Ways forward for kin
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*For children to grow up successfully they need to feel consistently safe, loved and nurtured.*
Why kin?

• Society’s commitment to the extended family as a profound source of strength and stability
• Potential for greater contact with parents, maintenance of family bonds-contact informal and family-like-promotes ties
• Normative and viewed more positively by parents
• Relational- ‘already family’, reduces trauma removal because kin already known, connection to culture, kin more available in adulthood
• Stable- often longer placements, less placement disruption, high levels of commitment and guidance and able to stay in to adulthood
• Advocacy- kin tend to have higher expectations for children. Studies show better employment, education and mental health outcomes and lower welfare, homelessness and incarceration rates
Complicators

• Kin can be reluctant to limit contact that is abusive (Vanschoonlandt et al, 2012)
• Reunification with parents from kin care can be slower (Berrick et al, 1994)
• Kin care arrangements can negatively impact family dynamics (Carer fact sheet 11)
• Children and caregivers in kinship settings typically have greater needs for services, but were less likely to receive them (Coleman & Wu, 2016)
What else does the research say?

• Exceedingly difficult to disentangle the effects of placement type from the intrinsic nature of the child and their past experiences.
• Children in family-based care reported higher levels of satisfaction with care settings and caregivers and higher levels of safety.
• Increased feelings of safety have been postulated to allow children to focus more on school and lead to increased academic outcomes.
• Children who were more satisfied with their placement were reported display fewer problematic behaviours
What else does the research say?

- Children entering care tend to have a variety of health and mental health problems that exceed rates in the general population—general health issues, developmental delay, behavioural issues.

- Early studies show kin carers tend to be older, single, have lower incomes, lower levels of education, lower levels of home ownership and poorer health (Berrick, Barth and Nedell 1994; Coleman & Wu, 2016; Monahan et al, 2017).

- Children’s health and behavioural issues can take a toll on carer health and finances.
What helps kin carers?

- Specialised training, guidance and support acknowledging the complexity of family relationships and dynamics
- Child care
- Access to services to meet child’s needs - particularly counselling and therapeutic family support services
- Flexible financial and other practical supports

The Encompass Family and Community Review of Training and Assessment: Kinship Care and Foster Care report findings are being used to inform our work

- Recast from alternative care frame to ‘family supporting family’;
- Identify kin early
- Customised processed and resources
- Enable kin - integrated process of informing, assessing
- Build on strengths
- Align training to carer development
- Collaboration and shared decision making
- Build competency over time
- Ensure assessment processes respond to trauma - healing resources
Major strengths and obstacles

**Strengths**

- Knowledge and experience in our existing foster and kinship care sector, including in our Aboriginal and Torres Strait Islander community controlled organisations

**Obstacles** – every step is different to foster care and requires a new approach

- *Finding family*: finding and engaging family is not recruiting
- *Caring for family*: assessment and supporting a pool of kinship carers for their own family members – cannot be used for just any care arrangement
  - Blue card processes can be a barrier for family
- *Supporting Family*: Repositioning support to family households often with existing family connections
Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP)

*Family Caring for Family*

QATSICPP has been engaged to work with the department over two years to develop a standalone kinship care program.

QATSICPP is facilitating the co-design and implementation for two demonstration sites in partnership with:

- Aboriginal and Torres Strait Islander Community Health Service Brisbane
- Goolburri Aboriginal Health Advancement Company
SE Region Keeping KINnected
Team will identify kin with a strong cultural lens and be:

• Innovators- challenge current processes, model new ways of supporting families

• Capability builders- enable others to act (we walk alongside children, families and CSSC staff)

• Connectors/facilitators- for rebuilding family/community relationships and to act as conduits between the CSSC and family

1x AO3, 2 x P04, 8x A04- 1 employed by Kalwun, 1 employed by Jinndi Mibunn
References


