

Practice Skill Development Workshop

Handout 1: Values and beliefs

Rate yourself on a scale of Disagree to Agree in relation to the following statements.

Note: there is no right or wrong answer.

1. Families are the experts about their families

1 2 3 4 5 6 7 8 9 10
Disagree ----- Agree

2. Kinship care placement need less support than foster care placement because the carer is family to the child

Disagree ----- Agree

3. Kinship carers are our colleagues

Disagree ----- Agree

4. It is often too difficult to have family in a room together to make decisions for the child

Disagree ----- Agree

5. Kinship carers generally have the best perspective on the needs of the child

Disagree ----- Agree

6. Kinship care is less safe than foster care

Disagree ----- Agree

7. Kinship care placements are sometimes more trouble than they're worth given the difficult family dynamics

Disagree ----- Agree

8. Kinship carers are our clients

Disagree ----- Agree

9. Children are always better placed with family

Disagree ----- Agree

Handout 2: Kinship care quiz

1. Which document outlines the department's kinship care program? Where would you find or source this document?

2. The document referred to in question 1 outlines the elements that ensure that our kinship care program is effective and responsive to the needs of children, with a primary focus on the aspects of *identifying*, *assessing* and *supporting* kinship carers. What are the two processes that research informs us are effective for increasing the likelihood of identifying a kinship care placement for a child?

3. The department acknowledges that the assessment of kinship carer applicants is different from that of foster carer applicants and that particular issues require assessment for kin carers. What are some of the unique aspects that require attention for kinship carer assessments? (*Note: these will be explored to a great extent later in the workshop*)

4. The department acknowledges that kinship carers have different support needs from foster carers and these are outlined in the document referred to in question 1. What are some of the support issues that are unique to kinship care?

Handout 3: Kinship care scenario part 1

Case scenario – Annie, 2 years old

Annie is 2 years old and subject to a child protection notification. Alleged concerns relate to significant bruising and Annie being underweight as a result of malnourishment.

Annie's parents, Kylie and John, deny causing the bruising and report that they don't know where the bruises came from but that Annie does fall over a lot. Kylie and John claim that Annie refuses to eat which is why she is so thin even though they try to make her eat. They can't explain why they didn't seek assistance for Annie's eating habits or the bruising. Both parents are suspected of causing the bruising and during the investigation it becomes evident that there are additional concerns about domestic violence between Kylie and John, alcohol misuse by both parents and Kylie's mental health. Kylie is also 3 months pregnant.

Annie's parents consent to an assessment care agreement to allow time for the department to undertake further assessment activities, including medical checks for Annie. An urgent out-of-home care placement is required.

Kylie identifies her own mother Judy as a possible option for providing care to Annie. John says he has issues with Judy caring for his daughter because he thinks Judy looks "down at him". John would prefer his own parents to care for Annie even though they have only visited Annie a few times since her birth and are going through their own marital problems.

Annie's maternal grandmother Judy, who is 63 years of age, is contacted by the department and informed that Annie has been removed from her parents' care and requires an urgent placement. Judy is shocked and angry about the bruising to Annie and didn't know Annie was so underweight as she hasn't seen Annie in the last 8 weeks due to being interstate visiting friends. Judy says she knew her daughter and son-in-law had "problems and would often bicker", but she didn't realise it was this bad. Judy said she thinks John can be a very angry man at times, as he "bottles things up and then blows up".

Judy agrees to care for Annie and is granted urgent provisional approval. A child safety officer drops Annie off at Judy's house that same day.

About Judy:

Judy was a victim of domestic violence (being punched and hit by thrown objects) in her former marriage to Kylie's father. The violence occurred at times when her ex-husband would get drunk and "lose it". Judy chose to leave the relationship after their 2 biological children, Kylie and Ian, left home in their late teens.

Judy thinks she has a fairly close relationship with her daughter Kylie. Kylie often relies on Judy to babysit Annie approximately once a week. Although Kylie shares some personal information with Judy, Judy had no idea that Annie's home environment involved domestic violence and alcohol abuse. Judy says Kylie suffered post-natal depression after Kylie's birth but believes her daughter recovered from the depression.

Judy says she has a close network of friends but these are maintained through organised activities, including a knitting group and bridge club. She is on a pension but says she manages to make ends meet.

ACTIVITY - In your group, discuss and document on Handout 4, the following:

1. What are the advantages of this kinship placement?
2. What challenges may Judy face as a kinship carer for Annie?
3. How can you move toward overcoming the identified challenges? Choose 2 challenges and provide 3 points to respond to each challenge.

Handout 4: Challenges, advantages and strategies table

Challenges	Advantages
Strategies for overcoming challenges	

Handout 5: Impacts of kinship caring

<p><u>Personal</u></p> <ul style="list-style-type: none"> • Stress • Health problems • Additional possible worries • Loss of opportunities • Change in perceived plans • Concerns about the future • Mental health • Fatigue and lack of energy • Depression • Feeling useful and worthwhile • Can increase wellbeing • Positive aging • Contributing • Changes in aspirations and lifestyle • Perceptions of stigma re their own child and kin child • Insufficient time for recreation and interests • Isolation • Anxiety and uncertainty about how to manage particular issues/circumstances • Grief and guilt • Limitations to lifestyle • Loss of independence 	<p><u>Financial</u></p> <ul style="list-style-type: none"> • Housing – may be inadequate and therefore require change with associated costs Overcrowding may also be an issue • Income insufficient • Poverty • Legal costs and implications • Costs associated with caring for the child (e.g. medical, set-up, day-to-day, education, psychological and developmental) • Possible sacrifice of employment and income so as to care for the child
<p><u>Child-related</u></p> <ul style="list-style-type: none"> • Managing behaviour • Managing and responding to scholastic and academic needs • Managing a child's particular needs/issues (e.g. disability, grief and loss, abuse effects) • Working with a range of services and organisations • Responding to family contact reactions 	<p><u>Family-related</u></p> <ul style="list-style-type: none"> • Managing family dynamics • New role in family • Grief, loss and concern about adult parent • Managing family conflict and tensions • Managing contact arrangements

(Yardley, 2009 cited in Yardley et al, 2009, p. 52 & 58; Boetto, 2010; McHugh, 2009; Broad, 2006; Bunch, Eastman & Griffin, 2007; Harden et al, 2004; Vimpani, 2004).

Handout 6: Kinship care scenario part 2

4 weeks later

Annie remains in Judy's care and the department is making an application to the court for an order granting custody to the chief executive for a period of 2 years. Judy assumes she will continue to care for Annie but this hasn't been discussed in any detail with her.

Annie has been crying most days, is irritable and Judy is having trouble soothing her. Annie wakes up 3 to 4 times during the night and has been refusing to eat at mealtimes.

Judy started receiving the fortnightly caring allowance two weeks ago but is finding it hard to meet weekly expenses which have been building up. She's also been helping Kylie and John to pay a few bills as John's casual work hours have been cut back in the last couple of months.

Judy has been supervising contact between Annie and her parents twice a week since she commenced caring for Annie. Annie's CSO has attended a couple of the contact visits but often can't attend at the last minute due to other urgent work. Judy has been told she has to provide information about the progress of contact visits to the department.

After the last contact visit, John phoned the CSO in an angry state to tell the CSO that he saw Judy smack Annie during the contact visit when Annie stole another child's toy at the park. John said he yelled at Judy at the time and told the CSO that he "can't believe the bloody department removed his own child just so she can get smacked around by Judy".

ACTIVITY - In your group, discuss and document on a piece of butcher's paper, the following:

1. What do you think are Judy's presenting needs in her role as a kinship carer? Consider Judy's immediate needs and longer-term needs?
2. What impacts may the challenges faced by Judy as a kinship carer have on Annie? Think about any possible impacts given you only have limited information provided by the scenario.
3. What strategies could be put in place to help Judy meet Annie's care needs without Judy "burning out"?