Support for children in kinship care provided by the Commonwealth, States & Territories of Australia

Report of national policy survey

NSW Association of Children’s Welfare Agencies

December 2018
The Association of Children’s Welfare Agencies

The Association of Children’s Welfare Agencies (ACWA) is the New South Wales (NSW) non-government peak body representing the voice of community organisations working with vulnerable children, young people and their families. It is one of the largest peak bodies for children’s services in the country. ACWA convenes a biennial national conference addressing current issues and developments in children’s services policy and practice.

Acknowledgements

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Katie Crookes, Administrative Assistant, worked tirelessly throughout the data collection task, including managing all documentation, issuing tactful reminders to the various jurisdictional managers involved, and assisting with the collation of collected data.

Dr Wendy Foote has provided constant advice and oversight despite her own heavy workload.

This report was written by Dr Meredith Kiraly, Project Consultant.
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Background to the national survey of kinship care policy

ACWA 2018 project Kinship Care: Making It a National Issue

The ACWA project *Kinship Care: Making It a National Issue* aimed to establish a national policy focus and to lay the groundwork for the development of a coherent policy approach to kinship care in Australia. The inspiration was a 2009 National Kinship Care Forum run by the Social Policy Research Centre of the University of New South Wales. It appeared timely to review policy and practice development since that time, and to identify current issues and priorities for further advocacy.

The project was guided by a Steering Group, and practical oversight was provided by a Reference Group made up of representatives from government agencies, community organisations and academia across Australia. It was supported by Dr Meredith Kiraly, Consultant, and Ms Katie Crookes, Administrative Assistant, both working closely with Dr Wendy Foote, Deputy CEO of ACWA. A grant from the Sidney Myer Fund’s Poverty and Disadvantage Program provided financial support.

The project included:

- A dedicated stream of presentations on topics in kinship care at the *ACWA 2018 Conference*, Sydney 20-22 August 2018.
- The *National Kinship Care Forum* held at the Australian Human Rights Commission, Sydney on 23 August 2018.
- Two Special Kinship Care Issues of *ACWA journal developing practice* (forthcoming early 2019).
- Survey of kinship care policy in the Commonwealth, States and Territories of Australia – the subject of this report.

Defining kinship care

The Steering Group spent some time considering existing definitions of kinship care which were accepted as relevant to the project.

*Kinship care is defined as family-based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature*\(^1\).

*Statutory relative/kinship care is defined in Australia as care where the caregiver is a relative (other than parents), considered to be family or a close friend, or is a member of the child or young person’s community (in accordance with their culture) who is reimbursed by the state/territory for the care of the child*\(^2\).

*For Aboriginal and Torres Strait Islander children, a kinship carer may be another Indigenous person who is a member of their community, a compatible community, or from the same language group*\(^2\).

However the Group considered that these definitions did not go far enough in articulating an understanding of indigenous cultural authority in determining kinship relationships within indigenous communities. The diversity of kinship relationships across Aboriginal Australia was thus also noted and included by reference to a statement provided by QATSICPP (Queensland Aboriginal and Torres Strait Islander Child Protection Peak):

*In relation to a definition for Aboriginal Kinship, QATSICPP advocates that Aboriginal Kinship is a diverse and complex system and that Aboriginal Kinship refers to the biological bloodlines that have been passed on from generation to generation.*

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Consideration of who is kin to a child is also the decision and responsibility of family and those with cultural authority, not the statutory agency³.

Survey methodology

The survey involved mapping and reviewing statutory kinship care policies and service provision across State and Territory jurisdictions, and Commonwealth government policy and services for children in kinship care, both informal and formal (statutory).

Two templates for data collection were developed, one for the States and Territories and one for the Commonwealth Department of Social Services (see Appendix 2). The templates were modelled on those used in the survey conducted by the UNSW Social Policy Research Unit for the 2009 National Kinship Care Forum, adapted to present circumstances. Templates were emailed to Senior Managers in the relevant government departments on 14 June 2018 with a letter requesting participation; the letter was also mailed. The closing date was 6 July; extensions of time were granted on request. All jurisdictions provided data with the exception of Western Australia (WA).

It is important to note that policy and practice reported here is as presented by policymakers in central policy units. The report does not necessarily represent how practice is enacted at local levels, a reality that cannot be captured in this way. Anecdotal reports across jurisdictions bear witness to the fact that policy is not always implemented consistently as intended due to workloads, staff shortages, regional budgets and other constraints. In terms of full implementation of stated policy, regional staff do their best with what they have.

The complete dataset appears in Appendix 1; this data has been copied directly from the templates into a separate table for each question asked. Some jurisdictions provided attachments describing specific policies; these are available on request from the writer.

Comments: State & Territory statutory kinship care policy

Definitions

Definitions of kinship care used in the various States and Territories are very similar. Kinship care is defined as care by a relative or a person known to the child as a significant other. The definition of kinship care for indigenous children is extended to include persons who have a cultural, tribal or community connection with the child or young person that is recognised by that child or young person’s family or community. The Aboriginal Child Placement Principle (ACCP)⁴ is seen as integral to making kinship care arrangements for indigenous children.

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³ QATSICPP (2018). Record of Advice – Aboriginal Kinship Care. QATSICPP. Brisbane QLD.
⁴ The Aboriginal and Torres Strait Islander Child Placement Principle outlines a preference for indigenous children to be placed with other indigenous people when they are placed outside their family with the following order of preference:
(a) as a priority, wherever possible, the child must be placed within the Aboriginal extended family or relatives and where this is not possible other extended family or relatives;
(b) if, after consultation with the relevant Aboriginal agency, placement with extended family or relatives is not feasible or possible, the child may be placed with—
   (i) an Aboriginal family from the local community and within close geographical proximity to the child’s natural family;
   (ii) an Aboriginal family from another Aboriginal community;
   (iii) as a last resort, a non-Aboriginal family living in close proximity to the child’s natural family;
(c) any non-Aboriginal placement must ensure the maintenance of the child’s culture and identity through contact with the child’s community. (State of Victoria (2005). Children, Youth and Families Act.)
Statutory kinship care is defined as care by a relative or a person known to the child as a significant other which has been approved by the child protection service or its delegated non-government agency.

The term informal kinship care is also understood similarly in all jurisdictions as care where there is no statutory children’s court order in place regarding the child’s care.

There is however no clear consensus about the conceptualisation of non-familial kinship care. The term ‘kith care’ is used in some jurisdictions. In South Australia such placements are described as Specific child only care (SCO) placements, and in the Northern Territory as Specific Foster Care.

Policy enshrined in legislation

All jurisdictions provided details of and/or links to relevant legislation that guides kinship care policy, and several jurisdictions provided details about additional relevant policy documents (See Appendix 1 for details).

- Kinship care is enshrined in child protection legislation as the preferred placement option in all jurisdictions.
- The Aboriginal Child Placement Principle (ACCP) is enshrined in legislation in all jurisdictions.

Can informal kinship care arrangements be made by a child protection authority?

Varying responses to this question were reported.

- Queensland, NT and the Australian Capital Territory (ACT) stated that it was not possible for child protection to be involved in arranging a kinship care placement without such an arrangement becoming a statutory placement.
- Four States reported that child protection could make informal kinship care arrangements under some circumstances.
  - In NSW a Temporary Care Arrangement may be made for three months with a possible additional three month extension.
  - In Victoria, a Voluntary Child Care Agreement may be struck where assistance required is not deemed to be at the statutory level, such as during a period of illness.
  - SA described the capacity for very time limited support to families to make voluntary arrangements for the care of a child in certain circumstances such as a child with a disability.
  - Tasmania documented arrangements for approving a very short period of informal care while formal assessment processes are carried out.

Can kinship care placements be made with people not personally known to a child?

- All jurisdictions reported that kinship care placements may be made with relatives of a child who are not personally known to the child.
- All jurisdictions reported that Aboriginal children may be placed with an Aboriginal carer not personally known to them according to cultural rules and the principles established for identifying the best interests of the child in question. Tasmania reported that a placement of an Aboriginal child could not take place in a community other than the child’s own community unless the prospective carer was known to the child.
- For non-Aboriginal children, policy varied with regard to the possibility of a kinship care arrangement being made with a local community member not personally known to the child.
  - Five jurisdictions stated that kinship care arrangements of this sort are possible.
  - ACT and Tasmania stated that such a placement could not be made within their kinship care programs.
Financial support

There was much variation reported in financial support for statutory kinship carers across Australia. The highest carer allowances were generally in the ACT and the lowest in SA and Victoria. Care allowances increase with the age of the child in all jurisdictions.

All States and Territories reported that allowances paid to kinship carers were at the same level as foster care allowances. In Queensland, improvements in parity were reported to have come with greater outsourcing of kinship care support to Non-Government Organisations, thus assisting carers with advocacy for financial support on the basis of need.

Decision-making processes for the level of allowance to be made for a placement varied:

- Queensland, Northern Territory (NT), South Australia (SA) and Tasmania reported that decision-making processes were the same for both foster care and kinship care.
- Victoria and NSW described different decision-making pathways regarding levels of care allowances in foster care and kinship care.

Family group conferencing

Most jurisdictions reported some use of Family Group Conferencing (FGC) with the exception of NT and Victoria, however the extent of usage was not clear in any jurisdiction. ACT reported use exclusively for indigenous families; NSW reported increasing use of FGC; Queensland reported use for developing case plans and identifying potential kinship carers; SA reported that a new framework was being developed for implementing FGCs in line with new legislation being enacted in 2018; and Tasmania reported that an FGC can be suggested by a magistrate.

Kinship carer and placement recruitment and assessment

All jurisdictions reported thorough processes of recruitment and assessment, however these processes varied across the jurisdictions (see Appendix 1 pp.33-42 for details).

- NT has the same assessment process for foster carers and kinship carers. Kinship carers require re-approval after 12 months.
- Queensland has a common assessment approach for foster carers and kinship carers, however the guiding practice resources are different.
- In ACT, where more than one suitable kinship carer is available a matching process occurs to determine the most suitable placement. Kinship assessment approvals involve a Linking Panel that includes representatives of both the ACT Child and Youth Protection Services and the ACT Together consortium of Non-Government Organisations.
- SA requires the documented early assessment to be completed by Day 2 of placement. SA uses the Assessment Tool Step by Step South Australia 2017 Kinship for relative care and the Specific Child Only Carer Assessment Tool for non-relative kinship arrangements. SA was undertaking further work on assessment policy and processes.

Timing of initial kinship care assessments and contingency arrangements for the care of children while assessment takes place.

Responses to this question were somewhat unclear. No jurisdictions answered a question about the proportion of assessments that occur prior to placement. Several jurisdictions suggested that kinship care assessments are made prior to placement, however all six reported provision for assessments to take place following placement, with brief safety screening at the outset. There were varied reports
about whether emergency placement with a kinship carer with a brief safety screening was the exception or the rule.

NT commented that children are sometimes placed in alternative approved placements while assessment takes place. NT also reported the most stringent requirements for a temporary carer approval, with such approval lasting only 3 days.

Timelines for completion of a full carer assessment and compliance requirements

- Victoria: within 6 weeks; no information provided about compliance process.
- NSW, NT, Queensland and SA: within 3 months; compliance reported as through normal management processes.
- ACT: no required timeframe, however the ACT Act requires that there must not be delay in decision-making that would disadvantage a child. It was reported that monitoring takes place to ensure this.
- Tasmania: no information provided.

Is there difficulty in securing alternative placements when kinship care placements are not approved?

The five jurisdictions that answered this question all stated that there was difficulty in securing alternative placements when kinship care placements were not approved.

- ACT reported difficulty in placing older children and sibling groups.
- NT reported that purchased home based care providers were contracted to provide care where kinship or foster placements cannot be identified.
- SA reported that when foster care was not available, or where the children had highly complex needs, the children were placed in residential care. SA was engaged in an active foster care recruitment drive.
- NSW was also engaged in an active foster care recruitment drive.

Kinship carer casework and support

Much detail was provided about ways in which case management, casework, carer support and training had been developed for children in kinship care. All jurisdictions described a range of casework and carer supports (see Appendix 1 pp. 43-49 for details).

All jurisdictions except Tasmania and Victoria stated that every child in kinship care has an active case worker, however the degree of activity varied. Minimum visits to children in kinship care were reported to be monthly in Queensland, two-monthly in NT, quarterly in SA, and yearly in ACT, NSW and Victoria. All but Tasmania stated that visits would be more frequent where needed.

Quality of Care

All jurisdictions reported they had Quality of Care processes in place. Four suggested these were adequate; two had no comment. SA reported significant work being done on their process.
Kinship carer training programs

All jurisdictions reported actively developing training programs. ACT & NT reported well-developed training programs, however NT reported challenges of remoteness and of demand exceeding supply.

Development of kinship care policy and practice

All jurisdictions reported significant development in kinship care policy and practice since 2010, generally focusing on carer recruitment, support and training initiatives. Two jurisdictions responded to a question about areas where they would like to see further development in kinship care policy and/or practice.

- SA described developmental work in train related to:
  - Scoping kinship carers and the application of placement principles in practice.
  - Improving support and monitoring of kinship carers.
  - Documentation for care plans and carer support plans.
  - Capacity building and training.
  - Responses to care concerns and to placements at risk of breakdown.

- NT noted a need for continued improvements to the delivery of kinship care training especially:
  - For carers in remote communities.
  - Expanding the availability and utilisation of interpreters for contact and case planning.
  - Partnering with Aboriginal organisations to increase the numbers and proportion of children placed with kinship carers.

Role of the Commonwealth

Four out of the six jurisdictions expressed the wish to see some augmentation to Commonwealth support for children in kinship care via Centrelink. The following areas were listed:

- Special consideration in child care placement (access to centre based child care), financial support, documentation requirements, and work activity tests.
- Greater access to a ‘grandparent support line’ like service.
- Easy access to allowances for informal care.
- Improved access to payments for non-parent carers.
- Better recognition of the caring role kinship carers provide in assessments for government benefits (e.g. waiving work requirements for some payments).
- Future exploration of Commonwealth support for children in kinship care. Victoria reported a proposal they had already made to the Commonwealth to improve carers’ experience.
- Broadening scope and reach of the Grandparent Advisory Line beyond just grandparents to include practical assistance navigating Centrelink and providing greater resources and training to advisors.
- More specific information for carers online.
- Redeveloping generic forms to respond to carers’ unique circumstances and improve usability.
- Reviewing income eligibility criteria for carers accessing Family Tax Benefit, with the view to making carers exempt from means-testing.
- A grace period for income support payments to continue between placements to reflect the fluidity of care arrangements and burden of frequently amending applications.
Commonwealth policy - support of grandparent & non-parent carers

Commonwealth policy as reported in the survey template is here largely quoted verbatim (see Appendix 1 pp. 59-68 for details).

Definitions

Non-parent carer: an umbrella term which captures grandparents, kinship carers, foster carers and any other individual who has care of a child but is not their parent (for example a godparent or family friend).

A kinship carer: a carer who is related to the child, therefore including grandparent carers. All kinship carers are non-parent carers, but not all non-parent carers are kinship carers. Who is considered a kinship carer depends on the definition of ‘kin’ appropriate for and accepted by the community the child is a member of. Commonwealth definitions of kinship care generally exclude non-familial carers except for Aboriginal or Torres Strait Islander children in the care of a person according to indigenous community kinship rules.

Carer: a carer is an individual who provides personal care, support and assistance to another individual who needs it because that other individual:
(a) has a disability; or
(b) has a medical condition (including a terminal or chronic illness); or
(c) has a mental illness; or
(d) is frail and aged.

Carer Recognition Act 2010

- The object of Carer Recognition Act 2010 (the Act) is to increase recognition and awareness of carers and to acknowledge the valuable contribution they make to society.
- The Act also aims to ensure that the needs of carers are considered in the development, implementation and evaluation of Australian Government policies, programs and services that directly affect them or the person they care for.
- It complements carer recognition legislation in place in some States and Territories.

National Respite for Carers Program (NRCP) carer respite and support activities are delivered through Commonwealth Respite and Carelink Centres. The aim of the NRCP is to contribute to the support and maintenance of caring relationships between carers and their dependent family members or friends. The carer’s relationship to the care receiver is not a defining factor in the eligibility process, so grandparent and kinship carers are eligible for support. The NRCP funds 54 Commonwealth Respite and Carelink Centres (CRCCs) to assist carers with options for short-term and emergency respite, based on assessed need, and provide advice on, and coordinate access to, respite services in a carer’s local area. Broadly, through DSS funding, CRCC carer respite and support services are currently targeted to assist carers of:
- frail older Australians (65 years or over, or 50 years and over if Indigenous);
- people with dementia;
- people with dementia and challenging behaviour;
- younger people (under 65 years or under 50 years if Indigenous) with moderate, severe or profound disabilities who are living at home; and
- people with a terminal illness in need of palliative care.

The Commonwealth definition of a carer thus excludes kinship carers unless particular kinship carers have in their care a child with a disability or chronic illness. Kinship carers are thus not eligible for the National Respite for Carers program unless caring for such a child.
Commonwealth responsibilities

Stated policy is that the Commonwealth considers its responsibilities as the support of individuals and families, whatever their form, caring for children, and that the relationship of the individual to the child in their care is not relevant to the form or level of support provided.

The Grandparent Advisor program

This program was reported to have been established primarily to provide support to grandparent carers, however is available to all grandparent and non-parent carers. There is no intention to rename the program as its focus is intended to be specifically on grandparents. The program is reported to be currently meeting demand; there are no current plans to augment the program.

Benefits available to grandparent carers but not all other non-parent carers

Family Tax Benefit Part B may continue to be available for any grandparent and great-grandparent carers and single parent families (including single non-parent carers) with a youngest child aged 13 to 18 years. For other carers eligibility for Family Tax Benefit Part B ceases once the youngest child turns 13.

Additional Child Care Subsidy (Grandparent) is only available to grandparent carers and not to other kinship carers or non-parent carers. The carer or partner must be eligible for Child Care Subsidy and receive an income support payment. This subsidy covers the full cost of approved child care for up to 50 hours for each child per week.

Relationship between the National Framework for Protecting Australia’s Children 2009-2020 & current Commonwealth policy and practice regarding the support of children in kinship care

The Commonwealth Government has a partnership with State and Territory Governments and the community sector under the Framework to generate a coordinated national approach. Commonwealth, State and Territory Ministers for portfolios such as family, community, disability, children and young people, child protection and social welfare are responsible for agreeing to national strategies and actions, overseeing progress and overall direction of the Framework. The Children and Families Secretaries group is an informal group of senior officials from relevant government departments with oversight of identified national priorities, providing jurisdictions with a platform to collaborate on innovative policy approaches to child & family issues.

Policy to succeed the National Framework for Protecting Australia’s Children 2009–2020

The Department of Social Services is currently considering what policy or mechanism may succeed the National Framework in the context of related strategies, reforms and key priorities agreed by government and the non-government sector. Work being delivered through the Fourth Action Plan under the current National Framework will set the foundations and evidence base for the work post 2020.

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Issues identified

i. There is a disparity between the UN and AIHW definitions of kinship care, and statutory kinship care arrangements as articulated by the States and Territories of Australia. Both the UN and AIHW definitions include the provision that non-relatives should be ‘close friends’, unless they are indigenous kin according to cultural rules. However, all State and Territory jurisdictions except ACT and Tasmania mentioned circumstances under which non-indigenous children may be placed in the statutory kinship care of non-relatives who are not personally known to them.

ii. The definition of a Carer adopted by the Commonwealth Government excludes kinship carers unless they have in their care a child with a disability or chronic illness. Services funded by the Commonwealth for carers are thus generally not open to kinship carers.

There is inconsistency in Commonwealth stated policy regarding family support. Stated Commonwealth policy is that the relationship of the carer to the child in their care is not relevant to the form or level of support provided. However, two forms of support are only available to grandparent carers and not to other kinship carers or ‘non-parent’ carers. These are:

- Additional Child Care Subsidy (Grandparent), and
- The continuation of Family Tax Benefit Part B for grandparent and great-grandparent carers with a youngest child aged 13 to 18 years.

iii. The definition of kinship care used by the Commonwealth Government differs from the definition used by the States and Territories.

- The States and Territories include non-familial carers (who are not approved foster carers) within their definitions of kinship care.
- The Commonwealth definition of kinship carer does not include non-familial carers (who are not approved foster carers), instead including them in a more general category of ‘non-parent carer’.

iv. Most States and Territories are actively developing their kinship care policy, practice and training. There appears to be general acknowledgement that there is further room for developments in policy, practice and training initiatives, including greater use of Family Group Conferencing to identify suitable care arrangements and their support.

v. There is considerable variation in the rates of carer allowances across the States & Territories, with generally higher rates in ACT and lower rates in SA and Victoria.

vi. Standards and processes for the assessment of statutory kinship carers vary across the States and Territories. Promising practices in this area include the *Step by Step – Kinship Care assessment tool* in use in NSW and SA and under consideration in Victoria, and the *Winangay assessment tool* for indigenous carers, with recent adaptation for non-indigenous carers. Policy regarding the timing of carer assessments permits children in most jurisdictions to be in placements for some months prior to full assessment being completed.

vii. There is considerable variation across States and Territories regarding the monitoring of children’s care with kin and casework support provided to them.

viii. Most if not all States and Territories experience difficulty in finding alternative placements when kinship care placements are not approved.
ix. Policymakers in several States and Territories would like to see augmentation and/or extension of Commonwealth service and/or financial benefits for all kinship carers (including non-relative kinship carers, who are included in the Commonwealth category of ‘non-parent carers’).

x. The National Framework for Protecting Australia’s Children 2009-2020 expires in 2020 (one year away). A possible replacement policy or mechanism has not yet been finalised.

Conclusions

Development of kinship care policy and practice is occurring in all States and Territories. However this survey has identified a range of areas where work is required to ensure the safety and wellbeing of children in kinship care.

There also appears to be less development of policy and services to assist children in kinship care taking place at the Commonwealth level than at State and Territory level at the present time.

Kinship carers are not included in the Commonwealth definition of a Carer, and they are thus generally not eligible for support services available to carers as defined by the Commonwealth, such as those provided by Carers Australia and its State and Territory counterparts.

Recommendations

The Council of Australian Governments (COAG) should address the following issues identified from the survey:

1. Alignment of the Commonwealth Government definition of kinship care with the definition consistently used across the States and Territories.

2. Alignment of Centrelink program guidelines with Centrelink’s overarching policy that the relationship of the individual to the child in their care is not relevant to the form or level of support provided for the care of the child. This would involve renaming and extending to all ‘non-parent carers’ the Additional Child Care Subsidy (Grandparent) and Family Tax Benefit B conditions that are currently available only to grandparent and great-grandparent carers.

3. Consideration of the anomaly that kinship carers are not per se included in the Commonwealth definition of a Carer, and are thus excluded from services available to such carers.


5. Inclusion in the policy document that succeeds the National Framework actions to develop statutory kinship care policy and support in areas that have been widely identified including:
   
   - Development of a wider range of quality out of home care arrangements to ensure suitable care alternatives when kinship care is not available or appropriate.
   
   - A common standard and tools for assessing statutory kinship carers, and an acceptable timeframe for assessments to be completed to ensure children’s safety and wellbeing.
   
   - Standards and resourcing for the casework support and supervision of children in kinship care at the same level as for children in foster care.

6. Consideration of whether the current variation of Australian statutory kinship care practice from the accepted international and national definitions of kinship care is in the best interests of children. In particular, a decision is needed about whether kinship care placements are
appropriately established with non-relatives who are not personally known to a child, or whether such placements should be established within foster care programs.

7. **Review of statutory kinship care allowances in the States and Territories to ensure common levels of care allowances across Australia.** This would involve:

- initially bringing all statutory care allowances in line with those in the ACT.
- establishing a means of ensuring that carer allowances across the country remain at parity as increases become necessary.
- ensuring that Victoria and NSW establish common pathways for their decision-making processes for the level of care allowances to be made for children in foster care and kinship care.
Appendix 1  Data Tables

The data collected has been transcribed directly from the data collection templates for each jurisdiction and entered into Tables that relate to the subject matter of the various questions asked on the templates. Where editorial comments have been added these appear in **bold italics**.
### Kinship care definitions by State and Territory

<table>
<thead>
<tr>
<th>State</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Kinship care is an out of home care placement (care placement) with an authorised adult who is a family member or significant person in the child's life. Kinship care is considered the best placement option for a child as kin are generally people that the child already knows.</td>
</tr>
<tr>
<td>NSW</td>
<td>The Act defines kin as 'kin of a child of young person means a person who shares a cultural, tribal or community connection with the child or young person that is recognised by that child or young person’s family or community. 'Author’s note: The Act only provided a description of kinship care in relation to Aboriginal children. Relative care is referred to but not defined.]</td>
</tr>
<tr>
<td>NT</td>
<td>Note: In the Northern Territory, kinship carers must be approved as authorised carers. They must meet the same eligibility requirements specified in the Care and Protection (Placement Arrangement) Regulations as general foster carers to be approved as authorised carers. Aboriginal kinship care is defined as care provided by blood relatives or kinship relative of a child in an environment where Aboriginal family, community and culture is valued and is central to a child’s safety, stability and development.</td>
</tr>
<tr>
<td>QLD</td>
<td>Kin is defined in the Child Protection Act 1999 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.</td>
</tr>
<tr>
<td>SA</td>
<td>Kinship care is defined as the nurturing and safe family-based care of children by a relative, kin or a significant other who are identified and assessed to provide appropriate care for children who are in need of care and protection. A kinship carer is a person who the child is related to by blood or marriage; it is a member of the child’s community, clan, skin or language group who is bound by a defined relationship that is in accordance with traditional practice and custom.</td>
</tr>
<tr>
<td>TAS</td>
<td>Kinship care is where the primary caregiver is a family member or a person with a pre-existing relationship to the child.</td>
</tr>
<tr>
<td>VIC</td>
<td>Kinship care is the care provided by relatives or a member of a child's social network when a child cannot live with their parents. (DHHS website) Aboriginal kinship care is care provided by relatives or friends to an Aboriginal child who cannot live with their parents, where Aboriginal family and community and Aboriginal culture are valued as central to the child’s safety, stability and development. The Aboriginal kinship services are operating in every region of the state.</td>
</tr>
<tr>
<td>WA</td>
<td>No data received.</td>
</tr>
<tr>
<td>Statutory kinship care</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>ACT</strong></td>
<td>Statutory kinship care is a care arrangement where daily care responsibility has been transferred from the Director-General to an authorised kinship carer, using an instrument of delegation.</td>
</tr>
<tr>
<td><strong>NSW</strong></td>
<td>Statutory kinship carers are people who have been authorised by FACS or an accredited non-government service provider to be kinship carers in cases where a child cannot safely remain with his or her parents or in cases where a child enters out-of-home care (OOHC). Statutory kinship carers have completed a formal assessment process and been approved by FACS or an accredited non-government service provider as authorised carers.</td>
</tr>
<tr>
<td><strong>NT</strong></td>
<td><strong>Noted as Formal Kinship Care</strong> Placement of children on Protection Orders with Authorised Kinship Carers – where a child is taken into the care of the Chief Executive Officer (of Territory Families) and is placed with other family members, kinship relatives or a person closely associated with the child.</td>
</tr>
<tr>
<td><strong>QLD</strong></td>
<td>Kin is defined in the Child Protection Act 1999 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.</td>
</tr>
</tbody>
</table>
| **SA** | Statutory kinship care is defined as the nurturing and safe care of children by a relative, kin or a significant other when a child must be separated from their parents as a result of a determination of a court and/or the Department for Child Protection following investigation and assessment of child protection concerns, determines that the child is unable to safely remain in parental care, approval is provided for a child to be removed and to enter Out of Home Care. Emergency or planned removal of children and young people require the worker to:  
  - Develop a genogram, identifying family and extended family members  
  - Work with families to scope all of the available members of a child’s family to identify who can provide safe and appropriate care  
  Formal kinship carers are required to be assessed and approved. When the Children and Young People’s (Safety) Act 2017 is implemented in full in October 2018, the timeframe will require kinship carers to be screened, assessed and approved within 3 months of a Temporary Placement.  
  Kinship carers are supported by Kinship Care Support workers employed within the Department for Child Protection. |
| **TAS** | Approved and assessed relative or a member of the child’s social network as a primary or respite carer. |
| **VIC** | Statutory kinship placements occur when a child protection intervention has occurred and a decision has been made to place a child with relatives or a significant friend, and may also involve an order made by the Children’s Court. (DHHS website) |
| **WA** | No data received. |
### Informal kinship care

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Informal kinship care arrangements are not brokered by Child and Youth Protection Services (CYPS).</td>
</tr>
<tr>
<td>NSW</td>
<td>Voluntary, private care arrangements, which can be temporary or permanent, where there is no involvement of FACS and the carers have not been authorised by FACS.</td>
</tr>
<tr>
<td>NT</td>
<td>N/A</td>
</tr>
<tr>
<td>QLD</td>
<td>Queensland does not make/support any informal kinship care through the child protection system. These are considered private family arrangements that are outside the scope of the CP system.</td>
</tr>
<tr>
<td>SA</td>
<td>Kinship care placements can be informal arrangements made by the family with little or no statutory involvement.</td>
</tr>
<tr>
<td>TAS</td>
<td>Grandparents and other relatives (kin) who are the primary carers for related children outside of the child safety system are known as ‘informal kinship carers’.</td>
</tr>
<tr>
<td>VIC</td>
<td>Private, informal or non-statutory kinship care are terms which may be used to describe arrangements where children are cared for by relatives without any Child protection intervention. (DHHS website)</td>
</tr>
<tr>
<td>WA</td>
<td>No data received.</td>
</tr>
</tbody>
</table>

### Term used in your State/Territory for kinship care placements with non-relatives (eg ‘kith’, ‘family friends’)

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Kith/kinship placement</td>
</tr>
<tr>
<td>NSW</td>
<td>Kin</td>
</tr>
<tr>
<td>NT</td>
<td>Specific Foster Care - Carers specially selected and approved as authorised carers to provide care for a specific child or sibling group. They may already know the child, or have a relationship with the child or may be separately recruited and assessed as having the skills to care for a specific child.</td>
</tr>
<tr>
<td>QLD</td>
<td>No distinct terminology used at this stage.</td>
</tr>
<tr>
<td>SA</td>
<td>Specific child only care (SCO) is defined as – with a person who has a significant relationship with the child based on identity, cultural connection or emotional attachment. A specific child only (SCO) carer is a person not related to the child who has a significant relationship with the child based on identity, cultural connection or emotional attachment.</td>
</tr>
<tr>
<td>TAS</td>
<td>Kith</td>
</tr>
<tr>
<td>VIC</td>
<td>Kinship Care</td>
</tr>
<tr>
<td>WA</td>
<td>No data received.</td>
</tr>
</tbody>
</table>
### Principles relating to statutory kinship care in legislation

| ACT | Legislation – ACT Children and Young People Act 2008 (CYPA)  
| --- | --- |  
| s9 Principles applying to Act,  
| s513 Priorities for placement with an out-of-home carer - Aboriginal and Torres Strait Islander child or young person,  
| Division 15.4.1A Approval of carers,  
| s516 kinship carer – specific parental authority,  
| s854 Out-of-home carer and approved kinship and foster care organisation – giving information necessary for responsibilities,  
| s982 Foster care service to be approved kinship and foster care organisation,  
| s983 Authorisation of kinship carers. |  

| NSW | Children and Young Person’s (Care and Protection) Act 1998 (Care Act).  
| Aboriginal and Torres Strait Islander relatives and kin should participate in decision-making about a child’s placement and other important decisions. [12]  
| Relatives and kin are the first placement option for Aboriginal and Torres Strait Islander children and young people. [13 (1) a]  
| When it is not possible for a child to be placed with relative or kin there should be consultation with the child’s or young person’s extended family or kinship group, as recognised by the Aboriginal and Torres Strait Islander community to which the child or young person belongs [13 (1) d (i)] |  

| NT | Care and Protection of Children Act 2007  
| Section 8: Role Of Family –  
| (1) The family of a child has the primary responsibility for the care, upbringing and development of the child.  
| (2) In fulfilling that responsibility, the family should be able to bring up the child in any language or tradition and foster in the child any cultural, ethnic or religious values.  
| (3) A child may be removed from the child’s family only if there is no other reasonable way to safeguard the wellbeing of the child.  
| (4) As far as practicable, and consistent with section 10, if a child is removed from the child’s family:  
| (a) contact between the child and the family should be encouraged and supported; and  
| (b) the child should eventually be returned to the family |  

| Section 9 Treating child with respect  
| (1) Each child is a valued member of society and is entitled to be treated in a way that respects the child's dignity and privacy.  
| (2) Decisions involving a child should be made:  
| (a) promptly having regard to the child’s circumstances  
| (b) in a way that is consistent with the cultural, ethnic and religious values and traditions relevant to the child; and  
| (c) with the informed participation of the child, the child's family and other people who are significant in the child's life. |  

| Section 10 Best interests of child  
| (1) When a decision involving a child is made, the best interests of the child are the paramount concern.  
| (2) Without limiting subsection (1), consideration should be given to the following matters in determining the best interests of a child:  
| (a) the need to protect the child from harm and exploitation;  
| (b) the capacity and willingness of the child's parents or other family members to care for the child; |
(c) the nature of the child's relationship with the child's family and other persons who are significant in the child's life;
(d) the wishes and views of the child, having regard to the maturity and understanding of the child;
(e) the child's need for permanency in the child's living arrangements;
(f) the child's need for stable and nurturing relationships;
(g) the child's physical, emotional, intellectual, spiritual, developmental and educational needs;
(h) the child's age, maturity, gender, sexuality and cultural, ethnic and religious backgrounds;
(i) other special characteristics of the child;
(j) the likely effect on the child of any changes in the child's circumstances.

Section 11 Child participation
When a decision involving a child is made:
(a) the child:
   (i) should be given adequate information and explanation in a way that the child can understand; and
   (ii) should be given the opportunity to respond to the proposed decision; and
   (iii) should be given the opportunity to express the child's wishes and views freely; and
   (iv) should be given assistance in expressing those wishes and views; and
(b) those wishes and views should be taken into account, having regard to the child's maturity and understanding.

Section 12 Aboriginal children
(1) Kinship groups, representative organisations and communities of Aboriginal people have a major role, through self-determination, in promoting the wellbeing of Aboriginal children.
(2) In particular, a kinship group, representative organisation or community of Aboriginal people nominated by an Aboriginal child’s family should be able to participate in the making of a decision involving the child.
(3) An Aboriginal child should, as far as practicable, be placed with a person in the following order of priority:
   (a) a member of the child's family;
   (b) an Aboriginal person in the child's community in accordance with local community practice;
   (c) any other Aboriginal person;
   (d) a person who:
      (i) is not an Aboriginal person; but
      (ii) in the CEO's opinion, is sensitive to the child's needs and capable of promoting the child's ongoing affiliation with the culture of the child's community (and, if possible, ongoing contact with the child's family).
(4) In addition, an Aboriginal child should, as far as practicable, be placed in close proximity to the child's family and community.

QLD
Principles of intervention

Placement principle

Aboriginal and Torres Strait Islander Child Placement Principle

Temporary placement The Children and Young People’s (Safety) Act 2017, which will be implemented in full in October 2018, contains sections related to:

Principles of intervention – Chapter 2, Part 3, Section 10

(1) The principles of intervention are as follows:
   (a) decisions and actions (if any) under this Act should be taken in a timely manner (and, in particular, should be made as early as possible in the case of young children in order to promote permanence and stability);
   (b) if a child or young person is able to form their own views on a matter concerning their care, the child or young person should be given an opportunity to express those views freely and those views are to be given due weight in the operation of this Act in accordance with the developmental capacity of the child or young person and the circumstances;
   (c) account should be taken of the culture, disability, language and religion of children or young people and, if relevant, those in whose care children and young people are placed;
   (d) in each case, consideration should be given to making arrangements for the care of a child or young person by way of a family group conference if possible and appropriate.

(2) Each person or body engaged in the administration, operation or enforcement of this Act must exercise their powers and perform their functions so as to give effect to the principles of intervention.

(3) However, this section and the principles of intervention do not displace, and cannot be used to justify the displacement of, section 7.

(4) To avoid doubt, the requirement under this section applies to the Court.

Placement principles – Chapter 2, Part 3, Section 11

(1) The placement principles are as follows:
   (a) all children and young people who have been removed from the care of a person under this Act should be placed in a safe, nurturing, stable and secure environment;
   (b) the preferred option in relation to such placement of a child or young person is to place the child or young person with a person with whom they have an existing relationship;
   (c) approved carers are entitled to be, and should be, involved in decision-making relating to children and young people in their care.

(2) Each person or body engaged in the administration, operation or enforcement of this Act must exercise their powers and perform their functions so as to give effect to the placement principles.

(3) However, this section and the placement principles do not displace, and cannot be used to justify the displacement of, section 7.

(4) To avoid doubt, the requirement under this section applies to the Court.

Aboriginal and Torres Strait Islander Child Placement Principle – Chapter 2, Part 3, Section 12

(1) Subject to the placement principles, the objects and principles set out in this section apply to the placement of Aboriginal and Torres Strait Islander children and young people under this Act.

(2) The objects of this section include—
   (a) maintaining the connection of Aboriginal and Torres Strait Islander children and young people with their family and culture; and
   (b) enabling Aboriginal and Torres Strait Islander people to participate in the care and protection of their children and young people; and
   (c) achieving the objects set out in the preceding paragraphs (as well as reducing the incidence of the removal of Aboriginal and Torres Strait Islander children and young people) by encouraging Aboriginal and Torres Strait Islander people, their children and young people and State authorities to act in partnership when making decisions about the placement of Aboriginal and Torres Strait Islander children and young people under this Act.

(3) The Aboriginal and Torres Strait Islander Child Placement Principle is as follows:
(a) if an Aboriginal or Torres Strait Islander child or young person is to be placed in care under this Act, the child or young person should, if reasonably practicable, be placed with 1 of the following persons (in order of priority): (i) a member of the child or young person’s family; (ii) a member of the child or young person’s community who has a relationship of responsibility for the child or young person; (iii) a member of the child or young person’s community; (iv) a person of Aboriginal or Torres Strait Islander cultural background (as the case requires), (determined in accordance with Aboriginal or Torres Strait Islander traditional practice or custom);

(b) if an Aboriginal or Torres Strait Islander child or young person is unable to be placed with a person referred to in paragraph (a), or it is not in the best interests of the child or young person to do so, the child or young person should be given the opportunity for continuing contact with their family, community or communities and culture (determined in accordance with Aboriginal or Torres Strait Islander traditional practice or custom);

(c) before placing an Aboriginal or Torres Strait Islander child or young person under this Act, the Chief Executive or the Court (as the case requires) must, where reasonably practicable, consult with, and have regard to any submissions of, a recognised Aboriginal or Torres Strait Islander organisation.

(4) This section and the Aboriginal & Torres Strait Islander Child Placement Principle do not displace, and cannot be used to justify the displacement of, section 7.

(5) The Minister may, by notice in the Gazette, after consulting with the relevant community or a section of the relevant community, vary or revoke a declaration relating to a recognised Aboriginal or Torres Strait Islander organisation. (6) The regulations may make further provision in relation to the placement of Aboriginal children and Torres Strait Islander children under this Act. (7) To avoid doubt, the requirements under this section apply to the Court.

(8) In this section— recognised Aboriginal or Torres Strait Islander organisation means—

(a) in relation to the placement of an Aboriginal child or young person—an organisation that the Minister, after consulting with the Aboriginal community or a section of the Aboriginal community, declares by notice in the Gazette to be a recognised Aboriginal organisation for the purposes of this section; or

(b) in relation to the placement a Torres Strait Islander child or young person—an organisation that the Minister, after consulting with the Torres Strait Islander community or a section of the Torres Strait Islander community, declares by notice in the Gazette to be a recognised Torres Strait Islander organisation for the purposes of this section.

Temporary placement of child or young person where approved carer not available - Chapter 7, Part 1, Division 3, Section 77

(1) Despite a provision of Division 2, but subject to this section, the Chief Executive may place a child or young person who is removed under this Act, or who is in the custody or under the guardianship of the Chief Executive, in the care of a person who is not an approved carer if the Chief Executive is satisfied that—

(a) it is a matter of urgency that the child or young person be placed in the care of a person other than a person with whom the child or young person is residing; and

(b) it is not, in the circumstances, reasonably practicable to place the child or young person in the care of an approved carer; and

(c) the risk of harm being caused to the child or young person if they are not placed in the care of a person under this section exceeds the risk that the person will cause harm to the child or young person.

(2) Despite any other provision of this Act, the placement of a child or young person under subsection (1)—

(a) must be of a temporary nature (and in any event must not exceed a period of 3 months); and

(b) must be brought to an end as soon as it is reasonably practicable to place the child in the care of an approved carer; and

(c) must comply with any relevant policy published under section 19.

(3) If a child or young person is placed in the care of a person under this section—

(a) section 71 will be taken not to apply to the person;
(b) sections 73, 81 and 82 are to be construed as if the person were an approved carer (but, to avoid doubt, the person will not otherwise be taken to be an approved carer).

(4) The regulations may make further provisions in relation to the placement of a child or young person in the care of a person under this section (including by modifying the operation of a specified provision or provisions of this Act relating to the placement of children and young people).

<table>
<thead>
<tr>
<th>State</th>
<th>Legislation</th>
</tr>
</thead>
</table>
| TAS   | Registration to Work with Vulnerable People Act 2013  
Children, Young People and Their Families Act 1997 |
| VIC   | When a child needs an out-of-home care placement, it is a legislative requirement that kinship care be investigated before other placement options are pursued.  
| WA    | No data received. |

### Is kinship care the preferred placement option?

<table>
<thead>
<tr>
<th>State</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>The Priorities for Placement with an out-of-home carer (s513) preference kinship care over foster care and residential care, as long as a kinship placement is ‘available’, the child does not ‘object’ to that placement, and where a cultural plan is in place, the placement is consistent with that plan.</td>
</tr>
<tr>
<td>NSW</td>
<td>Relative and kin is the preferred placement option for all children and young people in care who cannot reside with their parents.</td>
</tr>
<tr>
<td>NT</td>
<td>Yes</td>
</tr>
<tr>
<td>QLD</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| SA    | Yes  
The paramount consideration is to ensure children and young people are protected from harm. Where there is an opportunity to do so, the preferred option in relation to placement of a child or young person is to place the child or young person with a person with whom they have an existing relationship.  
Scoping of family and extended family is considered to be a critical role when children are unable to live at home. In accordance with the Child Placement Principle and Aboriginal and Torres Strait Islander Child Placement Principle, the ultimate goal is to for strengthen and preserve families and where possible connections to family and kin and community are to be maintained. |
| TAS   | Kinship care is the first placement choice when Out of Home Care placement is required. |
| VIC   | Yes  
When a child needs an out-of-home care placement, it is a legislative requirement that kinship care be investigated before other placement options are pursued.  
<p>| WA    | No data received. |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>Enshrined in Legislation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Yes</td>
</tr>
<tr>
<td>NSW</td>
<td>Yes</td>
</tr>
<tr>
<td>NT</td>
<td>Yes</td>
</tr>
</tbody>
</table>
|       | The Aboriginal Child Placement Principle (ACPP) is legislated and embedded in the Care and Protection of Children Act 2007 (the Act) Northern Territory of Australia Section 12 - Aboriginal Children. The Act stipulates that for all Aboriginal children who are entering ‘Out of Home Care’, appropriate consultation must occur to identify a suitable placement for the child. The ACPP is significant to the Territory Families Finding Kinship Care model in that ‘an Aboriginal child should, as far as practicable, be placed with a person in the following order of priority:  
  a) A member of the child’s family  
  b) An Aboriginal person in the child’s community in accordance with local community practices  
  c) Any other Aboriginal person  
  d) A person who: I is not an Aboriginal person; but  
   II In the CEO’s opinion, is sensitive to the child’s needs and is capable of promoting the child’s ongoing affiliation with the culture of the child’s community (and, if possible, on-going contact with the child’s family).  
  4) In addition, an Aboriginal child should, as far as practicable, be placed in close proximity to the child’s family and community. |
| QLD   | Yes                      |
|       | Currently in s83 of Child Protection Act -  
   Full intent of the child placement principle will be embedded in legislation later this year through Child Protection Reform Amendment Act 2017 that was passed by parliament last year – refer to  
| SA    | Yes                      |
|       | The Child and Young people (Safety) Act 2017, Chapter 2, Part 3 Principles to be applied in operation of this Act, Section 12 outlines that the Aboriginal and Torres Strait Islander Child Placement Principle must be applied under the Act. Chapter 7, Part 2, 84 – Chief Executive’s powers in relation to children and young people in Chief Executive’s custody and guardianship states that;  
   (3) In exercising a power under this section, the Chief Executive—  
   (a) must have regard to the principles of intervention, the placement principles and, if relevant, the Aboriginal and Torres Strait Islander Child Placement Principle; and  
   (b) must keep in mind that leaving the child or young person under the guardianship, or in the custody of, the Chief Executive is the least preferred option; and  
   (c) should exercise the power in a manner that is consistent with this Act and any relevant policy published under section 19. |
<p>| TAS   | Yes, in s.10 of the Children, Young People and Their Families Act 1997 |
| VIC   | Yes                      |
|       | The CYFA contains the Aboriginal Child Placement Principle (the ACPP) which provides that, wherever possible, an Aboriginal and Torres Strait Islander child must be placed within the Aboriginal extended family or with relatives. The ACPP also outlines decision-making principles for Aboriginal children which include, among other things, that a decision in relation to the placement of an Aboriginal child, or other significant decisions, should involve a meeting convened by an Aboriginal convener and involving the child, the child’s family and appropriate members of the child’s Aboriginal community |
| WA    | No data received.        |</p>
<table>
<thead>
<tr>
<th>Region</th>
<th>Relevant Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>None provided /no comment [presumably all relevant policy provided above]</td>
</tr>
<tr>
<td>NSW</td>
<td>FACS has a large range of policy and guidelines that refer to kinship care. Documents that encompass kinship care including our Aboriginal Consultation Guide, the <em>Caring for Kids</em> Authorised Carer Guide, and <em>Caring Together</em>, a Guide on Resolving Concerns For Foster, Relative and Kinship Carers of Children and Young People in Statutory Care in NSW; mandates relating to carer assessment and authorisation, provisional authorisation and full authorisation, <em>Working with Children Checks, Reportable Conduct</em> policy and guidelines and the Office of Children’s Guardian’s NSW <em>Child Safe Standards for Permanent Care</em>. We also provide a large range of practice advice to practitioners which are relevant to kinship care from family-finding to relationship-based practice.</td>
</tr>
</tbody>
</table>
| NT | • Aboriginal Child Placement Principle Practice Guidelines  
• Finding Kinship Care Model |
| QLD | Kinship care program description – see attached.  
| SA | Not applicable [presumably all relevant policy provided above] |
| TAS | • Department of Justice, Registration to Work with Vulnerable People: Statutory Declaration  
• Police History Record Check Protocol  
• OoHC Expenditure Guidelines  
• Kinship care assessment procedure |
| VIC | Other key policy or guidelines relating to statutory kinship care (please attach relevant documents).  
<p>| WA | No data received. |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is it possible for child protection to be involved in arranging a kinship care placement without such an arrangement becoming a statutory placement?</strong></td>
<td></td>
</tr>
<tr>
<td>ACT</td>
<td>No – except in very specific circumstances through a Family Group Conferencing arrangement.</td>
</tr>
</tbody>
</table>
| NSW  | Yes  

**If Yes, under what circumstances?**

For a short time, under a Temporary Care Arrangement. A Temporary Care Arrangement places the child in the care of the Secretary while the parents continue to have parental responsibility. It is usually for 3 months but can be extended for an additional 3 months. Temporary Care Arrangements can be a less intrusive option than care orders for a child or young person who is in need of care and protection if it is considered that restoration within the time frames is considered a possibility. |
| NT   | No  |
| QLD  | No, these are considered private family arrangements. The department may locate family members but is not responsible for making any such arrangements. |
| SA   | In most circumstances no. Many families enter into private arrangements to care for children without any statutory child protection involvement. These arrangements are not supported via statutory case management or financial support. Statutory kinship care placements occur when the Department for Child Protection intervenes in a families and removes a child in line with the legislation.  

**If Yes, under what circumstances?**

In certain circumstances there may be very time limited support to families to make voluntary arrangements for the care of a child, for a child and linking families to services e.g. families struggling with day to day care of a child with a disability. |
| TAS  | Yes  

**If Yes, under what circumstances?**

Where an unplanned removal has occurred, the Child Safety Officer in consultation with their Team Leader must balance the level of risk posed by an emergency placement with unassessed kin against the distress caused to the child by placement with unknown foster carers. However, a Police History Record Check is required, for all persons over 18 years of age in the household where the child is to be placed, **who do not have an approved Working with Children Card.**

A Safe Home and Safe Practices check is to be completed at the time of placement and all other standard checks are to be completed within two days of the placement. And arrangements must be made to complete an Assessment of Competencies and Interim Approval form (Part B) within 10 days of the placement. |
| VIC  | Yes  

**If Yes, under what circumstances?**

Voluntary Child Care Agreements, where child protection may assist the parent to enter into a care arrangement without child protection being formally involved. These situations occur where a parent is ill or not coping and requires assistance that is not at the statutory level. [see Voluntary Child Care Agreement Handbook].  
| WA   | No data received. |
Can a statutory kinship placement be made with a person not personally known to the child who is:

1. a relative (e.g. living interstate)?
2. a local community member e.g. member of a local faith community?
3. an Indigenous person from the child’s community or another Indigenous community?

<table>
<thead>
<tr>
<th>ACT</th>
<th>Can a statutory kinship placement be made with a person not personally known to the child who is:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. a relative (e.g. living interstate)?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>2. a local community member e.g. member of a local faith community?</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>3. an Indigenous person from the child’s community or another Indigenous community?</td>
</tr>
<tr>
<td></td>
<td>Yes, provided that they satisfy the legal test at s14 of ‘significant person’ for a child or young person.</td>
</tr>
<tr>
<td></td>
<td><strong>Comments:</strong></td>
</tr>
<tr>
<td></td>
<td>No comment (left blank)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NSW</th>
<th>Can a statutory kinship placement be made with a person not personally known to the child who is: a relative (e.g. living interstate?)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Possibly – it will depend on factors such as the relative also being indigenous or if the relative meets the definition of ‘kin’ in the Care Act.</td>
</tr>
<tr>
<td></td>
<td>1. A relative</td>
</tr>
<tr>
<td></td>
<td>may still be considered kin even if that person is now living off country or interstate.</td>
</tr>
<tr>
<td></td>
<td>2. a local community member e.g. member of a local faith community?</td>
</tr>
<tr>
<td></td>
<td>Yes if they meet the definition of ‘kin’ as defined in the Care Act.</td>
</tr>
<tr>
<td></td>
<td>3. an Indigenous person from the child’s community</td>
</tr>
<tr>
<td></td>
<td>Yes if they meet the definition of ‘kin’ as defined in the Care Act.</td>
</tr>
<tr>
<td></td>
<td><strong>Comments:</strong></td>
</tr>
<tr>
<td></td>
<td>No comment (left blank)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NT</th>
<th>Can a statutory kinship placement be made with a person not personally known to the child who is:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. a relative (e.g. living interstate)?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>2. a local community member e.g. member of a local faith community?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>3. an Indigenous person from the child’s community or another Indigenous community?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td><strong>Comments:</strong></td>
</tr>
<tr>
<td></td>
<td>The placement must be made in the best interest of the child and in compliance with the Aboriginal Child Placement Principle, therefore placement in community is preferred to placement with an Aboriginal person residing outside the community, interstate or not known to the child.</td>
</tr>
</tbody>
</table>
QLD
Can a statutory kinship placement be made with a person not personally known to the child who is:
1. a relative (e.g. living interstate?)
   Yes
2. a local community member e.g. member of a local faith community?
   Yes, if the person meets the definition of kin.
3. an Indigenous person from the child’s community or another Indigenous community?
   Yes, if the person meets the definition of kin.
Comments:
No comment (left blank)

SA
Can a statutory kinship placement be made with a person not personally known to the child who is:
1. a relative (e.g. living interstate?)
   Yes
2. a local community member e.g. member of a local faith community?
   Yes
3. an Indigenous person from the child’s community or another Indigenous community?
   Yes
Comments:
Each of these options would be considered in relation to the best interests of the child.
- In the case where a relative living interstate is identified, the department would seek information and assistance from the relative’s home jurisdiction for assessment and explore opportunities to introduce the child and carer before placement.
- In instances where a carer applicant is sourced from the general community and has no or limited connection to the child, they may be considered and assessed as part of the general foster carer population. A referral can be made to the appropriate Out of Home Care Service Provider to undertake a Foster Carer Assessment.
- In the case of an Aboriginal and Torres Strait Islander person from the child’s community, it is recognised that Aboriginal and Torres Strait Islander children have the right to be brought up within their own culture and by their own people. When considering an Aboriginal and Torres Strait Islander person from another community it is recognised that Aboriginal families and communities are diverse however this is the next best option if there is not an opportunity to place the child with a person from their own community. This is in accordance to the Aboriginal and Torres Strait Islander Principle.

TAS
Can a statutory kinship placement be made with a person not personally known to the child who is:
1. a relative (e.g. living interstate?)
   Yes
2. a local community member e.g. member of a local faith community?
   Yes if known to them
3. an Indigenous person from the child’s community or another Indigenous community?
   Yes, but not another community unless known to the child
Comments:
No comment (left blank)
### VIC
Can a statutory kinship placement be made with a person not personally known to the child who is:

1. a relative (e.g. living interstate?)
   - Yes
2. a local community member e.g. member of a local faith community?
   - Yes
3. an Indigenous person from the child’s community or another Indigenous community?
   - Yes

**Comments:**
Children do not always know their relatives at the time of a placement being made. Children may not know a person from their parents’ social network, but the parents may identify an individual who agrees to care for the child and have undergone an assessment.

### WA
No data received.

### Carer allowances
Please attach details of annual and fortnightly carer allowances for children in kinship care. Are these allowances the same as for foster carers?

<table>
<thead>
<tr>
<th>State</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Allowances are equal between foster and kinship carers. Please see Subsidy Guidelines attached. <strong>Are these allowances the same as for foster carers?</strong> Yes</td>
</tr>
</tbody>
</table>
| NSW   | See allowances for children in care where an order is in place (note there are a small number of historical exceptions to an order being in place for some carers). **Attachment: Allowances for carers 2017-18.** From 1 July 2018, all eligible people living in NSW are able to access the National Disability Insurance Scheme (NDIS). The child or young person with a disability plan will be tailored to their goals, personal circumstances and disability support needs. There may also be supports the NDIS will fund that could have direct or indirect benefits to kinship carers such as:  
  - personal care to support an individual in your home or the community
  - supports to assist the child or young person with disability to enjoy social and community interaction without relying solely on their kinship carer
  - assistance with tasks of daily living, including help to improve the child or young person’s ability to do things
  - supported employment services and help for young people to move to work programs that prepare them for work
  - training related to the caring role that may enhance the kinship carer’s ability to provide care. Further information can be found on the website [http://ndis.nsw.gov.au/](http://ndis.nsw.gov.au/). FACS has developed a website with specific information for carers and caseworkers - [www.facs.nsw.gov.au/ndis](http://www.facs.nsw.gov.au/ndis) **Are these allowances the same as for foster carers?** Yes | |
Increased annual in line with CPI. **Are these allowances the same as for foster carers?** Yes | |
<table>
<thead>
<tr>
<th></th>
<th>Are these allowances the same as for foster carers?</th>
<th>Are these allowances the same as for foster carers?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAS</td>
<td>Carer allowance tables provided.</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Carer allowance table provided.</td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td>No data received.</td>
<td></td>
</tr>
</tbody>
</table>

### Equity between kinship carers and foster carers

In general, would you consider that children in kinship care and foster care receive equal financial support according to their identified needs, independent of the type of placement they are in? Please comment.

<table>
<thead>
<tr>
<th></th>
<th>Is the financial support equal? Please comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Yes, as stated. In the ACT all carers receive the same level of financial support. Additional payments relate specifically to the assessed needs of individual children, not the circumstances of the carer.</td>
</tr>
<tr>
<td>NSW</td>
<td>Where a child has been placed via a children’s court order with a kinship carer, the carer is entitled to the same financial support as a foster carer.</td>
</tr>
<tr>
<td>NT</td>
<td>Yes, please comment. Please refer to notation in section ‘definitions of kinship care used in your jurisdiction’Footnote below added by the editor by reference to text above.</td>
</tr>
<tr>
<td>QLD</td>
<td>They receive the exact same supports. Historically, a lower proportion of kinship carers have been supported by foster and kinship care services compared with foster carers, however this has improvement dramatically in recent years. The support of these agencies assists kinship carers to advocate for the supports their and their children need.</td>
</tr>
<tr>
<td>SA</td>
<td>Carer Support Payments include the financial support that is provided for children and young people who are placed with general foster, kinship carers and specific child only (SCO) carers. These payments include carer payments, incidental expenses and other financial supports. All carers may also receive carer support payment loadings if the child has been assessed as having special needs or supports outside of the normal level of need and support.</td>
</tr>
<tr>
<td>TAS</td>
<td>Foster carers and formal kinship carers receive the same levels of financial support. The process for determining any additional allowances above the standard board payment is also the same for both foster and kinship carers. Formal kinship carers are not subject to means testing, they are subsidised for the cost of care at the same rate as foster carers.</td>
</tr>
<tr>
<td>VIC</td>
<td>Table of carer allowances provided.</td>
</tr>
<tr>
<td>WA</td>
<td>No data received.</td>
</tr>
</tbody>
</table>

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6 Note: In the Northern Territory, kinship carers must be approved as authorised carers. They must meet the same eligibility requirements specified in the Care and Protection (Placement Arrangement) Regulations as general foster carers to be approved as authorised carers. There is no difference in the carer assessment process, carer allowance and carer support for authorised kinship carers and authorised general foster carers. Aboriginal kinship care is defined as care provided by blood relatives or kinship relative of a child in an environment where Aboriginal family, community and culture is valued and is central to a child’s safety, stability and development.
### Decision-making regarding carer allowances and reimbursements of other costs of care

<table>
<thead>
<tr>
<th>ACT</th>
<th>Is there a common decision-making pathway for levels of kinship carer and foster carer allowances on the basis of the child’s needs?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is there a common decision-making pathway for kinship carers and foster carers in relation to reimbursements of other costs of care?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If decision-making pathways are different, please describe these:</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Do carers of children with higher needs in kinship care have equal access to higher levels of carer allowance as children in foster care?</td>
<td>The carer subsidy for kinships carers is the same as the subsidy for foster care. Additional costs in regards to the individual needs of children are determined through a Therapeutic Assessment and Care Plans. Kinship carers and foster carers are able to access additional supports in line with the individual needs of the children in their care.</td>
</tr>
<tr>
<td></td>
<td>Do kinship carers have equal access to reimbursement for additional costs of care as foster carers?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NSW</th>
<th>Is there a common decision-making pathway for levels of kinship carer and foster carer allowances on the basis of the child’s needs?</th>
<th>Yes. See below for more detail.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is there a common decision-making pathway for kinship carers and foster carers in relation to reimbursements of other costs of care?</td>
<td>For children case managed by non-government funded service providers decisions regarding reimbursement are made by the individual provider. For FACS case managed children yes, decisions are guided by the Financial support for children and young people in Family and Community Services managed OOHC placements policy and guidelines. For FACS case managed children decision making pathways and delegations for approval are determined by the payment type and cost amount. Pathways, documentation and supporting evidence vary across different payments and reimbursement, approval delegation ranges from Manager Casework to Deputy Secretary Operations.</td>
</tr>
<tr>
<td></td>
<td>If decision-making pathways are different, please describe these.</td>
<td>Unable to comment on decision making pathways used by non-government funded service providers.</td>
</tr>
<tr>
<td></td>
<td>Do carers of children with higher needs in kinship care have equal access to higher levels of carer allowance as children in foster care?</td>
<td>Yes where an approved assessment supports the payment of the higher allowance.</td>
</tr>
<tr>
<td></td>
<td>Do kinship carers have equal access to reimbursement for additional costs of care as foster carers?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Yes, kinship carers receive the same allowance and have access to additional contingency costs as foster carers.

<table>
<thead>
<tr>
<th>NT</th>
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<tr>
<td></td>
<td>If decision-making pathways are different, please describe these.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do carers of children with higher needs in kinship care have equal access to higher levels of carer allowance as children in foster care?</td>
<td>Yes, the levels of carer allowance are the same.</td>
</tr>
<tr>
<td></td>
<td>Do kinship carers have equal access to reimbursement for additional costs of care as foster carers?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QLD</th>
<th>Is there a common decision-making pathway for levels of kinship carer and foster carer allowances on the basis of the child’s needs?</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is there a common decision-making pathway for kinship carers and foster carers in relation to reimbursements of other costs of care?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If decision-making pathways are different, please describe these.</td>
<td>No Comments</td>
</tr>
<tr>
<td></td>
<td>Do carers of children with higher needs in kinship care have equal access to higher levels of carer allowance as children in foster care?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Do kinship carers have equal access to reimbursement for additional costs of care as foster carers?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SA</th>
<th>Is there a common decision-making pathway for levels of kinship carer and foster carer allowances on the basis of the child’s needs?</th>
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</tr>
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<tbody>
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<td>Is there a common decision-making pathway for kinship carers and foster carers in relation to reimbursements of other costs of care?</td>
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<tr>
<td></td>
<td>If decision-making pathways are different, please describe these.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do carers of children with higher needs in kinship care have equal access to higher levels of carer allowance as children in foster care?</td>
<td>Yes. See attached information on carer payments in relation to special needs loading.</td>
</tr>
<tr>
<td></td>
<td>Do kinship carers have equal access to reimbursement for additional costs of care as foster carers?</td>
<td>Yes. See attached document carer reference who pays for what.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TAS</th>
<th>Is there a common decision-making pathway for levels of kinship carer and foster carer allowances on the basis of the child’s needs?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is there a common decision-making pathway for kinship carers and foster carers in relation to reimbursements of other costs of care?</td>
<td>Yes</td>
</tr>
<tr>
<td>State</td>
<td>Question 1</td>
<td>Answer 1</td>
</tr>
<tr>
<td>-------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>VIC</td>
<td>Is there a common decision-making pathway for levels of kinship carer and foster carer allowances on the basis of the child’s needs?</td>
<td>No</td>
</tr>
<tr>
<td>VIC</td>
<td>Is there a common decision-making pathway for kinship carers and foster carers in relation to reimbursements of other costs of care?</td>
<td>No</td>
</tr>
</tbody>
</table>
| VIC   | If decision-making pathways are different, please describe these. | Kinship Care  
At the time of placement, an assessed and approved kinship carer automatically receives level one care allowance. An application can then be made for a higher care allowance.  
Foster care  
Allowance levels are established at the time of placements, foster carers are represented by a Community Service Organisation and the level is worked out between the CSO and the department’s Placement and Coordination Unit. |
| VIC   | Do carers of children with higher needs in kinship care have equal access to higher levels of carer allowance as children in foster care? | Yes/No  
No response |
| VIC   | Do kinship carers have equal access to reimbursement for additional costs of care as foster carers? | Yes/No  
No response |
| WA    | No data received. |

**What process takes place to ascertain the most suitable kinship care arrangement for a child?**

**To what extent is family group conferencing utilised?**

<table>
<thead>
<tr>
<th>State</th>
<th>Question 1</th>
<th>Answer 1</th>
</tr>
</thead>
</table>
| ACT   | What process takes place to ascertain the most suitable kinship care arrangement for a child? | The Carer Assessment and Linking Panel undertake linking and identify the carer who can best meet child’s/young person’s needs.  
To what extent is family group conferencing utilised?  
At present, Family Group Conferencing is being used exclusively for Aboriginal and Torres Strait Islander families. |
| NSW   | What process takes place to ascertain the most suitable kinship care arrangement for a child? | Section 12 of the Care Act provides that Aboriginal children, their family and relatives should be given the opportunity to be involved in identifying a suitable kinship care placement”.  
FACS or the non-government provider will undertake pre assessment suitability that will include talking to and considering the views of children and young people, their parents, family and kin. Family Finding methods are used to identify potential carers. Mechanisms such as family group conferences, planning circles, cultural planning or dispute resolution may be utilised for family led decision making and solutions. Location of a child’s Country, family, siblings, school, and other services will be considered. Probity checks and assessment of information from external sources |
such as Police will be considered. Provisional and full assessments will occur, including interviews with prospective carers and their household members.

**To what extent is family group conferencing utilised?**

Family Group Conferencing is increasingly being used by FACS to determine family led decision-making for children, which may include decisions about suitable kinship care arrangements.

<table>
<thead>
<tr>
<th>NT</th>
<th><strong>What process takes place to ascertain the most suitable kinship care arrangement for a child?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prospective kinship carers are identified as a result of casework activity and family meetings with the specific purpose of finding a kinship Carer for a particular child. If a prospective kinship Carer is identified by the child’s Case Manager as having the capacity to care for a child, a referral is made to the Territory Families relevant Carer Assessment and Support Team, who will contact the individual and commence the assessment process. Before commencing the assessment process with a prospective kinship Carer, the following issues should be discussed with the individual:</td>
</tr>
<tr>
<td></td>
<td>- Their right to have an interpreter and/or support person and/or cultural broker with them during the process;</td>
</tr>
<tr>
<td></td>
<td>- Their right to ask questions about the process;</td>
</tr>
<tr>
<td></td>
<td>- Their right to make an informed decision, without coercion and the right to withdraw from the process at any time;</td>
</tr>
<tr>
<td></td>
<td>- Why the child requires out of home care and details of the care plan;</td>
</tr>
<tr>
<td></td>
<td>- Why kinship care is the preferred care option;</td>
</tr>
<tr>
<td></td>
<td>- Expected length of time for the placement;</td>
</tr>
<tr>
<td></td>
<td>- The role of the Territory Families, prospective Carer, child’s family and others in the assessment process;</td>
</tr>
<tr>
<td></td>
<td>- Resources available to support the placement; and</td>
</tr>
<tr>
<td></td>
<td>- Details of the assessment process, including screening checks and why they are required.</td>
</tr>
</tbody>
</table>

**To what extent is family group conferencing utilised?**

*No comment*

<table>
<thead>
<tr>
<th>QLD</th>
<th><strong>What process takes place to ascertain the most suitable kinship care arrangement for a child?</strong></th>
</tr>
</thead>
</table>

**To what extent is family group conferencing utilised?**

Family Group Meetings are held to develop a case plan for a child. These processes are usually also used to identify potential kinship care options.

<table>
<thead>
<tr>
<th>SA</th>
<th><strong>What process takes place to ascertain the most suitable kinship care arrangement for a child?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Relative and kinship care options are explored through talking with the child, the child’s birth parents and extended family members as appropriate as well as potential carers within the child’s familial networks.</td>
</tr>
<tr>
<td></td>
<td>A specialist scoping team for identifying Aboriginal kinship carers is also available and Kinship Care Support Workers assist offices in scoping potential kinship carers.</td>
</tr>
<tr>
<td></td>
<td>In the case of Aboriginal and Torres Strait islander children, all suitable Aboriginal and Torres Strait Islander carer placement options must be exhausted before children are able to be placed with a non-Aboriginal or Torres Strait Islander person and an assessment of Aboriginal cultural responsiveness must be undertaken.</td>
</tr>
</tbody>
</table>

**To what extent is family group conferencing utilised?**

The new *Child and Young People (Safety) Act 2017*, which will be enacted in October 2018, refers to family group conferencing in Chapter 4, Part 2, Section 21. To summarise, the purpose of family group conferencing is to provide an opportunity for a child or young person and their family to make informed decisions about the care of the child and
young person, to make voluntary arrangements for the care of the child or young person and to review those arrangements. The Chief Executive for DCP or the Court may convene family group conferences if there is a suspicion that a child or young person is at risk and it is in the best interest to the child that alternative arrangements are made in relation to the care of the child or young person and it is appropriate for the specific case to make these arrangements by family group conferencing.

Family group conferencing is conducted by a family group coordinator who has been appointed by the Chief Executive or the Judge of the Court.

DCP recognises the important place that family group conferencing has in the child protection system and are currently developing a framework in line with the new legislation to convene family group conferencing earlier in the child protection process.

At the current time we are in a transitional period where the current practice of family group conferencing is referred to as family care meetings under the Children’s Protection Act 1993 and Part 5, Division 1 Section 27 of this act states that if the Minister believes the child is at risk and arrangements must be made to secure the child’s care and protection, that a family care meeting should take place. Unless a family care meeting has taken place, the Minister cannot make an application for an order grant custody of a child unless it has not been possible to hold a meeting despite reasonable endeavours to do so, an order should be made without delay, the guardians of the child consent to the making of the application, there is other good reason to do so.

The outcome of the family care meeting can include a family care meeting agreement consisting of detailing the responsibility of all parties involved including the family, kin and DCP, the duration of the agreement and next date of review and the agreement must be signed off for endorsement by all relevant parties.

**TAS**

**What process takes place to ascertain the most suitable kinship care arrangement for a child?**

Before other placement options are considered, the Child Safety Officer (CSO) must identify and investigate kinship placement options by talking with the child and the child’s parents, family members and other adults identified as being significant in the child’s life.

**To what extent is family group conferencing utilised?**

Family Group Conferencing can be suggested by a magistrate.

**VIC**

**What process takes place to ascertain the most suitable kinship care arrangement for a child?**

To the fullest extent possible, parents and the child (if age appropriate) should be actively involved in identifying and selecting an appropriate kinship carer unless the choice would place the child at further risk. If there has been significant substantiated harm, the wishes of the parents regarding placement of the child with an extended family member should not take precedence over what is considered to be in the best interests of the child.

A family-led decision making (FLDM) or Aboriginal family-led decision making (AFLDM) meeting is a recommended way for kinship care assessments to be discussed and considered.

Under the new model of kinship care that commenced from March 2018, the department employed 36 (full time equivalent) new kinship workers (17 kinship engagement coordinators and 19 kinship engagement workers) to undertake early identification of kinship networks and provide dedicated support for kinship carers. The staff actively search for and connect with a child or young person’s networks to identify and assess potential kinship carers, mentors and respite options. They also provide active support to maintain placement stability, respond to placement vulnerabilities and act as a contact point for carers.

**To what extent is family group conferencing utilised?**

No comment (left blank)

**WA**

No data received.
Please provide details of the assessment process, and attach relevant guidelines and forms.

<table>
<thead>
<tr>
<th>ACT</th>
<th>The ACT undertakes a suitability assessment, a Working with Vulnerable People check, Police check and child protection database check, as well as the preliminary kinship assessment which looks at the safety and suitability of the home environment and parenting history of each carer.</th>
</tr>
</thead>
</table>
| NSW | Assessment for a fully authorised kinship carer includes:  
- Identification check  
- Child Story history record check (for anyone 16 years and over regularly in the household)  
- National Criminal Record check (for anyone 16 years and over regularly in the household)  
- Working with Children Check verification  
- Health assessment/checklist  
- Home inspection  
- Liaison with interstate child protection authorities (if the kinship carer has lived interstate)  
- Previous fostering (if applicable)  
- A Reportable Conduct Unit check  
- A medical reference check completed by a doctor  
- Two personal referees.  
An assessment about their suitability as a carer for this child which would include their:  
- relationship with the child/the child’s family and cultural or community connection  
- capacity to meet the child’s needs  
- relationships, family history and parenting styles  
- ability to work with others  
- home environment  
- available support (e.g. family and social support).  
This should be undertaken by an Aboriginal or Torres Strait Islander assessor/worker or in consultation with one.  

**Attachments**  
Attachment: Authorised carer personal reference form  
Attachment: Relative kinship carer assessment report  
Attachment: Assessment and full authorisation of relative and kinship carers information guide |
| NT | In the Northern Territory, the carer assessment (kinship and general foster carers) process involves:  
1) Pre-assessment checks which includes:  
   a. an Australian-wide Police Check;  
   b. Working With Children Clearance;  
   c. Child Protection History Check;  
   d. Medical report;  
   e. Two Character Referee Reports;  
   f. Home environment Safety Check including sleeping arrangements for babies and young children;  
   g. Referee check for current and prior experience (where relevant).  
2) Assessment interviews – participants include:  
   a. **Applicants**: there should be a mix of joint interviews with the applicants as well as individual interviews. A minimum of two interviews should be conducted and at least one should take place in the applicants’ home.  
   b. **Other adult members of the household**: at least one assessment interview will involve other adult members of the household. This is an opportunity for them to become more familiarised with the demands and expectations of caring and understand what impact it may have upon them in the family home.  
   c. **Children who reside with the applicants**: the views of any children residing with the applicant will be taken into account in order to ascertain the impact providing care will have on them and the family. Interviews with children will take into consideration their age and developmental capacity. |
3) Foster and Kinship Induction Training (2 days face to face program)
4) Carer Assessment Report -
   The assessing worker will complete a report summarising the findings from interviews and other checks. It will contain recommendations on a suitable age range, gender, level of care and the type of care the applicant is able to provide.
   Carers will only be approved to care for up to three children at a time. Exceptions may be made in the case of sibling groups, kinship care placements or other circumstances and requires approval of the Director. Matters to consider include:
   - Complexity level and ages of children;
   - If the carer has any children and if they have any special needs; and
   - The level of support the carer has in the household in terms of other adults present.
   The report will be provided to the applicants for their comment prior to being submitted for approval. Any comments about the content of the report are documented and attached to the report. If the applicants disagree with the contents of the report or recommendations they will be given the opportunity to discuss the matter with a more senior assessor.

QLD
*The Child Safety Practice Manual provides for a common assessment pathway for both foster carers and kinship carers.*

SA
In conjunction with the new legislation, *Step by Step South Australia 2017 Kinship and Specific Child Only Carer Assessment Tool* (including the assessor registration process) is taking place from September 2017. The *Step by Step SA Kinship Care or Specific Child only Carer Assessment Tool Manual* is attached.

This assessment tool works through conversations with the kinship or specific child only care applicant that focus on five domains:
- Safety
- Attitudes and connections
- Personal resilience
- Child focused nurture
- Working with others

This tool is used for both the assessment of temporary placement care and full approval. Further information is found in the attached *Step by Step SA 2017 Kinship and Specific Child Only Carer Assessment Tool Manual.*

DCP have also introduced the Winangay assessment for Aboriginal and Torres Strait Islander carer assessment process. This assessment tool is a strengths based, culturally appropriate tool where potential carers rate themselves on a number of domains and allows for the identification of areas where support is required to meet the needs of the child in a non-judgemental and supportive manner whilst maintaining the best interest of the child or young person.

As part of the implementation of the new legislation to the policies, procedures, processes and tools used for assessment of kinship carers are under review and further work will be happening in this space in the coming months.

TAS
No comment (left blank)

VIC
**Preliminary assessment**
Regardless of the reason for the placement an assessment of the carers is undertaken. If the placement is an emergency a preliminary assessment must be undertaken. A preliminary assessment is the first step to establishing that a placement for a child is appropriate for them. It assesses if the placement is safe and suitable, and that the kinship carer(s) with support can meet the immediate needs of the child or young person.

Prior to any kinship care placement being made the carer must be assessed and approved by the child protection.

At the minimum this requires satisfactory completion of:
- national police history checks on the potential carers and all other household members aged 18 years or older who reside in the house or sleep there overnight.
- a check of CRIS in order to ascertain information relating to the prospective carer and household members as carers of a child
- checks on the suitability and fitness of the proposed carer to care for the child
discussion with the carer, facilitated by an ACSASS worker in the case of an Aboriginal child, about whether the child will be safe living with them, and whether they are willing to cooperate with the department to help the child and their parents
where child is under two years of age, discussion of SIDS factors.

### Comprehensive assessment

A comprehensive involves the completion of a Part B assessment. This assessment typically involves more than one visit and include the key members of the carer family and household - all adults and older children. The comprehensive assessment should focus on the kinship carer(s) ability to meet the ongoing needs of the child and to engage in long-term planning for this child.

Under the First Supports program, a community service organisation (CSO) or Aboriginal community-controlled organisation (ACCO) will complete the Part B assessment for statutory kinship placements expected to last longer than 12 weeks. For statutory kinship placements expected to last between six and 12 weeks, Child Protection or an authorised Aboriginal agency under section 18 of the CYFA will complete the Part B assessment. The Part B assessment should be completed within 6 weeks of the placement commencing.

| WA | No data received. |

### After the carer assessment is complete, what is the process for approval?

**How is the approval process similar or different in foster care?**

#### ACT

After the carer assessment is complete, what is the process for approval?

Kinship carer assessments are completed by qualified CYPS staff. Assessment takes place in a two stage process whereby a preliminary assessment takes place prior to placing the child, and a comprehensive assessment commences straight afterwards. Where a child has more than one suitable kinship carer available to them, a matching process occurs to determine the most suitable placement. This process is conducted using a Linking Panel which comprises representatives of both CYPS and the ACT Together consortium (Barnardos Australia, Australian Childhood Foundation, Oz Child, and Premier YouthWorks).

**How is the approval process similar or different in foster care?**

Foster carers are assessed and approved by ACT Together through contractual arrangement with the Community Services Directorate. The same assessment standards apply to foster and kinship carers, however, there is no obligation for kinship carers to receive formal training prior to placement and significant weight is placed on the value of a pre-existing relationship within a kinship carer assessment process.

#### NSW

After the carer assessment is complete, what is the process for approval?

For FACS, the Manager Casework must approve the authorisation, notify the FACS central Carer Registers Team and then notify the kinship carer officially via letter.

**How is the approval process similar or different in foster care?**

It is the same.

#### NT

After the carer assessment is complete, what is the process for approval?

Following completion of the carer assessment, the above mentioned assessment report is forwarded to the Executive Director of the region for approval.

A carer’s approval status will reflect:

- The number of children they are assessed as suitable to care for;
- The gender of children they are assessed as suitable to provide care for;
- The ages of children they are assessed as suitable to provide care for;
- The type of care they will provide; and
- Whether they are able to care for children with special needs.

If a carer is approved, the approval is for a period of 12 months. If the carer intends to continue providing care, a re-approval assessment is then conducted to assess the carer’s eligibility to remain an authorised carer.

**How is the approval process similar or different in foster care?**
| QLD | **After the carer assessment is complete, what is the process for approval?**  
As above.  
**How is the approval process similar or different in foster care?**  
Largely the same. Training requirements are waived for kinship care applicants. Also kinship carers are approved for the care of a specific child (whereas foster carers are approved to care for any children). The assessment, then focuses on the applicant’s suitability to provide care for the particular child. |
| SA | **After the carer assessment is complete, what is the process for approval?**  
On completion of the carer assessment, the DCP Carer Approval and Review Unit (CARU) process the application in the DCP system. This involves checking that all of the required assessments have been completed and all accompanying documents have been provided, including the Department for Human Services (SA) screening check. CARU are responsible for making the final decision in regards to the application approval for the carer.  
**How is the approval process similar or different in foster care?**  
Non-government organisation (NGO) services, who are contracted by DCP to support family-based carers who are not kinship carers, provide a package of information (including assessment documentation – SA is currently using Step by Step in foster care assessments) to CARU with the department to make the final decision in regard to approval of carers. |
| TAS | No comment (left blank) |
| VIC | **After the carer assessment is complete, what is the process for approval?**  
When the assessment is complete, the child protection practitioner then analyses the information gathered and makes the final recommendation about the suitability of the placement. This assessment process is to be completed within six weeks of the commencement of the placement, with the preliminary assessment as its basis.  
Kinship carers are approved by a team manager (as case planner). The approval will indicate who has been approved, for which type of placement and what the procedure will be if circumstances change, for example if the placement becomes long-term.  
The approved caregiver is required to sign a caregiver agreement which will advise them what they have been approved for, their role and responsibilities as a caregiver, in relation to implementing the case plan and the extent of authority they have to make decisions in relation to the child.  
**How is the approval process similar or different in foster care?**  
No comment (left blank) |
| WA | No data received. |

**Please provide details of required timelines for carer assessments.**  
**How is compliance with time-lines monitored?**

| ACT | **Please provide details of required timelines for carer assessments.**  
There are no policy or procedural timeframes associated with completion of comprehensive carer assessments however, provisions of the CYPA require that decision making does not cause delay which would disadvantage a child and therefore assessments are completed as quickly as possible. Section 9 of the CYPA states that decision makers must have regard to the fact that “delays in decision-making processes under the Act should be avoided because delay is likely to prejudice the child’s or young person’s wellbeing”.  
**How is compliance with time-lines monitored?**  
Answer: CYPS has a robust supervision policy which supports the review of individual cases, and an case analysis team which provides independent quality assurance of case management and considers a broad range of compliance matters, as part of its’ performance management process. The quality and timeliness of assessments are commented on through these established mechanisms. |
| NSW | Please provide details of required timelines for carer assessments.  
Kinship carers can be provisionally authorised for an emergency placement but must fully authorised within 3 months.  
**How is compliance with time-lines monitored?**  
FACS districts and their management structures ensure time lines are followed. This may include regular auditing of record and other local tracking mechanisms implemented by Community Services Centres and Quality Assurance and Continuous Improvement teams. The central Carer Register team in FACS provides support, guidance and monitoring mechanisms to help districts with this process. |
|---|---|
| NT | Please provide details of required timelines for carer assessments.  
Carer assessments are to be completed within a 12 week timeline.  
**How is compliance with time-lines monitored?**  
Scheduled reporting on progress of the assessment to senior management;  
Review of assessment progress during supervision between the assessor and their supervisor. |
| QLD | Please provide details of required timelines for carer assessments.  
Unless an application is withdrawn by the applicant in writing, or refused based on an adverse personal history, the CSSC manager is delegated to approve or refuse the application:  
- within 90 days of the application being 'properly made'  
- during the period of extension as agreed in writing.  
**How is compliance with time-lines monitored?**  
Through the department’s case management system. |
| SA | Please provide details of required timelines for carer assessments.  
In October 2018, the new legislation will come into effect and carer assessments will be required to be completed within 3 months of the placement. An initial risk and safety check is completed before placing the child or young person in a temporary placement with a kinship carer, followed by a further assessment which is completed on the second day of placement to assess the suitability of the home environment and carer for longer-term care. The carer is then followed up by day 10 as to whether they are able to remain the carer for the child and if the temporary kinship carer agrees, a full assessment will begin which includes medical checks and the Department for Human Services (SA) screening check. This full assessment must be complete within three months unless there is extenuating circumstances that justify an exception.  
**How is compliance with time-lines monitored?**  
The Department for Child Protection are currently monitoring the assessment of kinship carer through our customer database management system. This is an issue of utmost importance to the department and resources are being utilised to keep track of the assessments of kinship carers with children in their care. At present this is completed manually, however amendments to the way assessments are recorded in our system will be implemented prior to October will provide automation of monitoring and alerts will be sent to the relevant people, caseworker, supervisor, manager etc. when the deadline is approaching to ensure prompt action takes place. |
| TAS | No comment (left blank) |
| VIC | Please provide details of required timelines for carer assessments.  
No comment (left blank).  
**How is compliance with time-lines monitored?**  
No comment (left blank) |
<p>| WA | No data received. |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>If possible, please estimate what proportion of carer assessments occur prior to the child’s placement.</th>
<th>How are children cared for while such assessments take place?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Most children in the ACT enter the care system via Emergency Action, after all attempts to keep them at home with biological family have been unsuccessful. Generally preliminary assessments commence upon placement of the child in kinship care. In relation to foster carers, all assessments of carers occur prior to placement of a child.</td>
<td>Unless risk factors are indicated in the preliminary assessment process, children and young people will remain in their kinship care placement while the comprehensive assessment takes place.</td>
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<tr>
<td>NSW</td>
<td>This will depend of whether it is planned placement or takes place in an emergency. Wherever possible it is a planned placement and a full assessment is conducted before a child is placed with kin. This would occur in conjunction with family-led decision making. In an emergency kinship carers can be provisionally authorised on the day the child requires a placement with the following checks:</td>
<td>As above.</td>
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<tr>
<td></td>
<td>• Identity check</td>
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<td></td>
<td>• Emergency criminal record check (verbal from Local Area Command)</td>
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<tr>
<td></td>
<td>• Emergency Child Story check</td>
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<td></td>
<td>• COPS events check (to be attached to Child Story within five days of placement)</td>
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<td></td>
<td>• Working with Children Check (verification to be attached to Child Story within five days of placement)</td>
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<td></td>
<td>• Health checklist (at time of placement)</td>
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<td></td>
<td>• Home inspection (at time of placement)</td>
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<tr>
<td></td>
<td>• Brief assessment report (to be attached to Child Story within five days of placement).</td>
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<tr>
<td>NT</td>
<td>Children are not placed with carers until they are approved as authorised carers.</td>
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<td>During the interim:</td>
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<td>children are placed with alternative approved placements;</td>
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<td></td>
<td>or</td>
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<td></td>
<td>with the carers being assessed if these carers have received approval as emergency carers which is for a period of 3 days.</td>
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</tr>
<tr>
<td>QLD</td>
<td>Unable to provide.</td>
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<tr>
<td></td>
<td>A person may be provisionally approved for a short period to provide care while the assessment is conducted – see <a href="https://www.csyw.qld.gov.au/childsafety/child-safety-practice-manual/chapters/8-regulation-care/what-ifs#s-2-1-what-if-the-applicant-requires-provisional-approval">https://www.csyw.qld.gov.au/childsafety/child-safety-practice-manual/chapters/8-regulation-care/what-ifs#s-2-1-what-if-the-applicant-requires-provisional-approval</a></td>
<td></td>
</tr>
<tr>
<td>SA</td>
<td>If possible, please estimate what proportion of carer assessments occur prior to the child’s placement.</td>
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</tbody>
</table>
All carers must be assessed in an initial risk and safety assessment before the placement of the child. Generally, the placements involving DCP are required to be made in an urgent manner and due to the time it can take to scope suitable kinship carers the initial placement may be temporary in nature.

**How are children cared for while such assessments take place?**

In the main kinship care assessments occur at the point of placement, with most children (where it is identified to be safe to do) being screened and assessed while the child is in their care. The risk and safety check involves a review of information held on DCP case management systems, a verbal justice history check with SA Police (SAPOL) and a home safety check followed a short time later by a more comprehensive risk assessment after which time the full assessment occurs.

**TAS**

No comment (left blank)

**VIC**

If possible, please estimate what proportion of carer assessments occur prior to the child's placement.

Carer assessments occur before the child is placed. The exception to this rule are circumstances where the placement is pre-existing and child protection intervention is subsequently required in the child’s life. In these circumstances and assessment of the person’s suitability to be a statutory carer is undertaken.

**How are children cared for while such assessments take place?**

There are minimum assessment components that can be undertaken for an emergency placement, the full assessment follow as per the policy.

**WA**

No data received.

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**Does child protection experience difficulty in securing alternative placements when kinship care placements are not approved? Please comment.**

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| ACT          | Does child protection experience difficulty in securing alternative placements when kinship care placements are not approved? | Sometimes.  
*Please comment*  
Like other national jurisdictions, the ACT experience difficulty in placing older children and also sibling groups. |
| NSW          | Does child protection experience difficulty in securing alternative placements when kinship care placements are not approved? | There is a need to more carers across the state. We are actively working to increase the number of authorised carers including those that can take children with very short notice. |
| NT           | Does child protection experience difficulty in securing alternative placements when kinship care placements are not approved? | Yes, as do all jurisdictions.  
*Please comment*  
The number of authorised foster carers with available capacity is less than the number of places required at any given time. Purchased home based care providers are contracted to provide care where kinship or foster placements cannot be identified. |
| QLD          | Does child protection experience difficulty in securing alternative placements when kinship care placements are not approved? | Yes.  
*Please comment*  
Less kinship care placements presents a greater demand for foster carers, who are a finite resource. |
<table>
<thead>
<tr>
<th></th>
<th>Does child protection experience difficulty in securing alternative placements when kinship care placements are not approved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA</td>
<td>Yes. Please comment. Whilst there is a preference to place children and young people with kinship carers, if this is not possible the next option explored is family based care. The availability of family based care depends on a number of factors. The Department for Child Protection is actively working with the NGO sector in regard to developing family based care options, to support the retention of and recruitment of foster carers has embarked on a recruitment drive for family-based foster carers and are constantly looking at ways to increase the number of foster carers available. When this option is not available or where the children have highly complex needs, children are placed in residential care.</td>
</tr>
<tr>
<td>TAS</td>
<td>Yes. Please comment. Due to the high demand for foster carers and other placement options</td>
</tr>
<tr>
<td>VIC</td>
<td>No comment (left blank). Please comment. Child protection will explore all kinship options prior to considering other non-kinship placement types.</td>
</tr>
<tr>
<td>WA</td>
<td>No data received.</td>
</tr>
</tbody>
</table>

Please describe arrangements for case management and casework for children in kinship care.

- To what extent are case management and casework services provided by child protection and to what extent by non-government services?
- Do you consider that there is sufficient casework capacity within the kinship care program (both internal to the Department and in the non-government sector)?
- What percentage of children in statutory kinship care would you estimate to have an active caseworker?
- What other supports are available from the Department or its funded services for children in kinship care and their carers?
- To what extent do you consider that casework budgets allow for children’s additional needs to be met (e.g. educational remediation, outstanding medical requirements etc.)

ACT

Please describe arrangements for case management and casework for children in kinship care.

Children and young people on interim orders are case managed by Child and Youth Protection Services. Those children and young people on final orders to 18 years are case managed by the ACT Together consortium.

To what extent are case management and casework services provided by child protection and to what extent by non-government services?

Refer to the answer above.

Do you consider that there is sufficient casework capacity within the kinship care program (both internal to the Department and in the non-government sector)?

The A Step up For Kids investment in the ACT care and protection system has created an increased capacity to support kinship carers and kinship care placements generally. Case management of
children in kinship care sits with the Community Services Directorate until such time as a Final Care Orders are obtained. Once a final Care Order is in place, permanency is usually the primary placement goal, and case management is outsourced to the non-government sector (ACT Together). Significant oversight and quality assurance mechanisms are in place to ensure that this case management meets national out of home care standards, and that care plans are developed and endorsed in partnership with the Community Services Directorate and other care team members.

**What percentage of children in statutory kinship care would you estimate to have an active caseworker?**

All children in statutory kinship care have access to a case manager, either through the Community Services Directorate (CYPS) or the contracted out of home care provider (ACT Together). Depending on the child’s age, stability of care placement and general progress in care, the case worker may be more or less ‘actively’ engaged. All children in care (kinship and foster) will at least receive an annual home visit, an annual report on progress during the previous 12 months, an annual review of their Care Plan, and an annual opportunity to participate in Viewpoint, provided by their case manager.

**What other supports are available from the Department or its funded services for children in kinship care and their carers?**

- Carers ACT delivers the independent Kinship and Foster Care Advocacy Support Service to provide independent support and advice to assist kinship and foster carers in their caring role and resolve issues with funded community providers and Child and Youth Protection Services.
- The Child and Youth Protection Services Assessment and Support Team provides support and assistance to kinship carers case managed by Child and Youth Protection Services (that is: caring for children in kinship care on short term orders).
- The ACT Together consortium provide a range of case management and supports for all foster carers and kinship carers who are caring for children on long term and permanent court orders. ACT Together provide training for kinship and foster carers on how to provide trauma-informed care. ACT Together has a dedicated carer support team; this team provides 24-hour support to carers, facilitates access to training and helps to address any issues carers might experience.
- Once case management has been transferred to ACT Together, ACT Together is responsible for day-to-day case management and support. This includes implementing the child or young person’s care plan in areas such as education, health and development, connection to culture, contact arrangements and any other support required. Any existing supports included in a child or young person’s care plan prior to a case transfer will continue once ACT Together commences case management.
- The Child and Youth Protection Services’ Carer Liaison Officer serves as a central point of contact for support and liaison with carers to access information, advocate on their behalf and work to strengthen relationships between carers and the Directorate. In addition, staff work closely with the CYPS Cultural Services Team to provide culturally appropriate support to Aboriginal and Torres Strait Islander kinship families.
- CREATE Foundation provides engagement opportunities for young people who are either in out-of-home care, or have experienced out-of-home care. It offers various mentoring, training and extracurricular opportunities to these young people and their carers.
- Melaleuca Place is funded and run by the Community Services Directorate to provide a high quality trauma-informed therapeutic program to children aged 0-12 who have experienced abuse and neglect. Work is undertaken with children in the context of their care and support networks and will be trauma and attachment informed interventions. As well providing therapeutic interventions, a key focus is the provision of trauma specific training and education for carers and those working with children who have experienced abuse and neglect.
- Therapeutic Assessment Team provides assessments for children in out-of-home care in the ACT, with a focus on the impact of trauma on a child or young person’s development. Following assessment, staff assist case managers to develop and support therapeutic plans for children and young people living in out of home care.
To what extent do you consider that casework budgets allow for children’s additional needs to be met (e.g. educational remediation, outstanding medical requirements etc.)

The ACT are working towards all children and young people in out of home care to have a Therapeutic Assessments. These assessments determine the care needs of the child and provides recommendations to the child’s case manager about suitable referrals to support services. Recommendations for specialist services articulated in therapeutic plans, are translated into Care Plan goals and strategies which are agreed in the context of a meeting of the Declared Care Team. The effectiveness of each Care Plan is reviewed at least annually, and an Annual Review Report is also developed every year that the child spends in care. Copies of Care Plans and Annual Review Reports are provided to the oversight agency for CYPS, the ACT Public Advocate, who provides quality assurance on these documents and monitors implementation of the Care Plans (including Cultural Plans as appropriate).

NSW

Please describe arrangements for case management and casework for children in kinship care.

Case management and casework support are provided in line with the Child Safe Standards for Permanent Care set by the NSW Children’s Guardian and in line with any court orders for the children. It could include regular home visits, joint advocacy with carers, training, case planning, visits with family, restoration work etc. Depending on the needs of the child and carer, their case plan and their permanency goal FACS and Funded Service Placements (FSPs) may be very involved or less involved.

To what extent are case management and casework services provided by child protection and to what extent by non-government services?

Children can be case managed by FACS or by an accredited non-government service provider.

Do you consider that there is sufficient casework capacity within the kinship care program (both internal to the Department and in the non-government sector)?

Yes/No Please comment.

Unable to comment on the casework capacity of FSPs. Kinship care is managed by FACS OOHC teams.

What percentage of children in statutory kinship care would you estimate to have an active caseworker?

All children in statutory care have an active caseworker as dictated by the NSW Child Safe Standards for Permanent Care.

What other supports are available from the Department or its funded services for children in kinship care and their carers?

As at 1 July the NSW Government has funded an organisation called My Forever Family NSW to provide additional training, education and support for all types of carers. NSW also funds AbSec, the national peak organisation for ACCO to provide support and training for Aboriginal carers. The NSW Government also funds a range of leaving care and after care supports.

To what extent do you consider that casework budgets allow for children’s additional needs to be met (e.g. educational remediation, outstanding medical requirements etc.)

As at 1 July NSW has moved to funding FSPs under the Permanency Support Program. There are additional Specialist Packages to meet specific needs For more information about the PSP visit www.facs.nsw.gov.au/PSP

For children who are case managed by FACS there are financial guidelines that cover a range of situations where a child may need additional supports (e.g. orthodontic, counselling, tutoring, equipment, etc).

On 1 July 2018 the National Disability Insurance Scheme (NDIS) became available to all eligible people with disability in NSW. Information can be found on the website - http://ndis.nsw.gov.au/ Further, FACS has developed guidelines, videos and resources specifically for carers and caseworkers - www.facs.nsw.gov.au/ndis.
### NT

**Please describe arrangements for case management and casework for children in kinship care.**

In the Northern Territory, children placed in kinship are case managed by Territory Families, the child protection agency. There is no distinction between case management if children in kinship care and children in other forms of foster care. Each child has a care plan which identifies their needs and the tasks required to meet those needs, they are visited by their case managers, receives leaving care planning at age 15 and are able to receive after care support if required.

**To what extent are case management and casework services provided by child protection and to what extent by non-government services?**

All case management and casework are provided by Territory Families.

**Do you consider that there is sufficient casework capacity within the kinship care program (both internal to the Department and in the non-government sector)?**

Yes.

**Please comment**

Please see above.

**What percentage of children in statutory kinship care would you estimate to have an active caseworker?**

All children in kinship care have an active case manager.

**What other supports are available from the Department or its funded services for children in kinship care and their carers?**

Children in kinship care and their carers receive the same supports from Territory Families and funded services as other carers. Kinship carers are also able to access the Northern Territory Foster & Kinship Carers Association for support.

**To what extent do you consider that casework budgets allow for children’s additional needs to be met (e.g. educational remediation, outstanding medical requirements etc.)**

Where required, services and equipment are provided to ensure that children health, wellbeing and developmental needs are met. There are no arbitrary limits placed on provision of services that a child may require.

### QLD

**Please describe arrangements for case management and casework for children in kinship care.**


**To what extent are case management and casework services provided by child protection and to what extent by non-government services?**

Department of Child Safety, Youth and Women provide all case management for children in out-of-home care. Funded non-government agencies are responsible for the recruitment, training, assessment and support of carers.

**Do you consider that there is sufficient casework capacity within the kinship care program (both internal to the Department and in the non-government sector)?**

Unable to comment.

**What percentage of children in statutory kinship care would you estimate to have an active caseworker?**

All children.

**What other supports are available from the Department or its funded services for children in kinship care and their carers?**

Refer to chapter 5 of the Child Safety Practice Manual.

**To what extent do you consider that casework budgets allow for children’s additional needs to be met (e.g. educational remediation, outstanding medical requirements etc.)**

Unable to comment.
SA

Please describe arrangements for case management and casework for children in kinship care.

Children in kinship care receive the same case management response as children in other family-based care options. They have an allocated case manager who is responsible for sharing of information with the care in regard to the child’s needs, establishing a care team, care planning and development of the care plan and reviewing the circumstances of the child as part of the annual review process. In addition, the department has kinship care support workers in every office whose responsibility it is to meet with and support and monitor kinship care placements.

To what extent are case management and casework services provided by child protection and to what extent by non-government services?

In SA kinship care case management and support is provided by the Department for Child Protection.

Do you consider that there is sufficient casework capacity within the kinship care program (both internal to the Department and in the non-government sector)?

Yes/No

Please comment.

There has been significant growth in kinship care placing pressure on the kinship care support workers which has required active consideration of the optimum ways to identify the needs and supports required by carer households.

What percentage of children in statutory kinship care would you estimate to have an active caseworker?

Children have allocated case managers and support workers however the level of active case work varies with some carers being considered for a transfer of guardianship.

What other supports are available from the Department or its funded services for children in kinship care and their carers?

The department provides:

- Funding for specific identified need/s impacting on their capacity to care for a child, which may include basic household items such as a washing machine, for example
- Support for carers to access participate in training
- Training.

To what extent do you consider that casework budgets allow for children’s additional needs to be met (e.g. educational remediation, outstanding medical requirements etc.)

Carer payments are provided to meet children’s basic needs regarding health, education and psychological wellbeing.

TAS

Please describe arrangements for case management and casework for children in kinship care.

To what extent are case management and casework services provided by child protection and to what extent by non-government services?

Case management is undertaken by child protection.

Case work is undertaken by the organisation managing the carer/placement (child protection and NGO)

Do you consider that there is sufficient casework capacity within the kinship care program (both internal to the Department and in the non-government sector)?

There is insufficient case work and case management capacity across our OOHC program.

What percentage of children in statutory kinship care would you estimate to have an active caseworker?

No comment (left blank)

What other supports are available from the Department or its funded services for children in kinship care and their carers?

The same supports are offered to kinship carers and non-relative carers, through Placement Supports.
To what extent do you consider that casework budgets allow for children’s additional needs to be met (e.g. educational remediation, outstanding medical requirements etc.)

The budget is not allocated on the basis of costed need and the degree to which children receive support based on need is variable.

**VIC**

Please describe arrangements for case management and casework for children in kinship care.

No comment made.

To what extent are case management and casework services provided by child protection and to what extent by non-government services?

No comment made.

Do you consider that there is sufficient casework capacity within the kinship care program (both internal to the Department and in the non-government sector)?

Yes/No Please comment.

Under the new model of kinship care that commenced from March 2018, an additional 300 case contracting targets were provided to the CSOs of children and young people who are on care by secretary or long-term orders and with a non-reunification case plan goal (there are different contracting arrangements for Aboriginal children and young people).

What percentage of children in statutory kinship care would you estimate to have an active caseworker?

No comment made

What other supports are available from the Department or its funded services for children in kinship care and their carers?

**Supervision and support**

Kinship carers may initially require support from the child or young person’s child protection worker to assist in managing their care needs.

Where kinship care placements have been made and case management remains with child protection, child protection workers are responsible for supervision and support of the placement. For Aboriginal children who are subject to a protection order, an authorised Aboriginal agency may provide child protection services instead of child protection.

Where case management is contracted to an agency, the agency case manager will advise carer about the support available.

**Support services**

Supervision and support in kinship care placements is provided by child protection, a community service organisation or ACCO.

**Victorian kinship care services**

The Victorian Government funds community-based kinship care services and Aboriginal kinship services across Victoria, to provide a range of cultural and support services for children and young people in kinship care and their families in the area close to where they live.

ACCOs are funded to provide kinship and cultural connections services, and to facilitate and coordinate Aboriginal kinship carer support and healing groups.

A list of kinship care service providers is available on the Kinship care page of the DHHS Services website <https://services.dhhs.vic.gov.au/kinship-care>

Kinship Carers Victoria

Kinship Carers Victoria is the peak body for kinship carers in Victoria. Carers can contact Kinship Carers Victoria for information, advice and support on (03) 9372 2422, email director@grandparents.com.au or visit the Kinship Carers Victoria website <http://kinshipcarersvictoria.org>.

**The Mirabel Foundation**

The Mirabel Foundation assists children and young people who have been orphaned or abandoned due to parental illicit drug use and are now in the care of extended family. Mirabel provides advocacy, referral, research, practical and emotional assistance to vulnerable children and young people and their kinship carers.
Carers can contact the Mirabel Foundation on (03) 9527 9422, email mirabel@mirabelfoundation.org.au or visit the Mirabel Foundation website <http://www.mirabelfoundation.org.au>.

**Kinship carer support groups**

Kinship carer support groups operate in various locations across Victoria. Usually, there is at least one provided by each community service organisation funded by the Victorian Government to provide kinship services. The frequency of these groups may vary, but all groups have the common aim of sharing information and support for kinship carers.

**Child FIRST and Integrated Family Services**

The Victorian Government funds community-based organisations across the state to deliver Child and Family Information, Referral and Support (Child FIRST) and Integrated Family Services for vulnerable children, young people and their families from diverse backgrounds and family compositions. This includes kinship families.

There are 22 Child FIRSTs across the state. Each Child FIRST provides a central intake and referral point to a range of community-based family services and other supports. Child FIRST provides a clear pathway for families to access relevant family services and support, based on their needs.

Referrals in relation to Aboriginal children and families can be made directly to an ACCO.

Integrated Family Services provide a range of interventions and approaches to:

- enhance parenting capacity and skills
- improve parent/s and/or caregiver/s relationship with the children and young people they care for
- promote safety, stability and development of children and young people
- enhance social connectedness.

**Carer Advisory Groups**

Carers are at the centre of change for some of our most vulnerable children and young people. In order to improve quality outcomes, and to allow for better stability in care arrangements, it is critical that carers participate in decision-making and development opportunities.

**To what extent do you consider that casework budgets allow for children’s additional needs to be met (e.g. educational remediation, outstanding medical requirements etc.)**

No comment made.

**WA**

No data received.
<table>
<thead>
<tr>
<th>ACT</th>
<th><strong>Is there a minimum frequency for formal monitoring of kinship care placements?</strong></th>
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<tbody>
<tr>
<td></td>
<td><strong>Yes</strong></td>
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<td></td>
<td><strong>If Yes, how often?</strong></td>
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<td></td>
<td>Children in kinship care are visited at least once in a 12 month period as a minimum requirement, however typically, children are visited more regularly. They are offered an opportunity every year to complete Viewpoint, a survey for all children (aged 6 +) in care which allows CYPS to determine how each child feels about their current care arrangements and access to support.</td>
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<td></td>
<td><strong>Does formal monitoring always involve a visit to the child in placement?</strong></td>
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<td></td>
<td><strong>Yes</strong></td>
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<tr>
<td></td>
<td><strong>How are issues of unsatisfactory care dealt with?</strong></td>
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<td></td>
<td>Where information is provided to CYPS which indicates a quality of care concern, these are recorded as a Child Concern Report and risk assessed. Where the level of risk to the child is assessed to be low, a meeting will take place between either CYPS or ACT Together and the carer to discuss the concerns raised and assess the carer’s support needs. Where appropriate, CYPS may engage in a voluntary support intervention with a carer to ensure adequate services and supports are in place. Where the level of risk to the child is considered to be significant, CYPS will respond by recording a Child Protection Report and commencing an appraisal process. Where abuse in care is alleged, a process of responding is in place which ensures the appraisal is conducted by a senior staff member. Provisions of the CYPA dictate that the Public Advocate receives copies of all ‘abuse in care’ matters (s507) and provides an external review on each. A reportable conduct process is now established, whereby the ACT Ombudsman also receives copies of all abuse in care documentation. <strong>Do you consider that the Quality of Care process is adequate to address issues of concern, or would you like to see it developed further?</strong></td>
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<td></td>
<td><strong>Yes it is extremely robust.</strong></td>
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<tr>
<td>NSW</td>
<td><strong>Is there a minimum frequency for formal monitoring of kinship care placements?</strong></td>
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<td>Child Safe Standards for Permanent Care state that the degree of placement supervision will depend on the child or young person’s care arrangements. However, all case plans must, as a minimum, be reviewed annually or when there are significant changes.</td>
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<td><strong>Does formal monitoring always involve a visit to the child in placement?</strong></td>
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<td></td>
<td><strong>How are issues of unsatisfactory care dealt with?</strong></td>
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<td>It will depend on the seriousness of the situation. If it is a Risk of Significant Harm (ROSH) issue it will be reported to FACS Helpline and investigated by a child protection team. The action taken will depend on the investigation and assessment of the child protection team. It may be a reportable conduct issue that does not meet the ROSH threshold. If so, it will depend on the investigation of the agency involved, either FACS or an FSP. It can result in carer being deauthorised, children being moved, household members being asked to leave the home, further training or more frequent home visiting and supports. It is a requirement that reportable conduct matters be reported to the Ombudsman. The principal officer of the accredited designated agency (either FACS or the FSPs) is required to notify the Ombudsman of the reportable conduct. <strong>FACS has a Reportable Conduct Unit for FACS authorised carers.</strong></td>
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<tr>
<td>NT</td>
<td>Do you consider that the Quality of Care process is adequate to address issues of concern, or would you like to see it developed further?</td>
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<td></td>
<td>FACs has a robust reportable conduct process.</td>
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<td><strong>Is there a minimum frequency for formal monitoring of kinship care placements?</strong></td>
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<td>Yes</td>
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<td><strong>If Yes, how often?</strong></td>
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<td>Placement meetings to occur at least once in every two months and more frequently if required;</td>
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<td>2) Face to face contact with the child to occur once in every four weeks and more frequently if required.</td>
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<td><strong>Does formal monitoring always involve a visit to the child in placement?</strong></td>
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<td></td>
<td>Yes</td>
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<td></td>
<td><strong>How are issues of unsatisfactory care dealt with?</strong></td>
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<td>1) If the issues do not involve concerns for the safety and wellbeing of children, the child’s case manager addresses them with</td>
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<td>2) If the issues involve concerns for the safety and wellbeing of the child and meet the definition of harm or exploitation under</td>
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<td>3) If the issues involve concerns for safety and wellbeing that do not meet criteria for a child protection investigation, an</td>
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<td><strong>Do you consider that the Quality of Care process is adequate to address issues of concern, or would you like to see it developed further?</strong></td>
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<tr>
<td></td>
<td>Yes, the process is adequate.</td>
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| QLD | Is there a minimum frequency for formal monitoring of kinship care placements? |
|     | Yes/No                                                                      |
|     | Child Safety Officers should visit at minimum once monthly. Non-government    |
|     | foster and kinship care services should visit regularly, with frequency      |
|     | determined on funding levels, geographic distance, stability of placements, |
|     | etc.                                                                        |
|     | Community visitors from the Office of the Public Guardian may visit regularly: |
|     | **If Yes, how often?**                                                      |
|     | See above                                                                  |
|     | **Does formal monitoring always involve a visit to the child in placement?** |
|     | As above                                                                   |
|     | **How are issues of unsatisfactory care dealt with?**                       |
|     | Refer to Chapter 9 of our Child Safety Practice Manual:                     |
|     | Complaints may be handled via this process:                                |
|     | And the child’s Community Visitor (Office of the Public Guardian) may take  |
|     | up issues on child’s behalf.                                                |
|     | **Do you consider that the Quality of Care process is adequate to address issues of concern, or would you like to see it developed further?** |
|     | Unable to comment on adequacy of current processes.                        |

| SA  | Is there a minimum frequency for formal monitoring of kinship care placements?      |
|     | Yes                                                                                           |
|     | **If Yes, how often?**                                                                        |
|     | Kinship carers are supported and monitored in regard to their needs and the complexity of the |
|     | child and the impact of the child’s behaviours and their impact on the placement this may be  |
|     | weekly, fortnightly, monthly or quarterly.                                                  |
|     | **Does formal monitoring always involve a visit to the child in placement?**                 |

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**Notes:**
- The responses are provided from different states (NT, QLD, SA) and include details on the frequency of formal monitoring, how issues of unsatisfactory care are dealt with, and whether the current Quality of Care process is considered adequate or if further development is needed.
Yes Support workers are required to visit kinship carers in their homes.

**How are issues of unsatisfactory care dealt with?**
SA has a process to respond to care concerns. Care concerns are reported to the child Abuse report line and are managed separately to child protection notifications. There has been significant work undertaken in regard to the management of care concerns.

**Do you consider that the Quality of Care process is adequate to address issues of concern, or would you like to see it developed further?**
There is significant work being undertaken in regard to the management of care concerns and DCP are committed to ongoing improvement.

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<tr>
<td><strong>TAS</strong></td>
<td>No comment (left blank)</td>
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</table>
| **VIC** | Is there a minimum frequency for formal monitoring of kinship care placements?  
Yes  
If Yes, how often?  
A formal 12-month review of long-term kinship care arrangements is undertaken by child protection or a contracted CSO. As part of this, a formal check and review of the home and environment will occur to ensure the suitability for the child or young person.  
Does formal monitoring always involve a visit to the child in placement?  
Yes  
How are issues of unsatisfactory care dealt with?  
A new Client Incident Management System (CIMS) came into effect in 2018. If a concern or allegation has been raised about the care provided, the CIMS process will be led by child protection or the agency if the case is contracted.  
Do you consider that the Quality of Care process is adequate to address issues of concern, or would you like to see it developed further?  
Adequate |
| **WA** | No data received. |

What arrangements are in place for providing regular information and/or training sessions to kinship carers?

- Do you consider the training program to be sufficient to provide access to relevant topics for:
  - New carers? Yes/No
  - Carers in regional areas? Yes/No
  - Carers who work full-time? Yes/No

- Would you like to see the training program developed further?

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| **ACT** | What arrangements are in place for providing regular information and/or training sessions to kinship carers?  
- Ongoing training is provided by ACT Together for all carers, with regular sessions conducted on subjects such as First Aid, diet and nutrition, permanency processes and managing behaviours.  
- CYPS Assessment and Support Team provides support and assistance to kinship carers cased managed by CYPS.  
- The Assessment and Support Team are leading the development of a web portal for kinship carers. This portal will work in collaboration with the carer handbook and provide information for kinship carers relevant to different stages of providing care.  
- The Assessment and Support Team have commenced 3 monthly information sessions for kinship carers. In the July 2018 session the Grandparent Advisor at the Department of Human |
Services attend this session to report on the changes to be implemented on the Child Care Benefit and the Child Care Rate.

- ACT Together provides support and case management for kinship and foster carers with children and young people on long-term court orders.
- A Step Up for Our Kids introduced a range of additional supports to carers to assist them in their caring role. These supports include:
  - training for kinship and foster carers on how to provide trauma-informed care to vulnerable children and young people;
  - providing children entering care with a therapeutic assessment, ensuring carers are provided with appropriate information and support right from the start of the placement;
  - the provision of Health Passports, ensuring that carers have access to key health information about the child or young person in their care.

- There are a variety of services available to support kinship carers. These include:
  - high level support and case management services, including dedicated carer support workers who are independent of a child or young person’s caseworker, provided by ACT Together;
  - an independent Kinship and Foster Carer Advocacy Service operated by Carers ACT, which provides information and advocacy support to foster and kinship carers so they can be better supported in their caring role;
  - a dedicated Carer Liaison Officer to assist foster and kinship carers in the ACT, provided by Children, Youth and Families;
  - free family and individual counselling to kinship carers, provided by ACT Together; and
  - family support and youth services available through the ACT Government’s Child and Family Centres.

Do you consider the training program to be sufficient to provide access to relevant topics for:

- New carers? Answer: see answer below
- Carers in regional areas? Answer: see answer below
- Carers who work full-time? Answer: see answer below

On becoming a kinship carer, carers require clear information regarding this role. It is anticipated that the carer handbook and the website currently in development will assist in providing this information in a matter that both meets the need of the carer as well as accessible at the time that suits the carer. The Therapeutic Assessment completed for each child entering care provides the kinship carer information on how to understand the behaviour presented by the child through a trauma informed lens and with strategies to respond to the child in their care.

Would you like to see the training program developed further?

In 2017 CYPS partnered with the Australian National University to trial in Australia the Connecting Kin Research Project. The overall goal is to examine the feasibility and effectiveness of an evidence-based parenting intervention for kinship carers of children with behavioural and/or emotional problems. It is envisaged that Connecting Kin will improve caregivers’ attachment – related parenting skills and strengthen the caregiver-child relationship, which in turn, will promote children’s socio-emotional competence and reduce their behavioural and emotional problems. By improving these child and caregiver outcomes, the program is expected to promote children’s placement stability and reduce risk for placement breakdown. The feedback from the recently completed group was very positive with 100% of participants finding it of assistance to providing care. 100% also would recommend the program to other kinship carers. Further imbedding of this program over time is recommended.

What arrangements are in place for providing regular information and/or training sessions to kinship carers?

FACS and FSPs are required to provide regular training for all carers. In addition (as per above) FACS funds both AbSec and My Forever Family NSW to provide training and information to all carers, including kinship carers.
Do you consider the training program to be sufficient to provide access to relevant topics for:

- **New carers?**
  FACS has recently engaged My Forever Family NSW to provide training to carers including kinship carers.

- **Carers in regional areas?**
  Regional training will also be managed by the My Forever Family NSW program.

- **Carers who work full-time?**
  My Forever Family NSW will provide increased online training.

**Would you like to see the training program developed further?**
FACS is already funding My Forever Family NSW to provide training.

---

**NT**

**What arrangements are in place for providing regular information and/or training sessions to kinship carers?**

Kinship carers are provided with Carer Induction Training (a 2 day program provided by Territory Families). Territory Families also funds Kinship carer’s free access to online training provided by Foster Care Online Training Australia – at fcota.com.au. The FCOTA training has customised to our requirements to ensure the material is culturally appropriate. Ongoing support and training is also provided by Foster and Kinship Carer’s Association of the Northern Territory (fkcant.org.au), which is provides independent support and advocacy funded by Territory Families.

**Do you consider the training program to be sufficient to provide access to relevant topics for:**

- **New carers?** The content is comprehensive – language and remoteness are a significant factor in delivery
- **Carers in regional areas?** The majority of the Northern Territory is classified as Very Remote, therefore it is a challenge to provide uniform training across the jurisdiction.
- **Carers who work full-time?** Training is provide out of hours and weekends but there is additional demand.

**Would you like to see the training program developed further?**
Yes of course. We are constantly investing in the development of training and support for our carers who are a vital part of our service delivery.

---

**QLD**

**What arrangements are in place for providing regular information and/or training sessions to kinship carers?**

Kinship carers are not mandated to complete basic carer training, as foster carers are. Kinship carers who are supported by a non-government foster and kinship care service have access to the same training opportunities as other carers supported by the service.

**Do you consider the training program to be sufficient to provide access to relevant topics for:**

- **New carers?** Yes/No
- **Carers in regional areas?** Yes/No
- **Carers who work full-time?** Yes/No

Unable to comment.

**Would you like to see the training program developed further?**
Unable to comment.

---

**SA**

**What arrangements are in place for providing regular information and/or training sessions to kinship carers?**

Carers are involved in training and support and SA is currently implementing training for interested carers re therapeutic care for children. Training is offered in groups and developmental work is being undertaken in regard to building on orientation and support in the kinship care role.

**Do you consider the training program to be sufficient to provide access to relevant topics for:**

- **New carers?**
  Yes
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<tr>
<th>State</th>
<th>Question</th>
</tr>
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</table>
| TAS   | What arrangements are in place for providing regular information and/or training sessions to kinship carers?  
Further support training and information is available through the Foster and Kinship Carers Association Tasmania. FKAT have a 24hr phone 1800 number for assistance/support and recently released a carers handbook.  
Do you consider the training program to be sufficient to provide access to relevant topics for:  
  - New carers? No comment (left blank)  
  - Carers in regional areas? No comment (left blank)  
  - Carers who work full-time? No comment (left blank)  
Would you like to see the training program developed further? No comment (left blank) |
| VIC   | What arrangements are in place for providing regular information and/or training sessions to kinship carers?  
The Carer KaFE is a one-stop shop for training for Victorian statutory kinship and foster carers. An online calendar shows carers the face-to-face training available in relevant areas. Online learning, cultural awareness training, accredited training opportunities and conference attendance sponsorship are also supported by the Carer KaFE. There is no cost for carers to access and attend training opportunities.  
https://www.carerkafe.org.au/  
Do you consider the training program to be sufficient to provide access to relevant topics for:  
  - New carers? Yes/No  
  - Carers in regional areas? Yes/No  
  - Carers who work full-time? Yes/No  
Would you like to see the training program developed further? No comment (left blank) |
| WA    | No data received. |
| ACT   | Please describe any changes or developments in kinship care policy and practice since 2010.  
(Attach relevant documents if appropriate.)  
Answer:  
• A Step Up for Our Kids Out of Home Care Strategy 2015-2020  
Please outline any other areas where you would like to see further development in kinship care policy and/or practice.  
No comment. |
| NSW   | Please describe any changes or developments in kinship care policy and practice since 2010.  
(Attach relevant documents if appropriate.) |
The NDIS may change practice for kinship carers. From 1 July 2018, all eligible people living in NSW are able to access the Scheme. Where the child or young person with disability has an NDIS Plan the carer will be required to ensure it is actioned as required.

If the child does not have an NDIS Plan but the carer and or caseworker believes the child or young person is eligible, the caseworker will need to apply for access to the scheme. If accepted, the carer’s support will be required to develop an NDIS Plan.

FACS has developed resources and guidelines specifically for Carers and Casework staff about the NDIS, planning and review process; roles and responsibilities and where to go for further information. See – [www.facs.nsw.gov.au/ndis](http://www.facs.nsw.gov.au/ndis)

Please outline any other areas where you would like to see further development in kinship care policy and/or practice.

N/A

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<thead>
<tr>
<th>NT</th>
<th>Please describe any changes or developments in kinship care policy and practice since 2010. (Attach relevant documents if appropriate.)</th>
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<tbody>
<tr>
<td></td>
<td>In 2013 policy and procedure regarding recruitment of kinship carers was amended to require prospective kinship carers to be assessed in accordance with the department’s carer recruitment processes and the Care and Protection (Placement Arrangements) Regulations. Placement of children with kinship carers requires all kinship placements to follow the department’s standardised sourcing and matching placement processes.</td>
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<td></td>
<td>Please outline any other areas where you would like to see further development in kinship care policy and/or practice.</td>
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<tr>
<td></td>
<td>- Continued improvements to the delivery of kinship care training especially for carers in remote communities;</td>
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<td></td>
<td>- Expanding the availability and utilisation of interpreters for contact and case planning</td>
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<td>- Partnering with Aboriginal organisations to increase the numbers and proportion of children placed with kinship carers.</td>
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<tr>
<th>QLD</th>
<th>Please describe any changes or developments in kinship care policy and practice since 2010. (Attach relevant documents if appropriate.)</th>
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<tbody>
<tr>
<td></td>
<td>Also see recent report by the QFCC: <a href="https://www.qfcc.qld.gov.au/sites/default/files/final_report_FC_review.pdf">https://www.qfcc.qld.gov.au/sites/default/files/final_report_FC_review.pdf</a></td>
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<td>The Children and Young People (Safety) Act 2017 replaces the Children’s Protection Act 1993. Phase 1 of the Act commenced on 26th February 2018 and Phase 2 of the new act will come into effect in October 2018. An outline of the sections that have come into effect in February and the sections that come into effect in October can be accessed here. The impact of the new Act to kinship care includes the carer assessment process and timeframe. The impact of the new Act to kinship care includes the improved information sharing with carers, involvement of carers in decision making and care planning and the carer assessment process and timeframe.</td>
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<td>Please outline any other areas where you would like to see further development in kinship care policy and/or practice.</td>
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<td>The kinship care area is undertaking a range of developmental work related to:</td>
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<td>- Scoping kinship carers and the application of placement principals in practice</td>
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<tr>
<td></td>
<td>- Improving support and monitoring of kinship carers</td>
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<tr>
<td>State</td>
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<tr>
<td>TAS</td>
<td><strong>Please describe any changes or developments in kinship care policy and practice since 2010.</strong> (Attach relevant documents if appropriate.)&lt;br&gt;The current Formal Kinship care policies/procedures have been in effect since August 2016. Please outline any other areas where you would like to see further development in kinship care policy and/or practice. No comment (left blank)**</td>
</tr>
<tr>
<td>VIC</td>
<td><strong>Please describe any changes or developments in kinship care policy and practice since 2010.</strong> (Attach relevant documents if appropriate.)&lt;br&gt;The new model of kinship care launched in Victoria in 2018 is part of the <em>Roadmap for Reform: Strong families, safe children</em> (Roadmap for Reform) commitment to reform the child and family services system to achieve the best outcomes for children, young people and their families. The investment in kinship care aligns with Roadmap for Reform Direction Three, to strengthen home based care and improve outcomes for children and young people in out of home care. Relevant media release attached. Please outline any other areas where you would like to see further development in kinship care policy and/or practice. No comment (left blank)**</td>
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- **What do you see as the responsibilities of the Federal Government with regard to the support of children in kinship care (statutory and informal)?**
- **Are there other supports for children in kinship care that you would like to see provided at Federal level?**

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<tr>
<th>State</th>
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<tr>
<td>ACT</td>
<td><strong>What do you see as the responsibilities of the Federal Government with regard to the support of children in kinship care (statutory and informal)?</strong>&lt;br&gt;The support of children in statutory kinship care is a local government responsibility. Kinship carers are entitled to access subsidy for child care through Centrelink and since 2 July 2018 may also receive a new Additional Child Care Subsidy for identified vulnerable groups (including children who have experienced abuse or neglect). Information sharing between the Territory and Commonwealth departments is managed through a protocol and Interstate Liaison officers in each jurisdiction. <strong>Are there other supports for children in kinship care that you would like to see provided at Federal level?</strong> No answer</td>
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<tr>
<td>NSW</td>
<td><strong>What do you see as the responsibilities of the Federal Government with regard to the support of children in kinship care (statutory and informal)?</strong>&lt;br&gt;Special consideration in child care placement/financial support/documentation and work activity tests. Special consideration in Centrelink requirements in relation to work activity tests. Greater access to a ‘grandparent support line’ like service. Easy access to allowances for informal care. Improved access to payments for non-parent carers. <strong>Are there other supports for children in kinship care that you would like to see provided at Federal level?</strong> N/A</td>
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<td>Territory</td>
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<td>What do you see as the responsibilities of the Federal Government with regard to the support of children in kinship care (statutory and informal)? No comment (left blank)</td>
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<td>QLD</td>
<td>What do you see as the responsibilities of the Federal Government with regard to the support of children in kinship care (statutory and informal)? Better recognition of the caring role that kinship carers provide in assessments for government benefits (eg. waiving work requirements for some Centrelink payments). Are there other supports for children in kinship care that you would like to see provided at Federal level? No comment (left blank)</td>
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<tr>
<td>SA</td>
<td>What do you see as the responsibilities of the Federal Government with regard to the support of children in kinship care (statutory and informal)? No comment (left blank) Are there other supports for children in kinship care that you would like to see provided at Federal level? Future exploration of Commonwealth support for children in kinship care would be of value.</td>
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<tr>
<td>VIC</td>
<td>What do you see as the responsibilities of the Federal Government with regard to the support of children in kinship care (statutory and informal)? Are there other supports for children in kinship care that you would like to see provided at Federal level? Victoria proposed to the commonwealth a number of actions that would improve carers’ experience of interacting with Commonwealth systems. These included: • broadening the scope and reach of the Grandparent Advisory Line beyond just grandparents to include practical assistance navigating Centrelink, including more specific information for carers online and providing greater resources and training to advisors; • redeveloping generic forms to respond to carers’ unique circumstances and improve the usability and accuracy of the forms; • reviewing the income eligibility criteria for carers accessing the Family Tax Benefit payment with a view to making all carers exempt from means-testing • allowing a grace period for payments to continue between placements to better reflect the fluidity of care arrangements and the burden on carers of frequently amending their applications.</td>
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Your comments are welcome regarding any other aspect of kinship care policy and practice and its context within protective care.

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Please provide contact details for yourself or other Departmental staff who would like to attend the National Kinship Care Forum.

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<td>NSW</td>
<td>[Name and contact details deleted – for use in the National Kinship Care Workshop invitation list only]</td>
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2 Department of Social Services policy regarding support of grandparent and other kinship (non-parent) carers

Please provide all definitions relevant to grandparent and other kinship care used by the Commonwealth

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<tr>
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<th>Definition</th>
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Grandparents & kinship carers  
If the person with legal responsibility is not caring for the child, then the person who is wholly or substantially caring for the child will be the principal carer (taking any temporary absence into account - see below). In many instances, this might be a grandparent or a relative of the child who has taken on the responsibility of caring for the child where the parent is unwilling or unable to care for the child.  
For the purpose of exemptions from mutual obligation requirements for Newstart Allowance/Youth Allowance define kinship as: principal carer is a relative but not a parent of a child (kin child) and the principal carer is caring for the wellbeing of that kin child in accordance with a document accepted by the state/territory that is responsible for the wellbeing of children. |
For the purpose of this exemption a person is considered to be a relative of a child (other than a parent) if:

- the person is not the child’s natural parent, adoptive parent or step-parent and the person is related to the child by blood, adoption or marriage,
- the child is an Aboriginal or Torres Strait Islander child who has traditional Aboriginal or Torres Strait Islander kinship ties and the person is related to the child under Aboriginal or Torres Strait Islander kinship rules, or
- the child is a member of a community that accepts relationships other than those referred to above as kinship ties and the person is accepted by the community to be related to the child.

**Non-parent carer**

The Department of Human Services consider a non-parent carer to be an individual who provides ongoing care for a child/children, and is not their legal guardian. This care must go beyond babysitting/helping with school drop off/pick-up.


You can apply for a non-parent carer child support assessment if you:

- care for a child 128 nights or more a year (35% or more care), and
- are not in a domestic relationship with either of the child’s parents

**Any other relevant terms & definitions**


[Additional question asked by email to DHH subsequent to completion of this template:]

*Do you consider the terms ‘kinship carer’ and ‘non-parent carer’ as used by DSS to be synonymous? If not, could you please clarify any differences?*

*Response: provided by email 13/8/18 from National Framework Policy and Coordination, Children’s Policy Branch, Department of Social Services*

All kinship carers are non-parent carers, but not all non-parent carers are kinship carers. Non-parent carer is an umbrella term which captures grandparents, kinship carers, foster carers and any other individual who has care of a child who they are not the ‘parent’ of (for example a godparent or family friend).

Kinship carer is a more specific term capturing the relationship between the carer and the child where the carer is related to the child. Who is considered a kinship carer depends on the definition of ‘kin’ which is appropriate for and accepted by the community the child is a member of.

**Policy**

Please describe the principles relating to support of children in grandparent and other kinship care and grandparent/kinship carers by the Commonwealth, including any relevant legislation, regulations and/or formal policy advice.

➢ What are the identified responsibilities of the Federal Government with regard to the support of grandparent and other kinship carers (statutory and informal)?

In Australia, states and territories have statutory responsibility for child protection, adoption and foster care (which may include grandparent and kinship care). Each state and territory has its own legislative and policy framework underpinning decisions on child protection, out-of-home care and permanency. Federal Government assistance comes through the form of family payments for eligible grandparents/kinship/foster parents.

Each jurisdiction has its own legislation, policies and practices that govern the support they provide to out-of-home carers. The state and territory child protection systems reimburse formal foster carers for the costs associated with caring for a child through the payment of a weekly/fortnightly foster care payment. The level of state and territory support that such carers receive, and the eligibility of grandparent or kinship carers for support, is determined by each
state and territory government. State or territory-funded support differs from the Australian Government-funded family assistance.

The Commonwealth Government does provide some parenting services and supports, and these are as available to grandparent or kinship carers as they are to any other person caring for a child.

- To what extent does the Commonwealth see its responsibilities as the support grandparent carers in particular, and to what extent the support of other kinship carers such as aunts/uncles, sibling carers and non-familial kinship carers such as ‘family friends’?

The Commonwealth considers its responsibilities as the support of individuals and families, whatever their form, caring for children. The relationship of the individual to the child in their care is not relevant to the form or level of support provided.

- What is the relationship between the National Framework for Protecting Australia’s Children 2009–2020 and current Commonwealth policy and practice regarding the support of children in kinship care and their carers?

The Commonwealth Government works in partnership with state and territory governments and the community sector under the National Framework for Protecting Australia’s Children 2009-2020 (the National Framework), which represents a coordinated national approach to improve the safety and wellbeing of Australia’s children.

The National Framework focuses on addressing complex problems which require joined up, concentrated effort from Commonwealth and state and territory governments, and the non-government sector.

Commonwealth, State and Territory Ministers for portfolios such as family, community, disability, children and young people, child protection and social welfare are responsible for agreeing to national strategies and actions and overseeing progress and overall direction of the National Framework. At their meeting on 1 June 2018, Ministers agreed to a national Permanency Work Plan, which includes actions to recruit and retain more permanent carers. The meeting communique can be viewed at https://ministers.dss.gov.au/media-releases/3171.

The Children and Families Secretaries group (CAFS) is an informal group of senior officials from relevant government departments with oversight of identified national priorities, providing jurisdictions with a platform to collaborate on innovative policy approaches to child and family issues.

Protecting children is everyone’s business and the National Framework emphasises the role of parents, families, communities and governments in ensuring the safety and wellbeing of Australia’s children.

- What planning (if any) is taking place to develop a policy document to succeed the National Framework for Protecting Australia’s Children 2009–2020 when it expires in 2020?

While the Fourth Action Plan is the last instalment under the National Framework, the work to be delivered through this will set the foundations and evidence base for the work that is to come post-2020. The department is currently considering what policy or mechanism may succeed the National Framework in the context of related strategies, reforms and key priorities agreed by government and the non-government sector.
Grandparent carers and other kinship carers

- To what extent are the services of the Grandparent Advisors available to other kinship carers (e.g. aunts/uncles, sibling carers, non-familial kinship carers such as ‘family friends’)? How is any wider eligibility advertised?


This advertises that these services are available to all non-parent carers.

Financial support

Please provide details of all benefits, allowances and programs that may be available for ALL kinship carers.

Social Security and Family Assistance

Publically accessible information on allowances and support for non-parent carers is available on the Department of Human Services Website: https://www.humanservices.gov.au/individuals/subjects/support-non-parent-carers

Foster and grandparent/kinship carers may be eligible for a range of government family payments such as Family Tax Benefit, Parenting Payment, Double Orphan Pension, Child Care Benefit, the Foster Child Health Care Card (https://www.humanservices.gov.au/individuals/services/centrelink/foster-child-health-care-card), to help with the costs of raising children.

Payments for Carers

Carers of children (16 years and under) and adults (over 16 years, includes young adults) are able to qualify for Carer Payment and Carer Allowance if they are providing a qualifying level of care as assessed under the Disability Carer Load Assessment (children) or the Adult Disability Assessment Tool (adults). The carer’s relationship to the care receiver is not a defining factor in the qualification process, so grandparent and kinship carers can and do qualify for payment.

Carers who qualify for Carer Payment (child) automatically receive Carer Allowance, as long as no other person is already in receipt of the allowance for that child. For a carer to claim Carer Allowance (child) without claiming Carer Payment, the child must be the dependent child of the carer as determined under the Social Security Act 1991.

Carer Payment is an income support payment paid up to a maximum rate of $907.60 per fortnight for carers who are unable to work because of their caring responsibilities. Carer Allowance is a $127.10 fortnightly income supplement paid to carers who provide daily care and attention to a person with disability or medical conditions. Carers may be eligible for the annual $600 Carer Supplement for each person they receive Carer Allowance for, with an additional $600 Supplement for carers who receive Carer Payment. The Child Disability Assistance Payment is an annual $1000 payment for eligible carers who receive Carer Allowance for caring for a child. Any carer including a grandparent and kinship carers can receive these payments if they are eligible.

Child Support

Depending on their circumstances non-parent carers may also be able to receive child support from both the parents: https://www.humanservices.gov.au/individuals/enablers/non-parent-carer-applying-child-support

Medicare
Regardless of who has caring responsibilities for the child/children, it is not necessary for a person (for example, a grandparent or a kinship carer) to be in possession of the child’s Medicare card number or have the child added to their Medicare card to obtain medical treatment for a child or to claim Medicare benefits.

Section 20(1) of the *Health Insurance Act 1973* requires the Medicare benefit be paid to the person who incurs the medical expense in respect of the service. A claimant is the person who incurred the medical costs for the services rendered. The claimant and the patient are not required to be on the same Medicare card. The claimant’s Medicare card number should be listed on the claim form along with the patient’s details and the declaration must be signed by the claimant. When a claim is transmitted digitally by a health professional, the claimant’s Medicare card details can be included in the transmission, along with the patient’s Medicare card details. This will allow the Medicare benefit to be paid directly to the claimant.

To add a child to a third party’s Medicare card, such as a grandparent’s, kinship carer or foster carer, the individual would need to submit a completed application to copy or transfer from one Medicare card to another form with one of the following supporting documents to confirm their caring responsibilities, at a Department of Human Services Service Centre:

- consent from the parent or legal guardian;
- court order
- Centrelink documents confirming the individual is receiving benefits for the child
- confirmation the individual has enrolled the child in play group, kindergarten or school
- confirmation from a professional member of the community who have regular contact with the family, for example, teachers, police, minister of religion, doctors or lawyers; or
- social worker report.

Please provide details of any benefits, allowances and programs available to grandparent carers but not to other kinship carers (e.g. aunts/uncles, sibling carers and non-familial kinship carers such as ‘family friends’).

**Family Tax Benefit Part B, youngest child aged 13-18 years**

For any grandparent and great-grandparent carers and single parent families (including single non-parent carers) with a youngest child aged 13 to 18 years, Family Tax Benefit Part B may continue to be available. Eligibility for Family Tax Benefit Part B ceases one the youngest child turns 13 for couple families who are not grandparent or great-grandparent carers.


Detail on what qualifies as a “grandparent carers” can be found at:


**Additional Child Care Subsidy (Grandparent).**


**[Additional question asked by email to DHH subsequent to completion of this template:**

*Is Grandparent Child Care Benefit (GCCB) of up to 50 hours free of charge available to non-grandparent kinship carers/non-parent carers under the same conditions as for grandparent carers?*

**Response: provided by email 13/8/18 from National Framework Policy and Coordination, Children’s Policy Branch, Department of Social Services**


GCCB covers the full cost of approved *child care* for up to 50 hours for each *child* per week.
**Decision-making regarding payments to kinship carers**

Is there room for discretion regarding exceptional need in relation to eligibility for Commonwealth payments to kinship carers?  

**Yes/No**  

Please comment.

Not Applicable, the relationship of the carer to the child has no impact on eligibility, so no need for discretion specific to kinship carers.


**Non-financial support**

Are there non-financial services available from the Commonwealth for grandparent and other kinship carers and children in kinship care?  

**Yes**

The Commonwealth funds a range of services available to grandparents, kinship carers and non-parent carers in a formal or informal caring role. Individuals can visit the Department of Social Services Grants Service Directory at [https://serviceproviders.dss.gov.au/](https://serviceproviders.dss.gov.au/) and use the search function to identify relevant services within their area. Services include:

- Children and Parenting Support Services which provide prevention and early intervention services, including peer support groups, playgroups and educational resources. Services are primarily targeted to children aged 0 to 12 years and are accessible to all parents and carers of children.

- The MyTime Peer Support Group Activity is funded in select locations. MyTime groups provide facilitated free peer support for mothers, fathers, grandparents and anyone caring for a child with a disability or chronic medical condition or other complex needs. MyTime groups provide an opportunity for people living with similar experiences to support each other. Further information is at: [www.mytime.net.au](http://www.mytime.net.au), including locations and contacts for peer support groups.

- The Home Interaction Program for Parents and Youngsters (HIPPY) is a two year, home-based parenting and early childhood learning program that empowers parents and carers of children aged four and five years to be their child’s first teacher. There are currently 100 sites throughout Australia and a list of services can be found on the [HIPPYAustralia website at](https://hippyaustralia.bsl.org.au/) [https://hippyaustralia.bsl.org.au/](https://hippyaustralia.bsl.org.au/)

- Children Facilitating Partners (CfC FPs) is a place based model of investment that aims to deliver positive and sustainable outcomes for children and families in 52 disadvantaged communities across Australia. CfC FPs fund other organisations to provide services including parenting support, group peer support, case management, home visiting services and other supports to promote child wellbeing.

- Family and Relationship Services support people who have caring or other relationship responsibilities through the provision of broad-based counselling and education. Services are available throughout Australia and can be found on the [Family Relationships Online website at](https://www.familyrelationships.gov.au) [www.familyrelationships.gov.au](https://www.familyrelationships.gov.au)

- Family Law Services aim to provide alternatives to formal legal processes for families who are separated, separating or in dispute. The [Family Relationships Online website at](https://www.familyrelationships.gov.au) [www.familyrelationships.gov.au](https://www.familyrelationships.gov.au) offers more information on the different types of supports available. For example, the Family Relationship Advice Line is a national non-face-to-face service accessible by anyone affected by family relationship or separation...
issues and difficulties, including parents, grandparents, carers, children, young people, step-parents or friends on 1800 050 321.

Furthermore, the Raising Children Network website, also funded by the Commonwealth, provides a complete resource for Australian parents, grandparents and kinship carers. It provides up-to-date, evidence-based information about raising children and caring for oneself as a parent or carer. The section on grandparents and kinship carers at http://raisingchildren.net.au/grandparent_carers/being_a_grandparent_carer.html provides articles, videos and the opportunity to take part in grandparent forums.

Information about Commonwealth support available for grandparent and other kinship carers

What arrangements are in place for providing information to grandparent and other kinship carers about Commonwealth payments or other services for which they may be eligible?

Publicly accessible information on allowances and support for non-parent carers is available on the Department of Human Services Website: https://www.humanservices.gov.au/individuals/subjects/support-non-parent-carers

The Department of Human Services Payment and Service Finder tool helps individuals (including kinship carers) identify and locate payments and services they may be eligible for: https://www.centrelink.gov.au/custsite_pfe/pymtfinderest/paymentFinderEstimatorPage.jsf?wec-appid=pymtfinderest&wec-locale=en_US#stay

Developments and issues

Initiatives and progress in Commonwealth kinship care policy and practice

Please describe any developments in Federal policy and practice in relation to the support of grandparent and other kinship carers since 2010. Attach relevant documents if appropriate.

This document outlines the key developments in policy and practice.

What developments, if any, have taken place in the support of grandparent and other kinship carers as a result of the Senate Inquiry into Grandparents who take primary responsibility for raising their grandchildren?

The Commonwealth Government response to this inquiry (https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Grandparent_Carers/Government_Response) focused on encouraging greater awareness and use of existing services, and supports available to grandparent carers. Three new initiatives were also noted in the response:

- Raising Children Network increased support for grandparent and kinship carers by providing national information, resources and support to primary grandparent and kinship carers, and peer support groups. The Raising Children Network was also used to promote a series of grandparent and kinship carer forums that were held from February to May 2017;

- a National Survey to better understand the demographics of non-parent carers (including grandparent carers), and their needs to inform government policy and practices to support grandparent-headed families. The results of this survey are available on the Australian Institution of Family Studies website; and

- expansion of the existing Grandparent Advisers program.

What developments, if any, have taken place in the support of grandparent and other kinship carers as a result of the Senate Inquiry into Out of Home Care?
Community Services Ministers have identified the need for greater consistency in achieving permanency outcomes for children across jurisdictions; this includes those being cared for by grandparent or kinship carers. Permanency in this context means that children in the child protection system receive: safe and stable care; timely decision-making on a permanent family placement that takes into the account their views; and lifelong relationships and a sense of belonging, identity and connection to culture and community.

To this end, the Commonwealth Government is working collaboratively with state and territory governments to lead and support permanency reform to ensure that all children across Australia have access to a safe, stable environment. This is consistent with the 2015 Senate Inquiry into Out-of-home Care recommendation for a national approach.

**Identified issues or problems in support for kinship carers by the Commonwealth**

- Please outline any issues in policy and/or practice in the support of grandparent and other kinship carers (informal and statutory) by the Commonwealth that may be under consideration at the present time.

At their meeting on 1 June 2018, Community Services Ministers agreed to a National Permanency Work Plan for children and young people and also discussed support for carers. The meeting communiqué is available at [https://ministers.dss.gov.au/media-releases/3171](https://ministers.dss.gov.au/media-releases/3171).

- Are there other means of support for children in grandparent and other kinship care (informal and statutory) through either policy or services under consideration by the Federal Government?

As above.

**Role of the Grandparent Advisors**

- To what extent is the Grandparent Advisor program meeting current demand? Are there any current plans for augmentation to address demand?

- Has there been consideration of renaming the Grandparent Advisors as Kinship Carer Advisors? What pros and cons might need to be considered in such a change? Please comment.

The Grandparent Adviser program is currently meeting demand, and as such there are no current plans to augment the program above the current staffing level of eight Grandparent Advisers.

Kinship and foster carers as well as grandparent carers can also access the Grandparent Advisers phone service. In addition, all officers within the Department of Human Services are available to be contacted by home-based carers by phone or face to face. The Department of Human Services Grandparent Advisers webpage also includes information tailored to non-parent carers.

The Department of Human Services has not given consideration to renaming the program, and is concerned that doing so will diminish the focus of the program, which was established primarily to provide support to grandparent carers.

**Definition of a carer**

Grandparent and other kinship carers are not included in the formal definition of a carer unless a child in their care has an identifiable disability or significant health condition, yet many are living in poverty. Many also carry a significant burden of care for multiple children with behavioural and educational challenges due to prior traumatic experiences.

- Has there been any consideration of including grandparent and other kinship carers in the definition of a carer? Yes/No
What pros and cons might need to be considered in such a change? Please comment.

**Carer Recognition Act 2010**

- The Carer Recognition Act 2010 (the Act) commenced on 18 November 2010.
- The object of the Act is to increase recognition and awareness of carers and to acknowledge the valuable contribution they make to society.
- The Act also aims to ensure that the needs of carers are considered in the development, implementation and evaluation of Australian Government policies, programs and services that directly affect them or the person they care for.
- It complements carer recognition legislation in place in some states and territories.

**The Act establishes:**

- a broad and encompassing definition of *carer*
- the Statement for Australia’s Carers, and
- the obligations of public service agencies, public service care agencies and associated providers.

Further details are provided below.

**Meaning of carer**

(1) For the purpose of this Act, a *carer* is an individual who provides personal care, support and assistance to another individual who needs it because that other individual:

(a) has a disability; or
(b) has a medical condition (including a terminal or chronic illness); or
(c) has a mental illness; or
(d) is frail and aged.

(2) An individual is not a carer in respect of care, support and assistance if he or she provides:

(a) under a contract of service or a contract for the provision of services; or
(b) in the course of doing voluntary work for a charitable, welfare or community organisation; or
(c) as part of the requirements of a course of education or training.

(3) To avoid doubt, an individual is not a carer merely because he or she:

(a) is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or
(b) lives with an individual who requires care.

**The Statement for Australia’s Carers**

The Statement contains ten key principles that set out how carers should be treated and considered, policy, programme and service delivery settings.

1. All carers should have the same rights, choices and opportunities as other Australians, regardless of age, race, sex, disability, sexuality, religious or political beliefs, Aboriginal or Torres Strait Islander heritage, cultural or linguistic differences, socioeconomic status or locality.

2. Children and young people who are carers should have the same rights as all children and young people and should be supported to reach their full potential.

3. The valuable social and economic contribution that carers make to society should be recognised and supported.

4. Carers should be supported to enjoy optimum health and social wellbeing and to participate in family, social and community life.
5. Carers should be acknowledged as individuals with their own needs within and beyond the caring role.

6. The relationship between carers and the persons for whom they care should be recognised and respected.

7. Carers should be considered as partners with other care providers in the provision of care, acknowledging the unique knowledge and experience of carers.

8. Carers should be treated with dignity and respect.

9. Carers should be supported to achieve greater economic wellbeing and sustainability and, where appropriate, should have opportunities to participate in employment and education.

10. Support for carers should be timely, responsive, appropriate and accessible.

(b) all subsequent reporting periods of the agency.

➢ Has there been consideration of extending carer entitlements (e.g. respite care) to grandparent and other kinship carers? Yes/No
What issues might be involved if such a change were to be considered? Please comment.

National Respite for Carers Program (NRCP) carer respite and support activities are delivered through Commonwealth Respite and Carelink Centres. The aim of the NRCP is to contribute to the support and maintenance of caring relationships between carers and their dependent family members or friends. The carer’s relationship to the care receiver is not a defining factor in the eligibility process, so grandparent and kinship carers are eligible for support. The NRCP funds 54 Commonwealth Respite and Carelink Centres (CRCCs) to assist carers with options for short-term and emergency respite, based on assessed need, and provide advice on, and coordinate access to, respite services in a carer’s local area.

Eligibility for carer respite and support services

Broadly, through DSS funding, CRCC carer respite and support services are currently targeted to assist carers of:

- frail older Australians (65 years or over, or 50 years and over if Indigenous);
- people with dementia;
- people with dementia and challenging behaviour;
- younger people (under 65 years or under 50 years if Indigenous) with moderate, severe or profound disabilities who are living at home; and
- people with a terminal illness in need of palliative care.

Within those target groups, CRCCs are expected to ensure that their services are responsive to the needs of people who have particular difficulties in accessing services, such as:

- carers from diverse cultural and linguistic backgrounds;
- carers from an Aboriginal or Torres Strait Islander background;
- carers living in a rural or remote location;
- carers from lower socio economic groups;
- carers who identify as care-leavers; and
- carers of people who are homeless.

Foster carers

Foster carers are eligible for support under the NRCP, consistent with other carers of younger people (under 65 years or under 50 years if Indigenous) with moderate, severe or profound
disabilities who are living at home. Foster carers are required to meet the NRCP eligibility requirements.

**Other comments?**

Please provide any other comments regarding Commonwealth support for grandparent and other kinship carers, and its context within the range of payments and services to carers with limited means.

No comments received.
Appendix 2 Data Templates

Data template for State and Territory Departments of Human Services

National Forum 23 August 2018 – Kinship Care: Making it a National Issue

Sponsored by the NSW Association of Children’s Welfare Agencies and the National Children’s Commissioner

Venue: National Human Rights Commission, Sydney

The aim of this Forum is to share knowledge of kinship care policy and practice across Australia and to identify priorities for advocacy to improve support to children in kinship care and their carers. A collated report about policy and practice in each State and Territory and at Federal level will be presented at the National Kinship Care Forum. We would appreciate if you could provide the following information about kinship care policy and practice in your State or Territory to kcp@acwa.asn.au no later than COB Friday 6 July.

(Please complete the form electronically.)

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<tr>
<th>State or Territory</th>
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<table>
<thead>
<tr>
<th>Please provide definitions of kinship care used in your jurisdiction</th>
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<tbody>
<tr>
<td>Kinship care</td>
</tr>
<tr>
<td>Statutory (formal) kinship care</td>
</tr>
<tr>
<td>Informal kinship care</td>
</tr>
<tr>
<td>Term used in your State/Territory for kinship care placements with non-relatives (eg ‘kith’, ‘family friends’)</td>
</tr>
<tr>
<td>Policy</td>
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<tr>
<td>Principles relating to statutory kinship care in legislation.</td>
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<tbody>
<tr>
<td>Is kinship care the preferred placement option?</td>
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<tr>
<td>Is the Aboriginal Child Placement Principle enshrined in legislation?</td>
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<tbody>
<tr>
<td>Other key policy or guidelines relating to statutory kinship care (please attach relevant documents).</td>
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<tr>
<td>Is it possible for child protection to be involved in arranging a kinship care placement without such an arrangement becoming a statutory placement?</td>
<td>Yes/No</td>
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<td>If Yes, under what circumstances?</td>
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<tr>
<td>Can a statutory kinship placement be made with a person not personally known to the child who is:</td>
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<tr>
<td>4. a relative (e.g. living interstate?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>5. a local community member e.g. member of a local faith community?</td>
<td>Yes/No</td>
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<tr>
<td>6. an Indigenous person from the child’s community or another Indigenous community?</td>
<td>Yes/No</td>
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Comments:
<table>
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<tr>
<th>Financial support</th>
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<tbody>
<tr>
<td><strong>Carer allowances</strong></td>
</tr>
<tr>
<td>Please attach details of annual and fortnightly carer allowances for children in kinship care.</td>
</tr>
<tr>
<td>Are these allowances the same as for foster carers? <strong>Yes/No</strong></td>
</tr>
<tr>
<td><strong>Equity between kinship carers and foster carers</strong></td>
</tr>
<tr>
<td>In general, would you consider that children in kinship care and foster care receive equal financial support according to their identified needs, independent of the type of placement they are in? Please comment.</td>
</tr>
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<table>
<thead>
<tr>
<th>Decision-making regarding carer allowances and reimbursements of other costs of care</th>
</tr>
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<tbody>
<tr>
<td>Is there a common decision-making pathway for levels of kinship carer and foster carer allowances on the basis of the child’s needs? <strong>Yes/No</strong></td>
</tr>
<tr>
<td>Is there a common decision-making pathway for kinship carers and foster carers in relation to reimbursements of other costs of care? <strong>Yes/No</strong></td>
</tr>
<tr>
<td>If decision-making pathways are different, please describe these.</td>
</tr>
</tbody>
</table>

Do carers of children with higher needs in kinship care have equal access to higher levels of carer allowance as children in foster care? **Yes/No**

Do kinship carers have equal access to reimbursement for additional costs of care as foster carers? **Yes/No**
<table>
<thead>
<tr>
<th><strong>Carer and placement recruitment and assessment</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>What process takes place to ascertain the most suitable kinship care arrangement for a child?</strong></td>
</tr>
<tr>
<td>➢ To what extent is family group conferencing utilised?</td>
</tr>
<tr>
<td><strong>Please provide details of the assessment process, and attach relevant guidelines and forms.</strong></td>
</tr>
<tr>
<td><strong>After the carer assessment is complete, what is the process for approval?</strong></td>
</tr>
<tr>
<td>➢ How is the approval process similar or different in foster care?</td>
</tr>
<tr>
<td><strong>Please provide details of required timelines for carer assessments.</strong></td>
</tr>
<tr>
<td>➢ How is compliance with time-lines monitored?</td>
</tr>
<tr>
<td><strong>If possible, please estimate what proportion of carer assessments occur prior to the child’s placement.</strong></td>
</tr>
<tr>
<td>➢ How are children cared for while such assessments take place?</td>
</tr>
</tbody>
</table>
| **Does child protection experience difficulty in securing alternative placements when kinship care placements are not approved?**  
Yes/No  
Please comment. |
Casework and support

Please describe arrangements for case management and casework for children in kinship care.

- To what extent are case management and casework services provided by child protection and to what extent by non-government services?

- Do you consider that there is sufficient casework capacity within the kinship care program (both internal to the Department and in the non-government sector)? *Yes/No Please comment.*

- What percentage of children in statutory kinship care would you estimate to have an active caseworker?

- What other supports are available from the Department or its funded services for children in kinship care and their carers?

- To what extent do you consider that casework budgets allow for children’s additional needs to be met (e.g. educational remediation, outstanding medical requirements etc.)
**Quality of care**

- Is there a minimum frequency for formal monitoring of kinship care placements?  **Yes/No**
- If Yes, how often?
- Does formal monitoring always involve a visit to the child in placement?  **Yes/No**
- How are issues of unsatisfactory care dealt with?
- Do you consider that the Quality of Care process is adequate to address issues of concern, or would you like to see it developed further?

**Information and training sessions**

What arrangements are in place for providing regular information and/or training sessions to kinship carers?

- Do you consider the training program to be sufficient to provide access to relevant topics for:
  - New carers?  **Yes/No**
  - Carers in regional areas?  **Yes/No**
  - Carers who work full-time?  **Yes/No**

- Would you like to see the training program developed further?
## Development of kinship care policy and practice

Please describe any changes or developments in kinship care policy and practice since 2010. (Attach relevant documents if appropriate.)

Please outline any other areas where you would like to see further development in kinship care policy and/or practice.

## Role of the Commonwealth

- What do you see as the responsibilities of the Federal Government with regard to the support of children in kinship care (statutory and informal)?

- Are there other supports for children in kinship care that you would like to see provided at Federal level?

## Other comments?

Your comments are welcome regarding any other aspect of kinship care policy and practice and its context within protective care.

Please provide contact details for yourself or other Departmental staff who would like to attend the National Kinship Care Forum.

Thank you for your assistance in providing this information to kcp@acwa.asn.au no later than **COB Friday 6 July**. We look forward to a fruitful exchange of information and ideas at the National Forum.
Commonwealth support for grandparent carers and other kinship carers

The aim of this Forum is to share knowledge of kinship care policy and practice across Australia and to identify priorities to improve support to children in kinship care and their carers – both informal carers and those where children are under statutory child protection orders. A collated report about policy and practice in each State and Territory and at Federal level will be presented at the National Kinship Care Forum on 23 August 2018. We would appreciate if you could provide the following information to kcp@acwa.asn.au no later than COB Friday 6 July.

(Please complete the form electronically.)

Please provide all definitions relevant to grandparent and other kinship care used by the Commonwealth

<table>
<thead>
<tr>
<th>Grandparent carer</th>
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<tbody>
<tr>
<td>Kinship carer</td>
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<tr>
<td>Non-parent carer</td>
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<tr>
<td>Any other relevant terms and their definitions</td>
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<tr>
<th>Policy</th>
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<tbody>
<tr>
<td>Please describe the principles relating to support of children in grandparent and other kinship care and grandparent/kinship carers by the Commonwealth, including any relevant legislation, regulations and/or formal policy advice.</td>
</tr>
<tr>
<td>➢ What are the identified responsibilities of the Federal Government with regard to the support of grandparent and other kinship carers (statutory and informal)?</td>
</tr>
<tr>
<td>➢ To what extent does the Commonwealth see its responsibilities as the support grandparent carers in particular, and to what extent the support of other kinship carers such as aunts/uncles, sibling carers and non-familial kinship carers such as ‘family friends’?</td>
</tr>
<tr>
<td>➢ What is the relationship between the <em>National Framework for Protecting Australia’s Children 2009–2020</em> and current Commonwealth policy and practice regarding the support of children in kinship care and their carers?</td>
</tr>
<tr>
<td>➢ What planning (if any) is taking place to develop a policy document to succeed the <em>National Framework for Protecting Australia’s Children 2009–2020</em> when it expires in 2020?</td>
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<table>
<thead>
<tr>
<th>Grandparent carers and other kinship carers</th>
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<tbody>
<tr>
<td>➢ To what extent are the services of the Grandparent Advisors available to other kinship carers (e.g. aunts/uncles, sibling carers, non-familial kinship carers such as ‘family friends’)? How is any wider eligibility advertised?</td>
</tr>
<tr>
<td>Financial support</td>
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</tr>
<tr>
<td>Please provide details of all benefits, allowances and programs that may be available for ALL kinship carers.</td>
</tr>
<tr>
<td>Please provide details of any benefits, allowances and programs available to grandparent carers but not to other kinship carers (e.g. aunts/uncles, sibling carers and non-familial kinship carers such as ‘family friends’).</td>
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<table>
<thead>
<tr>
<th>Decision-making regarding payments to kinship carers</th>
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<tbody>
<tr>
<td>Is there room for discretion regarding exceptional need in relation to eligibility for Commonwealth payments to kinship carers? <strong>Yes/No</strong></td>
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<td>Please comment.</td>
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<tr>
<th>Non-financial support</th>
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<tbody>
<tr>
<td>Are there non-financial services available from the Commonwealth for grandparent and other kinship carers and children in kinship care? <strong>Yes/No</strong></td>
</tr>
<tr>
<td>If <strong>Yes</strong>, please detail, including whether eligibility includes grandparent care only, or extends to all kinship care.</td>
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<tr>
<th>Information about Commonwealth support available for grandparent and other kinship carers</th>
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<tbody>
<tr>
<td>What arrangements are in place for providing information to grandparent and other kinship carers about Commonwealth payments or other services for which they may be eligible?</td>
</tr>
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</table>
### Developments and issues

**Initiatives and progress in Commonwealth kinship care policy and practice**
- Please describe any developments in Federal policy and practice in relation to the support of grandparent and other kinship carers since 2010. Attach relevant documents if appropriate.

- What developments, if any, have taken place in the support of grandparent and other kinship carers as a result of the *Senate Inquiry into Grandparents who take primary responsibility for raising their grandchildren*?

- What developments, if any, have taken place in the support of grandparent and other kinship carers as a result of the *Senate Inquiry into Out of Home Care*?

**Identified issues or problems in support for kinship carers by the Commonwealth**
- Please outline any issues in policy and/or practice in the support of grandparent and other kinship carers (informal and statutory) by the Commonwealth that may be under consideration at the present time.

- Are there other means of support for children in grandparent and other kinship care (informal and statutory) through either policy or services under consideration by the Federal Government?
### Role of the Grandparent Advisors

- To what extent is the Grandparent Advisor program meeting current demand? Are there any current plans for augmentation to address demand?

- Has there been consideration of renaming the Grandparent Advisors as Kinship Carer Advisors? What pros and cons might need to be considered in such a change? Please comment.

### Definition of a carer

Grandparent and other kinship carers are not included in the formal definition of a carer unless a child in their care has an identifiable disability or significant health condition, yet many are living in poverty. Many also carry a significant burden of care for multiple children with behavioural and educational challenges due to prior traumatic experiences.

- Has there been any consideration of including grandparent and other kinship carers in the definition of a carer? **Yes/No**
- What pros and cons might need to be considered in such a change? Please comment.

- Has there been consideration of extending carer entitlements (e.g. respite care) to grandparent and other kinship carers? **Yes/No**
  - What issues might be involved if such a change were to be considered? Please comment.

### Other comments?

Please provide any other comments regarding Commonwealth support for grandparent and other kinship carers, and its context within the range of payments and services to carers with limited means.

Please provide contact details for yourself or others Departmental staff who would like to attend the National Kinship Care Forum.

Thank you for your assistance in providing this information to kcp@acwa.asn.au no later than **COB Friday 6 July**. We look forward to a fruitful exchange of information and ideas at the National Forum on 23 August.