

Kinship Care

June 2022

Independent assurance report to Parliament
2021–22: 20



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Kinship Care

Independent reasonable assurance report to Parliament

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The Hon Nazih Elasmr MLC
President
Legislative Council
Parliament House
Melbourne

The Hon Colin Brooks MP
Speaker
Legislative Assembly
Parliament House
Melbourne

Dear Presiding Officers

Under the provisions of the *Audit Act 1994*, I transmit my report *Kinship Care*.

Yours faithfully



Andrew Greaves
Auditor-General
22 June 2022

The Victorian Auditor-General's Office acknowledges the Wurundjeri Woi Wurrung People as the traditional custodians of the land on which our office is located. We pay our respects to their Elders past and present.

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Audit snapshot

Is the Department of Families, Fairness and Housing (DFFH) supporting timely, stable and quality placements for children and young people through the new kinship care model?

Why this audit is important

Kinship care is the support provided by relatives or a member of a child's social network when they cannot live with their parents. It is the fastest-growing form of out-of-home care in Victoria.

Available information shows that between 2017 and 2021, the number of children and young people in kinship care grew by 33.2 per cent.

DFFH introduced a new kinship care model in 2018 to accommodate this growth and respond to issues with the level of support kinship carers were receiving.

Who and what we examined

We examined DFFH and 3 other kinship care service providers—

Anglicare Victoria, Uniting Vic.Tas, and the Victorian Aboriginal Child Care Agency.

We assessed if the new kinship care model helps identify kinship networks in a timely manner for children and young people at risk and provides them with stable and quality placements.

What we concluded

DFFH cannot be assured that it is providing timely, safe and stable placements for children and young people at risk. This is because it does not systematically monitor or report on if it is achieving the new model's objectives.

DFFH also does not ensure that staff and service providers complete mandatory assessments

on how safe a home is, what support the carer needs and the child's wellbeing. This puts children in care at risk because DFFH cannot confirm if they are being cared for in a safe environment.

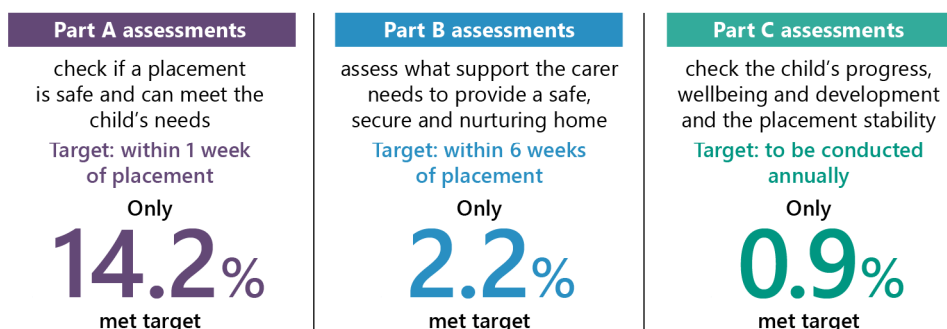
Kinship carers are also not receiving the support they need to provide stable homes for children and young people in their care.

What we recommended

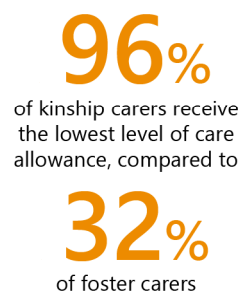
We made 12 recommendations to DFFH, including 6 about identifying kinship networks early, one about completing mandatory assessments, 2 about support for carers and 3 about monitoring and reporting on the new model.

Key facts

Proportion of assessments completed within target timeframes: 2018–2020



Kinship carers' allowance rate: 2021



Source: VAGO.

What we found and recommend

We consulted with the audited agencies and considered their views when reaching our conclusions. The agencies' full responses are in Appendix A.

What is kinship care?

Kinship care is the preferred type of out-of-home care (OOHC) for children and young people in Victoria. Kinship carers can be family members or non-family members who are in the child or family's social network.

Kinship carers need different support to other types of OOHC carers due to their unique circumstances as relatives or close friends of both the parents and the child needing care.

For example, as Figure A shows, they may make the decision to become a carer quickly during a stressful family crisis involving a grandchild, niece, nephew, cousin or family friend. Kinship carers often continue to have a relationship with the child's parents. This may cause issues due to family contact, which can impact the carer's and child's emotional wellbeing.

We refer to **children and young people** throughout this report as 'children' for simplicity.

Figure A: **Case study: from grandmother to kinship carer**

'I went to bed one night single, I woke up the next morning with 3 children. I didn't have a pregnancy to prepare for having kids—or deal with the traumatised behaviour and difficulties that have added to the challenge'.

That's how a grandmother describes her experience of becoming a kinship carer to her 3 grandchildren 4 years ago.

The carer's adult daughter was battling a drug addiction. After an overdose, it became clear that she could no longer look after her children.

Rather than have the children placed with a foster family they did not know, the grandmother embarked on a journey as the sole carer of 3 kids under 9.

Source: VAGO, adapted from Anglicare Victoria (Anglicare).

Finding a home early

Having a network of caring adults helps a child feel a sense of belonging and connection to their family, culture and community.

Academic research also shows that if children are not placed in a stable kinship placement early, they are more likely to need specialised mental health services or be involved in the youth justice system than others in OOHC.

In 2018, the Victorian Government introduced a new kinship care model to:

- help child protection practitioners find carers early or in a timely manner
- strengthen community connections for Aboriginal and Torres Strait Islander children in care
- deliver better and more flexible support to carers.

To help achieve these objectives, the Department of Families, Fairness and Housing (DFFH) established:

- kinship engagement teams (KETs), which are made up of 44 full-time workers across the state, to help DFFH's child protection practitioners find kinship placement options, or 'kinship networks', early
- the Aboriginal Kinship Finding program, which the Victorian Aboriginal Child Care Agency (VACCA) delivers, to find kinship networks for Aboriginal and Torres Strait Islander children.

Not working with KETs to identify kinship networks early

DFFH cannot demonstrate that KETs are helping identify kinship networks early.

We found gaps in how KETs collaborate with child protection practitioners, who play a critical role in referring children to KETs.

Deficiencies in DFFH's procedures, guidance and training for child protection practitioners mean they do not fully understand KETs' role and are hence unable to help facilitate timely identification of kin. For example:

- DFFH's *Child Protection Manual* does not include specific triggers for when and how child protection practitioners should refer cases to KETs, which leaves it to the discretion of individual practitioners
- DFFH's training for child protection practitioners does not specify when they should engage KETs or how KETs can help them identify potential kinship placements.

We also heard from community service organisations (CSOs) and Aboriginal community-controlled organisations (ACCOs) that DFFH provides limited training on KETs' role.

Additionally:

- DFFH's guidelines for KETs do not include children at risk of needing OOHC in the list of young people to prioritise.
- DFFH has not defined what finding a kinship network 'early' means or set timeframe benchmarks.
- DFFH does not consistently monitor and report on KETs' performance.

DFFH was established in February 2021 when the former Department of Health and Human Services (DHHS) split into 2 departments.

Throughout this report we use 'DFFH' to refer to actions taken by both DFFH and the former DFFH for simplicity.

CSOs are funded by DFFH to provide kinship care services to families in areas close to where they live.

ACCOs are funded by DFFH to provide kinship and cultural connection services. They also facilitate and coordinate support for Aboriginal and Torres Strait Islander kinship carers and healing groups.

Identifying Aboriginal and Torres Strait Islander kinship networks early

DFFH cannot demonstrate if the Aboriginal Kinship Finding program is leading to timely kinship placements and cultural connections for Aboriginal and Torres Strait Islander children. This is due to weaknesses in how DFFH set up the program. In particular:

- DFFH has not set up effective referral systems and processes to help VACCA identify kinship networks early
- similar to general kinship care, DFFH has not defined what 'early' means when identifying kinship networks for Aboriginal and Torres Strait Islander children
- DFFH does not monitor the Aboriginal Kinship Finding program across the state and therefore does not have a thorough understanding of:
 - how many children it has referred to VACCA
 - the timeliness of these referrals
 - the outcomes of these referrals.

These gaps mean that DFFH is placing Aboriginal and Torres Strait Islander children in homes that are not culturally appropriate.

A 2019 evaluation of the Aboriginal Kinship Finding program, which DFFH commissioned, found that around 56 per cent of Aboriginal and Torres Strait Islander children in OOHC in Victoria are placed with a non-Aboriginal and Torres Strait Islander carer. Over 50 per cent are separated from their siblings and 56 per cent have no cultural support plan.

This can lead to children experiencing a lack of connection with their culture and family.

Not measuring if kinship networks are being identified early

When DFFH designed the new model, it defined a performance measure for identifying kinship networks early. DFFH intended for this measure to assess the proportion of children who enter kinship care as their first OOHC placement. However, DFFH does not report on this measure. It also has not defined a percentage increase for its target.

We analysed available data from DFFH's Client Relationship Information System (CRIS) to assess its progress against this measure. Appendix C explains why readers should exercise caution when interpreting CRIS data.

DFFH uses **CRIS** to manage and deliver child protection services.

We found that between 2018 to 2021, the proportion of children who entered kinship care as their first placement increased from 74.5 per cent to 79.5 per cent. However, as DFFH has not specified a target for the increase, they do not know if this is a good result.

Based on our discussions with DFFH staff, this increase is likely due to child protection practitioners becoming more familiar with the referral process over time and getting involved earlier instead of DFFH's actions.

Recommendations about identifying kinship networks early

We recommend that:	Response
Department of Families, Fairness and Housing	1. sets clear benchmarks for identifying kinship networks early (see Section 2.1) Accepted
	2. develops mandatory and ongoing training programs for child protection practitioners to improve their awareness of kinship engagement teams' role (see Section 2.1) Accepted
	3. updates its <i>Child Protection Manual</i> to include specific triggers for when and how child protection practitioners should refer cases to kinship engagement teams (see Section 2.1) Accepted
	4. implements consistent monitoring and reporting for kinship finding activities that at minimum capture the amount of time it takes between a kinship engagement team receiving a referral and identifying a kinship placement (see Section 2.1) Accepted
	5. works with service providers to agree and set benchmarks for finding Aboriginal and Torres Strait Islander kinship networks to be accountable for (see Section 2.2) Accepted
	6. establishes processes to monitor and report on: <ul style="list-style-type: none"> the number of referrals it makes to service providers for the Aboriginal Kinship Finding program the service providers' outcomes for Aboriginal and Torres Strait Islander kinship finding activities (see Section 2.2). Accepted

Putting children at risk

DFFH's guidelines require its child protection practitioners and, where relevant, case workers from CSOs and ACCOs to complete the assessments listed in Figure B.

Figure B: **Mandatory assessments and their purposes**

Assessment	Purpose
Part A	To assess if a placement is safe when it starts
Part B	To assess what support the carer and child need for a safe and stable home
Part C	To assess: <ul style="list-style-type: none"> the child's progress, wellbeing and development the placement's stability the level of care allowance the carer needs

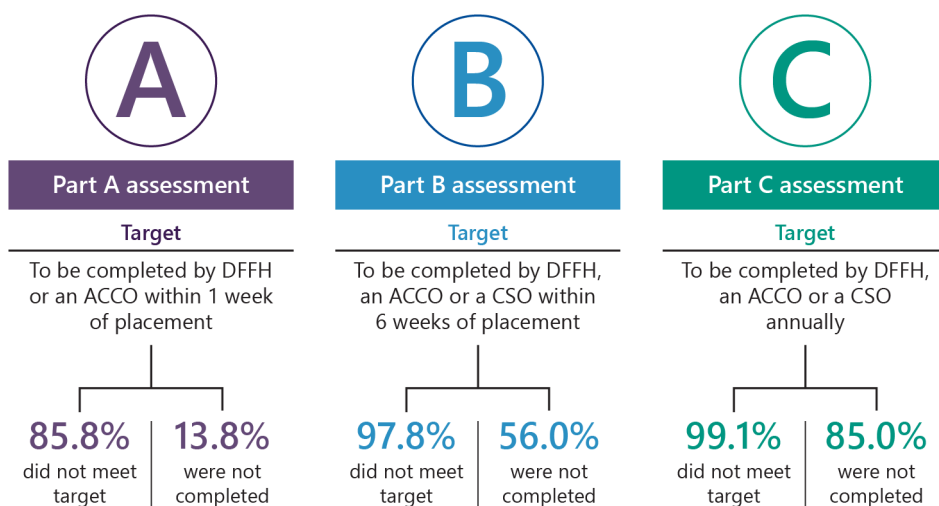
Source: VAGO based on DFFH documents.

Not completing assessments on time

DFFH has mandated timeframes for completing part A, B and C assessments. In 2016, a review commissioned by DFFH recommended that each DFFH division monitors and reports on child protection practitioners' and case workers' compliance with these timeframes. However, none of the divisions currently do this.

As Figure C shows, our review of available CRIS data found that DFFH and, where relevant, CSOs and ACCOs are not completing part A, B and C assessments on time. In many instances, they are not completing them at all. This has serious implications for children and their carers. When an assessment is not completed, the carer is unlikely to receive the full level of support they are entitled to, which puts the placement's stability at risk.

Figure C: **Percentage of part A, B and C mandatory assessments completed and completed within timeframes between 2018 and 2020**



Note: Part A assessments are completed by DFFH or one of the 2 specific ACCOs that are authorised under the *Children, Youth and Families Act 2005* (CYF Act) to take responsibility for Aboriginal and Torres Strait Islander children in OOHc on court orders as part of the Aboriginal Children in Aboriginal Care (ACAC) program.

Part B and C assessments are completed by DFFH or one of the ACCOs authorised under the CYF Act. CSO or ACCO case workers only complete Part B or C assessments if DFFH has referred the placement to them for either the First Supports program or case contracting. In these instances, DFFH needs to endorse the assessments done by CSOs and ACCOs before they are considered completed.

Source: VAGO, based on CRIS data and DFFH documentation.

Not completing assessments to a sufficient standard

While timing is crucial, it is also important that part A, B and C assessments thoroughly assess the child's and carer's needs.

We reviewed a random selection of part A, B and C assessments for 72 CRIS case files and assessed them against criteria listed in DFFH's mandatory policy requirements. To do this, we assessed how many of the criteria DFFH and service providers completed for the various assessments. As Figure D shows, we found that DFFH and, where relevant, CSOs and ACCOs did not complete these assessments to a sufficient standard.

Figure D: **Thoroughness of assessments**

Assessment	Criteria	Our assessment
Part A	<ul style="list-style-type: none"> Police check to assess the proposed carer's suitability completed Police checks on other household members completed CRIS and meeting notes reviewed A discussion with the carer about the child's safety completed 	At least 41 per cent of all part A assessments were not completed to a sufficient standard.
Part B	<ul style="list-style-type: none"> Kinship carer suitability assessment completed Carer's support needs reviewed Recommendations, support plan and requirements checklist included 	At least 17 per cent of all part B assessments were not completed to a sufficient standard.
Part C	<p>Assessment links to the child's case plan and assesses:</p> <ul style="list-style-type: none"> the child's wellbeing and development the overall suitability of the placement the suitability of the financial support the carer receives 	<p>20 placements continued for more than a year, but only 7 of these had a part C assessment completed.</p> <p>While all 7 completed part C assessments fully assessed the criteria, only 5 linked to the child's case plan.</p>

Note: Figure D only refers to completed assessments. As Figure C shows, many are not completed at all.

We excluded files that we assessed as 'not applicable' from this review. For example, if a placement continued for less than one week or if the child was reunified with their parents before the part A assessment was completed.

Source: VAGO, based on CRIS file review.

Recommendation about completing mandatory assessments

We recommend that:	Response
<p>Department of Families, Fairness and Housing</p> <p>7. monitors and reports on whether child protection staff and, where relevant, community service organisations and Aboriginal community-controlled organisations:</p> <ul style="list-style-type: none"> are completing part A, B and C assessments on time (see Section 3.1) are completing part A, B and C assessments to sufficient standards (see Section 3.1). 	Accepted

Insufficient support to carers

The kinship care model has increased the financial support available to carers, including DFFH's First Supports program. However:

- not all eligible placements are referred to the First Supports program on time
- in some instances, placements are not referred to the program at all
- kinship carers continue to experience barriers to accessing financial support.

The **First Supports program** provides targeted support services to new kinship placements.

Not all placements are referred to First Supports on time or at all

Between June 2019 to March 2021, DFFH referred approximately 37 per cent of eligible placements to CSOs and ACCOs, who deliver the First Supports program. This is likely because DFFH's child protection practitioners have a varied understanding of the First Supports program.

This means that many kinship carers are missing out on support they should be getting.

We also found that while the benchmark is 21 days, it takes DFFH on average 28 days to refer a placement to the program after completing the part A assessment. Late referrals reduce CSOs' and ACCOs' ability to provide early support to kinship carers, many of whom are unfamiliar with the OOHC system.

Barriers to accessing financial support

Under the new model, kinship carers can access:

- financial brokerage to help pay for one-off costs, such as buying a new bed or car seat
- financial assistance to help set up a placement.

Kinship carers can also access a care allowance, which was already in place before DFFH introduced the new model. This allowance helps carers pay for the ordinary costs of care, such as food, fuel, clothing and pocket money.

We held feedback sessions with 16 kinship carers as part of this audit. They told us they were unaware of the financial support available to them.

As of June 2021, 96 per cent of kinship carers still receive the lowest level of care allowance compared to 32 per cent of foster carers.

From early 2018 to March 2019, KETs submitted 92 special negotiated adjustment (SNA) applications to DFFH area operations managers for higher care allowances. Only 17 (18 per cent) of these were approved.

Our discussions with kinship carers, CSOs, ACCOs and KET staff highlighted that applying for a higher allowance level is a lengthy process that requires receipts and other supporting documentation. In comparison, DFFH gives foster carers an allowance based on the child's needs at the start of a placement without requiring supporting documentation.

Brokerage is an allocation of money to a carer for a one-off purchase that will help support the placement.

A **SNA** is how a kinship carer can apply for a higher care allowance level. DFFH's policy states it will only approve a higher care allowance in exceptional circumstances. A SNA lasts for one year, at which point the carer must reapply.

Recommendations about supporting carers

We recommend that:

Department of Families, Fairness and Housing

8. reviews the special negotiated adjustment process to increase transparency and equity in the care allowance payments process (see Section 3.2)
9. monitors and reports:
 - if all eligible kinship care cases are referred to First Supports
 - if referrals are made on time (see Section 3.2).

Response

Accepted

Accepted

Ensuring the long-term quality and safety of placements

DFFH intends for the new model to provide high-quality placements that support children living in kinship families to thrive.

However, DFFH does not measure or report on the extent to which it is achieving the new model's objectives.

DFFH does not know if the new model is giving children high-quality, safe and stable placements. For example:

DFFH ...	But ...
has established outcome measures for the new model that link to placement quality	it has not: <ul style="list-style-type: none">defined data collection methodssystematically monitored or reported on the measures.
runs a survey that provides some insights into outcomes for children in OOH	its OOH Outcomes Tracking Survey results do not differentiate between the different types of OOH, so it is not possible to identify the results that are relevant to kinship care. DFFH also takes part in a national survey by collecting Victorian data on the views of children in OOH. However, the most recent <i>The Views of children and young people in out-of-home care: Overview of indicator results from the second national survey</i> predates the new model and therefore cannot show if outcomes are improving.

By not monitoring its progress against the new model's outcomes, DFFH cannot determine if it is meeting them.

Not supporting carers' needs

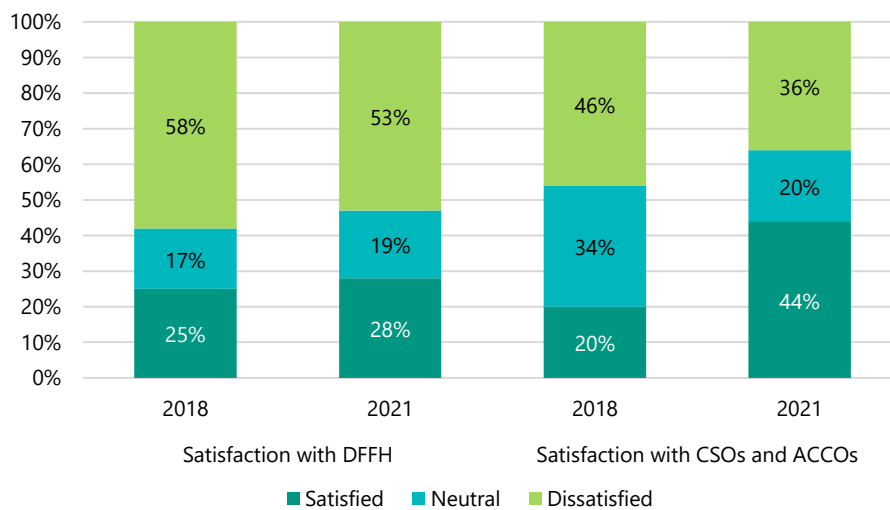
DFFH has run 2 kinship carer surveys since it introduced the new model—a survey in 2018 and a carer census in 2021. These surveys show that carers' views about the support DFFH provides have not changed significantly.

As Figure E shows, more than half of kinship carers have continued to report that they are dissatisfied with DFFH's support.

In contrast, kinship carers' satisfaction with the support they receive from CSOs and ACCOs significantly increased from 20 per cent to 44 per cent between 2018 and 2021.

“ We did not and am still not receiving support requested or needed. Case managers or staff change without us being informed. Phone messages left at their office and drop in calls to their office asking them to contact us were mostly ignored.”
—2018 survey respondent

Figure E: **Kinship carers' satisfaction with DFFH's support and CSOs' and ACCOs' support**



Source: VAGO, based on DFFH's 2018 survey and 2021 census.

These results show that carers' long-term dissatisfaction with DFFH's support has continued after it introduced the new model. This includes not having consistent case workers, not getting sufficient financial support and finding it difficult to navigate the child protection system.

In our feedback sessions, some carers cited examples where they received timely and valuable support from DFFH's child protection practitioners. However, most carers told us they have had trouble getting the support they need from DFFH and have received insufficient or untimely financial assistance.

Consistent with the 2021 census results, carers spoke positively to us about the role CSOs and ACCOs are playing compared to DFFH:

Kinship carers reported ...

good relationships and frequent communication with CSO and ACCO case workers, including meetings throughout the coronavirus (COVID-19) pandemic

that CSOs and ACCOs respond to their requests for support in a timely way, particularly for things that cannot wait, like clothing and psychological support

Compared to DFFH ...

- not informing them if their child protection practitioner had left or gone on leave
- child protection practitioners not returning phone calls.

taking a long time to provide financial support. Carers told us that they have sometimes waited months without any financial support.

Recommendations about measuring and reporting on the quality of kinship care

We recommend that:		Response
Department of Families, Fairness and Housing	10. identifies the data it needs, establishes a performance baseline and defines data collection methods for the new model's outcome measures (see sections 4.1 and 4.2)	Accepted
	11. systematically monitors and reports on if the new model is contributing to high-quality, safe and stable placements (see Section 4.3)	Accepted
	12. collects and presents data in its carer surveys that differentiates between results for different types of out-of-home care carers (see Section 4.4).	Accepted

1.

Audit context

All children have the right to grow up happy, healthy and safe in a stable, caring environment. If a child's home is unsafe due to the risk of violence, abuse or neglect, DFFH may need to place them in an alternative care environment.

Under the *Children, Youth and Families Act 2005* (the CYF Act), if a child needs to be removed from their home, DFFH should consider placing the child with an appropriate family member or other person significant to them before considering other placement options.

This chapter provides essential background information about:

- OOHC in Victoria
 - Roles and responsibilities
 - Sector reforms
 - Past reviews
-

1.1 OOHC in Victoria

If parents are unable or unwilling to keep their children safe at home, the state's OOHC system provides alternative care for them. While some children are placed in this system for only a few days or weeks, others spend many years in it.

There are 3 main types of placements:

- foster care, where trained carers provide care
- residential care, where children live in community-based care homes
- kinship care, where relatives or other familiar people in a child's life provide care.

Kinship care

Kinship care is the fastest-growing placement type in Victoria. Available information indicates that:

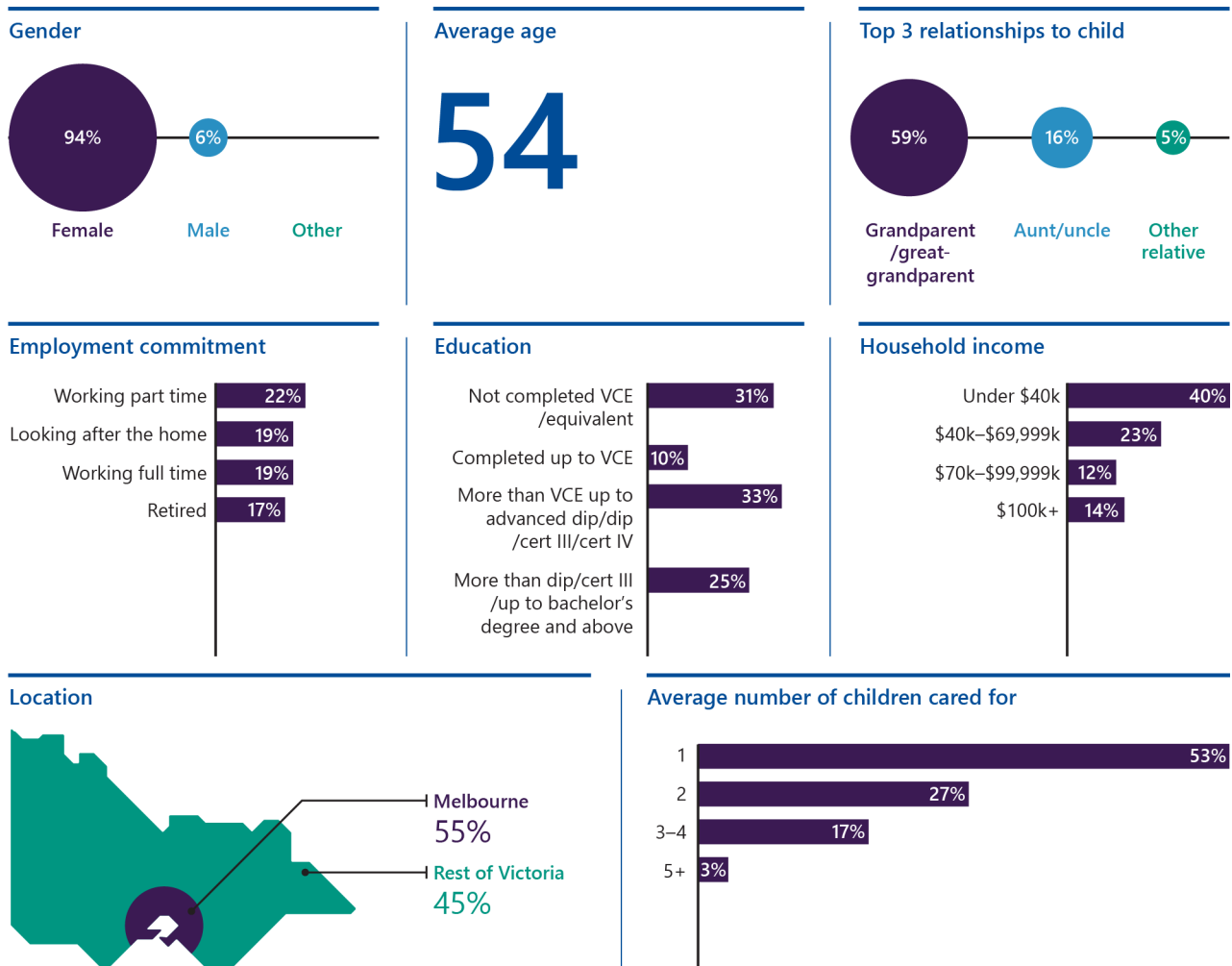
- over 70 per cent of all children in OOHC live with a kinship carer
- between 2017 and 2021, the number of children in:
 - OOHC grew by 25.2 per cent from 7,571 to 9,498
 - kinship care grew by 33.2 per cent from 5,577 to 7,429.

Aboriginal and Torres Strait Islander children are significantly over-represented in kinship care. Aboriginal and Torres Strait Islander children in Victoria are 20.1 times more likely to be in kinship care than non-Aboriginal and Torres Strait Islander children.

Who are kinship carers?

Kinship carers are typically female, grandparents or great-grandparents and live on lower incomes. Figure 1A outlines the main characteristics of kinship carers in Victoria.

FIGURE 1A: **Key characteristics of kinship carers**



Note: *Total of percentages equals 99% due to rounding. **VCE stands for the Victorian Certificate of Education.
Source: VAGO, based on DFFH's 2021 census.

Legislation

The CYF Act outlines the requirements for OOHC in Victoria. It prioritises the child's best interests, including protecting their rights and development.

Under the CYF Act, kinship care is the preferred option for children entering OOHC. The Aboriginal child placement principle in the CYF Act prioritises placing Aboriginal and Torres Strait Islander children with Aboriginal and Torres Strait Islander relatives or, where this is not possible, other extended family.

The CYF Act requires the government to provide a framework that promotes the rights and wellbeing of children in OOHC. Appendix D shows the *Charter for children in out-of-home care*, which outlines the expected standards for a child's experience in OOHC.

1.2 Roles and responsibilities

Department of Families, Fairness and Housing

DFFH is responsible for designing and delivering programs that provide safe homes for children who cannot live with their family, including kinship care.

DFFH also contracts CSOs and ACCOs to provide OOHC services.

DFFH's agency performance system supports staff within its divisions manage its contracts with CSOs and ACCOs and monitor their performance.

Child protection practitioners

Child protection practitioners work for DFFH and are based across 17 geographical areas within DFFH's 4 divisions (north, south, east and west) and its statewide services group.

Child protection practitioners have a specific statutory role, which includes:

- receiving and investigating allegations of harm or risk of harm to children
- working with children, families and support services to make sure children are safe if they identify abuse or neglect
- applying for Children's Court of Victoria orders when needed.

If a child requires OOHC, child protection practitioners work with the child, the child's family and support services to find a suitable placement and provide ongoing support.

Child protection practitioners complete part A assessments. However, 2 specific ACCOs that are authorised under the CYF Act to take responsibility for Aboriginal Torres Strait Islander children in OOHC on court orders as part of the ACAC program may also complete part A assessments.

Child protection practitioners and, where relevant, CSO and ACCO case workers are responsible for completing part B and C assessments.

CSOs and ACCOs

DFFH funds 28 CSOs and 13 ACCOs to provide kinship care services across Victoria.

Two ACCOs—VACCA and Bendigo & District Aboriginal Co-operative—are authorised under the CYF Act to take responsibility for Aboriginal and Torres Strait Islander children in OOHC on court orders as part of the ACAC program.

CSO and ACCO case workers also provide the following services:

- First Supports services, including:
 - completing part B assessments
 - providing up to 110 hours of family services support
 - providing financial support for carers to purchase one-off items or services
- giving information and advice to kinship carers about community resources, peer support and access to training
- case contracting, which includes case management services for children living in kinship care.

CSOs and ACCOs report to DFFH monthly on their performance, such as the daily average number of placements receiving case contracting services and the number of assessments completed.

1.3 Sector reforms

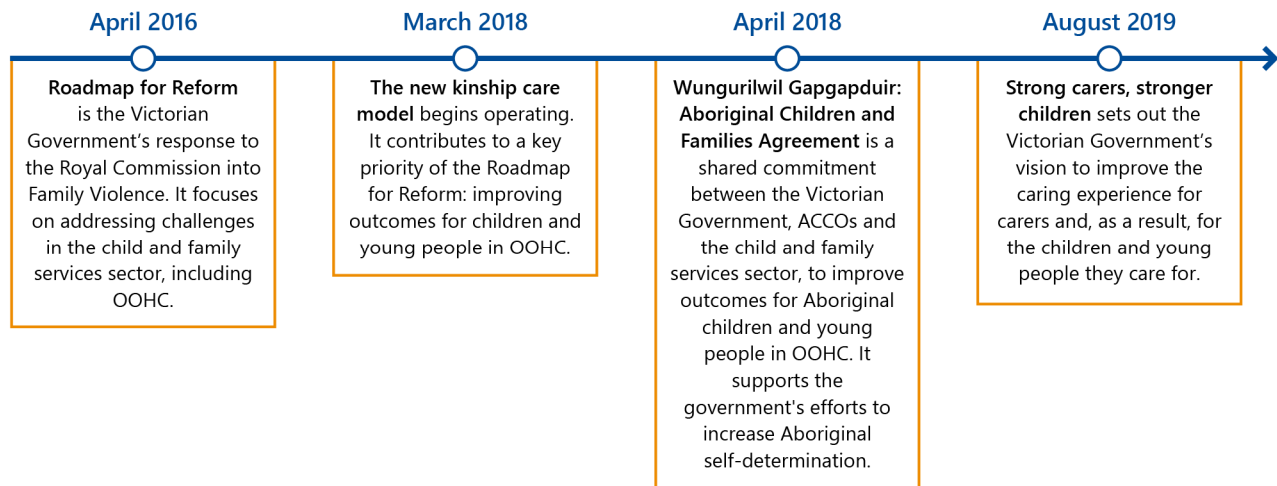
Roadmap for Reform: Strong Families, Safe Children

The *Roadmap for Reform: Strong Families, Safe Children* (the roadmap) is the Victorian Government's blueprint to transform the child and family system to improve outcomes for vulnerable children and families. The government released the roadmap in 2016 following the Royal Commission into Family Violence. The roadmap has 2 reforms for kinship care:

- strengthening OOHC
- improving outcomes for children in OOHC.

Figure 1B shows the key reforms since the roadmap was released.

FIGURE 1B: **Timeline of sector reforms**



Note: Self-determination is about supporting Aboriginal and Torres Strait Islander communities to make decisions about their own social, cultural and economic needs.

Source: VAGO.

The new kinship care model

DFFH started using the new kinship care model in March 2018. The model seeks to better support statutory kinship placements to promote safe and quality care.

The model also aims to reduce the likelihood of children entering residential care. It recognises that in residential care, children experience poorer long-term health and wellbeing outcomes. The main components of the new model are:

- First Supports program
- KETs
- Aboriginal Kinship Finding program
- case contracting
- brokerage.

Appendix E provides more information about these components.

A **statutory placement** is where a Children's Court of Victoria order requires a child or young person to live in a placement outside of their family home.

1.4 Past reviews

Recent reviews have found that children in OOHC and their carers face significant challenges, including a lack of support. Figure 1C summarises the findings from these reviews.

FIGURE 1C: **Key findings from recent reviews**

Title	Year	Key findings
<i>Royal Commission into Family Violence: final report</i>	2016	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander children can suffer further trauma due to cultural loss in OOHC. DFFH is not meeting its legislative obligations about cultural support plans for Aboriginal and Torres Strait Islander children in OOHC. Child protection practitioners need to complete cultural awareness training and family violence sensitivity training.
Review of the kinship care model (commissioned by DFFH)	2016	<ul style="list-style-type: none"> Kinship carers have limited support to manage their placements. Child protection practitioners do not complete part A and B assessments in a timely way, which is partly due to their workloads. Case-contracting targets at service providers have not changed despite growth in OOHC placements, which means that child protection practitioners' workloads have not decreased as intended. DFFH does not collect or hold any outcomes data that demonstrates the effectiveness of the existing model's activities or kinship placements overall.
<i>Investigation into the financial support provided to kinship carers</i> (Victorian Ombudsman)	2017	<ul style="list-style-type: none"> Kinship carers experience 'continuing and unjustifiable inequity' in the financial support they receive compared to foster carers. DFFH does not provide information to kinship carers about their eligibility for higher allowances. DFFH does not assess children's needs on a routine basis.

Source: VAGO.

2.

Finding a home

Conclusion

DFFH cannot demonstrate that its processes are helping identify kinship networks early or in a timely way.

There is also a risk that Aboriginal and Torres Strait Islander children are not being placed in culturally appropriate homes as DFFH cannot demonstrate these children are getting timely and appropriate kinship placements and cultural connections. This means it is unlikely that the model is achieving its aim to strengthen the cultural connections of Aboriginal and Torres Strait Islander children in kinship care.

This chapter discusses:

- Finding placements early
 - Kinship placements and cultural connections for Aboriginal and Torres Strait Islander children
-

2.1 Finding placements early

When DFFH designed the new model, it identified new performance measures and committed to reporting on them. DFFH's performance measure for identifying kinship networks early is an increase in the proportion of children who enter kinship care as their first OOHC placement.

We found that DFFH does not report on this measure and has not defined a percentage increase target. We analysed CRIS data to assess DFFH's performance against this measure.

Figure 2A shows that the proportion of children who entered kinship care as their first placement increased from 74.5 per cent in 2018 to 79.5 per cent in 2021.

FIGURE 2A: Proportion of children who entered kinship care as their first OOHC placement from 2018 to 2021

Year	Total number of children who entered OOHC	Total number of children placed in kinship care first	Proportion of children placed in kinship care first
2018	3,097	2,308	74.5%
2019	3,321	2,538	76.4%
2020	2,791	2,190	78.5%
2021	2,479	1,970	79.5%

Source: VAGO, based on CRIS data.

However, without a target for the increase, DFFH does not know if this is a good result. DFFH also cannot confirm the increase is due to its efforts because:

- it has not defined what identifying a kinship network 'early' means
- there are gaps in how it integrates KETs with its child protection practitioners
- it does not consistently monitor if KETs are supporting the new model's objectives.

Not defining 'early'

Under the new model, KETs are one of the inputs needed to achieve the objective of identifying kinship networks early. However, DFFH has not defined what it considers identifying a kinship network 'early'.

DFFH's 'Kinship engagement teams roles and responsibilities' document, which is the main guideline for KETs, also does not include children at risk of needing OOHC in the list of young people to prioritise. KETs currently prioritise:

- children in placements that are at risk of breaking down
- children in residential care and foster care
- children in contingency placements or in other short-term arrangements or programs
- Aboriginal and Torres Strait Islander children
- children with a disability.

DFFH advised us that KETs do kinship finding as an added service where needed. Child protection practitioners or authorised ACCOs are responsible for identifying kinship networks and systems of support for children at risk of entering OOHC.

However, not prioritising children at risk of needing OOHC effectively de-prioritises this cohort and shows that there is a disconnect between the new model's objective and how DFFH practically applies it.

Gaps in integrating KETs with child protection practitioners

As DFFH intends for KETs to work with child protection practitioners, we expected it to have:

- clear roles and responsibilities for both types of roles
- defined procedures that set out when and how child protection practitioners should engage KETs
- training and governance structures to embed their integration.

While DFFH has some of these things, we found various gaps. In particular:

DFFH ...	But ...
has included brief references to KETs in sections of the <i>Child Protection Manual</i> that refer to kinship finding	there are no specific triggers for when and how child protection practitioners should refer cases to KETs, which leaves it to their discretion.
has included references to KETs in its mandatory training program 'Beginning Practice' for all child protection practitioners	these references are brief and do not specify when practitioners should engage KETs or how KETs can help them identify potential kinship placements.
established local governance structures, such as working groups, in the early stages of the new model to integrate KETs with child protection practitioners	these structures were not consistent across all of DFFH's divisions due to its devolved governance model, where divisions have their own individual service arrangements.

These gaps create a risk that child protection practitioners will not:

- fully understand the role of KETs
- use KETs to their full potential to identify kinship networks early.

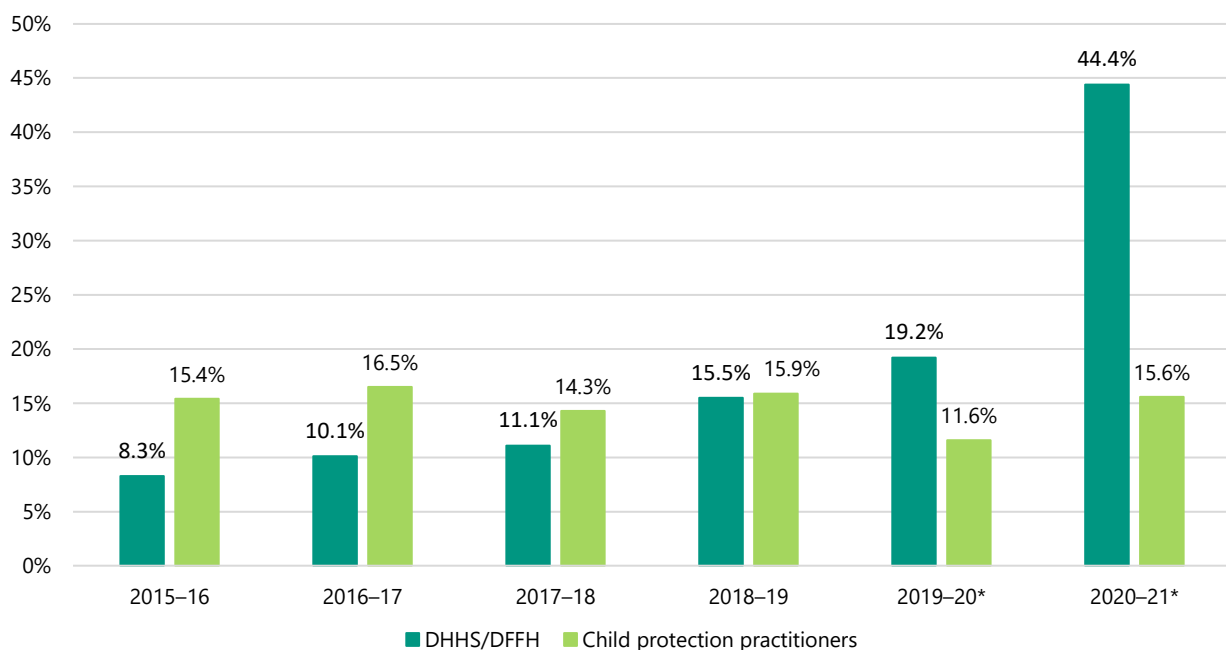
A 2019 review completed by DFFH's west division found that child protection practitioners and KETs often work in silos and were unclear about each other's roles and functions.

Similarly, a 2019 review commissioned by DFFH found that while KETs had clearly defined roles and responsibilities, these were not always clear to child protection practitioners who work with Aboriginal and Torres Strait Islander children.

KET staff and child protection practitioners we spoke to indicated that as the new model has become more established, they have understood each other's roles and responsibilities better. However, this is due to staff becoming more familiar with the model rather than DFFH's procedures and guidelines.

Staff and kinship carers we spoke to also raised concerns with the high turnover of child protection practitioners, which Figure 2B shows. This high turnover increases the risk that child protection practitioners will not integrate with KETs.

FIGURE 2B: Annual staff turnover for DHHS/DFFH overall compared to child protection practitioners from 2015–16 to 2020–21



Note: *The 2019–20 and 2020–21 annual staff turnover for DHHS/DFFH reflects the Victorian Government's divestment in disability services due to the National Disability Insurance Scheme.

Source: VAGO, based on DFFH data.

Inconsistently monitoring and reporting on KETs

DFFH does not consistently monitor and report on KETs. As a result, it does not understand what KETs are primarily working on and how well this supports the new model's objectives.

Between 2018 and 2019, KETs manually tracked their work with a Microsoft Excel spreadsheet. However, this reporting tool tracked how efficient KETs were at referring and closing cases rather than indicating if they were identifying kinship networks early.

Since 2019, DFFH has improved CRIS to allow KETs to directly receive referrals within it. This means that KETs do not need to manually record when they receive and close cases.

However, DFFH does not systematically use CRIS to report on KETs' performance. As a result, it is missing an opportunity to understand their impact on identifying kinship networks early across the state.

2.2 Kinship placements and cultural connections for Aboriginal and Torres Strait Islander children

The new model aims to support Aboriginal and Torres Strait Islander children in OOHC as follows:

- strengthen their self-determination by ensuring that Aboriginal and Torres Strait Islander people can make decisions about their children and families
- support the outcomes of Aboriginal and Torres Strait Islander children in Aboriginal and Torres Strait Islander care by:
 - identifying their cultural needs early
 - strengthening their cultural safety and connections
- promote compliance with the Aboriginal child placement principle under the CYF Act.

Figure 2C shows an example of how Aboriginal and Torres Strait Islander kinship finding works to help identify cultural connections for children in OOHC.

FIGURE 2C: Case study: an example of Aboriginal and Torres Strait Islander kinship finding

A regional DFFH office identified an Aboriginal young person who was at risk.

DFFH proposed to remove the young person from their family home, where they were living with a non-Aboriginal paternal grandmother and her partner.

The grandmother and her partner said that the young person could not live with them anymore because they were getting too old and did not have enough space. Nobody knew where either of the young person's parents were.

The grandmother did not have any additional information about the young person's mother's Aboriginality and DFFH's limited information did not include the mother's broader cultural or family history.

DFFH initially contacted the local ACCO to see if it had any information that would help it find relatives for kinship care. The local ACCO could not provide information other than it understood the mother came from another part of the state.

DFFH recorded this limited information and the young person's details in an application to the Aboriginal Kinship Finding program.

Some 8 months later, the ACCO that ran the program produced a detailed report identifying a number of family contacts and information related to the young person's culture, language, family history and country.

When DFFH child protection practitioners received the report they had since placed the young person with a non-Aboriginal family who they were not related to.

DFFH used the information in the report to build a more detailed and specific cultural plan that identified opportunities for the young person to connect with their culture. DFFH organised a return to country visit for the young person, which included meeting with relatives who they previously did not know.

While the young person decided to stay in their current placement, DFFH has made plans for one of the newly found relatives to undertake respite care to further their cultural connection with the help of the local ACCO.

Source: VAGO, adapted from DFFH's Evaluation of the Aboriginal Kinship Finding Service report.

DFFH and VACCA held several workshops to co-design and develop processes and draft the Aboriginal Kinship Finding program's procedure manual, which VACCA led.

The manual outlines the referral process and eligibility criteria for Aboriginal and Torres Strait Islander children who need OOHC.

We expected DFFH and VACCA to have clear and efficient processes for:

- referring Aboriginal and Torres Strait Islander children to VACCA to find family connections and kinship placements, including timeframe benchmarks
- monitoring the progress of VACCA’s work to identify kinship networks early
- monitoring and reporting on the Aboriginal Kinship Finding program’s outcomes.

However, there are gaps in DFFH and VACCA’s referral systems and processes for finding Aboriginal and Torres Strait Islander kinship networks. DFFH also does not monitor how effective these processes are across the state.

DFFH and VACCA told us they have recently reviewed the Aboriginal Kinship Finding program and intend to redesign it based on the findings of this review.

Gaps in referral systems and processes

DFFH and VACCA do not have effective processes to find kinship networks for Aboriginal and Torres Strait Islander children. In particular:

DFFH has not ...

included guidance in its *Child Protection Manual* on how to refer cases to VACCA

Which means ...

child protection practitioners are unclear about the process. This can lead to them:

- delaying referrals
- making mistakes
- missing information in referrals.

defined timeframes for referring children to VACCA

there is no requirement for

- DFFH to refer children to VACCA in a timely way
- VACCA to identify cultural connections and kinship networks in a timely way.

automated the referral process within CRIS for efficient monitoring and record keeping. Instead, all referrals take place via email and are not tracked in a central register

DFFH has no meaningful oversight of the referral process. There is also double handling, which is inefficient and creates risks to data integrity.

These gaps create the risk that child protection practitioners will not have access to enough information to make detailed and timely referrals to VACCA.



... the referral process could be streamlined by providing VACCA workers with access to CRIS as referrals were currently made by email.

—DFFH’s research to evaluate the Aboriginal and Torres Strait Islander elements of the new model

Our discussions with DFFH and VACCA highlighted that this risk has materialised. They cited instances where child protection practitioners:

- directly referred cases to VACCA, rather than through KETs as required
- did not use the correct forms
- did not provide enough information in referrals to help VACCA find suitable placements, such as providing a genogram of only one or 2 connections
- made referrals that did not meet the eligibility criteria.

While the Aboriginal Kinship Finding program has been able to find suitable kinship placements and cultural connections for children, these gaps have led to unnecessary delays.

Lack of defined timeframes for VACCA to find kinship placements

DFFH evaluated the Aboriginal Kinship Finding program in 2020. Citing anecdotal evidence, the evaluation found that the process takes 6 to 12 months to complete. As a result, it concluded that the Aboriginal Kinship Finding program is 'ineffective for informing short to medium-term child placement decisions'.

The evaluation noted that there are some benefits to the program though, such as identifying broader cultural connections, informing cultural plans and capturing information to inform later placement decisions.

The evaluation also highlighted that staff at VACCA have the following informal benchmarks to guide their work:

- start finding Aboriginal and Torres Strait Islander family connections to ensure a suitable kinship placement within one to 6 weeks of a referral
- complete kinship finding within 30 days.

However, VACCA's ability to meet these timeframes is compromised by:

- the quality of information in DFFH's referrals, including a lack of information about a child's cultural background and links to their family
- child protection practitioners not responding to requests for further information
- the unique circumstances of each referral
- delays in related processes, such as receiving birth, death or marriage certificates
- families not responding to attempts at contact
- the demand for Aboriginal and Torres Strait Islander kinship finding services, which exceeds VACCA's workforce capacity
- the impact of the COVID-19 pandemic, which has:
 - challenged VACCA's ability to collaborate internally
 - increased the number of referrals.

DFFH advised us that when it designed the Aboriginal Kinship Finding program with VACCA it focused on establishing and starting the service. VACCA advised us that it did not implement timeframe benchmarks because it and DFFH decided that the Aboriginal Kinship Finding program was not a crisis service.

We recognise the highly complex and sensitive nature of finding Aboriginal and Torres Strait Islander kinship networks and the difficulty of applying a timeframe to it. However, the lack of a timeframe for referrals means that DFFH and VACCA are not

“ ... our initial, fully 9 months of referrals was not strong. So, we've had a number of referrals come back where they haven't been able to establish connection because we've given them a genogram with 2 people ... so really, we haven't assisted them in that space. But I think we have improved and when we have given them more fulsome, genogram and local information that they can't see from CRIS, and then they can progress ...”

—DFFH participant of the Evaluation of the Aboriginal Kinship Finding Service

finding culturally suitable placements for Aboriginal and Torres Strait Islander children in a timely way.

No statewide monitoring

A 2020 DFFH-commissioned evaluation found that the Aboriginal Kinship Finding program is contributing to self-determination in Victoria because an all-Aboriginal team deliver it and it is aligned with the Aboriginal child placement principle and *Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement*.

VACCA advised us that it provides monthly data to DFFH about the number of referrals to the program and their progress. Despite receiving this information, DFFH does not perform any statewide monitoring of:

- the number of referrals it makes to VACCA
- VACCA's progress on referred cases
- if VACCA's work is leading to kinship placements or cultural connections for Aboriginal and Torres Strait Islander children in OOHC.

VACCA told us it does not receive feedback from DFFH on if its work is leading to successful kinship placements or cultural connections.

Consequently, there is a risk that Aboriginal and Torres Strait Islander children are not being placed in culturally appropriate homes.

A 2019 evaluation of the Aboriginal Kinship Finding program, which DFFH commissioned, found around 56 per cent of Aboriginal and Torres Strait Islander children in OOHC in Victoria are placed with a non-Aboriginal and Torres Strait Islander carer. Over 50 per cent are separated from their siblings and 56 per cent have no cultural support plan.

3.

Ensuring the care provided is safe and supported

Conclusion

DFFH is not completing placement assessments on time or to a sufficient standard. This puts the children DFFH is placing in kinship care at risk. This is likely to reduce placements' safety and suitability and the support carers receive.

DFFH is also not referring all eligible kinship placements to the First Supports program in a timely way. Late referrals reduce CSOs' and ACCOs' ability to provide early support to kinship carers, many of whom are unfamiliar with the OOHC system and need help to navigate their new role.

Kinship carers continue to experience barriers to accessing finances to support the children in their care.

This chapter discusses:

- Assessing the safety and suitability of placements
 - Supporting carers
-

3.1 Assessing the safety and suitability of placements

The new model aims to support kinship carers to:

- be emotionally supported while adjusting to their caring role
- be financially able to support a placement
- know where to go for advice and help
- have the necessary support to look after children with complex needs.

DFFH uses part A, B and C assessments to get insights into the safety, suitability and stability of a placement, including understanding the child's needs and the carer's capacity and needs.

We reviewed CRIS data and a selection of CRIS files to see if DFFH and, where relevant, ACCOs and CSOs are completing assessments on time and to a sufficient standard. We found that assessments are not completed on time or completed to a sufficient standard.

Not completed on time or at all

When part A and B assessments are not completed on time, a carer is unlikely to receive the full range of support they are entitled to, which puts the placement's stability at risk. This situation worsens when the assessments are not completed at all.

As Figure 3A shows, we found that from 1 January 2018 to 31 December 2020 DFFH and, where relevant, CSOS and ACCOs did not complete most part A, B and C assessments on time. This has serious implications for carers and the children in their care.

It is particularly concerning that for 10 per cent of the cases, the part A assessment took more than 634 days to complete and the part B assessment more than 1,261 days.

Figure 3A also shows that 13.8 per cent of part A assessments, 56 per cent of part B assessments and 85 per cent of part C assessments were not completed at all. This means that DFFH has no recorded assessment of the safety and stability of a significant number of kinship placements.

“ The lack of support makes you question what you're doing—is it right or is it wrong? Without the support, we kind of think when does this end, when does it get easier. It puts a lot of self-doubt within the placement.”

—2021 census respondent

FIGURE 3A: **Proportion of assessments completed and how long they took to complete, 1 January 2018 to 31 December 2020**

Assessment type	Target	Total placements	Proportion incomplete* (%)	Proportion that took longer than target (%)	Median time to complete (days)	90th percentile** of completed assessments (days)
Part A	100% completed within 7 days	7,669	13.8	85.8	46	634
Part B	100% completed within 42 days	7,045	56.0	97.8	809	1,261
Part C	100% completed within 365 days	4,228	85.0	99.1	1,034	1,397

Note: *Assessments that DFFH has not endorsed. **The 90th percentile is the value where 90 per cent of observations can be found below.

Source: VAGO, based on CRIS data.

Not completed to a sufficient standard

We found that DFFH and, where relevant, CSOs did not complete the assessments we reviewed to a sufficient standard.

With the delays in completing part A and B assessments, this further reduces DFFH's, CSOs' and ACCOs' ability to support carers. One agency told us that DFFH provides limited training on completing assessments and it has a lack of understanding about their importance.

We reviewed a random selection of 72 case files and assessed their part A, B and C assessments against the following criteria:

- part A assessment includes:
 - a police check to assess the suitability of the proposed carer
 - police checks on other household members
 - a review of CRIS information
 - a meeting with the carer to discuss the child's safety
- part B assessment includes:
 - a kinship carer suitability assessment
 - the placement's support needs
 - recommendations and a support plan
 - a requirements checklist
- part C assessment links to the case plan and assesses the:
 - child's wellbeing and development
 - overall suitability of the placement
 - suitability of the carer's financial support.

“ I don't think they [part A and part B assessments] are filled out extensively ... I think it's because people are time-poor so if they can get away with putting a couple of lines on people see that as sufficient. But I don't actually ... We need to be delving deep into the person who has put their hand up to care for the child.”

—Child protection practitioner the Victorian Ombudsman interviewed in 2017

A **case plan** is a document that records all of the significant decisions concerning a child in kinship care, such as their care arrangements, cultural support or developmental needs.

Of the 72 case files we assessed:

- DFFH completed a part A assessment for 55 of them (76 per cent)
- DFFH completed a part B assessment for 13 of them (18 per cent) and approved an additional 11 (15 per cent) that CSOs completed
- 20 placements continued for more than a year, but only 7 of these placements had a completed part C assessment.

Part A assessments

We found that 28 of the 55 completed part A assessments we reviewed (51 per cent) were not done to a sufficient standard. Based on this sample, within a 95 per cent confidence interval, DFFH does not sufficiently complete at least 41 per cent of all part A assessments.

A 95 per cent **confidence interval** is the range of values of which you can be 95 per cent confident that the true value lies within.

Figure 3B shows the checks DFFH completed for the part A assessments we reviewed.

FIGURE 3B: **Thoroughness of part A assessments completed by DFFH**

Criteria	Yes	No
Completed police check	45	10
Completed police check on other household members	31	24
Completed review of CRIS information	31	24
Meeting with the carer	52	3
All 4 sections completed	27	28

Note: Of the 72 case files we reviewed, 55 had a completed and approved part A assessment. Our file review did not include any part A assessments completed by the 2 ACCOs authorised under the CYF Act as part of the ACAC program.

Source: VAGO, based on CRIS data.

Part B assessments

We found similar issues with part B assessments. As Figure 3C shows, 7 of the 24 completed part B assessments we reviewed (29 per cent) were not done to a sufficient standard. Based on this sample, within a 95 per cent confidence interval, DFFH and CSOs do not sufficiently complete at least 17 per cent of all part B assessments.

FIGURE 3C: **Thoroughness of part B assessments completed by DFFH and CSOs**

Criteria	Yes	No
Completed kinship carer suitability assessment	20	4
Includes support needs	19	5
Includes recommendations and support plan	20	4
Includes requirements checklist	19	5
All 4 sections completed	17	7

Note: Of the 72 case files we reviewed, 24 had a completed and approved part B assessment. DFFH completed 13 part B assessments and CSOs completed 11.

Source: VAGO, based on CRIS data.

Part C assessments

All 7 part C assessments we reviewed were completed by DFFH and fully assessed the child's wellbeing and development, the suitability of the placement and the suitability of the carer's financial support. However, only 5 of them linked to the child's case plan. It is important that part C assessments are linked to the case plan as this is a key document that identifies strategies to achieve stability in the placement.

3.2 Supporting carers

Under the new model, DFFH set up the First Supports program and the following financial assistance to help carers:

- financial brokerage, including brokerage through the First Supports program and kinship placement support brokerage
- placement establishment costs.

Carers also have access to a care allowance, which has been in place prior to the new model.

However, we found:

- not all eligible placements are referred to First Supports in a timely way or at all
- kinship carers still receive less care allowance than foster carers
- First Supports brokerage is not flowing through to carers
- DFFH does not know if it is providing timely and customised financial support to carers
- carers are confused about what financial support is available.

Not all eligible placements are referred to First Supports in a timely way or at all

DFFH child protection practitioners and ACCO case workers can refer a new placement to First Supports if they expect the placement will last more than 3 months and they have completed a part A assessment. Identifying if a placement will last more than 3 months is a professional judgement and operational challenge. DFFH has not set guidance or provided tools to help child protection practitioners assess this.

We found that between June 2019 to March 2021, child protection practitioners referred 37 per cent of placements that lasted more than 3 months to First Supports. This is likely because child protection practitioners have a varied understanding of the program.

We also found that while the benchmark is 21 days, the average amount of time it took for DFFH to refer a placement to First Supports after completing the part A assessment was 28 days.

This means that carers are missing out on the customised support they are entitled to. Late referrals also reduce CSOs' and ACCOs' ability to provide early support to kinship carers, many of whom are unfamiliar with the OOHC system and need help to navigate their new role.

Kinship carers still receive less care allowance than foster carers

DFFH has set 5 care allowance levels, each with 4 age bands, that reflect the diverse needs of children in OOHC. For example, for a child aged 7 years or younger in 2021–22, the allowance ranges from \$418.68 per fortnight (level one) to \$1,705.36 per fortnight (level 5).

The Victorian Ombudsman's 2017 *Investigation into the financial support provided to kinship carers* found that kinship carers received less care allowance than foster carers. In 2017, 96.8 per cent of kinship carers received the lowest level of allowance. In contrast, only 40 per cent of foster carers received the lowest level of allowance.

The Ombudsman found that this was mostly due to differences in how care allowances are set during and at the start of a placement:

While kinship carers ...

were automatically eligible for the lowest level of care allowance at the beginning of a placement

must apply for a SNA if DFFH assesses the child as having higher needs

Foster carers ...

were eligible for an allowance based on the child's individual needs at the beginning of a placement.

receive an increase in their care allowance level if a child's needs change over time following DFFH's approval after consulting with a CSO or ACCO.

The Ombudsman recommended that DFFH change its processes for assessing kinship carers' support needs, such as ensuring that part A, B and C assessments inform applications for higher allowance levels. It also recommended streamlining the approval process for higher allowance levels.

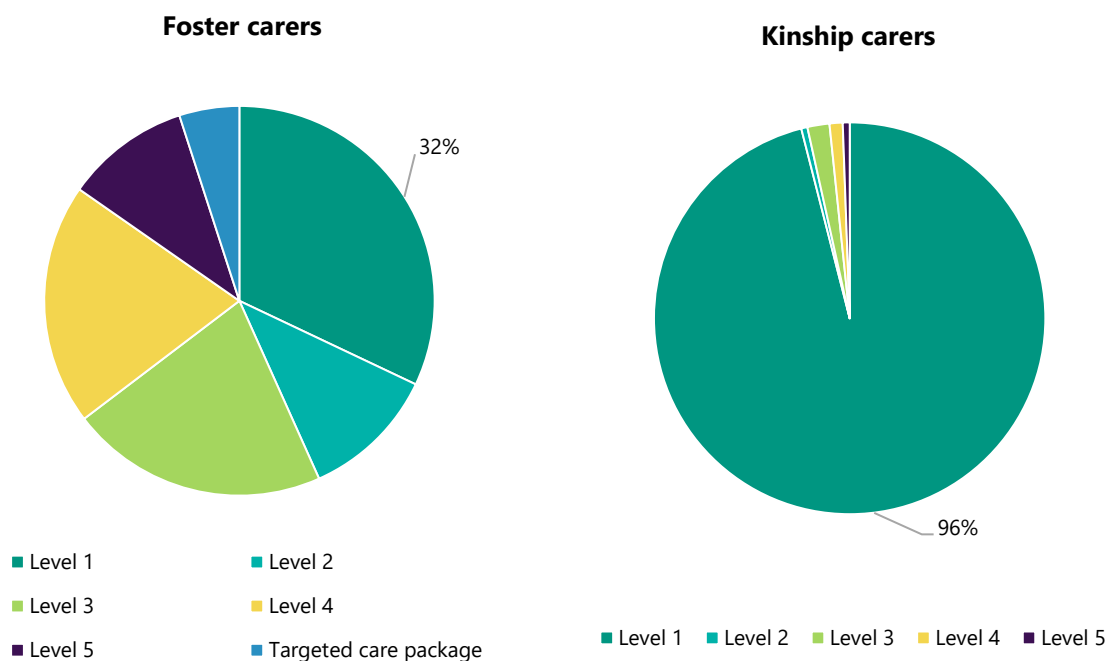
In response, DFFH included prompts in part A and B assessments for child protection practitioners and case workers to consider the need for a higher allowance level. It also included supporting applications for SNAs in KETs' roles and responsibilities.

However, these changes have had little impact on the amount of care allowance kinship carers receive.

“ The allowance goes nowhere near covering childcare expenses ... to take on the care of a child with no clothes, cot or items they need is very financially draining.”
—2018 survey respondent

As Figure 3D shows, 96 per cent of kinship carers still receive the lowest level of care allowance. In contrast, only 32 per cent of foster carers receive the lowest level.

FIGURE 3D: **Percentage of kinship carers and foster carers per level of carer allowance in 2021**



Source: VAGO, based on DFFH data.

Additionally, from early 2018 to March 2019, KETs completed 92 SNA applications for higher care allowances. However only 17 (18 per cent) were successful.

Our discussions with kinship carers, CSOs, ACCOs and KET staff highlighted that making a case to DFFH for a higher allowance level is a long process.

For example, kinship carers must provide evidence, such as receipts and other supporting documentation, to show they need a higher allowance. In comparison, foster carers are given an allowance based on the child's needs at the start of a placement.

First Supports brokerage not flowing to carers

DFFH gives CSOs and ACCOs \$1,000 per carer as First Supports brokerage. CSOs and ACCOs give this funding to carers when they need to buy an item or service to help integrate a child into a placement or maintain it.

CSOs and ACCOs have full discretion on how they manage these brokerage allocations. They can choose to pass on more or less than \$1,000 to an individual carer based on their assessment of the carer's needs. CSOs' and ACCOs' ability to pass on more than \$1,000 depends on some carers receiving less than \$1,000.

“It took 6 months to get the child a bed ... housing is a huge problem now as I am looking after another child. I have been asking for help for 12 months or more. One child sleeps in my room and another sleeps on a mattress in the lounge.”
—2018 survey respondent

Since November 2020, CSOs and ACCOs have reported their brokerage spending through service delivery tracking, which DFFH collates in its monthly care services report. These reports, which provide a statewide picture of brokerage spending, show that CSOs and ACCOs passed 74 per cent of brokerage funding onto carers from November 2020 to June 2021.

As Figure 3E highlights, Anglicare and VACCA underspent brokerage while Uniting Vic.Tas's (Uniting) spending matched DFFH's target. During this audit, we saw DFFH discuss brokerage underspending with Uniting and Anglicare. It encouraged the agencies to be more generous and proactively ask carers about their support needs. However, DFFH did not discuss with the agencies why they had not met its initial brokerage target and how this issue could be fixed.

We interviewed Anglicare, Uniting and VACCA to understand their challenges in meeting DFFH's target. They all told us that low referrals from DFFH make it difficult to meet their target. One agency told us it purposefully tries not to overspend brokerage so funding is available for new clients.

FIGURE 3E: Brokerage spending by agency from October 2020 to June 2021 (as a percentage of DFFH's target)

Agency	Brokerage spent
Anglicare	84%
Uniting	103%
VACCA	41%

Source: VAGO, based on DFFH information.

DFFH does not know if it is providing timely and customised financial support to carers

DFFH makes kinship placement support brokerage available to carers that are not eligible for First Supports. KETs administer these funds, which are intended to support and stabilise placements—particularly placements that are at risk of breaking down. From 1 March 2018 to 9 November 2021, DFFH spent \$15.24 million on kinship placement support brokerage.

The kinship engagement manager in each DFFH division monitors kinship placement support brokerage. However, this monitoring only tracks spending and not the impact brokerage has had on a placement.

DFFH gives its divisions a suggested template to track spending, but it does not require them to use it as long as they record the:

- list of items or services purchased
- amount of items purchased from each category
- amount of brokerage used
- number of kinship households that have received brokerage
- number of children placed in a kinship household that receives brokerage.

These mandatory reporting fields do not let DFFH assess the impact brokerage has had on a placement. For example, how long it took a carer to access brokerage or if it met their support needs.

We also found that the level of detail recorded for these fields varied. For example, while divisions are meant to list the items or services purchased, many spreadsheets have blank cells or refer to hard-copy receipt numbers.

This means that DFFH cannot tell if this type of brokerage is providing timely and customised support to carers in line with the model’s objectives.

Carers are confused about what financial support is available

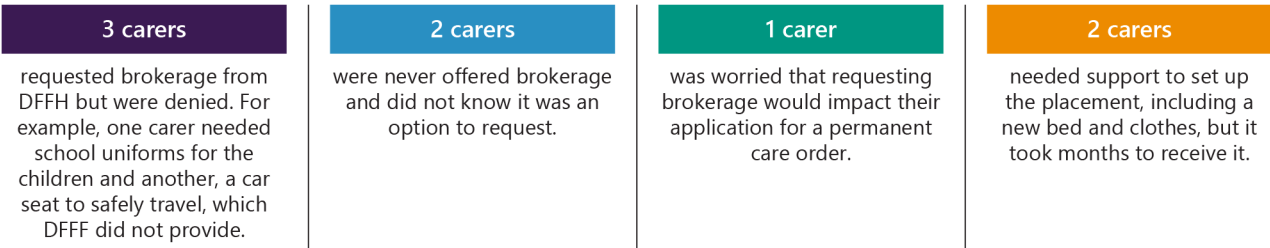
We met with 16 kinship carers who receive First Supports and/or case-contracting services from Anglicare, Uniting, VACCA and Bendigo and District Aboriginal Co-operative.

As Figure 3F shows, half of the carers felt it was difficult to access financial support from DFFH, CSOs and ACCOs at the right time. The other half of carers did not comment on this.

“We’ve been promised different things by different case managers at different times ... it’s just been mixed messages the whole time.”

—2021 census respondent

FIGURE 3F: **Difficulty accessing financial support**



Source: VAGO.

While our audit methods did not include verifying these claims, they indicate how difficult it can be for some carers to access financial support.

DFFH’s 2021 carer census, which 564 kinship carers responded to, supports these experiences. The census found that 52 per cent of carers were unaware of DFFH’s flexible funding.

4.

Providing long-term stable homes

Conclusion

DFFH does not systematically measure and report on the outcomes of new model to see if it provides quality homes for the approximately 7,000 children in kinship care.

This means that DFFH does not know if it is supporting children in kinship care. It also means that DFFH may not be able to identify risks and provide support in a timely way.

This chapter discusses:

- Understanding the new model's impact
 - Monitoring the new model's outcomes
 - Kinship carers' satisfaction with support
-

4.1 Understanding the new model's impact

We assessed how DFFH monitors if children in kinship placements:

- have access to health, education and social opportunities
- are in stable homes
- are reunified with their parents where appropriate.

Access to health, education and social opportunities

DFFH's regular reporting on kinship care and child protection does not have measures to assess if children are living in quality placements.

For example, DFFH's statewide reporting on the OOHC system does not have indicators to measure if children living in kinship placements are:

- accessing health services and receiving medical treatment
- enrolled in and attending school or early childhood education
- accessing social opportunities.

Additionally, while CRIS includes records to show if a child is enrolled in school or early childhood education, these records do not:

- show if the child is regularly attending school or early childhood education
- always include information about the child's participation in health and social opportunities as part of their case plan.

This lack of information on children's access to health, education and social opportunities prevents DFFH from getting meaningful insights to inform its policies and improve operational decisions.

Stable homes

One of the aims of the new model is to promote stability and reduce the likelihood of children entering into residential care.

However, DFFH has not determined what a stable placement is, collected baseline data to compare placements to, or assessed its progress against intended outcomes.

This means that DFFH cannot show if the model is achieving its objectives. It also does not understand how the new programs introduced in the model, such as First Supports, may be impacting the stability of kinship care placements.

Our file review

We reviewed a random selection of 72 CRIS case files to understand if the new model is supporting stable placements.

When managing a kinship care case, a child protection practitioner must list a permanency objective in the case plan, which DFFH then endorses. At the time of our file review of post-2018 placements, we identified 46 of the 72 (64 per cent) placements that ended. Of these 46 cases, 19 (41 per cent) either did not meet their permanency objective or did not have an endorsed case plan.

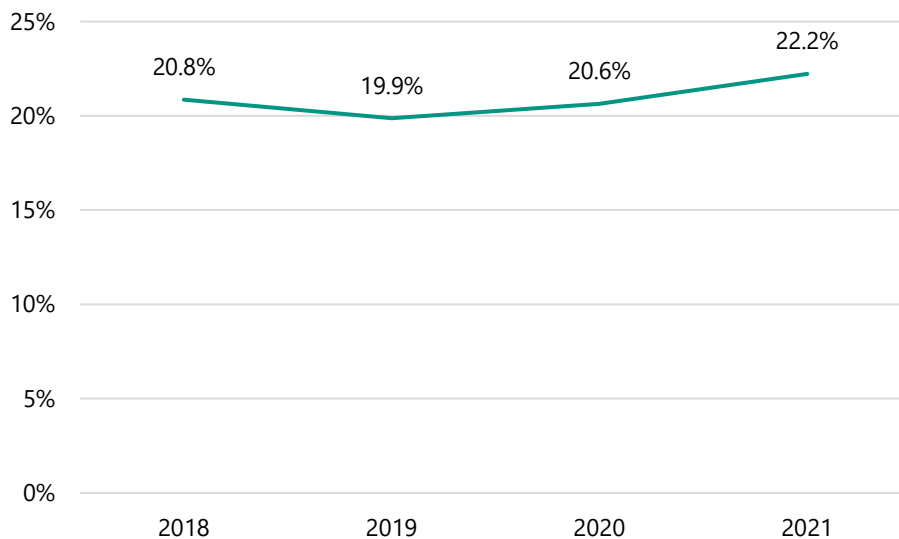
A **permanency objective** can be preserving the kinship family, reunifying the child with their family, adoption, permanent care or long-term OOHC.

We also assessed if the proportion of completed kinship placements that had unplanned exits has changed since DFFH introduced the new model in 2018.

Figure 4A shows that there has not been a meaningful change in the number of unplanned exits since 2018. This may indicate that despite introducing programs like First Supports, the new model has not improved the stability of placements.

An **unplanned exit** is when a placement ends earlier than originally planned.

FIGURE 4A: Proportion of completed kinship placements that had an unplanned exit since 2018



Source: VAGO, based on CRIS data.

Reunification with parents

Reunifying parents with children, where appropriate, is one of the new model's objectives. DFFH treats reunifications as a measure of placement quality.

We used CRIS data to examine the proportion of children in kinship care who were reunified with their parents before and after the new model was introduced. As Figure 4B shows, this has declined slightly since 2016.

FIGURE 4B: **Placements that ended in reunification compared to new placements from 2016 to 2021**

Year	Placements that ended	Placements that ended in reunification	Percentage of placements that ended in reunification
2016	3,934	1,486	37.8%
2017	4,294	1,769	41.2%
2018	4,886	1,773	36.3%
2019	5,668	2,088	36.8%
2020	5,464	1,939	35.5%
2021	5,328	1,851	34.7%

Source: VAGO, based on CRIS data.

We also examined the proportion of children who re-entered care within 6 months after a reunification, which Figure 4C shows.

FIGURE 4C: **Placements that ended in reunification compared to placements where children re-entered care following reunification from 2016 to 2021**

Year	Placements that ended in reunification	Children who re-entered care after reunification within 6 months	Percentage of placements ending in reunification that re-entered care within 6 months
2016	1,486	249	16.8%
2017	1,767	294	16.6%
2018	1,773	343	19.3%
2019	2,088	349	16.7%
2020	1,939	312	16.1%
2021	1,851	199	10.6%

Note: The COVID-19 pandemic contributed to a decrease in new placements in 2021, which may have also reduced the number of placements and reunifications that occurred in 2021.

Source: VAGO, based on CRIS data.

Overall, we did not find a significant change in the proportion of children who re-entered care after being reunified with their parents. While DFFH aimed to lower re-entry numbers with the new model, a number of factors beyond the model can influence this, such as the safety and suitability of parental care.

4.2 Monitoring the new model's outcomes

The Commission for Children and Young People's 2019 report *In our own words* and a 2016 review commissioned by DFFH both recommended that DFFH establish outcome measures for kinship care.

The Commission for Children and Young People did an inquiry to address concerns raised with it about OOHC.

The inquiry reported on the lived experience of children in the Victorian OOHC system.

DFFH has 21 outcomes it wants to achieve with the new model over the short, medium and long term. However, it has not defined data collection methods or systematically monitored or reported on these outcomes. This is a missed opportunity for DFFH to demonstrate if the new model is improving the quality of kinship placements.

In 2018, DFFH's lapsing program evaluation showed that it was on track to achieve 3 of the short term and one of the medium-term outcomes at that time. The evaluation included early results against 6 of the short-term outcomes and 3 of the medium-term outcomes.

DFFH runs a survey—the OOHC Outcomes Tracking survey—to get some insights into OOHC. However, this survey has limitations in how it presents information, which compromises DFFH's ability to use the results to improve service delivery.

In particular, the results of the OOHC Outcomes Tracking survey show some improvements in placement stability and children in OOHC attending school between 2016 and 2018. However, the 2016 and 2018 surveys do not differentiate between the different types of OOHC. This means DFFH is not able to identify which survey results that are relevant to kinship care.

DFFH also participates in a national survey by collecting Victorian data on the views of children in OOHC. However, the most recent *The Views of children and young people in out-of-home care: Overview of indicator results from the second national survey* report predates the new model and therefore cannot show if outcomes are improving.

4.3 Kinship carers' satisfaction with support

DFFH ran 2 surveys in 2018 and 2021 to try to improve the support it provides to kinship, foster and permanent carers and inform its ongoing reforms in the sector.

We spoke to a small selection of kinship carers with diverse backgrounds to understand their lived experience and how supported they feel to provide quality homes for the children in their care.

Kinship carers' satisfaction with DFFH support

DFFH's 2018 survey found that only 25 per cent of kinship carers surveyed felt satisfied with the support DFFH provides and 58 per cent felt either dissatisfied or very dissatisfied.

DFFH conducted a carer census in 2021. The census had a broader scope than the 2018 survey because it included questions about all OOHC models. It also reached more kinship carers.

The census found that while 28 per cent of kinship carers agreed they felt well supported by DFFH, 53 per cent either disagreed or strongly disagreed. These results show a slight improvement since 2018. However, it is concerning that more than half of the kinship carers surveyed in 2021 still felt dissatisfied with the support they receive.

“... we have had no support, when I have tried to get help from DHHS they ignore.”

—2018 Survey respondent

“Child protection worker has only visited once in 16 months. Financial assistance for childcare has not been forthcoming, despite assurances for over 3 months.”

—2018 survey respondent

“We've been promised different things by different case managers at different times, for example, counselling and respite care, but none has been explored or looked at. It's just never actioned. Total care packages—one person said yes, the other said no ... it's just been mixed messages the whole time”

—2021 Survey respondent

The 2021 survey results also highlighted issues with child protection practitioners' workloads. Child protection practitioners' unreasonable workloads was a key finding of our 2018 report *Maintaining the Mental Health of Child Protection Practitioners*.

At that time, our analysis showed that practitioners had an average of 17 cases to manage. DFFH estimates that 12 is a suitable target. Between July 2020 and July 2021, the median case load hovered between 14 and 15, which is still above DFFH's estimated target.

Additionally, VACCA advised us that ACCOs have a higher workload due to additional work to support cultural connections and health.

We also saw this reflected in calls to the kinship carer support line, where many callers cited difficulty contacting their case managers.

Kinship carers' satisfaction with CSO and ACCO support

DFFH's 2018 survey and 2021 census also assessed kinship carers' views on the support that CSOs and ACCOs provide. This is an important indicator because the new model has expanded CSOs' and ACCOs' roles in supporting carers through First Supports and case contracting. Figure 4D compares the results from 2018 and 2021.

FIGURE 4D: **Percentage of kinship carers satisfied with CSO and ACCO support**

Survey	Satisfied	Neutral or unsure	Dissatisfied
2018	20%	34%	46%
2021	44%	20%	36%

Source: VAGO, based on DFFH's 2018 survey and 2021 census.

These results show that in 2018, kinship carers felt better about DFFH's support than CSOs' and ACCOs' support. However, the 2021 survey shows a significant improvement in carers' views about CSOs' and ACCOs' support. Carers also gave us positive feedback about the support CSOs and ACCOs provide and how it helps them provide a quality home for children in their care.

The results also show that the new model is using CSOs and ACCOs to support and stabilise placements through First Supports and where relevant, ongoing case contracting.

Themes from our feedback sessions with kinship carers

The kinship carers we spoke to highlighted common issues that affect their ability to offer a quality home for the children in their care, which Figure 4E shows.

FIGURE 4E: **Carers' views of the kinship care model**



Financial hardship

The long wait for access to a care allowance has left carers in financial distress. They often wait weeks or months from unexpectedly caring for a new child without any financial support.



Poor communication

Kinship carers have experienced frequent changes in DFFH child protection practitioners, a lack of contact from them and a frustrating need to bring them up to speed on their family's context.



Some exceptions

Some carers have experienced DFFH child protection practitioners who were working to provide the best possible homes for children.



Unexpected challenges

Due to family breakdowns, some carers have been unable to access basic documentation, like birth certificates or Medicare details, to take children to the doctor.



Good support

Good support and frequent communication from CSOs, including meetings throughout the COVID-19 pandemic, has helped carers provide a quality home.



Moving between programs

While First Supports has helped carers provide a quality home, the program is time limited. After First Supports, there is no ongoing relationship and DFFH is responsible for supporting them again.

Source: VAGO.

APPENDIX A

Submissions and comments

We have consulted with DFFH, Anglicare, Uniting and VACCA, and we considered their views when reaching our audit conclusions. As required by the *Audit Act 1994*, we gave a draft copy of this report, or relevant extracts, to those agencies and asked for their submissions and comments.

Responsibility for the accuracy, fairness and balance of those comments rests solely with the agency head.

Responses were received as follows:

DFFH	46
Anglicare.....	51
Uniting	54
VACCA	56



Secretary

Department of Families, Fairness and Housing

50 Lonsdale Street
Melbourne Victoria 3000
Telephone: 1300 475 170
GPO Box 1774
Melbourne Victoria 3001
www.dffh.vic.gov.au

BAC-CO-27712

Andrew Greaves
Auditor-General
Victorian Auditor-General's Office
Level 31/35 Collins Street
MELBOURNE VIC 3000

Via: Secure network: Kiteworks

Dear Mr Greaves

Thank you for your letter of 27 May 2022 and the provision of the proposed report for the *Performance Audit of the Kinship Care Model*. I welcome the opportunity to provide the Department of Families, Fairness and Housing's (the department) response to the recommendations.

The department is committed to delivering services that achieve the best outcomes for vulnerable children, young people, their families and carers who are involved with the child protection program.

Early identification of kinship networks is critical to the safety and wellbeing of children and young people. Kinship networks strengthen the support and assistance to the child, young person and their family and remain the preferred placement type for a child or young people who cannot reside safely with their parents.

The Kinship Care model, established in 2018, provided new and strengthened components of service delivery by the department and our funded sector partners to enable children and young people to be connected within their kinship networks and for carers to be supported to provide quality, safe and stable care.

The department has reviewed the report and accepts the report and the twelve recommendations. The implementation of some recommendations may require further consultation with Aboriginal Community Controlled Organisation or are funding dependent. An action plan addressing the recommendations has been developed and is enclosed.

The acceptance of the findings and recommendations reflects the department's continued commitment to improving the quality care to children and young people and to supporting kinship carers to undertake the important work they do in caring for some of Victoria's most vulnerable children and young people.



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Should you wish to discuss the department's response, please contact [REDACTED]

[REDACTED]

Yours sincerely

[REDACTED]

Brigid Sunderland
Secretary

10 / 06 / 2022

Enc: DFFH Action Plan: response to recommendations - Kinship Care Model audit



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Department of Families, Fairness and Housing

Action Plan - Kinship Care Model

No	Recommendations that the department:	Response	Department response	By the end of:
1	sets benchmarks identifying kinship networks early	Accept	<p>The department will:</p> <ul style="list-style-type: none"> establish a clear definition and associated benchmarks for early identification for kinship networks in the context of Kinship Finding activities performed by Kinship Engagement Teams (having regard to other roles such as child protection) and update the <i>Kinship Engagement Teams – roles and responsibilities</i> guidelines and Child Protection Manual. 	March 2023
2	develops a mandatory and ongoing training program for child protection practitioners to improve their awareness of kinship engagement teams' role	Accept	<p>The department will:</p> <ul style="list-style-type: none"> develop a training module on kinship finding and Kinship Engagement Teams delivered as a mandatory component in Beginning Practice for new child protection practitioners. develop a standardised refresher training package for child protection practitioners and materials for the sector to support, educate, and promote the role of the Kinship Engagement Team. 	December 2022
3	updates its child protection manual to include specific triggers for when and how child protection workers should refer cases to Kinship engagement teams	Accept	<p>The department will:</p> <ul style="list-style-type: none"> review and update the Child Protection Manual to include referral triggers and improved guidance for Child Protection on the referral process and when to use the Kinship Engagement Teams for kinship finding 	December 2022
4	implements consistent monitoring and reporting for kinship finding activities which at minimum captures the amount of time it takes between a kinship engagement team receiving a referral and identifying a kinship placement	Accept	<p>The department will:</p> <ul style="list-style-type: none"> scope the available data sources to inform monitoring and reporting capacity on kinship finding activities and where possible utilise these to develop reporting templates and monitoring processes. where required, develop additional monitoring and reporting tools to enable effective monitoring and reporting <p>The department advises where significant enhancements or new data platforms are necessary requiring additional budget, the timeframe may need to be adjusted.</p>	March 2023
5	works with service providers to agree and set benchmarks for finding Aboriginal and Torres Strait Islander kinship networks to be accountable	Accept	<p>The department has:</p> <ul style="list-style-type: none"> commenced an Aboriginal Kinship Finding Service (AKFS) service enhancement project with Aboriginal service providers to undertake a co-design with Aboriginal agencies to develop an agreed set of benchmarks for Aboriginal Family Finding. As an outcome of the co-design and AKFS working group, agreed benchmarks for service providers regarding the time taken from referral to identification of kinship networks. <p>The department will:</p> <ul style="list-style-type: none"> scope the available data sources to inform the development of kinship finding monitoring and reporting tools to review performance against agreed outcomes. 	June 2023

Response to Victorian Auditor General's Office (VAGO) Performance Audit Kinship Care model 2022

No	Recommendations that the department:	Response	Department response	By the end of:
6	<p>establishes processes to monitor and report on:</p> <p>6.1 the number of referrals the DFFH makes to service providers for Aboriginal kinship finding program</p> <p>6.2 the service providers' outcomes for Aboriginal and Torres Strait Islander kinship finding activities</p>	Accept	<p>The department has:</p> <p>Recommendation 6.1</p> <ul style="list-style-type: none"> established an Aboriginal Kinship Finding Service (AKFS) service enhancement project with Aboriginal service providers. The project will develop program requirements including a refined referral process and key performance indicators. <p>The department will:</p> <p>Recommendation 6.2</p> <ul style="list-style-type: none"> utilise the AKFS working group develop a process to monitor and report on service providers outcomes for Aboriginal and Torres Strait Islands kinship finding activities and systems architecture to enable data recording, monitoring, and reporting <p>The department advises where significant enhancements or new data platforms are necessary requiring additional budget, the timeframe may need to be adjusted.</p>	June 2023
7	<p>monitors and reports on whether child protection staff and, where relevant, community service organisations and Aboriginal community-controlled organisations:</p> <p>7.1 are completing part A, B and C assessments on time</p> <p>7.2 are completing part A, B and C assessments to sufficient standards</p>	Accept	<p>The department will:</p> <p>Recommendation 7.1</p> <ul style="list-style-type: none"> develop a reporting tool for managers to monitor the completion of Part A, B and C carer assessments within the required timeframes. strengthen monitoring to provide review and monitor Child Protection, Community Service Organisation and Aboriginal Community Controlled Organisation's performance. <p>Recommendation 7.2</p> <ul style="list-style-type: none"> develop and implement methods for assessing the quality of Part A, B and C carer assessments including a strengthened focus on kinship carer support needs. 	March 2023
8	<p>reviews the special negotiated adjustment process to increase transparency and equity in care allowance payments process</p>	Accept	<p>The department will:</p> <ul style="list-style-type: none"> review the <i>Care Allowance Policy and Procedures</i> guidance to improve care allowance processes with a view to improving transparency and equity across care types. review and update available information and resources that support kinship carers to understand the care allowance application and decision-making process, including eligibility for each care allowance rate. <p>The department advises any further realignment of care allowance across care types will be budget dependent, and unable to be implemented until such time that government appropriation is provided.</p>	June 2023
9	<p>monitors and reports:</p> <p>9.1 if all eligible kinship care cases are referred to First Supports</p> <p>9.2 if referrals are made on time</p>	Accept	<p>The department will:</p> <p>Recommendation 9.1:</p> <ul style="list-style-type: none"> develop tools and systems to identify, monitor and report on whether all eligible cases are referred to First Supports. review the eligibility criteria to simplify and address any barriers to referrals. <p>Recommendation 9.2:</p> <ul style="list-style-type: none"> scope available data sources to inform monitoring and reporting on whether referrals are made on time <p>The department advises where significant enhancements or new data platforms are necessary requiring additional budget, the timeframe may need to be adjusted.</p>	<p>March 2023</p> <p>June 2023</p>

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Response to Victorian Auditor General's Office (VAGO) Performance Audit Kinship Care model 2022

No	Recommendations that the department:	Response	Department response	By the end of:
10	identifies the data it needs, establishes a performance baseline and defines data collection methods for the new model's outcome measures	Accept	<p>The department will:</p> <ul style="list-style-type: none"> review the 21 outcomes measures to determine if the measures remain adequate and an appropriate reflection of the models' intended outcomes, and whether data on outcomes is available where required the outcome measures will be re defined establish baseline performance measures, informed by the review, and how this information is collected, noting electronic data collection methods are preferred, such as Client Relationship Information System (CRIS). <p>The department advises where significant enhancements or new data platforms are necessary requiring additional budget, the timeframe may need to be adjusted.</p>	June 2023
11	systematically monitors and reports on if the new model is contributing to high-quality, safe and stable placements	Accept	<p>The department will:</p> <ul style="list-style-type: none"> on completion of recommendation 10 (review the 21 outcome measures to inform a the define benchmarks) identify where quality safety and stability measures are captured in related data systems and where system enhancements may be required, where required develop monitoring and reporting tools to measure outcomes <p>The department advises where significant enhancements or new data platforms are necessary requiring additional budget, the timeframe may need to be adjusted.</p>	June 2023
12	collects and presents data in its carer surveys that differentiates between results for different types of out-of-home care carers	Accept	<p>The department will:</p> <ul style="list-style-type: none"> collect and present the data in a way that differentiates the results for different types of out-of-home care carers in any future carer survey. 	N/A



103 Hoddle St
Collingwood VIC 3066
PO Box 45
Abbotsford VIC 3067
info@anglicarevic.org.au
anglicarevic.org.au
T: (03) 9412 6133
F: (03) 94159181

9/06/2022

Mr Andrew Greaves
Auditor General
Victorian Auditor General's Office
Level 31/35 Collins Street
Melbourne VIC 3000

Dear Mr Greaves,

Re: Proposed Performance Audit Report Kinship Care

Thank you for the opportunity to participate in the Kinship Care Performance Audit, and to provide comments in response to this report. Anglicare Victoria welcomes the recommendations by the Auditor General, and the resulting improvements for Kinship Care programs across the state.

Anglicare Victoria is one of the largest providers of funded Out of Home Care (OOHC) services in Victoria, we have delivered Kinship Care case management programs since 2010, and the First Supports program since it was established in 2018. We are familiar with the challenges and complexities of this type of care, and the support required to address the unique circumstances of Kinship care families. We welcome the opportunity to participate in ongoing review and development of the Kinship Care model in line with the recommendations of this report, and would highlight the following key considerations:

Caregiver Support

Anglicare Victoria strongly agree with the recommendations that address availability of support to Kinship carers, particularly the review of the special negotiated adjustment process to increase transparency and equity in the care allowance payments process. The contrast between Kinship care carer allowance levels and those attributed to Foster carers is well documented, in both the Auditor General's report and the Victorian Ombudsman's 2017 Kinship care report.

Anglicare Victoria welcomes a system change to allow Kinship carers to more readily access the most suitable level of allowance to meet the needs of the children and young people in their care in line with Foster care allowances. We would also note that this discrepancy of funded support to Kinship carers extends beyond the carer allowance, and

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welcome this opportunity to highlight the strengths of additional supports available to other forms of home based care – specifically Foster care. Foster care carers:

- can access ongoing placement support grant funding in addition to the establishment costs identified at commencement of placement, and
- are supported by a greater allocation of Agency staffing and resources when a placement arrangement is determined to have more complex needs, enabled by different target levels contracted to service providers determined by the same factors as carer allowance rates for placement.

The capacity for Kinship carers to have the same enhanced supports available to Foster carers would further alleviate the financial stressors on placements, with agency distributed placement support brokerage allowing for a more efficient response to funding requests, and carers and children receiving additional support and assistance in a timely manner.

Monitoring and Supporting Placements

In conducting any review of the Kinship model, Anglicare Victoria encourage consideration of the overarching model for all components of the service, rather than individual components of the new model in isolation, to ensure that the new model of Kinship care integrates with existing programs and supports for children in OOHC and their carers.

Anglicare Victoria support recommendations on the monitoring and reporting on timely and quality completion of Part A, Part B, and Part C assessments, by both Community Service Organisations (CSOs) and Child Protection staff.

The completion of these assessments is vital in identifying the needs of each placement, and provides recommendations for support needs for Kinship carers and children and young people in placement.

In the establishment of a monitoring system for these assessments, we would welcome a further development to determine also whether recommended actions, referrals or supports are being implemented as a result of these assessments, to ensure that Kinship families are receiving a quality as well as timely service.

The current model, and the defined roles and responsibilities of Child Protection and CSO staff in the monitoring and support of Kinship placements, results in a fragmented service for families in kinship care, with multiple services involved across the course of a placement, and assessments and recommendations often being completed by a different service than those responsible for the implementation and monitoring of their completion.

Families referred to CSO First Supports programs are often not yet eligible for funded Case Contracting programs at closure of First Supports, meaning they return to Child Protection case management, pending a further allocation to the CSO once eligibility requirements are met, either through resolution of court activity or case planning decisions.

Reviewing Roles and Responsibilities

With growing pressure on the OOHC system as a whole, the need to ensure quality, consistent and flexible services to establish, maintain and support kinship care placements is essential.

The vast majority of OOHC service types have been transitioned from the Department of Families Fairness and Housing to CSOs and ACCOs, who are successfully delivering OOHC services such as Home Based Care and Residential Care across the State, allowing Child Protection to focus on its core responsibility of investigation of child abuse and neglect, and forensic assessment and planning. The continuation of DFFH Child Protection delivered Kinship services is at odds with this wider progression.

CSOs have demonstrated expertise and flexibility in meeting the complex and varied needs of children in OOHC, their carers and families, and would be well placed to deliver a more comprehensive, funded 'end to end' Kinship care program, providing a focussed and responsive service to support stable and quality placements for children in OOHC.

Anglicare Victoria are committed to assist in the implementation of the report's recommendations and we welcome the opportunity to further share our experience and expertise in the delivery of OOHC services, and engage in further discussion with DFFH on proposed system and service changes.

Yours sincerely,



Sue Sealey

Deputy Chief Executive Officer

Anglicare Victoria



Uniting Vic.Tas

ABN 81 098 317 125

Level 4, 130 Lonsdale Street
Melbourne VIC 3000

unitingvictas.org.au

T 03 9192 8100

10 June 2022

Mr Andrew Greaves
Auditor General
Level 31, 35 Collins Street
Melbourne Victoria 3000
Australia

Dear Auditor-General

Uniting Vic.Tas appreciated the opportunity to participate in the Kinship Care Performance Audit and the invitation to provide a response to the report. Kinship Care has a unique and vital role in Victoria's Out of Home Care system, and we welcome the findings and report recommendations which we believe support ongoing strengthening of the program.

Uniting Vic.Tas is the community services organisation of the Uniting Church in Victoria and Tasmania. We have worked alongside local communities in both states for over 100 years. We deliver a broad range of community services including the full range of children, youth and family services of which Kinship Care is a part.

We believe that the report and implementation of the recommendations will strengthen the experience and outcomes for those children, young people and families involved in the kinship care system. We fully support the recommendation for a clear benchmark for identifying kinship networks early. Finding a home early is important to ensuring children and young people are safe and providing sufficient support for carers is key to this.

Uniting believes the opportunities to improve the system would be greatly supported through clarification of the roles and responsibilities relating to the Department, Community Services Organisations (CSOs) and Aboriginal Community Controlled Organisations (ACCOs) who all have an important part to play in Kinship Care. Progressively, OOHHC programs have transitioned from the Department of Families, Fairness and Housing (the Department) to Community Services Organisations (CSOs) and Aboriginal Community Controlled Organisations (ACCOs), allowing the Department to focus on statutory responsibilities such as investigations into allegations of abuse and neglect of children and young people. As has been highlighted in the report, the Department continues to hold elements of the Kinship care system. This is a contributory factor to the complexity of the service system, impacting timeliness of assessments and support for carers. There is an opportunity and a need to clarify the roles and responsibilities of each entity, streamline the system, reduce complexity, and enable more timely, tailored, and integrated supports for carers.

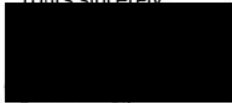
CSOs and ACCOs have the expertise to support the children and young people in kinship care who have highly complex needs and have experienced trauma in their lives. A more holistic delivery of the program could be achieved should full transition of kinship care occur to CSOs and ACCOs.

We note that kinship carers have reported an increased satisfaction with CSOs and ACCOs and are pleased that support has significantly increased between 2018 and 2021. However, we need to ensure that the system and funding provides children and young people with the best quality of care we can give them.

Kinship carers are often under extreme financial stress. We are pleased the report acknowledges that carers are not getting the support they need and welcome the recommendation for a more equitable and transparent care allowance payments process. We know from our own carers that financial strain has been increasing with some carers using their own savings and superannuation to support placement. We know that foster carers also have access to more enhanced placement supports including specialist supports and establishment costs as well as respite options and therapeutic case management. They consider these supports invaluable and we believe they should equally be available to Kinship placements.

Uniting is committed to continuing to work in partnership with the Department and sector partners, to support implementation of the report's recommendations. We are committed to supporting the continued strengthening of the Kinship Care system so that outcomes for children and families can be improved.

Yours sincerely



Bronwyn Pike
Chief Executive Officer



9th June 2022

Mr Andrew Greaves
Auditor General
Victorian Auditor General's Office
Level 31/35 Collins St
Melbourne, Vic, 3000

Dear Andrew,

Thank you for the opportunity to participate in the Performance Audit Report Kinship Care. VACCA acknowledge the work undertaken by the Victorian Auditor General's Office on this audit.

VACCA have read and reviewed the Performance Audit Report Kinship Care and accept the recommendations. VACCA believe that the recommendations will strengthen the support of kinship carer and experiences and outcomes for children placed in kinship care placements.

As a state-wide provider of Aboriginal Out of Home Care (OoHC) programs and services we are aware of the complexities and challenges of the current service system. VACCA welcome the opportunity to participate in the ongoing review of the Kinship Care model in line with the recommendations within the report.

The audit findings demonstrate the current model can be significantly strengthened to better support carers and children in kinship care placements and address the current gaps.

The report identifies that within the current kinship model; carers are not getting the support that they need, Kinship care model is fragmented, and there is growing pressure on placements and the level of support carers receive across OoHC system.

VACCA's recent carer survey in 2020 showed some similarities to the audit report in the following:

- Financial assistance among kinship carers was desperately needed with 4 out of 10 kinship carers access VACCA emergency relief in the past twelve months- this demonstrates the level of financial vulnerability of these households.
- Kinship carers felt un-prepared for the role and wanted more understanding of roles and responsibilities, and Training was also high
- Multiple case workers and the inconsistency of workers and the added pressure this puts on carers to constantly have to start again and educate workers on their case.

Reviewing roles and responsibilities within the Kinship model

In strengthening the Kinship model VACCA would welcome a focus on reviewing the roles and responsibilities of DFFH (Child Protection and the Kinship workers) and the sector and aligning the Kinship model with the Foster Care model.

The current Kinship model roles and responsibilities create a fragmented service for families and carers in kinship care, with multiple changes to supports involved across the course of a placement.

Connected by culture

Victorian Aboriginal Child Care Agency Co Op Ltd ABN 446 6545 5609
Our office is on the lands of the Wurundjeri Traditional Owners

Head Office
340 Bell Street, Preston
Victoria 3072

PO Box 494, Northcote Plaza
Northcote, Victoria 3070

Telephone +61 3 9287 8800
Facsimile +61 3 9287 8999

Email vacca@vacca.org
Website www.vacca.org



Child Protection undertakes as its core responsibility investigation of child abuse and neglect reports and forensic assessment and planning. However, it is the largest provider of OoHC services in Victoria.

The sector holds expertise in providing tailored OoHC interventions to best meet the needs of children, carers and their families based on short, medium and long intervention goals for children. The sector's OoHC providers do not juggle forensic responsibilities with care responsibilities, so they are able to understand more fully how a child's needs change over time and the importance of adapting interventions to best meet the child and carer needs.

Whilst Aboriginal Children in Aboriginal Care providers also undertake forensic responsibilities post Court their practice framework enables strong integration of care and risk management.

The Department has progressively transitioned other OoHC programs to the sector such as Foster Care and residential services. It is also committed to transitioning all Aboriginal children to the care of ACCOs. VACCA strongly recommend that the transition of all types of kinship care to the sector occurs over the next few years. This will also enable kinship First Supports to be more available to carers and children as a starting point.

In review the roles and responsibilities VACCA would welcome the review implementation of an extension to family support hours within the initial placement to bridge the gap between first supports and contracting. Families referred to ACCO First Supports programs are often not yet eligible for funded Case Contracting programs at closure of First Supports, meaning they return to Child Protection case management, pending a further referral to ACCO once eligibility requirements are met.

This extension would enable continuity of service provision rather than the current system of children and carers being handed back to Child Protection and then at a later stage contracted to the sector, and align with the Department's commitment to transitions all Aboriginal children to the care of ACCO's.

Alignment of kinship care with foster care model

VACCA believes that the alignment of the Kinship model with that of the Foster Care model will address key gaps and findings outlined in the report. An overview of the key areas of alignment that should be prioritised include:

Care payments and brokerage

Aligning Kinship and Foster care payments and brokerage will ensure kinship carers are able to better support children without financial stressors. Further it will reduce the workload on DFFH around monitoring client expense and ensure that placement and support plan goals are able to be met within shorter timeframes.

Carer and placement support

- Sector agencies be reimbursed similar to the Foster care program to enable carers to be better supported.
- Sector funding for Kinship care be comparable to Intensive level payments of Foster care. This will enable capacity to provide timely support to ensure kinship placements are supported.



Review of Kinship assessments, monitoring and reporting

- The responsibility of completion and endorsement of Kinship carer assessments to align with that of the Foster care model and all assessments including Kinship Part A assessment to be outsourced to the sector.
- As recommended in the report an increased level of monitoring and reporting on timely and quality completion of Part A, B and C assessments, as this will ensure that placement support needs are identified sooner and safety screening is completed within appropriate timeframes.

VACCA looks forward to continuing to work with the sector and DFFH in the implementation of the recommendations of the audit to better improve service delivery and supports to children and carers in kinship placements.

Yours sincerely,



Muriel Bamblett, AO
Chief Executive Officer

APPENDIX B

Acronyms, abbreviations and glossary

Acronyms

ACAC	Aboriginal Children in Aboriginal Care
ACCO	Aboriginal community-controlled organisation
CRIS	Client Relationship Information System
CSO	community service organisation
DFFH	Department of Families, Fairness and Housing
DHHS	Department of Health and Human Services
KET	kinship engagement team
OOHC	out-of-home care
SNA	special negotiated adjustment
VACCA	Victorian Aboriginal Child Care Agency
VAGO	Victorian Auditor-General's Office

Abbreviations

Anglicare	Anglicare Victoria
COVID-19	coronavirus
CYF Act	<i>Children, Youth and Families Act 2005</i>
the roadmap	<i>Roadmap for Reform: Strong Families, Safe Children</i>
Uniting	Uniting Vic.Tas

Glossary

Reasonable assurance	We achieve reasonable assurance by obtaining and verifying direct evidence from a variety of internal and external sources about an agency's performance. This enables us to express an opinion or draw a conclusion against an audit objective with a high level of assurance. We call these audit engagements. See our assurance services fact sheet for more information.
Limited assurance	We obtain less assurance when we rely primarily on an agency's representations and other evidence generated by that agency. However, we aim to have enough confidence in our conclusion for it to be meaningful. We call these types of engagements assurance reviews and typically express our opinions in negative terms. For example, that nothing has come to our attention to indicate there is a problem. See our assurance services fact sheet for more information.

APPENDIX C

Scope of this audit

Objective

To determine whether DFFH's kinship care model is supporting timely, stable and quality placements for children.

Who we examined	Their key responsibilities
DFFH	Responsible for designing and delivering programs that aim to provide safe homes for children who cannot live with their family, including kinship care
<ul style="list-style-type: none">• Anglicare• Uniting	Provide kinship care services across Victoria
VACCA	Provides kinship care services across Victoria and provides Aboriginal and Torres Strait Islander kinship finding services statewide

What we examined

We assessed if the new kinship care model helps identify kinship networks for children at risk of OOHC early and provides stable and quality placements for children.

We did this audit during the COVID-19 pandemic. Mandatory government restrictions and lockdowns impacted many aspects of the kinship care system. For example, there were fewer case referrals to CSOs and DFFH had to prioritise key services over others. With DFFH, CSO and ACCO staff working from home, most of their contact with children and carers was online rather than through home visits. Consequently, many families were also unable or unwilling to engage in the available services.

How we assessed performance

To form our conclusion against our objective we used the used the following lines of inquiry and associated evaluation criteria:

Line of inquiry	Criteria
The kinship care model facilitates early identification of kinship networks for children at risk of OOHC.	<ol style="list-style-type: none">1. Kinship engagement practitioners help identify kinship networks for children who require OOHC in a timely way.2. The Aboriginal Kinship Finding program has led to more timely kinship placements and cultural connections for more Aboriginal and Torres Strait Islander children since 2018.
The kinship care model provides stability for children in OOHC.	<ol style="list-style-type: none">1. DFFH completes thorough part A, B and C assessments of kinship care placements within benchmarked timeframes.2. DFFH completes thorough referrals of eligible kinship care placements to CSOs and ACCOs for First Supports within benchmarked timeframes.3. Kinship carers can access timely and customised support from DFFH, CSOs and ACCOs, including emotional support, help completing assessments and obtaining documentation, and access to financial brokerage.4. DFFH monitors CSOs' and ACCOs' performance in providing support to kinship carers and works to understand and address performance variances.5. DFFH measures if the kinship care model is providing stability for children, with less breakdowns in placements and increases in cases meeting permanency objectives since 2018.
The kinship care model provides quality placements for children in OOHC.	<ol style="list-style-type: none">1. DFFH measures and reports on if the kinship care model provides quality homes for children in OOHC. Specifically, if it provides:<ul style="list-style-type: none">• access to health services, education services and social opportunities• no further substantiated reports of harm• reunification with family where appropriate.2. Kinship carers report that DFFH's kinship care model helps them provide a quality home for children in their care.

Our methods

As part of the audit we:

- analysed DFFH's data, including:
 - CRIS data
 - Service Agreement Management System (SAMS2) service delivery tracking data
 - Oracle financial data
- reviewed case files
- reviewed published literature
- reviewed and analysed relevant legislative, regulatory, contractual, policy and procedural documentation
- interviewed staff at DFFH, Anglicare, Uniting and VACCA
- reviewed and analysed performance data
- held feedback sessions with 16 kinship carers, including Aboriginal and Torres Strait Islander kinship carers.

We conducted our audit in accordance with the *Audit Act 1994* and ASAE 3500 *Performance Engagements* to obtain reasonable assurance to provide a basis for our conclusion.

We complied with the independence and other relevant ethical requirements related to assurance engagements.

We also provided a copy of the report to the Department of Premier and Cabinet and the Department of Treasury and Finance.

CRIS data

CRIS is a critical system that is central to DFFH's service delivery. As a result, DFFH needs to rigorously maintain the quality and security of CRIS data to:

- fulfil its obligations to vulnerable members of the community, such as children in OOHC
- support evidence-based policies that will improve the safety, wellbeing and health of this vulnerable cohort.

However, we found that DFFH does not have a data dictionary to provide detailed information about the contents of its CRIS database, such as data definitions and attributes.

DFFH is also not compliant with requirements in the Victorian Government's *Data Quality Guideline*. The guideline requires departments to establish and maintain a quality standard for critical and shared datasets. The guideline assesses datasets against the following measures:

- Is the data accurate and valid, and to what level?
- How complete is the data? Are there known gaps?
- Is the dataset representative of the conditions or scenario to which it refers?
- Is the timeliness and age of the data appropriate for its purpose?
- What was the collection method and was it consistent?

These gaps reduced our confidence in CRIS data, especially as our analysis of it highlighted that the information may not always be up to date or accurate.

DFFH advised us that it is doing ongoing work to improve the quality of CRIS data and how it manages it. Going forward, DFFH plans to develop a data quality statement and data quality management plan.

We are currently doing an audit to assess if DFFH has adequate controls to ensure CRIS data is reliable. This is due to table in Parliament in 2022-23.

Cost and time

The full cost of the audit and preparation of this report was \$1,120,000. The duration of the audit was fifteen months from initiation to tabling.

APPENDIX D

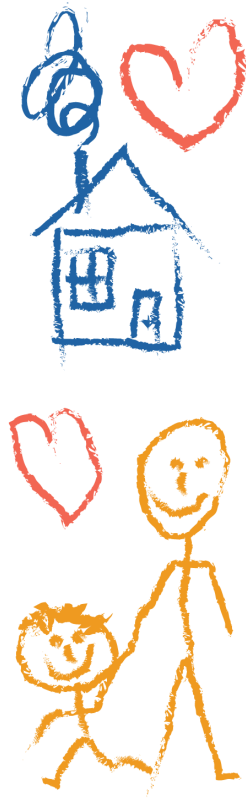
The Charter for children in out-of-home care

Figure D1 shows the *Charter for children in out-of-home care*.

FIGURE D1: **Charter for children in out-of-home care**

As a child or young person in care I need:

- to be safe and feel safe
- to stay healthy and well and go to a doctor, dentist or other professional for help when I need to
- to be allowed to be a child and be treated with respect
- if I am an Aboriginal child, to feel proud and strong in my own culture
- to have a say and be heard
- to be provided with information
- to tell someone if I am unhappy
- to know information about me will only be shared in order to help people look after me
- to have a worker who is there for me
- to keep in contact with my family, friends and people and places that matter to me
- careful thought being given to where I will live so I will have a home that feels like a home
- to have fun and do activities that I enjoy
- to be able to take part in family traditions and be able to learn about and be involved with cultural and religious groups that are important to me
- to be provided with the best possible education and training
- to be able to develop life skills and grow up to become the best person I can
- help in preparing myself to leave care and support after I leave care.



Source: VAGO, based on the *Charter for children in out-of-home care*.

APPENDIX E

Main components of the new kinship care model

Figure E1 outlines the main components of DFFH's new kinship care model.

FIGURE E1: **Main components of DFFH's new kinship care model**

Component	Purpose
First Supports program	<p>Providing targeted support services for new statutory kinship placements, such as:</p> <ul style="list-style-type: none">• a comprehensive assessment of placement needs if the placement is expected to last 12 weeks or longer• linking carers and children to support• up to 110 hours of family support services• flexible brokerage to keep placements stable
KETs	<p>44 staff across DFFH's 17 geographical areas within its 4 divisions (north, south, east and west) who are responsible for:</p> <ul style="list-style-type: none">• embedding the kinship care model in the division and coordinating with CSOs and ACCOs• undertaking kinship finding and other activities at the request of child protection practitioners• supporting children and carers, such as providing emotional support, referrals and obtaining documents• supporting placements at risk of breaking down with kinship placement support brokerage• administering kinship placement support brokerage to support and stabilise eligible existing placements at risk of breaking down• operating the kinship carer support line during business hours
Aboriginal Kinship Finding program	<p>Supporting Aboriginal and Torres Strait Islander children who are at risk of entering OOHC by providing:</p> <ul style="list-style-type: none">• a statewide Aboriginal kinship finding service• reunification support, including intensive family services in 2 areas for reunifying Aboriginal and Torres Strait Islander children with their parents
Case contracting	<ul style="list-style-type: none">• Introducing a target for transferring an additional 300 cases (of non-Aboriginal and Torres Strait Islander children) to CSOs to manage• Introducing other initiatives to contract cases to ACCOs
Brokerage	<ul style="list-style-type: none">• Providing payments for one-off purchases of specific items or services to support and stabilise kinship placements

Source: VAGO.

Auditor-General's reports tabled during 2021–22

Report title

<i>Integrated Transport Planning</i> (2021–22: 01)	August 2021
<i>Major Infrastructure Program Delivery Capability</i> (2021–22: 02)	September 2021
<i>Clinical Governance: Department of Health</i> (2021–22: 03)	September 2021
<i>Managing Conflicts of Interest in Procurement</i> (2021–22: 04)	September 2021
<i>Major Projects Performance</i> (2021–22: 05)	September 2021
<i>Administration of Victorian Courts</i> (2021–22: 06)	October 2021
<i>Protecting Victoria's Biodiversity</i> (2021–22: 07)	October 2021
<i>Management of Spending in Response to COVID-19</i> (2021–22: 08)	October 2021
<i>Supplying and Using Recycled Water</i> (2021–22: 09)	November 2021
<i>Auditor-General's Report on the Annual Financial Report of the State of Victoria: 2020–21</i> (2021–22: 10)	November 2021
<i>Results of 2020–21 Audits: Local Government</i> (2021–22: 11)	December 2021
<i>Council Waste Management Services</i> (2021–22: 12)	December 2021
<i>Business Continuity During COVID-19</i> (2021–22: 13)	February 2022
<i>Effectiveness of the Navigator Program</i> (2021–22:14)	March 2022
<i>Government Advertising</i> (2021–22:15)	April 2022
<i>ICT Provisioning in Schools</i> (2021–22:16)	April 2022
<i>Offsetting Native Vegetation Loss on Private Land</i> (2021–22:17)	May 2022
<i>Fraud Control over Local Government Grants</i> (2021–22:18)	May 2022
<i>Managing Body-Worn Cameras</i> (2021–22:19)	June 2022
<i>Kinship Care</i> (2021–22:20)	June 2022

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Victorian Auditor-General's Office
Level 31, 35 Collins Street
Melbourne Vic 3000
AUSTRALIA

Phone +61 3 8601 7000
Email enquiries@audit.vic.gov.au