Grandparent Kinship Care in NSW
UnitingCare Burnside supporting grandparent kinship carers
These grandparents are making happy memories for their grandchildren who often have traumatised pasts. They're injecting fun into their grandchildren's lives and creating positive experiences for these kids to draw on.

- UnitingCare Burnside staff
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Executive summary

Some children and young people are cared for by relatives or members of their kinship group when they cannot be looked after by their birth parents. In New South Wales (NSW), this is referred to as kinship care. Kinship care can be a formal arrangement under the NSW Children’s Court or the Family Court of Australia, or be a voluntary agreement between a family and the NSW Department of Human Services – Community Services (Community Services). Kinship care can also be informally arranged between family members.

Kinship care is recognised in the NSW Children and Young People (Care and Protection) Act 1998 (the Act) as the preferred out-of-home care option for Aboriginal and Torres Strait Islander children and young people. In practice, it has also become the most common placement option for all children and young people in care in recent years and as a result, the number of children and young people in kinship care arrangements currently exceeds the number of children in foster care in NSW (AIHW 2008).

In Australia, a sizeable increase in reports of children at risk of harm, combined with a decline in the number and availability of foster carers, means that formal, adequately resourced kinship care arrangements may be increasingly used as safe and stable placement options.

The out-of-home care sector has to be equipped to meet the needs of kinship carers who access early intervention, family support and out-of-home care services over the coming years.

With this in mind, Burnside consulted in 2008 with out-of-home care and family support staff and members of the Grandparents as Parents Again support group to identify the advocacy and support needs of kinship carers who access our services, particularly grandparent kinship carers. A literature review was also undertaken to determine broader kinship care issues in NSW and Australia.

This paper reports on the findings of these consultations and research reviews for the purpose of informing UnitingCare Burnside’s policy approach to kinship care under the new Strategic Plan 2010-2012 (Strategic Direction 1: Influence public policy and practice to narrow the gap of disadvantage).

There is increasing research evidence that kinship care may offer a stable out-of-home care experience that provides children and young people with protective factors such as contact with birth parents and birth family, and access to kin and culture. Kinship care placements are more likely to allow siblings to be placed together. They are less likely to result in the child or young person experiencing multiple out-of-home care placements – a known risk factor for negative health, education and wellbeing outcomes – as kinship care placements are longer on average than foster care placements (Paxman 2006).
The effectiveness of kinship care can be undermined by its uncomfortable location between statutory support, tied with assessment and monitoring requirements, and the autonomy of the family or kinship group. The organic nature of kinship care arrangements is crucial for its effectiveness but can also, in some circumstances, obstruct effective protection of the best interests of the child or young person in care. Kinship care arrangements that are informal, or made in an emergency without adequate permanency planning, are examples of incidents where the best interests of the child or young person may not be sufficiently considered in this kind of placement.

There is some evidence that kinship carers have less access to state government support than other kinds of foster carers (Spence 2004; McHugh et al 2004). While this can be partly attributed to the high rate of informal kinship care arrangements, it is also true for some who are under a statutory arrangement (Paxman 2006).

The National Framework for Protecting Australia’s Children 2009-2020 (Commonwealth of Australia 2009) recognises the value of grandparent and kinship carers and recommends that the state provide support to those carers so that children and young people in kinship care are safe and well. The Framework prioritises the establishment of services and supports in the community as a strategy for ensuring that kinship carers receive both financial and non-financial support in their roles.

In 2009, the NSW Department of Premier & Cabinet, NSW Treasury and Community Services (then Department of Community Services) jointly commissioned a review of the cost of out-of-home care in NSW due to Treasury concerns about the growing cost of care. One of the recommendations of that review was that a systemic review of placements receiving the Supported Care Allowance be undertaken (Gallard 2010). In January 2010, the implementation of this recommendation, and the deep concerns it evoked amongst children and kinship carers, brought into sharp focus the needs of kinship carers and the complexity of kinship care relationships and placements.

UnitingCare Burnside values and supports kinship care where it is in the children’s best interests. Children and young people in kinship care need stability and certainty. We call on the NSW Government to ensure that no child or young person in kinship care is worse off as a result of the review of the Supported Care Allowance.

This paper looks at the specific needs of grandparent kinship carers in particular and explores their experiences of changed family dynamics, changed financial situation and increased social isolation. Issues for grandparent kinship carers that were consistently raised by UnitingCare Burnside and in Australian research were in regard to access to financial, legal and welfare assistance; social isolation; and the impact of the ‘carer’ role on health, wellbeing and family.
Key directions for improving kinship care

1. As part of the focus on support for Aboriginal children and families in the *Keep Them Safe* action plan (NSW Government 2009) the NSW Government in collaboration with key out-of-home care providers should establish a comprehensive policy approach to ensure the best support for Aboriginal kinship care placements. This should be achieved in line with the principles of consultation and capacity-building that are supported by the NSW Government in *Keep Them Safe* (pp.29-30).

2. A baseline data set of the number, type and demographic characteristics of kinship care arrangements is required to measure outcomes of actions committed to under the *Keep Them Safe* action plan (NSW Government 2009) and the *National Framework for Protecting Australia’s Children* (Commonwealth of Australia 2009).

3. Agencies that work with children, young people or families should be ‘kinship care aware’. Agencies that are kinship care aware will:
   
   (i) recognise the specific support needs of kinship care families  
   (ii) be aware of how many formal, supported and informal kinship carers use their services and which services they access  
   (iii) develop a response to the needs of kinship care families to improve availability of timely and appropriate services in the community.

4. NSW Department of Human Services – Community Services (Community Services) and NGO service providers should work together to:
   
   (i) develop a kinship carer-specific assessment tool to ensure that children and young people in kinship care are in safe and stable environments  
   (ii) develop outreach strategies for informal kinship carers to ensure that they are appropriately assessed and supported in their guardianship role  
   (iii) improve access for statutory and supported kinship carers to information on different financial assistance schemes that are available to them from state and federal governments  
   (iv) develop monitoring mechanisms for permanency planning and/or restoration for children and young people in short-term kinship care in order to counter current trends of informal continuation of kinship care arrangements that were intended to be short-term.

5. It is essential that the review of the Supported Care Allowance that is being conducted by Community Services be carried out in a transparent and open way that provides reassurance and clarity for children and young people and their kinship carers. A clear principle of the Supported Care Allowance review should be that no child or young person is worse off as a result of the review.
6. The community services sector should come together to advocate for implementation of Recommendation 4.2b of the *National Framework for Protecting Australia’s Children* (Commonwealth of Australia 2009) which calls for the development of options for improving financial and non-financial support for grandparent, foster and kinship carers. Specifically, sufficient resourcing of support groups is required so that networking and peer support is accessible for grandparent kinship carers in NSW including those in regional, remote and Aboriginal communities.

7. Governments, state and federal, should take action to improve whole-of-government service provision to grandparent kinship carers to ensure that these carers are not exposed to the unintended consequences of conflicting policies between state and federal jurisdictions. This meets Recommendation 4.2.b in the *National Framework* which calls for the development of options for improving financial and non-financial support for grandparent, foster and kinship carers.

It’s like I was a rabbit living with zebras, but now I’m living with other rabbits.

- Child placed in kinship care from a non-relative foster care placement
1. Introduction: UnitingCare Burnside

UnitingCare Burnside (Burnside) is a large non-government organisation that provides a range of services to disadvantaged children, young people and families in NSW as part of the UnitingCare Children, Young People and Families Service Group. Burnside has a history of providing out-of-home care in NSW for almost 100 years.

In recent years, Burnside has observed the increased use of kinship care as a placement option for children and young people who come under the parental responsibility of the Minister for Community Services, particularly Aboriginal and Torres Strait Islander children and young people. This reflects a national trend but has not been accompanied by appropriate research and policy development in Australia. There is a reported lack of evidence (Bromfield & Osborn 2007; Paxman 2006) on:

- the long-term outcomes of kinship care compared with other types of foster care
- the impact of kinship care on carers and their families
- appropriate kinship care support strategies.

In 2006, Burnside staff and service users established a support group for grandparent kinship carers on the NSW mid-north coast, in partnership with the local branch of the Country Women’s Association. Named Grandparents as Parents Again (GAPA) this group has since become an independently run support group that maintains close ties with Burnside and is expanding to other parts of NSW.

Why do we do it?
They’re our grandchildren!
Our flesh and blood.
- Grandmother
2. What is kinship care?

For the purposes of this paper, ‘kinship care’ refers to the care of children and young people by persons other than birth parents, who are members of the child’s extended family or significant others known to the child (adapted from Mason & Gibson 2004 and COTA 2003). In many communities, particularly Aboriginal and Torres Strait Islander communities, significant others such as community members are included as kin. Higgins, Bromfield and Richardson (2005 in Bromfield & Osborn 2007) observe that there is little perceived difference between kinship care and foster care by Aboriginal and Torres Strait Islander communities. It is argued that ‘kinship’ is not a word that Aboriginal and Torres Strait Islander communities use to describe the care provided by extended family or community members, and is instead a word projected on to these communities (OCCG 2003).

3. Who are kinship carers?

In Australia, the demographic profile of kinship carers is based on secondary sources and small-scale surveys rather than on a comprehensive data set. We know that 14,015 children and young people in Australia were in kinship care placements supported by statutory child protection authorities as at June 2008 (AIHW 2009). In NSW there are more children and young people in formal kinship care under Community Services than in foster care (AIHW 2009).

Australian data collected on children and young people in kinship care suggests that a majority of their carers are Aboriginal or Torres Strait Islander (Spence 2004; AIHW 2009). Victorian data collated in 2000 indicated that their demographic profile of kinship carers reflected international trends of being predominantly made up of grandparent carers (Gleeson et al. 2009), particularly lone grandmothers (Smyth & Eardley 2008).

The children show a lot of affection because they are frightened of being left alone. This also frightens me because there is no one else to look after them.

- Grandmother

International research identifies the kinship carer cohort as being relatively socio-economically disadvantaged (Hegar & Scannapieco 1999) with low rates of formal educational attainment (Dubowitz, Feigelman & Zuravin 1993). These demographic characteristics are reflected in Australian data on grandparent kinship carers (Ochiltree 2006) and are important when issues of access to legal, financial and welfare assistance are considered.
4. Kinship care in Australia

Kinship care data is limited in Australia and different definitions of kinship care in each state make it difficult to obtain an accurate picture of the prevalence of kinship care. According to the Australian Institute of Health and Welfare (AIHW), the number of children and young people in out-of-home care has doubled in Australia in the last decade. Of the 31,166 children in out-of-home care in Australia, 14,015 (45%) are in kinship arrangements under statutory authority (AIHW 2009).

Aboriginal and Torres Strait Islander children are significantly over represented in the out-of-home care system. They also represent the majority in kinship care arrangements. This is highest in NSW where 86% of Aboriginal and Torres Strait Islander children and young people in out-of-home care are currently placed with kin (in line with the Aboriginal Child Placement Principle enshrined in the Children and Young Persons (Care and Protection) Act 1998).

Because most published data in Australia only reflects formal kinship arrangements, some suggest it grossly underestimates the total number of kinship carers and it has been estimated that the Australian ratio of informal to formal kinship care arrangements is three to one (Smyth & Eardley 2008).

5. The growth of kinship care

Kinship care is the fastest growing form of out-of-home care in Australia (Spence 2004) and is increasingly the preferred placement for children and young people who are no longer able to live with their birth parents (Horner et al. 2007).

One of the main reasons kinship care is a preferred placement option is because it builds on the existing connection between carers and children. Kinship care provides continuity for children, enables existing trust relationships to be built upon and increases the chances of maintaining children’s links with parents, culture and identity.

The rise of kinship care has also been attributed to the changing context of out-of-home care services including:

- difficulty in attracting and retaining foster carers (Smyth & Eardley 2008, McHugh et al. 2004)
- a decline in residential care due to the recognition of problems associated with institutionalisation, including the history of the stolen generation (Ainsworth & Hansen 2005)
- increased numbers of children and young people with complex needs in out-of-home care (Smyth & Eardley 2008)
- relatives providing a cost-saving alternative to government compared with foster care (unfortunately because most kinship carers do not receive financial support) (Vimpani 2004).
Despite the growth of kinship care in recent years, there is little conclusive evidence on whether it provides better outcomes for children and young people than other forms of care (Smyth & Eardley 2008; Paxman 2006). While the advantages of family continuity and strong cultural ties in kinship care are widely acknowledged, Paxman (2006) notes that there is currently no conclusive evidence that children and young people in kinship care experience better long-term health and wellbeing outcomes than children and young people in other types of out-of-home care.

Most of the recently published reports highlight the need for further Australian research to allow for a more considered assessment of the outcomes of kinship care (see Smyth & Eardley 2008; Paxman 2006; Spence 2004). In recent years, this challenge has been met by increasing investment in longitudinal studies of kinship care arrangements. The Australian Institute of Family Studies (AIFS) and in NSW the Department of Human Services – Community Services have invested in longitudinal research on the outcomes of kinship care.

6. Kinship care arrangements

There are three main types of kinship care arrangements in NSW – formal, supported and informal kinship care. Each varies the carers’ access to assistance and security from statutory child protection authorities and Centrelink.

6.1 Formal kinship care

Relatives or kin who gain a parenting order in the Family Court of Australia or Federal Magistrates Court under the Family Law Act 1975, or the NSW Children’s Court under the Care and Protection Act, are considered to be providers of formal kinship care.

Family Law (Commonwealth jurisdiction)

The Family Law Act 1975 allows the Family Court of Australia or the Federal Magistrates Court to grant a Parenting Order in favour of a person who is not the child’s parent (s64 and s65). Kinship carers may seek Parenting Orders through the Family Court if their arrangement is consensual with one or both birth parents. They may also take this path if they are negotiating a risk of harm to the child or young person that is not significant enough to require their removal by statutory child protection authorities and that is manageable by the family.

Under Parenting Orders, ‘parental responsibility’ is retained by one or more birth parents. A Parenting Order may grant residency of a child or young person with a kinship carer. Specific issues relating to parental responsibility or child maintenance may also be covered.

Family Court proceedings can be costly for kinship carers, particularly if there are ongoing court challenges by birth parents.
Relative or kin who apply to the Family Court for formal care are most likely to gain a Residence Order. Residence Orders are particularly difficult for kinship carers because they require high-level negotiation with birth parents who may have retained some or all aspects of parental responsibility. Residence Orders can also create a situation where grandparents are forced to approach birth parents for access to government child support payments and other Centrelink parenting benefits.

With a Parenting Order, kinship carers may apply for the means tested payment of Family Tax Benefits (except Part B if a sole parent/carer). They may also be eligible to receive the means tested Supported Care Allowance from Community Services.

**NSW Care and Protection Orders**

Children and young people at risk of significant harm may be removed from their birth parents and placed into the care of relatives or kin by the NSW Children’s Court. Only Community Services can bring care applications before the Children’s Court. Community Services is responsible for the provision of case management to these kinship carers and for the development and maintenance of a care plan.

While the Commonwealth Government is primarily responsible for providing income support to carers, in NSW formal kinship carers who have been awarded parental responsibility receive non-taxable, non-means tested payments to assist in raising children (the Statutory Care Allowance). Carers under the case management of statutory child protection authorities are the best positioned financially out of all types of kinship care arrangements in Australia (Mission Australia 2007).

**6.2 Supported kinship care**

Community Services offers a Supported Care Allowance to people who take on the care of young relatives or kin without gaining formal parental responsibility through the NSW Children’s Court. (Kinship carers who have been granted parenting orders under the Family Court of Australia may also apply for this allowance).

To access this allowance carers must:

- be authorised carers
- undergo a Supported Care Assessment to establish that the arrangement is in the best interests of the child or young person
- demonstrate that the allowance is critical to the placement (and therefore preventing the child or young person from entering statutory out-of-home care).

This allowance has established a cohort of semi-supported carers who differ from both formal and informal kinship carers in the level of support they can access and the extent to which their placement is monitored.
In January 2010, the Act was amended to distinguish between children and young people who are under supported, temporary and voluntary care arrangements:

**Supported** care arrangements occur when the Director-General takes on parental responsibility of the child or young person and places them with an authorised carer. Supported care arrangements have the consent of one or more birth parents. They must have a care plan or restoration plan in place if they extend beyond 21 days.

**Temporary** care arrangements also occur when the Director-General takes on parental responsibility of the child or young person and places them with an authorised carer. Temporary care arrangements have the consent of one or more birth parents and have strict time limits. For the purposes of the Act, they are classified as ‘supported out-of-home care’.

Both supported and temporary care arrangements are eligible for grants of financial assistance from the Director-General of Community Services, but they are not eligible for aftercare assistance.

**Voluntary** care arrangements are initiated by birth parents and must be overseen by a designated agency or an agency that is registered with the Children’s Guardian. They must have a care plan or restoration plan in place if they extend beyond six months. Voluntary care arrangements are not eligible for financial assistance. Voluntary carers may apply for the Supported Care Allowance.

For the purposes of this paper, ‘supported care’ will refer to arrangements that are eligible for the Supported Care Allowance or those who are in a supported care arrangement under the Act that is not a temporary care arrangement. Voluntary care arrangements are referred to as ‘informal’ care arrangements in this paper, as they share characteristics with the cohort of informal kinship carers that extends beyond NSW.

### 6.3 Informal kinship care

Informal arrangements are established independently of statutory child protection authorities and are not formalised in the Family Court. Informal kinship carers can be in the most precarious situation legally and financially compared with other care arrangements. Preliminary data suggests that most Australian children and young people in kinship care are in informal arrangements (Smyth & Eardley 2008; Spence 2004).

Financial support for some informal kinship carers is available in NSW in the form of the Supported Care Allowance. To be eligible for the Supported Care Allowance, kinship carers must provide evidence to Community Services that the child or young person’s placement with them is in the child’s best interests and is preventing their entry into statutory out-of-home care (Ley 2008).

Grandparents are very committed even if they are at their wits end – there is no question of them giving up the child, which could be an option for another foster carer.

- UnitingCare Burnside staff
6.4 Aboriginal Child Placement Principle in NSW

Australian states and territories now recognise in legislation or policy that Aboriginal and Torres Strait Islander children in out-of-home care should, where possible and appropriate, be placed within their own culture and community and that Aboriginal and Torres Strait Islander communities should be consulted about any out-of-home care placement involving an Aboriginal or Torres Strait Islander child or young person.

The Aboriginal and Torres Strait Islander Child and Young Person Placement Principle in the Act states that placement for Aboriginal and Torres Strait Islander children should be sought with the following (in order of preference):

- extended family or kinship group
- another Aboriginal person from the child's community
- a member of an Aboriginal family residing in the vicinity of the child's home
- a person considered suitable by the Director General after consultation with the child's extended family and 'Aboriginal welfare organisations'.

The Aboriginal Child, Family & Community Care State Secretariat (NSW) Inc (AbSec) is the peak body for Aboriginal and Torres Strait Islander out-of-home care providers in NSW. It is uniquely placed to lead education and training in best or promising practices for agencies who work under the Aboriginal and Torres Strait Islander Child and Young Person Placement Principle and the needs of Aboriginal and Torres Strait Islander kinship carers and children in care.

In the context of gradual transferral of out-of-home care service provision to NGOs in NSW under *Keep Them Safe* (NSW Government 2009), it is important that AbSec be supported by key out-of-home care providers to lead the provision of quality services to Aboriginal and Torres Strait Islander children and young people in care.

Key direction for improving kinship care:

1. As part of the focus on support for Aboriginal children and families in the *Keep Them Safe* action plan (NSW Government 2009), the NSW Government in collaboration with key out-of-home care providers should establish a comprehensive policy approach to ensure the best support for Aboriginal kinship care placements. This should be achieved in line with the principles of consultation and capacity-building that are supported by the NSW Government in *Keep Them Safe* (pp.29-30).
### Grandparent Kinship Care in NSW

#### Table 1: Place of kinship care in state and territory legislation in Australia

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<tr>
<th>State</th>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Place of kinship care</strong></td>
<td>Statutory out-of-home care arrangements do not differentiate between foster and kinship care. Increased recognition of ‘supported’ out-of-home care arrangements.</td>
<td>Kinship care identified in the legislation as priority placement</td>
<td>Kinship care as a separately defined placement arrangement.</td>
<td>Legislated priority is for placing child with a member of child’s family</td>
</tr>
<tr>
<td><strong>Relevant Section</strong></td>
<td>Section 135 Definition and types of ‘out-of-home care’ Section 135B Supported out-of-home care</td>
<td>Section 10 Best interests principles (h) if the child is to be removed from the care of his or her parent, that consideration is to be given first to the child being placed with an appropriate family member or other appropriate person significant to the child, before any other placement option is considered</td>
<td>Section 82 Placing child in care (1) The chief executive may place the child in the care of – (a) an approved kinship carer for the child; or (b) an approved foster carer; or (c) an entity conducting a departmental care service</td>
<td>Section 51 Children under the Minister’s care and protection (1) The Minister may make provision for the care of a child… (a) by placing the child, or permitting the child to remain, in the care of a guardian of the child or some other member of the child’s family</td>
</tr>
<tr>
<td><strong>Aboriginal Child Placement Principle</strong></td>
<td>Aboriginal and Torres Strait Islander kinship care prioritised by Aboriginal Child Placement Principle</td>
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<td><strong>State</strong></td>
<td>WA</td>
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<td>ACT</td>
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<tr>
<td><strong>Place of kinship care</strong></td>
<td>Kinship care not differentiated from foster care in legislation</td>
<td>Kinship care not identified in legislation</td>
<td>Legislated priority is for placing child with a member of child’s family</td>
<td>Relative care as a separately defined placement arrangement</td>
</tr>
<tr>
<td><strong>Relevant Section</strong></td>
<td></td>
<td></td>
<td>Section 12 General principles (e) … consideration should be given, before any other placement option is considered, to the child or young person living or being placed with a family member or a person regarded by the child or young person as a family member</td>
<td></td>
</tr>
<tr>
<td><strong>Aboriginal Child Placement Principle</strong></td>
<td>Aboriginal and Torres Strait Islander kinship care prioritised by Aboriginal Child Placement Principle</td>
<td>Section 9(2) – regard to the general principle that an Aboriginal child should remain within the Aboriginal community</td>
<td>Aboriginal and Torres Strait Islander kinship care prioritised by Aboriginal Child Placement Principle</td>
<td>Community Welfare Act 1983 – s. 69 (a) every effort is made to arrange appropriate custody within the child’s extended family</td>
</tr>
</tbody>
</table>
7. Understanding the ‘kinship care’ cohort

Kinship care data is limited in Australia and different definitions of kinship care in each state make it difficult to obtain an accurate picture of the prevalence of formal kinship care. The Child Protection Australia 2006-7 report (AIHW 2008) only collects data on formal kinship care arrangements under statutory care and protection orders (and may include some informal arrangements that access the Community Services Supported Care Allowance). The Australian Bureau of Statistics (ABS) uses a self-classification of ‘guardian’ to determine numbers of kinship carers and is based on an Australian population estimate which has a large relative standard error (25-50%).

Improved collection of kinship care data will give us a greater understanding of its prevalence and impact.

Improved data collection practices can allow:

- kinship care support services to be strategically located according to geographical areas of need
- better understanding of the demographic profile of informal kinship carers so that outreach support services may be planned and delivered more effectively
- improved understanding of the prevalence and effectiveness of placing siblings together in kinship care so that appropriate supports may be offered.

The need to improve our understanding of kinship care families has begun to be addressed in NSW by recently published research reports on kinship care and kinship care service provision (see McHugh 2009; Yardley, Mason & Watson 2009). Together these research reports commence an evidence base on both the demographic profile and the service provision needs of kinship care families in NSW.

Key direction for improving kinship care:

2. A baseline data set of the number, type and demographic characteristics of kinship care arrangements is required to measure outcomes of actions committed to under the Keep Them Safe action plan (NSW Government 2009) and the National Framework for Protecting Australia’s Children (Commonwealth of Australia 2009).
8. Kinship care policies in Australian states and territories

The support needs of kinship carers are identified in the *National Framework for Protecting Australia’s Children* (Commonwealth of Australia 2009, pp.25-26). Strategy 4.2 has six initial three-year actions to improve support for carers, including three that specifically address grandparent and kinship carers.

These actions focus on increasing peer and community support for grandparent and kinship carers. They reflect a broader increased focus on grandparent kinship carers in Australia in recent years. This paper addresses the specific support needs of grandparent kinship carers in further detail in sections 11 and 12.

State-based child protection legislation tends to prioritise kinship care in principle rather than in explicit statements of preference (Mason et al. 2002; Spence 2004). In NSW for example, the principle of ‘least intrusive intervention’ is interpreted to favour kinship care over other placement types because it offers familial continuity. Similarly, legislative principles of stability and consistency, maintaining a child’s identity and retention of family relationships in other state and territory child protection acts suggest preferred placement with kin (see Table 1).

Prioritisation of kinship care in contemporary out-of-home care legislation and policy reflects a shift away from institutional care towards the provision of out-of-home care in a family setting that has strong ties with the child’s culture and identity. It must also be acknowledged that kinship care is less resource-intensive than other forms of foster care because of ‘comparatively fewer financial and human resources expended to support kinship placements over other forms of out-of-home care’ (Paxman 2006, p.5).

The increased use of kinship care by state child protection authorities has not been matched by an investment in appropriate assessment, monitoring and support strategies for adequate kinship care provision by statutory child protection authorities. In NSW, the five-year action plan *Keep Them Safe: A shared approach to child wellbeing 2009-2014* (NSW Government 2009) has no specific actions for addressing kinship care service provision except to note their inclusion in the roll-out of an additional training package for carers.

In a separate development in late 2009, the NSW Government initiated a review of the cost of out-of-home care in NSW. A recommendation of that project was that a review of all placements receiving the Supported Care Allowance be undertaken. The announcement and commencement of this review has evoked significant concerns amongst kinship carers, children and young people in kinship care, and organisations supporting these families.
Grandparent Kinship Care in NSW

Spence (2004) suggests that case management for kinship carers is extremely limited in current policy guidelines in Australia. This finding is supported by Bromfield & Osborn:

Kinship care placements receive less, and in some instances no, monitoring, training and support. This is problematic as kinship carers tend to have higher rates of poverty and disadvantage and tend to require more support than non-relative carers. (2007 p.5.)

This gap in service provision seems to result from an assumption that the ‘family unit’ is naturally placed to provide appropriate care and support for children and young people in care and therefore requires little intervention (Mason et al 2002; Spence 2004). In addition some kinship carers, particularly Aboriginal and Torres Strait Islander carers who draw from their historical experiences of out-of-home care, report a lack of trust of statutory child protection agencies and find it difficult to approach them for support (GAPA consultation 2008).

Preliminary Australian research suggests that the majority of kinship care arrangements are informal (Bromfield & Osborn 2007; Spence 2004). Informal carers can be apprehensive about state intervention and assessment or be strongly motivated to keep the child(ren) out of the formal care system (Gleeson et al 2007). While formalising arrangements through the Family Court is an option for informal carers, many avoid it because it is an expensive process and may require complex and divisive personal negotiations with the children’s birth parents.

Informal carers, and especially the children and young people in their care, can benefit a great deal from the services of both government and non-government agencies.

While the literature does not generally differentiate between the experiences of formal, supported and informal kinship care arrangements in this regard, grandparent carers in GAPA echo the finding of Paxman (2006) that kinship carers in each of these three groups experience a gap in service provision.

General support services for children, young people and families can meet some of the service provision needs of kinship care families.

Key direction for improving kinship care:
3. Agencies that work with children, young people or families should be ‘kinship care aware’. Agencies that are kinship care aware will:

   (i) recognise the specific support needs of kinship care families
   (ii) be aware of how many formal, supported and informal kinship carers use their services and which services they access
   (iii) develop a response to the needs of kinship care families to improve availability of timely and appropriate services in the community.
9. Strengths of kinship care

A strengths-based approach to kinship care has been strongly described in the context of grandparent care as:

…the essence of the richness of family relationships, the love, the giving, the ways in which these grandparents keep their grandchildren safe and provide them with stable loving opportunities to grow up in what would otherwise be a chaotic context (Canberra Mothercraft Society 2007, cited in Baldock 2007).

Recognising and building on strengths helps mobilise families to provide a safe and stable environment for children. Research highlights the strengths of kinship care as including:

- resilience – kinship care has been described as a ‘resilient, natural system of child rearing’ (Scannapieco & Jackson 1996). Carers often persevere through difficult emotional, social and financial costs to provide care, demonstrating a profound commitment to the children in their care (Worrall 1999, cited in Dunne & Kettler 2006)
- familial context – children in kinship care benefit from maintaining family, cultural and community connections, helping them feel ‘safe and assured’ in times of uncertainty (Bromfield & Osborn 2007; Dunne & Kettler 2006; Mason et al. 2002; Greef 1999; Cuddeback 2004)
- familial connections – children in kinship care are more likely to have regular contact with their birth parents than children in other forms of out-of-home care. They are also more likely to be placed with their siblings (Scannapieco & Jackson 1996)
- protective emotional experience – growing up within one’s extended biological family appears to be a protective factor for children and young people in care, possibly for reasons associated with identity formation and familial bonding (Tarren-Sweeney & Hazell 2006)
- tradition – one of the greatest strengths of kinship care is the long tradition by communities of caring for their kin, particularly in Aboriginal and Torres Strait Island communities (Bridge 2001).

10. Appropriate assessment, monitoring and support of kinship care placements

Kinship care is only an effective form of out-of-home care if it supports the best interests of the child or young person. It is essential that kinship care placements are not presumed ‘safe’ because of family connections.

Kinship care seems to be seen as a ‘relief’ by DoCS, but the support doesn’t seem to go along with it.
- UnitingCare Burnside staff
Appropriate assessment and support of carers can allow consideration of the impact the following factors may have on the child’s safety and developmental potential:

- relative economic disadvantage experienced by kinship carers (Dunne & Kettler 2006)
- transference – the relationship between the carer and child is not a ‘blank sheet’ as it might be in a foster care placement and unresolved issues or dysfunctions in the family of origin will have subsequent effects on relationships (Worrall 2001, Altstein & McRoy 2000)
- impact of the carer role on the health and wellbeing of older carers – older carers require case planning that takes into account health conditions or potential health crises to reduce the likelihood of family stress or placement disruption (Ochiltree 2006; Paxman 2006)
- insufficient planning for restoration with birth families and placement ‘drift’ – a key issue for kinship care is the slow rate of family reunification (Cuddeback 2004 in Paxman 2006). A range of studies show a lack of permanency planning for children in kinship care (Smyth & Eardley 2008).

There is general agreement that support for kinship carers should differ from the support provided to foster carers. The uniqueness of kinship care needs to be recognised and reflected in agency policy and practice. Instead of requiring kinship carers to ‘understand their role as foster parents’ (Beeman & Boisen 1999), more flexibility is needed in appreciating the existing relationships in kinship care families and providing the support they need. Support needs of kinship care families include:

- financial assistance and access to carer payments, as research indicates kinship carers are more likely to be socio-economically disadvantaged and less likely to be supported by the state for their carer role
- case management and support that addresses their continuing relationship with one or both birth parents and other family members
- support and respite care options that take into account kinship carers’ tendency to care for sibling groups
- support and respite care options that take into account the demographic profile of kinship carers (high number of Aboriginal and Torres Strait Islander carers, high number of grandparent carers).

There is evidence that formal and supported kinship care arrangements receive less casework support than foster care arrangements (Paxman 2006). This remains a contentious policy area due to debates about the extent to which the state should be involved in family care and decision making. Mason et al. (2002, p.43) discuss this debate with particular reference to concerns about kinship care support in NSW.
However, recent recommendations by the NSW Ombudsman (2004, p.68) and Wood (2008) have led to changes in the Care and Protection Act which provide for improved recognition and support for kinship carers.

The deletion of s.161(2) allows for financial support of statutory and supported relative and kinship carers by the Director-General of Community Services. Recognition of ‘supported’ care arrangements in the definition of out-of-home care (see ch.8) that do not have final orders from the Children’s Court also provides for increased financial support and case management of relative and kinship carers who come under this classification.

Informal kinship care arrangements bring different sets of challenges to out-of-home care assessment and case management processes as they are often made with little or no involvement of the Family or Children’s courts or of statutory child protection authorities. This may result in children and young people experiencing inappropriate or unsupported care arrangements for extended periods of time.

Key direction for improving kinship care:

4. NSW Department of Human Services – Community Services (Community Services) and relevant NGO service providers should work together to:

   (v) develop a kinship carer-specific assessment tool to ensure that children and young people in kinship care are in safe and stable environments
   (vi) develop outreach strategies for informal kinship carers to ensure that they are appropriately assessed and supported in their guardianship role
   (vii) improve access for statutory and supported kinship carers to information on different financial assistance schemes that are available to them from state and federal governments
   (viii) develop monitoring mechanisms for permanency planning and/or restoration for children and young people in short-term kinship care in order to counter current trends of informal continuation of kinship care arrangements that were intended to be short term.

11. Grandparent kinship carers in NSW

Despite increasing awareness of the significant role of grandparents in kinship care, little is known about ‘grandparent carers’ as a cohort in NSW. Paxman (2006) has determined that grandparents ‘form the largest group of carers’. She also draws attention to the correlation between the high rates of grandparent kinship care and the high use of kinship care in Aboriginal and Torres Strait Islander communities:

In 2001, 43 percent of children living with a grandparent only were of Aboriginal or Torres Strait Islander descent. This household type also had the second lowest gross household income after lone mother households, had proportionately much higher rates of poor dwelling conditions than other household types and had generally high levels of socio-economic disadvantage. (Paxman 2006, p.22.)
In Australia, data collected on grandparent carers by the ABS is more able to capture informal kinship care arrangements than data collected by statutory child protection authorities, due to its reliance on self-definition by respondents. On this basis, the *Family Characteristics Survey* reports that there are 31,100 children and young people living with their grandparents in Australia (ABS 2005). In contrast, AIHW recorded only 9435 Australian children and young people living in kinship care arrangements in total in 2006-7 (AIHW 2008) as their data is based on carers known to statutory child protection authorities. This number does not differentiate between grandparent carers and other kinship carers.

12. The needs of grandparent kinship carers

Grandparents who were consulted from the Grandparents as Parents Again (GAPA) support group identified their key frustrations as social isolation and exclusion, lack of understanding in government agencies of their carer role and support needs, and need for assistance in their relationship with the children’s birth parents.

The agency took the children from me to give them back to their mum without much information about what their situation would be. I know that since then my grandson's education standards are slipping and he can't access the sports he was enjoying when he was with me.
- Grandmother

GAPA members reported that some were unprepared for their kinship carer role. They had become carers due to circumstances beyond their control, and thought this offered a contrast to formal foster care situations which take place under an application process based on forethought and planning.

Non-government agencies are increasingly recognising the particular needs of relative carers who are accessing family-based services across the continuum of care (Spence 2004). These agencies have a key role to play in advocating on the prevalence of kinship care and the specific needs of grandparent kinship carers.

12.1 Financial needs

Grandparent families have been shown to have much higher rates of low household income, poor dwelling conditions and socioeconomic disadvantage (Smyth & Eardley 2008, Mission Australia 2007). Additionally grandparent carers report difficulty negotiating the financial impact of their carer role. Claims on state-based supported care allowances can impact on their entitlement to Centrelink benefits. Retirement savings can render them ineligible for access to supported legal assistance. Two thirds of grandparent families relied on a government pension, benefit or allowance as their main source of income in 2003 (ABS 2005).

Grandparent carers have often not budgeted for the care of children or young people late in life and their finances can be quickly overwhelmed by the cost of raising a young family, particularly in single-grandparent families. Employment or retirement plans are often curtailed.
Grandparent Kinship in NSW

Some grandparents find that they have to give up work to care for their grandchildren, while others find that due to a lack of financial support from the government, they need to keep working beyond their planned retirement date (COTA 2003).

On average, the costs associated with raising children and young people in out-of-home care are double the costs of caring for children not in care (McHugh et al. 2002). Children and young people in out-of-home care often have greater psychological, emotional and physical health care needs that require ongoing access to a range of support services (Fitzpatrick & Reeve 2003).

While kinship carers under statutory arrangements are eligible for allowances equal to the basic foster care rate (the Statutory Care Allowance), preliminary Australian research suggests that it is more difficult for kinship carers to obtain financial assistance for specific services such as medical expenses even if they are under statutory out-of-home care arrangements (Paxman 2006; Spence 2004). Some informal carers miss out on payments because they are not aware of available federal and state allowances.

Financial support for kinship carers varies across jurisdictions and depends on the carers’ circumstances (see Table 2). Means tests apply to most Centrelink payments, which means that access to state-based carer payments is taken into account when pensions and other support payments from Centrelink are determined. If grandparents are self-funded retirees or still in the workforce, their income is taken into consideration in the means test for Family Tax Benefit (COTA 2003).

Table 2: Eligibility of grandparent kinship carers for government allowances in NSW

<table>
<thead>
<tr>
<th>Community Services payments</th>
<th>Family Court parental order</th>
<th>Statutory kinship care order</th>
<th>Voluntary arrangement</th>
<th>Informal arrangement**</th>
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<tr>
<td>Statutory Care Allowance</td>
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<td>✓</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Supported Care Allowance</td>
<td>✓</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
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<td>Contingency payments</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Centrelink payments</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Family Tax Benefits*</td>
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<td>✓</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Grandparent Child Care Benefit*</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Double Orphan Pension*</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Carer Allowance</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Carer/Parenting Payment*</td>
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<td>x</td>
</tr>
<tr>
<td>Age Pension*</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Baby Bonus</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Maternity Immunisation Allowance (18-24m)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
</tr>
</tbody>
</table>

*Means tested
**Centrelink provides some support for informal arrangements where family members have come to an agreement about care decisions. Being ‘eligible’ usually means care for 35% or more of the week.
Key direction for improving kinship care:

5. It is essential that the review of the Supported Care Allowance that is being conducted by Community Services be carried out in a transparent and open way that provides reassurance and clarity for children and young people and their kinship carers. A clear principle of the Supported Care Allowance review should be that no child or young person is worse off as a result of the review.

12.2 Legal needs

Barriers to legal assistance have been identified in a number of reports on grandparent kinship carers in Australia including the Parliament of Tasmania’s Report on Issues Relating to Custodial Grandparents (Joint Standing Committee on Community Development 2003), the Council On The Ageing’s Grandparents Raising Grandchildren report (COTA 2003), and the report of the Law and Justice Foundation of NSW titled The legal needs of older people in NSW (Ellison et al. 2004).

Grandparent kinship carers report that legal advice and information is difficult to obtain (Fitzpatrick & Reeve 2003) and there is a need for resources that are dedicated to helping them understand their rights and responsibilities under federal and state legal jurisdictions. In some circumstances, Family Court action to gain parenting orders for a child is expensive for grandparent kinship carers. Some are ineligible for Legal Aid because of their retirement savings (Fitzpatrick & Reeve 2003). They are also ineligible for Legal Aid if their children have already been approved as clients because both sides of a court proceeding cannot be represented by the same legal group.

Whilst the award of legal guardian status by the Family Court is often the best outcome for informal kinship carers, many are hesitant to commence legal proceedings. Ellison et al (2004) report that grandparent carers may feel intimidated by the very nature of court action or are limited financially, while for others, the emotional cost of commencing action against their own child is considered too great.

12.3 Social needs

The fostering of grandchildren can result in significant lifestyle changes for grandparent carers and this can result in unforeseen consequences on their relationships and mental and physical health. Many grandparent carers grieve the loss of opportunity for them to be a ‘normal’ grandparent. Unanticipated kinship care arrangements can mean that grandparent carers lose contact with their friends and social networks (Horner et al 2007) and some grandparent families in informal arrangements remain socially isolated because they fear judgement and recrimination from child protection or legal services (Ballock 2007). Such isolation may exacerbate anxiety in both the carers and children.

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I've been caring for my grandchild for 6 years, and only this year have I had social activity again by coming to GAPA.

- Grandmother
Social support networks are an important way for kinship carers to feel connected and understood and can make a positive difference in their lives. Research shows that informal social support networks are critical to the wellbeing of grandparent carers, particularly informal carers who do not have links to child welfare and associated service systems (Goodman et al. 2007 in Mission Australia 2007). Groups that provide opportunities for the grandchildren to be involved are also highly regarded by grandparents as they help create a sense of normality for children by connecting them with other children in similar situations.

The GAPA support group that has historically been closely affiliated with Burnside is a thriving group which provides support and information for grandparent carers in the Hastings region (on the mid-north coast of NSW). The group conducts monthly meetings for grandparent carers and arranges outings for grandparents and grandchildren which provide children with an opportunity to connect with other children in similar situations. GAPA is now an independent incorporation and is self-funded through fundraising activities and support from local businesses. From its beginnings at Port Macquarie, GAPA has expanded to provide support groups at Wauchope and Taree. GAPA invests a great deal of time, not only into the care of their fostered grandchildren, but into supporting other grandparent carers and raising awareness of the group in the Hastings community. They have participated in a number of grandparent forums held by agencies such as Samaritans, and are keen to ensure the issues around grandparent kinship care are properly understood and that they receive adequate support for their caring role.

Advocacy for increased government support of grandparent kinship carer groups such as GAPA could target broader policy agendas such as the Australian Government’s Social Inclusion Agenda.

The generation gap between grandparents and their grandchildren can be difficult for grandparent kinship carers to negotiate. Many grandparents find themselves parenting in a very different social context to when they last parented, including significant technological and social changes (Mission Australia 2007) presenting a ‘quandary’ for older carers (Baldock 2007).

While many grandparents cite respite care away from the children as one of their key needs (COTA 2003), other grandparents say a respite opportunity that involves the grandchildren in their care and other kinship care families would be beneficial (GAPA consultation 2008).

**Key direction for improving kinship care:**

6. The community services sector should come together to advocate for implementation of Recommendation 4.2b of the *National Framework for Protecting Australia’s Children* (Commonwealth of Australia 2009) which calls for the development of options for improving financial and non-financial support for grandparent, foster and kinship carers.

Specifically, sufficient resourcing of support groups is required so that networking and peer support is accessible for grandparent kinship carers in NSW including those in regional, remote and Aboriginal communities.
12.4 Emotional needs
Most grandparents talk about how much they cherish raising their grandchildren and, even though they find it difficult at times, say they ‘wouldn’t have it any other way’ (GAPA consultation 2008). But many kinship carers face a range of emotions in caring for children within their own family network:

- Anxiety and stress – a great deal of stress arises over finances, health, social circumstances, safety, family relationships, and grandchildren’s social integration with their peers. Grandparents may find it difficult to make decisions about the conflicting needs of their children (birth parents) and grandchildren. Dealing with stress appropriately is important because carers who are stressed are more likely to become depressed which can lead to inconsistent parenting (Baldock 2007).

- Grief and loss – kinship carers often care for children because of difficult situations involving death, substance abuse and abuse and neglect which evoke significant grief. Relative carers also face losses in terms of their interrupted life plans (such as retirement), intrusions on space and privacy, and changes in their relationships with the children and the children’s parents (Crumbley & Little 1997). Carers often don’t have the opportunity to properly grieve for their losses, as they have to cope with their own stress and grief while supporting their grandchildren at the same time (COTA 2003).

- Anger and resentment – strong emotions can arise from the unique strain experienced by kinship carers, and anger and resentment may be directed to the children, parents, welfare professionals, or themselves (Crumbley & Little 1997).

Kinship care can result in significant and enduring impacts on the whole family. For example, siblings of birth parents can often feel resentful and jealous of the time and energy grandparents invest in the grandchildren in their care (Baldock 2007).

12.5 Health and wellbeing needs
Research on the impacts of being a grandparent kinship carer on health and wellbeing reveals that as well as carers having high rates of depression and extreme stress, wellbeing decreases as the number of hours spent caring increases (Carers Australia 2008). In particular, not feeling supported can have a detrimental effect on carers’ capacity to care (McHugh 2003).

Grandparents say their health is badly affected by the burden of raising their grandchildren without support. Older kinship carers frequently feel tired, worry about their capacity to keep going and are anxious about the role caring has in contributing to their ill-health, disability and death as they get older (Baldock 2007; Mission Australia 2007; COTA 2003).
12.6 Specific support needs

Kinship carers and Australian research reports identify a range of specific support needs which they say would improve upon the stresses faced in providing care including:

- managing contact with biological parents – while continued contact with the birth family is a benefit of kinship care, if not well managed, contact with the birth parents can add significant stress for kinship carers (Dunne & Kettler 2006). This is especially the case if the carer has been involved in notifying child protection authorities about the child’s previous living situation (Mason et al. 2002) or if contact with birth parents for children at risk of harm is insufficiently monitored (Paxman 2006). Parents’ contact can be erratic and disruptive to the relationships that grandparent kinship carers are trying to build with their grandchildren (COTA 2003)

- raising children with high needs – for a number of reasons, children in care are presenting with increasingly complex and challenging behaviours. Many carers struggle to meet the needs of caring for these children and are often poorly trained to manage difficult behaviours (Smyth & Eardley 2008). This is a particular concern for kinship carers because they tend to receive less training and case management support than foster carers

- raising children because of parental substance abuse – children separated from their parents because of alcohol and other drugs frequently face psychosocial, psychological, emotional and sometimes physical impacts. These may be a direct result of alcohol or other drug use during pregnancy (Baldock 2007). Parental substance abuse is the key child protection risk factor behind kinship care placements in Australia and grandparent kinship carers say they often have to negotiate their child’s substance abuse issues on a regular basis.

13. Coordinated service provision

Kinship carers report that they are given little to no information or guidance by government human service agencies, particularly regarding financial assistance (GAPA consultation 2008). They say that information about legal, financial and support services would assist them greatly in their carer role.

Resource kits that are tailored to include information about locally based services are an important tool for awareness raising and assisting formal, voluntary and informal kinship carers to access available resources and supports.

Grandparent carers report a constant need to prove to government agencies that they are providing full-time care for their grandchildren. Carers feel that the advice they are given is inconsistent between different agencies and that human service provision in NSW currently has different protocols, policies and procedures in each agency with little interagency coordination.
This lack of coordination also occurs within agencies. For example, some grandparent carers who access Centrelink allowances are pressured to go back to work under the ‘Welfare to Work’ scheme when the youngest child in their care turns six, despite the fact that full-time grandparent carers are exempt from the scheme (GAPA consultation 2008; Ley 2008). Grandparent carers find themselves having to negotiate conflicting Centrelink policies with Centrelink staff.

One grandparent described the experience of being subject to conflicting state and federal policies when she was required by Centrelink to produce a letter from Community Services regarding changes to her carer status, but Community Services would not address the issue because the children in her care were no longer their clients.

The Tasmanian Joint Standing Committee on Community Development recommended in their Report on Issues Relating to Custodial Grandparents that case management of kinship care be improved and suggested that a liaison officer position in their Department of Health and Human Services be dedicated to ‘establish, reaffirm or vary protocols to improve service delivery, increase accessibility, ensure adequate follow-up and facilitate individual feedback on complaints for custodial grandparents’ including informal carers (Joint Standing Committee on Community Development 2003, p.11).

Greater recognition of grandparent kinship care across state and Commonwealth human service agencies would mean that carers’ situations are more effectively identified and addressed.

**Key direction for improving kinship care:**

7. Governments, state and federal, should take action to improve whole-of-government service provision to grandparent kinship carers to ensure that these carers are not exposed to the unintended consequences of conflicting policies between state and federal jurisdictions. This meets Recommendation 4.2.b in the National Framework which calls for the development of options for improving financial and non-financial support for grandparent, foster and kinship carers.
14. References


ABS – see Australian Bureau of Statistics


AIHW – see Australian Institute of Health and Welfare


Grandparent Kinship Care in NSW


COTA – see Council On The Ageing

Council On The Ageing National Seniors 2003, Grandparents raising grandchildren, A report of the project commissioned by the Hon. Larry Anthony, Minister for Children and Youth Affairs, Canberra.


NSW Department of Community Services 2007, *Out of Home Care Service Model: Relative/Kinship Care*, NSW Department of Community Services, Out of Home Care Policy Directorate, Sydney.


NSW DoCS – see NSW Department of Community Services


OCCG – see NSW Office for Children – Children’s Guardian


Paxman M (2006), Outcomes for children and young people in kinship care: An issues paper, Centre for Parenting & Research, NSW Department of Community Services, Ashfield NSW.


Relevant legislation

Australian Capital Territory Children and Young People Act 1999

Commonwealth Family Law Act 1975

New South Wales Children and Young Person’s (Care and Protection) Act 1998

Northern Territory Care and Protection of Children Act 2007

Queensland Child Protection Act 1999

South Australia Children’s Protection Act 1993

Victoria Children, Youth and Families Act 2005

Western Australia Children and Community Services Act 2004
**UnitingCare Burnside** is a member of the UnitingCare Children, Young People and Families Service Group of UnitingCare NSW.ACT

www.childrenyoungpeopleandfamilies.org.au

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<tr>
<th>UnitingCare Burnside Central Office</th>
<th>UnitingCare Unifam Counselling &amp; Mediation</th>
<th>UnitingCare Institute of Family Practice</th>
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<td><a href="http://www.burnside.org.au">www.burnside.org.au</a></td>
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Grandparents who take primary responsibility for raising their grandchildren

Submission 85 - Attachment 1