickly may reduce the numbers of children/ young people who are deemed to be in out of home care but it does nothing to guarantee the wellbeing of children/young people. The number of carers who call the KCV offices and say that the children/young people have been left with them and the case has been closed without any assessments being undertaken is alarming.

KCV calls on the Minister for Families, Children and Youth Affairs to release the review of kinship care commissioned by the government and undertaken by KPMG. Carers in the KCV Longitudinal Study as well as many other carers not included in the study participated in the focus groups that provided information to the review. They look forward to discussing the report detailing the outcomes of those discussions and being par of a better pathway into the future for kinship care – the fastest growing form of out of home care around the world and the one that keeps children with their family.

2... Changes to the kinship carer families

Although some families in the study have officially ended their role as carers and KCV has lost contact with some others, the number of kinship families deemed to be in the study remains 113. It is important to keep in touch with all 113 families irrespective of their status; this enables the collection of information about what young people are doing after they have left kinship care. It is important to keep approaching families for whom contact has been lost because sometimes it has been possible to contact them, even after a couple of years, and to re-establish ongoing contact. The table below outlines the roles the kinship families as they stand in 2016.

Status of the care arrangements in 2016	
The number of carer families with whom contact has been lost	28 (24.8%)
The number of kinship carer families no longer caring because all the children/young people in their care have moved on	38 (33.6%)
The number of carer families continuing to provide kinship care	47 (41.6%)
Total number of kinship care families in the study	113

The carer families with whom contact has been lost

The study has lost contact with 28 families in the period 2011– 2016. In 2016 contact was re-established with one carer who had previously been considered a lost contact whilst contact was lost with a further 8 carers. In summary:

- 19 kinship carer families have had their telephone and email contacts disconnected
- 5 have not responded when telephone messages were left
- 3 have phone numbers that ring out and with no answering machine attached
- 1 phone number returned a constant engaged signal

Extensive efforts have been made to track down some of these missing carers, but approaches by surface mail and e-mail were returned with 'unknown at this address'. GPV/KCV has considered other approaches to finding these lost contacts, but has chosen not to follow them up as they may be viewed by the carers as an invasion of privacy. Attempts to reconnect with these carers will be repeated each year.

When considering the information arising from the most recent contact with the kinship care families for whom contact has been broken, it is assumed that:

- 26 of these families are still rearing 37 children less than 18 years of age. It is known that at the time of last contact, many of these families were rearing children/young people with serious emotional and physical health problems, and many of the children/young people had been through severe trauma prior to being placed in kinship care.
- 2 families would no longer be rearing children because all the children in their care have turned 18. In both cases these families were doing well. In one case it is known that the mother of the children in care had given birth to a further two children but the carer indicated that she was not going to raise these children.

GPV/KCV can not know with certainty how these kinship carer families are feeling about the state of their care arrangements. However, at the last contact it is known that:

- 15 carers self-assessed as having positive feelings
- 10 carers self-assessed as having negative feelings
- 3 carers self-assessed as having mixed feelings

In the 10 cases where the carers were feeling negative, they had good reason to feel that way as they dealt with significant behavioural issues of the children, including violent/angry behaviours associated with a wide range of mental and physical health problems. Many children in the study suffer multiple illnesses. There were also financial pressures associated with the cost of education and medical treatments of the children.

Further, the carers were dealing with pressures not related to their role as kinship carers, namely:

- grief over the circumstances that led to the kinship arrangement being formed in the first place: the traumatic death of the children's mother at the hands of the a violent male (2 cases), the drug/alcohol addictions of the parent/s of the children being unable to be resolved (many but not all drug related cases)
- grief over the death of a carer's partner during the course of the placement (5 cases)
- the additional work of caring for disabled adult children of their own, aside from their grandchildren (1 case)
- ill health of the carer's partner: many carers suffer long term or occasional ill health which is medically managed but which nevertheless is still a factor

The kinship carer families no longer caring because the children/young people have moved on

In 2016, 38 families are no longer caring for any children/young people because they have all left the placement. In 2015, there were 39 kinship care families in this circumstance. During the course of 2015/16, one kinship carer family, who had previously ceased rearing children, welcomed another grandchild.

Reasons why the care arrangement has ceased completely	# Carer families
All children turned 18	20 (52.6%)
All children reconciled with a parent	13 (34.2%)
All children in the case moved into alternate kinship placement	2 (5.3%)
Mixed (one child in the placement has turned 18, whilst another has been reconciled with a parent or moved to foster care)	2 (5.3%)
All children sent to foster care	1 (2.6%)
	38

Although they are satisfied with their efforts to raise the children in their care, most carers who have been freed from their caring role still felt responsible for the children/young people. They reported that the emotional attachment they share with the children/young people they raised continues to cause concern for the future, irrespective of where the children/young people moved.

Many of the issues carers see confronting the children/young people who have left their care are possible drug abuse, involvement in unsuitable peer relationships, and unemployment. It is important to note that these frustrations are identical to those experienced by most 21st century grandparents in relation to nearly all of the children/young people in their extended family.

In 2016 a quarter of the children who have turned 18 are still living in the kinship care home. Where this is the case, the carers continue to support young adults, irrespective of whether they are engaged in further education and training, or unable to work, and bear the financial consequences of this decision.

Amongst those carers who saw the children in their care moved to alternative placements, including reunification with the parents, there were some who harboured bitter feelings about the loss of the children. By 2016, in all but one case, these bitter feelings are being better managed, to the point where the carers are feeling positive about the children/young people's lives. The carers concede that the children seem happy, particularly those who have reunified with their parents.

Carer families continuing to provide kinship care in 2016

In 2016, 47 families continue their caring role. Thirty kinship carer families are caring for the same children as at the outset of the study. However, in 17 cases the shape of the kinship care family has changed:

- 5 families are now caring for new children who have entered their home since the study commenced, in addition to those they were already raising.
- 4 families are caring for new children who have entered their home since the study commenced, but have also farewelled the same number of children into adulthood or other care arrangements.
- 8 families are caring for fewer children than at the commencement of the study.

A determination to keep siblings together is a major factor in kinship care families deciding to take more children into their home. One such decision has led to 5 children being raised in one kinship care household. Previously a decision to separate the five siblings had been made with three of them placed in foster care. This did not work and the children were belatedly given to the grandmother to rear.

In the time since 2011 the majority of carer families have raised one or two children. However, over the course of the study, 20 kinship care families have been responsible for the care of 3 or more children:

- 1 has cared for 6 children (in 2016, 5 are in the care of this carer and one has reached 18 and left care)
- 5 have cared for 4 children
- 14 have cared for 3 children

3... How the kinship carers are faring

The attitude of kinship carers is crucial to them being able to maintain their role. The attitude of those who are still caring beyond 2011 and who will be caring for some time to come is crucial.

The feelings kinship carers express about how a placement is progressing is not related to how long it has been progressing or the number of children involved. Rather, it relates to the wellbeing of the children.

There is one anomaly: none of the families caring for the same number of children as in 2011 (but different children) are feeling outright positive. Given the circumstances of the four carer families in this category it is not surprising. Despite the hard fought for wellbeing of the children first established in the placement, the new children who have come into in their care have arrived bearing significant health problems.

The table below shows the responses given when the 47 carers still caring for children/young people were asked to self-assess their overall feelings

	Caring for the same children	Caring for an increased number of children	Caring for the same number of children, but different children	Caring for a smaller number of children	
Positive feelings	14	4	0	2	20 (42.6)
Mixed feelings	15	1	3	6	25 (53.2)
Negative feelings	1	0	1	0	2 (4.2)
	30	5	4	8	47

Carers with Positive feelings

Some of the 20 carer families that are feeling positive still detailed some concerns about the health of the children/young people in their care. These carers put the concerns for the children before concerns about their own health. Concerns for the children centred on learning issues and mental/physical health issues of the children themselves.

Carers also articulated ongoing concerns arising from external pressures.

- Financial issues including the cost of providing education
- Issues with DHHS
- Difficulties bridging the generation gap

In some cases, a positive self-assessment is given by carers because they have had a better year than in past years. In a couple of cases, carers who reported positive outcomes in 2016 are facing issues that lead GPV/KCV to consider their experience as being in need of support. For example, one carer has accepted three new children into her home in 2016. She is now rearing five brothers and sisters who bring to the placement traumatic experiences attached to failed foster care arrangements. This grandmother is feeling positive because she believes the children are safe in her care, and are now all together.

Carers with mixed feelings

The vast majority of the 25 carers reporting mixed feelings reported the same set of concerns as those carers who self-assessed as positive. In some cases, carers are reporting mixed outcomes because one or more children in their care are doing well, while others – including those who have turned 18 – may be the cause of distress. Children’s behavioural issues mentioned included:

- Autism
- ADHD
- Recurring issues relating to foetal alcohol syndrome

Some carers hold concerns for the children who have left the placement as some have left the family home for situations that are less than satisfactory. For example, one child under 18 years of age has been moved into residential care and is no longer attending school, and another who has moved in with a relative who is known by the extended family to be a drug user.

Many carers who had mixed feelings about the placement more readily listed concerns for their own health and well-being, as well as financial concerns.

Carers with Negative feelings

Two families reported negative feelings. For one of these assessments the carer has clearly visible reasons to be deeply concerned about the well-being of the child in her care. In this case, mental health issues of both carer and child, along with health issues in the extended family and financial pressures have led to a situation that has been assessed as overwhelmingly negative. KCV does not believe that any of these placements is in jeopardy, but recognises the strain on the carers.

21st century parenting concerns

Some carers who are still caring listed concerns that match any other 21st century parent:

- Children not doing enough physical activity
- Children over-absorbed in technology
- The challenges associated with children growing up and reaching puberty
- Children not wanting to go to school

The age and health of the carers continuing to care in 2016

Age range for carers still caring in 2016	
41	1 (2.1%)
51-55	3 (6.4%)
56-60	14 (29.8%)
61-65	10 (21.3%)
66-70	10 (21.3%)
71-75	5 (10.6%)
76-80	3 (6.4%)
82	1 (2.1%)
	47

In 2011 the youngest carer was 36 years old and the eldest was 77 years old. These two carers are still caring for children. Their ages are now 41 and 82 respectively. The 41 year old carer is a single carer rearing one child who is about to start secondary school and the 82 year old is rearing one child aged 16 years.

The majority of children are being cared for by carers in the age range of 56 to 70. The health and wellbeing of these carers is reasonable with a few reporting that they are experiencing symptoms associated with old age. However, these are to be expected and are not chronic.

Two carers report more serious illness, not necessarily associated with ageing. One has been diagnosed with terminal cancer and has a court ordered succession plan in place. Other carers, even well, expressed concern about the future of the children in their care should they become ill or have an accident.

Succession Planning and ancillary support

Total estimated years caring	# of carers
31	1
26	1
25	1
24	2
23	1
22	3
20	4
19	11
18	10
17	3
16	2
15	1
14	4
12	1
10	2
	47

All of the kinship care families in this study had been together for some time before 2011 when they joined the KCV longitudinal study. In two cases, carers had been rearing their grandchildren for almost 15 years beforehand.

The table (left) outlines the number of years the 47 carer families who are still caring in 2016 will have been caring by the time the youngest child currently in their care turns 18 years of age.

When the last child in her care turns 18, one carer will have been raising other people's children for 31 years.

Kinship carers should be given the support they need to ensure that the responsibilities of raising children for so many years does not lead to emotional or physical burn-out.

The table (right) outlines the ages of the oldest carer from within each of the 47 kinship care families still caring in 2016.

In five cases, the age at which a kinship carer can expect to be free of raising children is above the national average life expectancy of 82.1 (2012).

More than half the carers in the sample will be 70 or over when the youngest child in their care turns 18.

It is hard enough for the children/young people who have been raised by someone other than their parent without the uncertainty of wondering whether their carer, the most stable figure in their life, will live to see them reach adulthood. Carers, particularly those who have a history of ill health, report that one of their greatest concerns is who will look after the welfare of the children/young people in their care if something happens to them. These matters highlight the need for succession planning.

The age of the carers suggests a need for services such as:

- assistance with day to day tasks such as cleaning, gardening
- access to local parenting programs that support the carers dealing with traumatised children, perhaps a phone counselling service they can call on a needs basis
- respite when looking after children with disabilities
- occasional childcare to allow carer participation in social events
- assistance with household repairs
- assistance with the cost of education, including excursions, extra tutoring and career guidance
- retail outlet vouchers for shoes/clothing/school needs/books
- assistance with the cost of kids sports activities
- legal assistance and information and assistance with completing forms
- assistance with medical and counselling fees
- help with teaching young people to drive
- vouchers for pampering ¹

Projected age when youngest child turns 18	# of carers
90	1
83	4
80	1
79	3
76	4
75	1
74	4
73	2
72	3
71	6
70	3
69	2
68	2
66	5
64	2
62	1
60	1
59	1
47	1
Total	47

¹ These requests for support have also arisen in discussions at kinship care support groups across Victoria. KCV/GPV speaks with service clubs such as Rotary/Lions requesting that local cells of these organisations support kinship carers. To Some have arranged Christmas lunches for support groups in their area.

Adoption outside the family

The 47 kinship carer families who are still caring were asked how they feel about children being placed in adoption. Given their experiences the carers had well informed views. The strongly held reservations about adoption by carers who have struggled to raise difficult children must be given weight. If these people, despite their many struggles and temptations to give up, do not think that adoption is a good option for children, then surely it is not.²

Forty-six carers (one carer did not answer this question) reported that they believed children in general should always be placed with members of their extended biological family first. Nineteen carers responded that they were very strongly against adopting children away from their extended biological family. They felt it would always be possible, given enough effort, to find extended family members willing and able to raise the family children.³

Forty-two of the carers were adamant that they would not have preferred to have the children currently in their care adopted by another family. One carer became distressed when asked these questions, as she feared the prospect of the children in her care being anywhere other than in her current care.⁴

All agreed that uppermost in any decisions about the placement of a child should be the child's best interests, and concerns over the potential loss of identity if a child is taken away from its biological family were paramount. Thirteen carers reported that they could vary their opposition to adoption dependent on the best interests of the children.

The carers were certain that the reasons for not placing children within their extended family must be compelling ones. The only reasons for doing so posed by the carers were that biological family members were not willing or able to rear the children. Ten carers reported that they would accept adoption away from the family for this reason only. Some carers reported that they would accept adoption if no family members passed background checks, irrespective of whether they wanted to rear the children or not.

The carers thought that if adoption was to be considered a range of requirements that needed to be fulfilled:

- adoption should be only considered for babies and not for older children
- background checks must be conducted on the prospective adoptive family
- the adoptive family must be willing and able to accommodate the child's special needs
- the adoptive family must be more likely to offer stability than the biological family.

Three carers indicated that they would consider having future children adopted. In two cases there were strong reasons why this was so – the grave concerns for the carers own health, and the extreme violent behaviours of children. In the other case, the child had been initially put up for adoption, but the mother changed her mind at the last minute. This carer would have been supportive of the original adoption if she was guaranteed contact with the child. She is now rearing the child.⁵

² At a meeting of the GPV/KCV Board on April 7th 2016 a discussion of adoption revealed that 4 of the 7 members present had first hand experiences as adoptees and as adopters. All reported negative experiences and do not believe that adoption automatically delivers stability of placement. They also believe that it is not in the best interests of children to take away their biological identity.

³ GPV/KCV is supporting work in Victoria to have the family finding procedures employed Victoria. The procedures enable the finding of members of the extended family and enable children to be successfully placed with aunts, uncles, cousins and the like. GPV/KCV has accepted an invitation from Berry Street to be a critical friend to the trial project looking family finding and Melbourne University has agreed to evaluate the outcomes of the trial.

⁴ In July 2016 the USA government passed the Family First Prevention Services Act 2016, which strengthens families by providing evidence-based prevention services to keep children out of foster care and reduce inappropriate group home placements. It ensures that more children are placed with families.

⁵ The 2016 Australian Child Rights Progress Report addressed the issue of adoption and put the following recommendations; ensure children and their families are provided with effective access to adequate, long-term support services following adoption and into adulthood, ensure children are able to retain their birth names, and are supported to maintain contact with their birth families where possible, prohibit the advertising of children for adoption.

4... Changes for the children/young people

Every year since 2011, children/young people have moved in and out of the study. The movements are sometimes difficult to track because occasionally, individual children move in and out of different care arrangements, sometimes returning to the original care arrangement after a failed attempt at reconciliation.

In 2011 the study commenced with 177 children/young people in care. Since that time, 18 new children have been placed with the already surveyed kinship carer families, bringing the total number of children/young people to 195.

The table below outlines the movement of children and young people *in and out* of the kinship care families.

Outline of the movements of children/young people	
Children/young people remaining in the original placement	61
Children welcomed into a care placement after 2011 who remain in kinship care	14
Children/young people with whom contact has been lost	49
Young people turned 18	38
Children/young people reconciled with a parent	24
Children/young people placed in another form of out-of-home care (foster care, residential care, boarding school)	5
Children/young people placed with other kith or kin	4
Total number of children in the study	195

Some of the reasons children/young people moved out of the study were expected and/or to be celebrated:

- it is expected that young people turn 18 and officially leave kinship care
- the number of children reconciled with parents is higher than thought possible, but a very positive outcome.

The addition of new children/young people into existing kinship care families in such high numbers is surprising and concerning given that the needs of these children are acute and in some families several children have moved in at once.

Children/young people remaining in the original placement

The total number of children/young people in the surveyed kinship carer families in 2016 is 75. The table below provides data about the number of children who were already living in kinship carer families in each year of the study.

	2011	2012	2013	2014	2015	2016
Children/young people still in the care placement	177	132	111	94	86	70

Children welcomed into a care placement after 2011 who remain in kinship care

In 2016, there are 14 children new to the study since 2011 still being cared for in the kinship care family. Since 2011, 18 new children/young people have entered the study, including five in 2016. The table below shows the years in which these children first entered the study.

	2011	2012	2013	2014	2015	2016
New children/young people welcomed into the study	0	2	6	2	3	5

Four of the children/young people who came into the study after 2011 have already transitioned out of kinship care, three having been returned to their parents, and one turning 18.

The entry of new children into the study was to be expected. However, the impact of these new entries on some families is noteworthy.

The 18 new children/young people who have entered the study since 2011 have been placed with 12 different families – 7 families welcoming one new child, 4 families welcoming two, and 1 welcoming three children. The ages at which these children/young people entered the kinship care placement are:

- 4 were under 1 year
- 1 was aged 1
- 1 was aged 3
- 1 was aged 4
- 1 was aged 5
- 1 was aged 7
- 2 were aged 8
- 2 were aged 9
- 1 was aged 11
- 1 was aged 12
- 1 was aged 14
- 2 were aged 16

One third of the children/young people brought into the study after 2011 were babies and toddlers, some as young as a few weeks or months old. Even young children are reported by the carers to suffer long-term trauma associated with their previous experiences. Carers also report instances of children with foetal alcohol syndrome or foetal narcotic syndrome.

Two thirds of the children/young people brought into the study after 2011 were of school age and old enough to remember their lives before they came into the kinship family. In one family, three children were brought into the kinship arrangement, joining two siblings who were already in kinship care. They had previously been in a foster care placement, one that had not been successful for the children.

Children/young people with whom contact has been lost

In the period 2011-2016, contact has been lost with a total of 49 children/young people. Little is known about the current circumstances of these children/young people, although it is assumed from past surveys that 6 will have since turned 18, while 38 are presumed to be under 18, and therefore probably remain in the kinship family home.

Based on the last contact GPV/KCV had with the carers of these young people, it is believed that 28 of these children/young people are likely to be doing well, and eight are not likely to be doing well. For eight children, GPV/KCV did not have enough information to determine the likely outcomes.

Young people turned 18

Forty-three young people have turned 18 in the period 2011-16. For the most part, carers of those who are over 18 report that these young people have achieved academic success, and are either in further education or have entered the workforce. Many of these are forming mature, adult relationships, including some who are engaged or married. Several are also parenting children of their own. Only a few cases have been reported where due to disabilities, or mental or physical illness, the young people over 18 have been unable to find steady employment.

In 2014, a high number of children (14) in stable placements turned 18. This eventuality was predicted. In 2016, only three young people in the study turned 18. GPV/KCV predict that five young people in the survey group are due to turn 18 before the 2017 survey, and more will reach this milestone in 2018 and 2019.

There have been some reports of young people who have turned 18 not doing well. In one case a young person has been deemed to not be doing well because she is behind in her university studies. Two young women have been in relationships with men who are abusive. Another young person moved into independent living after receiving a victim of crime payment but moved back into the kinship carer's home when the money ran out.

Children/young people reconciled with a parent

By 2016, 24 children/young people have been reconciled with parents during the course of the study. Thirteen of these children returned to their father and eleven to their mother, none have returned to both parents together.

Twenty-one of these children/young people returned after two or more years in the kinship placement:

- 3 children returned after 1 year
- 4 children returned after 2 years
- 1 child returned after 3 years
- 1 child returned after 4 years
- 5 children returned after 5 years
- 1 child returned after 6 years
- 3 children returned after 7 years
- 3 children returned after 8 years
- 1 child returned after 13 years
- 1 child returned after 14 years
- 1 child returned after 16 years

The vast majority of kinship carers found it difficult to give up the children. However, most, but not all of the carers, recognised that it was in the best interests of the children that reconciliation be attempted.

Children/young people placed in another form of out-of-home care

Five children/young people left their kinship carer family for alternative out-of-home care. In three of these cases, the kinship care placement broke down because the needs of the children were too acute for the carers to deal with by themselves.

Of the five children in this situation:

- Two children/young people left the kinship care family for foster care. One has since turned 18.
- One young person who was sent to boarding school has since turned 18.
- One young person who had violence and anger issues was sent to residential care.
- The current situation of one young person is unknown, because GPV/KCV has been unable to contact the kinship carer family since her departure.

Children/young people placed with other kith or kin

Four children/young people left their original kinship care placement to live with other kith or kin.

- Three young people have gone to live with an uncle.
- One young person ran away from their kinship carer family to live with a godparent.

5...The outcomes for the children/young people

When considering the most recent evidence about children in the study, even for those with whom contact has been lost, it is possible to estimate how most of the 195 children who are in or have passed through the study were faring at the point of last contact. The table below outlines the outcomes for all 195 children who have passed through the study.

Assessment of how the children tracked by the study since 2011 are doing	Doing well	Not doing well	Unknown
children still in kinship care	51	22	2
children with whom contact has been lost	28	8	8
children who have turned 18	38	5	0
children reconciled with a parent	13	7	4
children who have moved into an alternate kinship placement	1	1	2
children placed in other out of home care	0	1	1
children placed in residential care	0	1	0
children sent to foster care	2	0	0
	133 (68%)	45 (23%)	17 (9%)

Nearly three quarters of the children and young people who have been a part of this study have experienced some level of mental illness, ranging from low level and intermittent anxiety to ongoing depression. Many have also been diagnosed with at least one of the following:

- Mental illnesses such as Schizophrenia and Bipolar disorder
 - Down Syndrome
 - Epilepsy
 - Diabetes
 - Barriers to learning including low IQ, dyslexia and other barriers to learning
 - Developmental restrictions such as Autism, Asperger's syndrome, and ADD/ADHD
- Also often mentioned are:
 - Foetal Alcohol Syndrome/Foetal Narcotic Syndrome
 - Anti-social behaviours
 - Health issues associated with premature birth
 - Difficulties with hearing, speech or vision

Over the years of the study a number of carers suspect that the children in their care have been sexually abused prior to be placed with them, however, their requests for information have not been fulfilled by DHHS. The lack of confirmation of their strong suspicions prevents carers accessing the sort of assistance they feel they need for the children.

Those children and young people who are deemed to be doing well are overcoming these obstacles, while those who are not doing well are still struggling under the weight of one or more of these challenges.

Outcomes for children still in kinship care

The majority of the children still in care (68%) are doing well, according to their carers. This can sometimes mean that they are doing well compared with other years and that they still have problems to be dealt with. However, these children are no longer a cause for concern to their carers.

30% of children still in kinship care have physical and/or emotional health issues that are causing concern to their carers. Of particular concern are two young children aged between 7- 8 years old who have been reported as having serious depression.

Outcomes for children with whom contact has been lost

The figures given for this category are estimates based on what was known about these children at the last point of contact with their carers. See section 4.3 for more details.

Outcomes for children who have turned 18

GPV/KCV continues to monitor the wellbeing of young people who have turned 18, even though they have left care. Examples of the pathways taken by young people who have left this study are: working full or part time, studying full or part time, or a combination of both. Those young people who are in employment are working:

- in retail jobs
- in fast food restaurants
- in trades/apprenticeships
- in a funeral home
- as a nurse

Three young people were looking for work, or currently in stable employment but looking to change fields.

Some young people who have left kinship care are still committed to improving their prospects through education, with four still at high school and others in higher education in fields as diverse as archaeology, medicine, beauty therapy, psychology, education support (integration aide), law, child care, politics, youth work, sports science and information technology.

At least five of the young people have started families of their own, while others are engaged or married.

A small minority of young people are unable to work or study due to physical or mental illness.

Outcomes for children reconciled with a parent

When asked how they thought the children/young people were doing now that they are reconciled with their parent/s, the carers reported that 15 are doing well, whilst seven are not doing well. For two children the outcomes were unknown.

Thirteen children/young people who have reconciled with their parents are now doing well

- All but two of the kinship carers enjoy ongoing access to the children for whom they cared. Two carers have no access to the child/children they reared, and one carer has since passed away.
- In two cases the former carer provides occasional care for the child. This allows continuation of the previous close relationship and assists the parents.
- In one case the reconciliation was successful with a father after he was released from jail.
- In one case a child/young person who was reconciled with a parent chose to move in with another relative, before returning as an adult to live with the original kinship carer. The carer reports that this young adult is now doing well.

Seven children/young people who have reconciled with their parents still face challenges.

- In one case, the four children/young people who were reconciled with a single parent were separated from each other within 12 months. After a short time, three of these children asked to be reunited with each other and the other parent. One is now in a youth hostel, the other three remain with the second parent. Grave concerns are held for the health and wellbeing of the child/young person in the youth hostel and nothing is known about the welfare of the other three, who moved interstate.
- In one case a child/young person was placed in residential care after she was unsuccessfully relocated with her parent to a provincial town. The placement in residential care was also unsuccessful and the whereabouts of this child/young person is now unknown.
- In one case a child/young person did not wish to be reconciled with his father, but the carer insisted that a trial be made. The child/young person was unhappy with the situation and has since turned 18.
- In one case a child/young person moved back and forth between the kinship carer family carer and a parent for some time, before turning 18 and finally transitioning out of kinship care.

Four children/young people are in situations where it is not known if the reconciliations have been successful.

In one case, affecting two children, a carer has been so distressed by the loss of custody of these children that she has been unable to give GPV/KCV an unbiased/coherent assessment of the current circumstances of the children.

Children who have moved into an alternate kinship placement

Four young people have moved into alternate kinship placements. Only one of these cases is known to continue to be successful – a young person who went to live with his uncle at age 16.

In one case there are concerns for a young person who left of their own volition to live with an uncle, who is suspected by the extended family to be a drug user. The young person is also believed to be taking drugs.

In two cases, the outcomes for these young people are unknown.

- In one case, the carer had fought to keep the young person in their custody, and was so upset that a rational judgement on the current wellbeing of the child was not forthcoming.
- In one case, the young person ran away from the kinship carer family to live with a godparent. GPV/KCV has had no information on this young person's wellbeing since.

Children placed in other out of home care

One young person who was sent to boarding school has since turned 18, and it has been reported by her former carer that she now lives with a male who has been abusive towards her.

The current situation of one young person is unknown, because GPV/KCV has been unable to contact the kinship carer family since her departure, although it is known that the carers were unhappy about the manner in which she left their care.

Children placed in residential care

A young person who had violence and anger issues was sent to residential care. The carers still visit several times a week, but report that the child is not doing well.⁶

Children sent to foster care

Two children/young people who left the kinship care family for foster care are now known to be doing well:

- One has since turned 18 but continues to live with the foster family, and is reported to be very happy
- One young person who was moved into foster care has now returned to their mother and is doing well.

For a copy of the full report contact:

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⁶ This family has been informed of the possibility of securing a targeted care package to assist them to have the child back in the kinship care home. The kinship carers have declined, saying that the child was too violent and has deteriorated while in residential care.