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Official Committee Hansard

**HOUSE OF
REPRESENTATIVES**

STANDING COMMITTEE ON FAMILY, COMMUNITY, HOUSING
AND YOUTH

Reference: Better support for carers

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CANBERRA

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HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON FAMILY, COMMUNITY, HOUSING AND YOUTH
Wednesday, 12 November 2008

Members: Ms Annette Ellis (*Chair*), Mrs Moylan (*Deputy Chair*), Mr Abbott, Ms Campbell, Ms Collins, Ms Livermore, Mrs Mirabella, Mr Morrison, Mr Raguse and Mr Trevor

Members in attendance: Ms Campbell, Ms Collins, Ms Annette Ellis and Mr Raguse

Terms of reference for the inquiry:

To inquire into and report on:

- the role and contribution of carers in society and how this should be recognised;
- the barriers to social and economic participation for carers, with a particular focus on helping carers to find and/or retain employment;
- the practical measures required to better support carers, including key priorities for action; and
- strategies to assist carers to access the same range of opportunities and choices as the wider community, including strategies to increase the capacity for carers to make choices within their caring roles, transition into and out of caring, and effectively plan for the future.

WITNESSES

**BALDOCK, Ms Emma, Community Development Officer and Counsellor, Canberra
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**KIRK, Ms Mary, Director of Nursing and Midwifery and Executive Officer, Canberra
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ORR, Mrs Beverley (Bev), President, Australian Foster Care Association Inc. 1

Committee met at 10.14 am**ORR, Mrs Beverley (Bev), President, Australian Foster Care Association Inc.**

CHAIR (Ms Annette Ellis)—I declare open this public hearing of the inquiry into better support for the carers. This inquiry was announced on 14 May 2008 and written submissions were called for, and 1,298 have been received to this date. This is the 11th public hearing for the inquiry being conducted by the House of Representatives Standing Committee on Family, Community, Housing and Youth.

I welcome our first witness today, Mrs Orr. Although the committee does not require you to speak under oath, you should understand that these hearings are formal proceedings of the Commonwealth parliament and the giving of any false or misleading evidence would be regarded as a serious issue or a contempt of the parliament. We have got half an hour with you this morning. I understand you would like to make a brief introductory statement subsequent to your submission. Please go ahead and do so.

Mrs Orr—Thank you, Chair. I would like to thank you and the members of the committee for inviting the Australian Foster Care Association to appear before this hearing today. The Australian Foster Care Association, also known as AFCA, is the national peak organisation representing foster, relative and kinship carers, including grandparent carers, of children and young people in the child protection system in Australia. AFCA is an independent, not-for-profit organisation operated by voluntary personnel. It does not receive any ongoing funding from any source.

There are approximately 10,000 foster, relative and kinship carers in Australia caring for approximately 26,000 children and young people who are unable to live in their homes with their families. Many of the children come from backgrounds trying to cope with mental health, chronic illness, substance abuse issues and poverty. Some enter the care system due to abuse and neglect issues whilst others enter the care system because their families, for whatever reason, are unable to provide the necessary care for them. This is particularly so for children with severe disabilities and major behavioural and mental health issues.

The carers of children and young people who are in the child protection system are volunteers recruited from the community. They provide voluntary care 24 hours a day, seven days a week without receiving any benefits as an employee. Contrary to evidence you have received in another submission, they are not paid to provide this community service. They volunteer to forgo the same tangible benefits that other carers forgo when they care for a family member. In addition, foster carers have to undergo training and screening, adhere to a myriad of additional legal obligations and restrictions that do not apply to families in the general community, and live their lives in a goldfish bowl as they are monitored by the many paid workers who are a part of the child protection systems of this country.

In return, these carers receive a modest subsidy from their state governments to partially offset the cost of caring for the community's children. The research shows that these subsidies do not cover the full cost of caring for the child, and in some cases do not even cover half of the cost of caring for the child. The research I am referring to here is from McHugh, cited in our

submission, and the most recent research on carer subsidy payments which AFCA has published in October 2008. Copies of this have been provided to the secretariat.

The children who are placed in the child protection system include the most needy and disadvantaged children of our society. None of them are so called 'normal' children, and most need additional support, therapies and medical interventions that are time consuming, specialised and costly. My brief today is to speak to you on behalf of the carers of children in the child protection system only, and I wish to make it clear that in doing so, I am in no way inferring that any of the children with special needs or disabilities who are cared for within their own families are less deserving. Those families are doing it tough and are just as needy as the group I am speaking on behalf of today.

Even within the child protection system, there is no such thing as a typical carer. Each child in care has his or her own diverse needs, and hence the carers' needs are also diverse. Many placements are complex and challenging and some require very high levels of support. Because of the overlaid complexities of caring for children within a two-tiered legal framework, balancing the needs of birth families, the child in care and the carer's family, in addition to meeting the child's caring needs, there are many other challenges for foster carers in navigating the policies, procedures and legislation of Commonwealth, state and territory jurisdictions, and in accessing the services available to carers.

Recent consultations with carers have raised some additional issues that AFCA has been asked to bring to your attention as part of this inquiry, in addition to those raised in our submission. Those most recent consultations actually were a week ago, when we held our national conference. It is now roughly 20 years since most children's homes and institutions were closed in this country and their residents were moved into foster care. There are some carers who generously agreed to take on the care of the severely disabled children from those homes and others who have continued to take on new placements for similar children since that time. As those children age out of the child protection system between 18 and 21 years, we find many carers are still caring for them. The carers are from older age groups, as many had raised their own families before starting to provide care through the child protection system and they are now having to address the issues of what will happen to the young person, who has in effect by default become a member of the family, when the carer passes away or is no longer able to care for the young adult.

Carers of very high needs children and young people often have great difficulty in accessing adequate respite. These children and young people have been placed in care because of their special needs. The needs of a child or young person with a disability are additional to their general care and protection needs. It is important that these children and young people have continuity of care with their primary carers, but when respite is needed so that the placement remains viable, and is then not accessible, these placements break down and the child or young person has to be moved to another placement, often with very little scope for transition planning and at great distress to the child or young person. Such practices constitute systems abuse of our most vulnerable community members.

Many children and young people in care have major behavioural and mental health needs. The time needed to care for these children and young people often precludes carers from staying in

the workforce. Like other carers, foster carers also have difficulty in accessing Commonwealth carer payments for children and young people with such disabilities.

Carers also experience the loss of many intangible benefits—opportunities, time, forgone earnings et cetera—to the extent that the indirect costs of fostered children have been found to be around four times the value of the direct costs. When carers choose to care for the community's children, they often do not realise and are not informed about the personal cost to themselves in providing this community service, nor that this can become a lifetime commitment. Consequently the carers regularly forgo access to income streams, leave entitlements, workers compensation and superannuation. This in turn penalises the carers with a loss in capacity to provide for themselves both now, if they become ill or injured, and in the future, particularly when they reach retirement age. These issues have been well documented Marilyn McHugh's PhD thesis, which I have also referred to the committee in our submission.

Carers who have left the workforce to care for the community's children have also conveyed to us their frustration at their inability to contribute to their own existing superannuation funds when they have been able to save small amounts from their family budget. They tell us that it is not fair that they are treated as employees with the attendant legal obligations and processes applied when there is an issue about the standard of care being provided on a voluntary basis to the community's children, but that their significant community contribution is not recognised for the purposes of them being able to contribute to their own superannuation fund or make payments that may let them access the superannuation co-contribution.

It is generally acknowledged these days that the child protection system in Australia, like many systems overseas, is in crisis. This is not an issue just for Australia. The number of children entering the care system in the last 10 years has almost doubled. At the same time, the number of carers has almost halved. The resources available for child protection, like the resources available for disabilities, mental health, substance abuse and related fields, cannot meet the current demands. Child protection clients often need these other services in conjunction with child protection services and are often caught in a gap between the two functions when trying to access them.

From the time when mandatory reporting was first introduced into this country we have seen a change in the community mindset from adopting community ownership of child protection issues to one of saying, 'It's the government's problem.' Similar trends are seen in other human services areas. Such a community position is unsustainable. The media's moral hysteria campaigns addressing a very small number of identified cases in the sector, terrible as they are, have also created a multitude of bigger issues for the child protection system, ranging from poor morale, inadequate workforce, lost carers, insufficient placements and redirecting support away from meeting children's and carers' needs to heavily increased compliance monitoring.

It is time that the issues of providing for the needs of the community's most needy and disadvantaged, and the support of their carers, was reframed nationally from being 'the government's problem' to being 'the community's problem'. To do this, we need the leadership and support of the Commonwealth government. There is also scope for the Commonwealth government to take leadership roles in this area, similar to what it is doing in child protection, to create standards, recognise and promote carers' rights, and ensure that the services that are needed are accessible.

Foster, relative and kinship carers provide a significant service to the community. Without them, many of the children and young people in care would most likely have to return to institutional care—an option which is expensive for the community and not in the child's or young person's best interests. In return for this community service, carers need support and assistance from their community and governments. Adopting the recommendations contained in our submission would go a long way to providing that. We do not believe that any of the recommendations are major expenditure items, but we do believe their implementation would make a significant improvement to our current systems. They would also support those who do the caring—those volunteers who care for, and about, the community's most vulnerable children 24 hours a day, seven days a week.

On behalf of all foster, relative and kinship carers, I would like to thank the committee for providing this opportunity for us to present carers' additional views today and to respond to any questions the committee may have about our submission.

CHAIR—Thank you very much, Bev. We were very happy to have the opportunity to ask you to come in. Before we go to the questions, for my own benefit, in our terms of reference we say that for the purpose of this inquiry carers are defined as individuals providing unpaid support for others with ongoing needs due to a long-term medical condition, mental illness, disability or frailty. I know that you understand that and everybody does. I am making that point to myself because there will be children who come through the protective system that we are talking about who do not have any of those circumstances attached to them who are being cared for in a sense through foster care or grandparent care or whatever.

Mrs Orr—They would actually be a very small proportion of those children.

CHAIR—I understand that that is the case. I wanted to clarify that the *Hansard* record when we go back and read this. The difficulty for us as a committee that cares deeply about this whole inquiry will be to ensure that we somehow try to separate that in our thinking. But it is hard to because in my view there will be children who do not have any of those categories attached to them in a literal sense who have an enormous level of need for a whole range of other social reasons. Am I right in saying that?

Mrs Orr—They come from a range of areas and have a range of needs. These are not normal children; they are in the care system because their families cannot look after them or there has been some sort of child abuse and neglect issue. There are other issues that usually go with that. There has been some research which I do not believe is published suggesting that at least 70 per cent of the children who come into care have got mental health issues. That is something that is a real indictment on our society.

CHAIR—When I say separate them, it does not mean ignore them in our report. I think we need to be very careful about our language. I do not want to ignore one of them, to be quite frank. I am saying that to set the scene a little bit for us.

You mentioned in your opening statement issues in relation to Centrelink and other connections. I would like you to elaborate for us and if you have got some examples in your mind that you can trot out as generic types of examples of the difficulties some of these families

face in trying to get recognition of the role they have in foster care or other types of care where government departments are concerned.

Mrs Orr—The first one is that these children are not the children of the carers who are caring for them. They are the community's children. Usually the parental responsibility will remain with the parents or jointly with the state authorities or with the state authorities solely. When the carers wish to access any Commonwealth payments and services, their personal income and assets are means-tested to determine whether that child should actually be able to access those services. It is our position that the government has already recognised that the children who are in care are a unique category of children and have what is known as a foster child health-care card. We would suggest that it is appropriate that that be the mechanism for determining whether these children can also access other services that the government provides to children. The children that we have coming into care are invariably from the most disadvantaged groups. They would already in their own families be on Centrelink payments and probably very heavily subsidised by Centrelink and other government agencies. So it is not an additional cost factor, but actually shifting the cost and means-testing carers who are not related to the children in any way and have no legal obligations and rights over them is actually shifting the cost out of the community's responsibility.

CHAIR—So what you are actually saying is that if the child in the normal family circumstances attracts those services, they should go with the child and not be transferred across to a means test of the foster care situation.

Mrs Orr—That is correct. We believe that that could be done quite simply by using the FO health-care card, which is only issued to the child in care, it is not a family card.

Ms COLLINS—If the foster carer therefore was a fairly well-off family and means-tested out, does the Commonwealth provide any assistance at all or is it just the state subsidy?

Mrs Orr—The Commonwealth will not provide any assistance if the carer's income is means-tested and they are means-tested out.

CHAIR—Hence the argument for it to be attached to the child regardless.

Mrs Orr—Yes.

CHAIR—I suppose the other issue that the foster care parent would argue and that you would argue and I do not think we could disagree with is the payment that foster caring attracts is not all that huge anyway.

Mrs Orr—It certainly isn't.

CHAIR—There is a level of benevolence that is attached to the role of foster caring in a financial sense.

Mrs Orr—Most definitely. You will commonly find that foster care families in some states in this country are subsidising the placement of that child by up to \$200 a week.

Ms COLLINS—They do not get Centrelink payments but with the health-care card they do receive medical care. Is that right?

Mrs Orr—They are entitled to anything that is attracted to the health-care card possession.

CHAIR—Your submission also suggests the establishment of carer liaison officers to assist the foster and kinship caring role dealing with Centrelink and other government agencies. Can you tell us how you think this would help? Can you talk through that and give us a picture of what that would mean?

Mrs Orr—Carers tell us that when they go to Centrelink they have to re-explain the nature of foster care or kinship care over and over again. That is understandable given how big Centrelink is. They might have children coming in and out of the system regularly, and sometimes children will only stay one or two nights, sometimes they stay for a couple of weeks, sometimes they come for a week and stay for a lifetime. They never know these sorts of things when the child first comes into care, so there is a lot of uncertainty associated with that. The standard line that carers will usually be fed when they go to Centrelink is, ‘You can apply but we will not do anything until you know what is happening.’ That is the first problem. The second problem is that until there is some sort of certainty associated with how long the child is staying you cannot actually put too many processes into place. The third issue is that some states and territories request that their carers do not actually apply for any Centrelink benefits in the first few weeks because the child might go back home and, even though the child is not living with the family and the child is one that is attracting the payment, the welfare departments or the caseworkers want that money to still go into the family so that they can get their house in order to get the child back.

CHAIR—Let me clarify this. First of all you are saying that jurisdictionally there are differences about how this is applied.

Mrs Orr—That is correct, right across the country.

CHAIR—That is really helpful, isn’t it. Then you are saying that in some cases the welfare agency in question is suggesting to the foster carer that they do not apply for any of that financial relief in the first instance because they would like to think that it kept going to the original family of the child at least for the time being to see whether or not everything will resume back to what it was. That is really problematic.

Mrs Orr—That is correct. Centrelink’s payments are there for any family. We have a problem, though, in that the state arrangements for the care and protection of children are a different legal framework. This is where we have a tension between the two. The carers usually are not informed. They do not understand that Commonwealth is separate to state. We also have instances where if the carers are able to qualify, say, for the carer allowance the subsidy in the state may be reduced or offset on a dollar-for-dollar basis.

Ms COLLINS—It’s bizarre, isn’t it.

CHAIR—If we take what you said literally as something that happens, and I believe you saying it, it means that there could be cases where a benefit is going to a household where the child is not in residence. That is a little bit crook, is it not?

Mrs Orr—Yes, and that is certainly the case when children first come into care.

CHAIR—The other point to extrapolate is that any of us know, because we are all dealing with these sorts of families and we are exposed to this sort of situation through our work, that when a child arrives at a foster care arrangement it is not at all unusual for the situation to be—I have had carers tell me this—‘I’ve got little Johnny and I’ve had him for two weeks but I’m not quite sure because there are still discussions with his mum,’ and six months later, ‘I’ve still got little Johnny.’ I do not know how they can say as authorities, ‘Leave it and we will wait and see how it works out,’ because it may work out in a day and it may work out in a year. Is that really how it works?

Mrs Orr—Give Centrelink their due, they do have a cut-off point. They will say, ‘If you have still got the child after X number of weeks, we will process the payment, and if you have applied from when you first got the child we can also backdate the payment.’

CHAIR—But what if the payment has already been still going to the parent at the same time?

Mrs Orr—Centrelink would then have to follow that up to retrieve the double payment, if they can. Back to your Centrelink issue: as you can appreciate, it is a very complex area and with every child coming in with different needs, whether they be routine needs or they have additional special needs—maybe the carer is entitled to carer allowance as well and these sorts of things—the carers tell us that they have a lot of trouble trying to navigate the Centrelink system. My discussions with Grandparents Australia suggest it is the same for grandparents both in the formal and informal care system. So if we had designated liaison officers who could deal with these more complex issues, we could actually do something about lifting client service and probably reducing a lot of the stress for carers. It would not just benefit foster, relative and kinship carers, it would also be the grandparent carers and the informal kinship carers.

CHAIR—Would attaching payments to the child make it a simple process?

Mrs Orr—I believe it would.

CHAIR—So wherever that child goes for however long they go, it goes with them. How strongly would you endorse that?

Mrs Orr—We would endorse that very strongly. That has been AFCA’s position for many years. The other thing to consider is that there are some payments where a child may have to be reassessed. If we have the records maintained with the child, if we had the child identified as an individual family and process the child that way, it means that the records stay together and where a child may move from one placement to another we do not have to start the process all over again, which is what happens now. Every time the child goes into a new placement you start again, whereas if we could reframe it and have the child as the focal point and the carer as the passing parade, although we hope that is not the case, I believe the services for the child would be much better provided and the carers would be better supported as a result.

CHAIR—Would it also be fair to lead on from that that hypothetically the payment and the system is attached to the child, the child comes into your household tomorrow. As the carer you are then almost immediately identified as a carer in terms of any eligibility you may have as a carer over and above anything normal, because the child is with you. Can I say that that leads on to that thought as well?

Mrs Orr—Yes, it does.

CHAIR—Rather than re-establishing everything for both.

Mrs Orr—It could be a little bit complex in that some of the types of carer we have are not in our social security system. They are means-tested right out because of their income levels.

CHAIR—I understand.

Mrs Orr—But at the opposite extreme we have got carers who are full Centrelink recipients themselves.

CHAIR—They are the ones I have got in mind. Any carer who for whatever reason could qualify for carer payment or whatever, would it be easier to identify them if as soon as the child comes through the door there is a flag—

Mrs Orr—a big different. At our conference last weekend we had carers saying, ‘I didn’t know I could apply for this.’ If we had somebody they were able to go to for their specialist cases, at least we may be able to stop that happening.

CHAIR—For the sake of time, could we also move into the area of the child with more need, because we know that there are foster carers out there who take on children with disability and a whole range of things over and above what we have been talking about. For children who have that special range of additional need, are you in a position to give any evidence on difficulties or otherwise that those families face in accessing services? I am talking about these extraordinary children.

Mrs Orr—The one thing that really comes to mind and was stressed to us last week was respite. As soon as you become a teenager, it is virtually impossible to get respite. The next biggest challenge is getting additional needs as the children go through adolescence. They grow, they have additional needs, they outgrow things and their developmental stages also vary. After that, there are issues when the child ages out of the child protection system. Depending on what state or territory you are in, it can be anywhere between 17 and 21. At that stage, sometimes the children and young people will go into some sort of residential facility. Often, though, because they have lived in the carer’s family for such a long time, they will stay there. That means you have acquired an additional child in your family by default, and it is not a fully functioning one. So they go through all the same experiences as a normal family who is looking after a very high needs child, but they have not been able to plan for it. They have been subsidising the state whilst they have been caring for the child in the care system, and then by default they have this burden continued. I know of carers, for example, who in their 60s have taken out a mortgage to modify the home so that the young person who has aged out of the care system can still live at home. They have also worked out within the family and built into their will, when that person

passes on or is unable to look after the child, who will move into the family and how that young person will stay.

CHAIR—Because it is a relationship that has been created.

Mrs Orr—Yes, rather than being put into a foreign institutional situation. These carers are so very, very committed, and they are not supported.

CHAIR—I do not want to put words into your mouth, and I ask this as an honest question, as I do not know the answer to it. For the sake of this inquiry, there is a difference between the situation we have just been talking about and a parent with a child who has been born with a disability of some kind or another who is just there—there is a link. For the sake of this question, if that child then needs a service that they cannot access adequately, the parent of a family then asks: how do they get it? Do they pay for it for themselves? What do they do? They go through that agony. Let's transfer that scenario across to a family like the ones we have been talking about, because it is not an unusual scenario. In a circumstance like that, what is your experience of how those families deal with accessing services for a child with special needs? Do we find that there is a churn of the child out of the family because they cannot cope or provide for the child if services do not readily come? Or are there people who are breaking the bank to try to do so? It is a really big question for those carers because, as against a parent, they have made the active choice to take that child with those special needs into their family. Then they have to deal with the consequences of that in terms of accessing services and so on. I am really interested in that caring role at that level, because it is an enormous responsibility but also a heavy load.

Mrs Orr—It is a heavy load. We get a range of scenarios, ranging from what you have suggested through to the churn. Particularly in cases where a young person becomes attached to the family, we find those carers will go out and do their utmost to source the services in whatever way they can, even if they have to pay for them themselves. Across the country, the states and territories are not always good at providing the supports and the services that these children need outside of the care and protection system. In fact, in some states and territories there is a real demarcation between care either being a care and protection issue or being a disabilities issue. There is a gap, and that is where these children and young people often fall.

CHAIR—Are you saying that there is a possible shuffle between where they belong, as in whether they are a client of the protective service or otherwise?

Mrs Orr—There are constant questions about whether they are a client of one or the other, but actually getting agreement that you can be a client of both is a real issue. I know of instances where disability services are actually not accessible to foster carers with children in the care and protection system. That includes respite.

Ms COLLINS—That is in specific jurisdictions, or is it just an ad hoc thing?

CHAIR—Are some better than others, you are asking.

Mrs Orr—I am sorry, I could not really tell you that with accuracy at the moment because it does change all the time. But I have heard of those sorts of instances right across the country, not just in one state or territory.

One other thing I mention relates to Welfare to Work. Foster carers, relative and kinship carers are exempt from the working requirement for Welfare to Work. However, there are some classes of carers who are not actually able to access that dispensation. They are the carers who are looking after young people from age 13 and above, particularly the ones who have got major behavioural and emotional issues, are not in the school system and have to be cared for 24 hours seven days a week. There are also others who are providing reception or respite or emergency care. The children do not stay very long periods, it might be just a couple of weeks. Because we have got the birth family still retaining the child's payments, those carers never get recognised within the Centrelink system as providing care. They do not attract the definition of primary carer status and therefore are not exempt from Welfare to Work. We feel that under the circumstances with what they are doing that needs to be revisited with a view to exempting them as well, because they are providing for the children who are actually at the pointy end and in the most critical need.

Ms COLLINS—Can you explain to me about the children aged 13 and above and why the carers are not exempt?

Mrs Orr—When the Welfare to Work provisions were introduced there was an understanding or an expectation of government at the time that once young people got to age 13 they could be responsible. They would be in school and therefore parents could go out to work. We are talking about children and young people who when they hit that age do not go to school, have got major social and behavioural problems. If they are outside the house without supervision they are usually creating misdemeanours—

CHAIR—Havoc.

Mrs Orr—Yes.

CHAIR—And there is no box for people to tick. I am really sorry, we are going to have to draw stumps. We could talk for hours on this. Can I thank you very sincerely for coming in. Thank you for the submission. A copy of the *Hansard* from this morning will be sent to you to have a look at before it has gone from draft. If you do not mind, if we get any other ideas or questions or queries that come into overhead, if we could feel free to contact you at that point—

Mrs Orr—Certainly.

CHAIR—Likewise the other way around, if you find yourself wanting to add anything after this morning.

Mrs Orr—Thank you very much, Chair. By all means contact us at any time. We are local so it is quite easy to contact us.

CHAIR—Terrific. Thank you.

[10.49 am]

BALDOCK, Ms Emma, Community Development Officer and Counsellor, Canberra Mothercraft Society, Queen Elizabeth Family Centre

KIRK, Ms Mary, Director of Nursing and Midwifery and Executive Officer, Canberra Mothercraft Society, Queen Elizabeth Family Centre

CHAIR—I welcome you both. Although the committee does not require you to speak under oath, I need to say to you that you should understand that these hearings are formal proceedings of the Commonwealth parliament and the giving of any false or misleading evidence is a serious matter and will be regarded as a contempt of the parliament.

I am really pleased you have been able to come in. Even though we have not had a submission from you, it was the knowledge that we had of the work that you have done in relation to grandparenting that meant we were very keen to invite you to come in. We know about your background of knowledge and just wanted to have a general chat with you about the inquiry that we are undertaking, which I believe you are familiar with. Would you like to make an opening statement before we get into a discussion in general terms?

Ms Kirk—I will open, and then I will hand over to Emma to speak to the salient points of the report. We are here from the Canberra Mothercraft Society, which has a long and glorious history in this town. I am saying that because they tend to scan the horizon of what the needs of the community are. Some years ago we homed in on grandparents. We found increasingly through our work in the QE2 Family Centre that the responsibility of child caring was increasingly landing on grandparents, especially in families who were particularly burdened for lots of reasons. That is why we landed on grandparents. I would like to make the particular point that we still believe the population that we have discovered and continued to work with are just the tip of the iceberg. While we know a lot, there is a lot more to be known and the need is exponential. I will hand over Emma, who will talk to the salient points of the report.

Ms Baldock—I think the group that we probably do not know a lot about are the Aboriginal population.

CHAIR—Our terms of reference, while referring to many other people, specifically refer to Indigenous people. We are doing our best to dig into that a bit more.

Ms Baldock—I prepared a two-page summary, which I believe you have seen before, Madam Chair—

CHAIR—That is okay.

Ms Baldock—on the key issues faced by grandparents raising grandchildren. One of the issues is that it depends on how the grandchildren come to them as to what entitlements they have. There have been some improvements in that. The children may come through informal means, they may be taken by the grandparents because they are very concerned about them, they

may come through the Family Court, they may come through the Children's Court, they may come through child protection or they may come through any combination of those. That will decide what sort of access to benefits grandparents get, so there can be great inequities.

One of the other inequities is that these people are often assets rich, cash flow poor. They might have their house at the coast or they might own their home in the suburbs but they may have to add another room. If they have to sell their coast house to add another room then they will face tax on those sales. They have started a path where they think they are going off into their retirement, and then they suddenly find that they may have four, five and even up to seven children. They are an ageing population. We know that anyone over the age of 55, as you have said in your briefing and terms of reference, will have health outcomes that are not as favourable.

There is still a big gap in the information accessible to grandparents. One of the ways to address that gap could be a website which provided all the relevant information to grandparents. While there is local information, there is also national information. That could even be tied to something like the Raising Children Network website, which is a great evidence based website on the needs of children. Another way to address that gap would be ensuring that the state and federal government departments are aware of the issues. There are state issues, federal issues, family law and child protection, and they are all different. I know a lot of work is being done nationally to bring those things together, and the national child protection framework probably will go a long way to supporting that.

Grandparents face significant financial hardship. Tax regulations penalise them often. There needs to be a review of the benefits available to them. They may not receive the same benefits as foster carers if the children are in kinship care, so there need to be clear transparency processes. They need access to affordable legal advice. People have taken out huge mortgages on the homes they have owned in order to get legal advice and wrestle their children away from very undesirable situations. The health issues I have mentioned. And just recognising the significant contribution that grandparents make to our social capital. There is research out there to say that when children are supported by grandparents they have better intelligence and education outcomes, whereas these grandparents have lost that special role of grandparenting and are becoming the parents. They often need a lot of support, which is not always out there, on how to parent now. It is very different parenting now to when they parented their own children and there are often issues about how they feel about the outcomes of their own children. I guess our best area of expertise is around grandparents raising grandchildren because of alcohol and other drug issues, as you are aware, and there are many family complexities in those situations.

One thing that could be very useful is further research. I know the Institute of Family Studies have picked up and there was an article from our research in *Family Matters* last year, which I have got copies of for you. We need some agreed minimum data set on those families so that we can look at whether we are making gains or not making changes and what they need, but we need some minimum data set, and the Bureau of Statistics I guess is the best place to start that.

CHAIR—Or somewhere.

Ms Baldock—That is a summary of the major issues on that paper.

Ms Kirk—I suppose a particular point to pick up on is that these carers are ageing, so there are the particular needs of the ageing compounded because they are carers of young children, which is the most fatiguing time. There is an issue of fatigue for these people, and expectations of returning to work and that sort of thing, it is just not going to happen.

CHAIR—I made the point earlier to Bev and I need to make it again purely to clarify that our terms of reference state that for the purpose of this inquiry ‘carer’ is defined as individuals providing unpaid support for others with ongoing needs due to a long-term medical condition, mental illness, disability or frailty, for the sake of the inquiry. But, as we have discussed earlier today, and at other hearings as well, particularly with this group it is going to be very difficult for us to remove and not keep as a whole the people you are talking about, for the very reason of the circumstances from which these children come and the circumstances in which these children find themselves. I am only making this point again because I think in our deliberation we may need to make a special mention of this group. They do not fall into that category by medical diagnosis but they certainly do by social or other measures.

Ms Baldock—In a social model of health they fit.

CHAIR—In social wellbeing stuff they fall slap-bang into it. To reinforce that from your grandparents’ story, which I have read many times, I looked at it again this morning and there is a quote from one of your grandparents which says:

I was 58 when they gave me my two and a half month old granddaughter. They had totally unrealistic expectations of my ability. She needed feeds at 10pm, 2am, and 6am and then be ready for a daily 8am contact visit with her mother. We already had one of her other children. My youngest was then 14 ... it affected the whole family.

This is just dramatic impact into a family unit but particularly the children themselves. There is just no removal of that, is there?

Ms Baldock—No. That young man has had to get significant amounts of support.

CHAIR—The 14-year-old?

Ms Baldock—He is now in his early 30s.

CHAIR—It is full of real quotes from people. If you do not mind, I want to take you into the area where there are specific special needs that we could talk about. Do you have anything additional you want to say in relation to your knowledge of families where there are children with those additional special medical or other needs that we are talking about? I am sure that exists as well.

Ms Kirk—It was interesting listening to the previous speaker, that the grandparents face exactly the same issues of where to go for the help that they need and the support for the child and who will take responsibility or accept responsibility for providing that support. They face exactly the same issues if they are involved with care and protection or a protection agency or if they are purely trying to do it through the normal health system or social system. They face exactly the same issues of the ball going backwards and forwards. This is compounded by their own situation. They have got complex family situations happening behind them. They are really

tired and their resources are limited. They spend a lot of time trying to get backwards and forwards. We have particularly heard from grandparents who are trying to seek psychological support for the children.

CHAIR—And counselling.

Ms Kirk—Yes, welcome to the black hole. They do not have \$90 to \$130 to be forking out. It is just not there for them.

CHAIR—At the beginning you said that these children come through from many different sources to end up with grandparents. On that basis, what experience do you have of systems and departments recognising or not the role a grandparent has in asking for the services? Are they asked: who are you? What authority do you have over this child in requiring whatever service you are looking for? Does that happen? They come from a variety of different legal circumstances.

Ms Baldock—That is right. There are multiple layers of complexity. If a parent who is using alcohol and other drugs is receiving a benefit to keep those children, it is very difficult for their own parent to wrest away those benefits from them, because that is sometimes feeding their use.

CHAIR—Even though the child is not with them.

Ms Baldock—Yes. Often the child has been taken informally to provide a safe haven, but there are then threats like: 'If you don't let me keep my benefit then I'll take the children back.' It is sometimes very hard to know that your grandchildren are safe. So there are those situations.

CHAIR—The children are a commodity.

Ms Baldock—Then there are children who come through care and protection. The wheels can turn slowly and you can be providing care for a long time before you actually get the benefits. Sometimes the benefits are there, but the grandparents do not know what to ask for. There is no central hub where they can find out. There might be Centrelink and carer benefits, but they just do not have a central hub from which to find out what sorts of benefits, legal services or counselling services they can get. In reality the counselling services and the legal services probably are not out there to be had. These children will mostly be traumatised children, so they will have behavioural issues. There will be a need to do some family work and to build some resilience within that family.

CHAIR—So we are looking at a whole separate category of carers in a sense. We are talking about a group who have become carers through sheer circumstance. We have taken evidence right around the country from a range of people about the social isolation of carers, the financial deprivation of carers and so on. It all applies in many, if not all, of these sorts of cases—wellbeing, ability to maintain health and so on.

Ms Baldock—And opportunities for respite.

Ms Kirk—Their own peer group have grown beyond having friends with small children, children that are growing up or challenging teenagers, so their isolation is doubled. It is difficult

enough to be caring for your own children as they are ageing and it is difficult enough to be caring for ageing parents, but to be caring for young children without what would normally be your supportive friend network is difficult. They have grown beyond having children around, so the isolation is actually compounded for these people.

CHAIR—There is another great quote in your report about how children are not taught the three Rs anymore. There is a generational gap between when the grandparent who said that was a parent and parents now. When the children come home with a whole range of new educational requirements, the grandparents' eyes glaze over in many cases.

Ms Baldock—Then there is that lovely quote about clothing. What is *de rigueur* now is a bit shocking to grandparents. The children, too, have a parallel process in that they are being parented by grandparents. There will be some teasing from peers about that, which can sometimes be hard for the children with the least resilience.

CHAIR—What would be on top of your list of things that we need to draw attention to? If we had to create a list for you, what would be on the top?

Ms Kirk—I wrote down here that assets is a huge issue for them. They are struggling. Those assets that they have put aside that would see them through their ageing comfortably that they could liquidate, they have had to do now. I wrote above that a tax benefit, that if they do have to sell assets to create more space for children, give them a break.

CHAIR—Do not charge them capital gains.

Ms Kirk—Give them a break. They are using it to save us, they are our children too. They say to us themselves, 'It is about assets and about we are so tired, we need a hand to have the energy to do what we need to do for these children.' So it is infrastructure to give them a chance to catch their breath. And things like activities. They say that when they were rearing their children everything happened in the community. Now it is out there everywhere. They are trying to do that for their grandchildren and they are exhausted, so they need a hand. That takes assets. They really do need a break to do what it is. They desperately want to do the right things by these children.

Ms COLLINS—What happens to the grandparents when they get to the point where they cannot cope anymore? And what happens to the child?

Ms Kirk—That is their fear. The child goes into the child protection system, foster care system.

Ms Baldock—We know there are not enough foster care opportunities. Sometimes other family members will take them. It depends largely on their family structure as to how much support they get sometimes too. But if they have taken children, say, growing up on the north side of Canberra and their grandparents live on the south side, they will often want to keep them in at the northside school so the children maintain some sense of their peer group. So they might be driving from Tuggeranong to Belconnen.

CHAIR—That is a 30k drive.

Ms COLLINS—If you are in your late 60s or early 70s and you are tired, it is quite an undertaking.

Ms Baldock—I think the development of an agreed minimum consistent data set about the needs of this group is important. On top of the practical, we need to know who they are, what is going on and whether we are making gains. We need to get them to tell us as well.

Ms COLLINS—It certainly seems to be a growing group in the community.

Ms Baldock—It is, and I do not think it will go away. The US and the UK experience would suggest that it will not go away, especially around the specific grandparents with alcohol and other drug issues.

CHAIR—If we look into the age group of the parents we are speaking about here and we look at the growing incidence of mental health issues, of drug and alcohol related and non-related mental health issues and the level of general concern community and governments wise about how we continue to try and deal with all of that and then automatically imagine there are children within that sector obviously, then that is what we are talking about. What you are saying, Emma, is that we do not know enough about the specifics of it. You are right, and we should do more about finding that out. But in general terms we can assume certain things in proportionality. Is that what you are saying?

Ms Kirk—Yes. It would be magical thinking if we did not think it was not going to get better.

CHAIR—Exactly. So there is no denying it. Some of the suggestions we are getting are things like issuing a carer card so that people can automatically identify themselves as a carer when they are going through processes and so on. That is one suggestion that has come up. We have heard a million different suggestions but that is one. Something like that could possibly assist in this particular group because then people know who they are and what they are doing, and they have recognition in going into Centrelink and other places, saying, ‘Look, this is who I am. I need some advice.’

Ms Kirk—Lower the barriers, do not raise them. You could go to Centrelink and there is this and this and this, but the hoops that you might have to go through to get an extra \$20; the amount of energy they have got to do it is limited.

CHAIR—Some people say it is not worth it.

Ms Baldock—And among that gathering the information too would be asking every family that presents to alcohol and drug services: who is with you? Who is in your life? Do you have children? Where are they? Who looks after them?

Ms Kirk—Where do the children reside? That would tell us a lot.

CHAIR—That brings me back to the discussions we have had in relation to the mental health question. We have heard evidence in Adelaide and elsewhere about the need for a more solid connection between the client with the mental health issue and the family, be it the partner, the parent or whoever. It seems that the closer and more solid that link is, the better the outcome for

everybody; but the less connected it is, the worse it is. People do not know what is happening in terms of treatment and wellbeing. It would apply in these cases too, would it not?

Ms Baldock—There are great organisations like COPMI, Children of Parents with Mental Illness, but whether or not they talk to drug and alcohol—there need to be really good intersectoral channels and forums in which these people can all talk to each other. On the ground, I suppose, for the people doing the work that is not always built into funding and sustainability. We did this work starting in 2003 when we got Grandparents ACT and Region together, but there has been no sustainable funding. Now we have done this, there cannot be any updating. It is a matter of time before this is out of date. There will be new information and changes will have been made in departments to make things better, and that needs to be updated. So, when we are looking at funding organisations to do this work—it is the sustainability of this work. It is all very well to go and find out what people need but if you cannot sustain any support for them—

Ms COLLINS—Earlier you mentioned that one of the big issues was legal costs. Do you have any solutions as to how that might work?

Ms Kirk—Anyone who has ever given evidence in the Family Court—and I think that with my last episode around three children there were lawyers to burn around the table, one for every child, one for care and protection, and one for the department but not for the grandparents. The only people funding themselves were the grandparents. How the system would do that in a way that is socially just without it being open to abuse, I am not sure.

CHAIR—If two parents had been sitting there, would there have been funding?

Ms Kirk—I do not know.

CHAIR—But not themselves probably.

Ms Kirk—I do not know.

CHAIR—I am just trying to see whether grandparents are treated absolutely and completely differently.

Ms Kirk—I think to myself that if the children ended up in the care and protection system, in foster care, what would that cost us as a society? What we are doing is that as soon as it hits the kinship care department, it is over to you as the kin. Parents of children with disabilities talk about the same sort of thing. As soon as kinship is involved, as a society we abdicate responsibility for support—not completely; that is too sweeping, but that is a good example of where we sit back.

CHAIR—There is another story in here about a \$40,000 bill over some years before the thing was finally settled. In the meantime, the child had been with a grandparent for two years, anyway.

Ms Kirk—So what have they saved us?

CHAIR—Exactly.

Ms Kirk—If you open the *Canberra Times* at a certain time of the year, there is an institute here for elite sportspeople. You can have those children in your home and be the parent in loco and you are paid in the order of nearly \$60,000, the last time I looked. We do not pay that for people to care for our most vulnerable children.

CHAIR—Is that for billeting them?

Ms Kirk—Yes—and for feeding them and getting them everywhere. I am sure that it is terrific and you would earn it, but our most vulnerable children are not worth that. All I can say is: make our most vulnerable children worth at least as much as our elite sportspeople.

CHAIR—Isn't that interesting? It is a very good analogy. I am really grateful that you could come in; we were determined to have a bit of a chat with you. Thank you sincerely, and all the best in your ongoing work. I thank Hansard and I thank the committee staff.

Resolved (on motion by **Ms Collins**):

That this committee authorises publication, including publication on the parliamentary database, of the transcript of the evidence given before it at public hearing this day.

Committee adjourned at 11.14 am