**Definition of ‘Kin’**

Kin is defined in the *Child Protection Act 1999*, schedule 3, as ‘any of the child’s relatives who are persons of significance to the child, and anyone else who is a person of significance to the child’. An approved kinship carer is a person related to the child or member of a child’s community and considered by the child to be family or of significance to them, who is approved by the department to provide an out-of-home care placement for the child.

For Aboriginal and Torres Strait Islander children, kinship care may include another Aboriginal person or Torres Strait Islander who is a member of, or compatible with the child’s community or language group.

**Placement with kin as a first option**

The *Child Protection Act 1999*, recognises that families have the primary responsibility for the upbringing, protection and development of their children. The *Child Protection Act 1999*, section 5, requires that ‘in deciding in whose care the child should be placed, the chief executive must give proper consideration to placing the child, as a first option, with kin’.

As part of the assessment and approval process, careful consideration will need to be given to which family members in an extended family situation fall under the definition of household member and whether other family members also need to be approved as a kinship carer, for example, because they are providing regular respite for the child.

**Assessment factors**

While kinship care placements may minimise the disruption to the child’s life and preserve continuity in their attachments to their family, community and culture, they also presents a range of risks for the child, including:

- inter-generational dysfunction in families that can place a child at higher risk of harm
- an assumption that children are at lesser risk because they are placed with someone they know
- allowing unauthorised, unsupervised contact with parents, potentially exposing children to increased risk of harm
- an underestimation of the impact of abuse or neglect on the child, or bringing pre-conceived ideas about the context of the abuse into the care arrangement, for example, ‘he or she was always a difficult child’.

The strengths that a kinship care placement offers should be balanced against the potential risks, to ensure that the kinship carers are able to meet the child’s safety and care needs.

The following considerations apply to the assessment of kinship carer applicants:

- The applicant’s understanding of, and willingness and ability to meet, all legal obligations under the *Child Protection Act 1999*, including their capacity to provide care consistent with the statement of standards.
- The applicant’s motivation to provide care: a range of motives have been identified as to why kinship carers choose to care for a child. These include necessity, sense of commitment, obligation, and at times, guilt. For example, a grandparent may have a feeling that their own child’s failure as a parent may reflect on their own failure to adequately parent. There may be a
wish to care for the child to demonstrate that they can successfully parent or redeem themselves. In addition, the motivation may not be shared by both grandparents, leading to conflict in the relationship between the spouses.

- The applicant’s family and childhood history: family history may help explain how the current situation has arisen, and whether there are significant aspects of the family’s shared past that will impact on the kinship carer’s capacity to care for the child. For example, there may be a pattern of scapegoating or putting down the parent of the child, leading to exclusion and separation of the parent from the extended family. This is likely to lead to difficulties in maintaining a child’s link with their own parents and create a situation where the child is torn between their parents and the kinship carer.

- The quality of the relationship that the child has with the applicants, including the child’s perspective on the significance of the relationship

- The nature of the relationship between the applicant and the parents of the child: this will include an assessment of whether the relationship is co-operative, or oppositional and marked by hostility and resentment. This will be important for the child, as a child needs to be allowed to maintain a sense of loyalty to their parents.

- The applicant’s capacity to manage family relationships in the child’s best interests

- The applicant’s family profile, parenting skills or experiences and possible implications of the placement for other members of the kinship carers’ family and/or wider community

- The applicant’s understanding of the harm or risk of harm to the child including their acknowledgment of the harm: A child’s kin often have conflicting loyalties, contributing to difficulties in acknowledging harm to a child by a family member or someone well known to them. It is important to acknowledge that loyalty may make it difficult, for family members in particular, to publicly acknowledge how a family member has failed to protect their own child. An inability to acknowledge harm to a child may be due to shock and disbelief, and it may take time for a relative to come to terms with the situation. This requires careful assessment and is not to be confused with a kinship carer’s denial that abuse has occurred. Denial may pose a risk to the ongoing safety and well-being of a child, for example, kinship carers may allow unplanned and unsupervised contact with a parent where a significant ongoing risk of harm to the child is present.

- The applicant’s understanding of inter-generational patterns of abuse and neglect: This will include an assessment of any significant factors in the family history, including patterns of domestic and family violence.

- The views of other members of the household, including children: The adjustment to new roles will not only impact on the kinship carers, but also their children. The children may experience confusion, jealousy and resentment of the child being placed, as they will be required to share their own parent’s time and attention.

- The ability and willingness of applicants to maintain family connections, including the ability to manage family contact between the child and their siblings, parents and other persons of significance to the child: This will require an assessment of the kinship carers’ relationship with the child, their parents and any potential conflict within the wider kinship network. A kinship carer will be required to manage potentially strained relationships when facilitating family contact. The child’s parents may be resentful at the loss of their child to a member of the family network. An absence of support from other extended family members may also create
difficulties for the kinship carers in facilitating family contact with a range of people of significance to the child.

- The family relationships and dynamics, and the ability of applicants to manage any issues of difficulty, for example, conflict involving parents, impacts of domestic violence, communication, decision making or crises: The changed role for the applicants, from relative or person of significance to the child, to primary carer requires a process of adjustment as new roles are adopted within the family network and relationships change. These changing roles can create tension and difficulties for the kinship carer in managing the placement.

- The ability and willingness of applicants to work with the department in planning for the child, including participation in family group meetings: Some kinship carers may resist the involvement of the department due to concerns about intrusion and interference in what may be considered a family problem. It is important to assess the applicant’s willingness to work with the department, including attending and participating in family group meetings.

**Note:** In some families, cultures or communities, responsibility for the protection and care of a child is often shared by other members of the family, as well as the relative who is to be the primary carer. It is important in these circumstances to consider the role other family members can play in supporting the goals of the placement. The combined efforts of several family members may be sufficient to ensure adequate protection and care for the child. This will also be important in identifying options for respite care that are available within the child’s existing network. The use of a kinship network map, genogram or ecomap can be a powerful tool in assisting the kinship carers to identify supports within the wider family or community network and the kinship carers’ ability to provide a safe and stable environment that is free from harm.