

Chapter 5

Other challenges encountered by grandparents raising grandchildren

5.1 Grandparents experience a number of physical and emotional challenges when they assume the primary care of their grandchildren. In some instances, these challenges directly relate to the grandparents, whereas in other cases the challenges arise from circumstances affecting either the birth parent(s) or the grandchildren. This chapter discusses:

- the health and well-being of grandparents raising grandchildren;
- physical, emotional and financial abuse;
- the health and well-being of the grandchildren; and
- grandparents' familial relationships.

Health and well-being of grandparents raising grandchildren

5.2 Grandparents raising grandchildren are not a homogeneous group but the grandparents share a number of common characteristics: compared with foster carers, grandparents raising grandchildren are more likely to be older, single, female, have lower incomes, have completed lower levels of education and experience poorer health.¹

Physical health and well-being

5.3 In this context, participants expressed concern about the impact that raising grandchildren has on the physical and mental health of grandparents. The Australian Association of Social Workers (AASW), for example, submitted:

The combination of age, health and income status alongside the fact that many grandparent kinship caregivers are single women raises concerns about the impact of the demands of kinship care on wellbeing. Indeed, several studies have suggested that the health and wellbeing of kinship caregivers may be negatively impacted by the stress of caring for a child with specific health or behavioural challenges, not to mention the exhaustion associated with caring for children more generally and the potential impact on extended family relationships.²

1 Boetto, H. (2010), 'Kinship care: A review of the issues', *Family Matters 2010 No. 85*, Australian Institute of Family Studies, p. 62.

2 *Submission 132*, p. 5. Also see: Brennan, D., Cass, B., Flaxman, S., Hill, T., Jenkins, B., McHugh, M., Purcal, C. and valentine, k. (2013), *Grandparents raising grandchildren: Towards recognition, respect and reward* (SPRC Report 14/13) (*Grandparents raising grandchildren*), Social Policy Research Centre, University of New South Wales, pp 109 and 111, reporting widespread (45 per cent) health problems among the surveyed grandparents, which many (61.5 per cent) considered had been exacerbated by the care arrangement.

5.4 Several participants noted the issue of fatigue,³ with one grandparent providing the following example of how raising her grandchildren physically affected her on a daily basis:

Looking after my grandchildren gives me pleasure and keeps me going but it is very demanding at the same time given their age range. The baby wakes up 2 or 3 times a night and I have to settle him/change his nappies and give him his bottle. He is teething and needs more attention. I might have a few hours sleep at night to clean the house and do the washing. I am tired all the time. I have to get lunches for the older two, iron their uniforms, organise their breakfasts and take them to school. I take the little girl to school every day and back. The older boy sometimes goes by himself. I take the baby with me wherever I go unless my youngest daughter is able to watch her. Sometimes I get very tired but have to carry on. Weekends are hardest with all the children at home and the little girl demanding attention. My daughter is working part time and can help a bit. I get so worn out I sometimes get depressed and anxious and see a doctor.⁴

5.5 Dr Marilyn McHugh summarised:

Not having energy and feeling tired was an issue for many. It [is] not difficult to imagine the increased stress and strain on carers from lacking energy and continuously feeling tired, and the risk to stability when, due to age and health issues, it all becomes 'too hard'.⁵

Mental health and well-being

5.6 Grandparents may also experience a decline in mental health and wellbeing as a result of raising their grandchildren. There are many reasons for this decline, such as: financial and practical concerns; the grandchildren's health and well-being (including children with disability); concerns regarding the future care of the grandchildren; and intra-family relationships.

Housing arrangements

5.7 Housing arrangements are a key factor in providing stable and suitable living environments for children and young people. When grandparents become carers for their grandchildren, it might be necessary to alter their housing arrangements (for example, by relocating or by modifying existing accommodation).⁶

5.8 Not all grandparents raising grandchildren are able to effect these changes, which can lead to families living in unsuitable accommodations and highly stressful circumstances. In Melbourne, for example, Ms Pam Cox, grandparent for three children, told the committee that 'the [Department of Human Services (Vic)] did not

3 For example: Women's Legal Service Tasmania, *Submission 66*, p. 2; The Centre for Excellence in Child and Family Welfare Inc. (Centre for Excellence), *Submission 169*, p. 12.

4 *Submission 134*, pp [18-19] (quoting the grandparent).

5 *Submission 17*, p. 4.

6 For example: COTA Australia (COTA) *Submission 113*, p. 6; Wanslea, *Submission 150*, p. 3.

understand our needs at all',⁷ explaining that her family's housing arrangements were far too small for five people. Mr Terry Cox elaborated that, although the family is now reduced to three people:

[F]inancially we cannot do anything other than live in a one-bedroom flat. Pam and I are presently sleeping in the lounge room...It is very difficult.⁸

5.9 In Perth, Ms Jan Standen gave the following evidence:

[T]here are four of us living in a two-bedroom unit. My 14½ year old granddaughter shares a bedroom with me. We are on the priority list for a house. The boys sleep in the back room. Sharing a room with my granddaughter, I have sleep apnoea and I keep her awake and it is stressful for both of us.⁹

5.10 Grandparents who live in private rental accommodation might not be able to afford accommodation in their area of choice. Further, there can be lengthy waiting periods for public housing. The Aged-care Rights Service Inc. said:

A single grandparent, who does have public housing, is more than likely to be housed in a small one bed apartment. If they even take in one grandchild the space will be severely compromised. Their chance of being relocated at short notice will be very limited and the likelihood of being reported for having too many people living in the property and being evicted is a real possibility.¹⁰

5.11 The Salvation Army suggested that there should be priority access to public housing when required by grandparents raising grandchildren.¹¹ However, the AASW indicated that, in practice, this may be difficult to achieve:

[I]t is an enormous struggle. We have had kids sleeping in cupboards like Harry Potter. We tell the [Department of Human Services (Vic)] this is not on, and yet even with their own housing department they are not able to effect a move.¹²

Unresolved grief

5.12 Another significant concern identified as a contributing factor to the grandparents' mental health and well-being is unresolved grief in relation to the

7 *Committee Hansard*, Melbourne, 10 June 2014, p. 18.

8 *Committee Hansard*, Melbourne, 10 June 2014, p. 18.

9 Grandparent, *Committee Hansard*, Perth, 6 August 2014, p. 42.

10 *Submission 64*, p. 4. Also see: Women's Legal Services NSW, *Submission 138*, p. 9.

11 *Submission 108*, p. 6.

12 Ms Wendy Frayne, *Committee Hansard*, Melbourne, 10 June 2014, p. 45.

circumstances leading to the care placement.¹³ The Mirabel Foundation, for example, referred to the anguish of losing a child (the birth parent) to substance abuse:

[T]he guilt [grandparent carers] feel—always wondering if they have done something wrong—never leaves them. Many times the grandparents have had several children who have all been brought up in the same way, but only one has chosen to become involved in illicit drugs. And the lives of the whole family have been affected.¹⁴

5.13 Dr Jan Backhouse submitted:

Despite their commitment to the care and protection of their grandchildren, the transition from traditional grandparent to grandparent-as-parent is permeated by grief and loss on many levels - the sadness, disappointment and anger about their adult children's lives and the fact they are unable to look after their own children; the loss of the traditional grandparent/grandchild relationship; the sadness at the impact of their circumstances on other family members, including relationships with other grandchildren; the effect on their wider social life, such as loss of friends, social activities, retirement plans and dreams for the future.¹⁵

5.14 Grandparents Rearing Grandchildren WA (Inc.) (GRG WA) similarly indicated that there is a culmination of factors, both personal and practical, which adversely affects the health of grandparents raising grandchildren:

They have to deal with their own stress and grief at the same time as the grandchildren come to live with grandma and granddad. Grandparents often do not have time to properly grieve for their loss of freedom [and] retirement plans. There is the constant worry about money, feeding more mouths, the normal cost of raising a child as well as the additional costs for these grandchildren's particular needs, the threat and reality of expensive legal action. Parents drop in and out of the children's lives causing major disruptions. Many parents are erratic in their contact and access visits with the children, leaving the children confused and grandparents to pick up the pieces.¹⁶

5.15 Wanslea Family Services Inc. (Wanslea) noted that some grandparents do not attend to their physical and mental health needs due to the 'busyness of caring for children'.¹⁷ Other grandparents do not attend to their personal needs for financial

13 For example: Dr Marilyn McHugh, *Submission 17*, p. 3; Commissioner for Children and Young People, Western Australia (WA Commissioner), *Submission 34*, p. 5; Relationships Australia, *Submission 58*, p. [3]; Ms Meredith Kiraly, Australian Psychological Society, *Committee Hansard*, Melbourne, 10 June 2014, p. 10.

14 Ms Elizabeth McCrea, *Committee Hansard*, Melbourne, 10 June 2014, p. 2.

15 *Submission 51*, p. 2. In relation to this 'disenfranchised grief', also see: Dr Marilyn McHugh, *Submission 17*, p. 3.

16 *Submission 50*, p. [6].

17 *Submission 150*, p. 7.

reasons, often foregoing medical treatment and failing to fill their prescriptions.¹⁸ One witness before the committee, a chronic insulin-dependent diabetic affected by arthritis, testified:

I had to make a choice because I was not getting the money at the time. I dropped my medication to care for this baby—to give her what she needed.¹⁹

5.16 The Australian Medical Association (AMA) observed:

[R]educed financial resources may mean that grandparents are put in a position of needing to prioritise the various health care and other needs of the child (including medications and treatments). Given their lack of health expertise, this is not ideal. It may also mean that grandparents place the health needs of the children they care for above their own needs, which may contribute to declines in their own health and wellbeing, and ultimately reducing their capacity to care for the children.²⁰

Concerns regarding the future care of the grandchildren

5.17 Some submitters expressed concern regarding the future care of grandchildren, if their grandparents are no longer able to care for them (due to their own physical and mental limitations, or because they pass away).²¹ The Central Australian Women's Legal Service, for example, submitted:

All of the grandparents that we consulted with expressed deep concern at what will happen to their grandchildren once they become too old or infirm to care for them. Most of the grandparents said they have to trust that other family members will step in to care for the children, but some had limited family support and feared that once they pass away, their grandchild will have to go into care of the [g]overnment, and may be removed from their home community.²²

5.18 In this context, some grandparents raising grandchildren referred to the challenge of 'living long enough to see the children into adulthood'²³ or being able to institute succession planning which provides for the grandchildren.²⁴ For example, Mr Ron Richards told the committee:

18 Grandparents For Grandchildren SA Inc., *Submission 55*, p.2.

19 Ms Barbara Anderson, *Committee Hansard*, Albany, 7 August 2014, p. 24.

20 *Submission 138*, p. 5

21 For example: Grandparents Rearing Grandchildren WA (Inc.) (GRG WA), *Submission 50*, p. [6]; North West Grandparents Raising Grandchildren Tasmania, *Submission 100*, pp [9-10]; Central Australian Women's Legal Service, *Submission 104*, p. 4; Winangay Resources Inc., *Submission 107*, p. 13. Also see: Brennan et al, *Grandparents raising grandchildren*, p. 150.

22 *Submission 104*, p. 3. Also see: Ms Ann Owen, Foster Carers Association NT Inc., *Committee Hansard*, Darwin, 5 August 2014, p. 8, who noted grandparents' concern regarding the additional trauma that this might cause.

23 For example: Tweed Valley Kin Care Support Group Inc., *Submission 56*, p. 3.

24 Tweed Valley Kin Care Support Group Inc., *Submission 56*, p. 4.

Facing the future, [our grandson] is 10 ½. I do not think the journey will ever finish while we are alive. We certainly have another 10 years or so—it might be shorter—but our aim is to bring this child up so that he has the best possible situation that we can give him for his future. It is a bit of an unknown.²⁵

5.19 A few participants were especially concerned for grandparents raising grandchildren with disability and the future of those grandchildren. The Aged-care Rights Service Inc. (TARS), for example, submitted:

Grandparent carers of grandchildren with disabilities, irrespective of the child's disability, generally take on an enormous task that is more demanding after the child reaches adulthood. Generally whilst the grandchild is a child, special disability services are available that offer respite and assistance. Once the child attains the age of 18 years this ceases. The grandparent is faced with issues of guardianship and financial management, ongoing care and often if the child is a boy, trying to manage a person who may be physically big...whilst still a child. If the child has mental health issues and is inclined to sporadic rage they may not be able to control the child. They also have concerns about who will look after the child once they have gone.²⁶

Mental health services for grandparents raising grandchildren

5.20 UnitingCare Tasmania submitted that the emotional stress experienced by grandparents raising grandchildren is more significant than the practical challenges, with many grandparents requiring assistance to cope with depression, worry and sometimes suicidal thoughts:

I have my own psychologist for depression.

I had suicidal thoughts for about [two] years.

I'm worried sick!

I'm disillusioned with life and institutions.²⁷

5.21 Ms Meredith Kiraly noted that, in some surveys, 'the incidence of anxiety and depression is very high'.²⁸ In another study, Dr McHugh reported that the emotional health of some grandparents was 'tenuous':

[I]t was kinship carers who spoke of feeling, that at times, they would have liked to 'walk away' from their caring responsibilities, 'given children back' to the department, or let children 'go' to another family.²⁹

25 *Committee Hansard*, Albany, 7 August 2014, p. 21.

26 The Aged-care Rights Service Inc., *Submission 64*, p. 9. Also see: Miss Kathleen, *Committee Hansard*, Sydney, 13 June 2014, p. 25.

27 *Submission 65*, p. 4 (quoting four grandparents).

28 Australian Psychological Society, *Committee Hansard*, Melbourne, 10 June 2014, p. 15.

29 *Submission 17*, p. 3.

5.22 Submitters encouraged the provision of mental health services to grandparents, to assist them in managing the multiple stressors and complex issues arising from the care arrangement.³⁰ Grandparents For Grandchildren SA Inc. and GRANDS Raising Kids NSW Inc., for example, called for free counselling services,³¹ with The Salvation Army suggesting:

Access to a reduced rate for professional mental health services, so that it remains a priority rather than becoming a secondary need in the financial burden of raising children.³²

5.23 The AMA indicated that general practitioners and medical specialists could provide better services to grandparents raising grandchildren if provided with an information package, including: information about the types of health problems prevalent in grandparent-headed families; and guidance on how to access Medicare and consent for children in informal care arrangements:

It is also important that the information includes reference to the appropriate contacts for those instances when the treating medical practitioner believes that financial and other difficulties are likely to prevent a child from accessing the appropriate medical care.³³

Committee view

5.24 It is clear that raising grandchildren can affect the physical and mental health and well-being of grandparents. The work involved in raising children is unrelenting and, in the grandparents' circumstances, complicated by many factors. It is concerning therefore that the grandparents' physical and mental health often suffers. Not only does this adversely affect the grandparents but also the children in their care, who cannot be unaware of, and unaffected by, the situation.³⁴

5.25 The committee notes that improved respite services would assist grandparents raising grandchildren to find the time to recharge, and attend to their physical and mental health needs. However, this by itself is not a solution. The committee agrees that a more comprehensive approach will address the various factors which adversely affect grandparents' health and well-being.

5.26 Based on the evidence provided to the inquiry, grandparents raising grandchildren have limited means of accessing understanding and support. Without support, it is not difficult to see how the role could become more difficult, then overwhelming and untenable. This is not in the best interests of the grandparents or their grandchildren. The committee suggests that there is a clear and overwhelming need for the Australian Government to investigate how access to and the availability of professional counselling services can be enhanced for grandparent-headed families.

30 For example: Australian Association of Social Workers, *Submission 132*, p. 9.

31 *Submission 55*, p. 3 and *Submission 74*, p. [2], respectively.

32 *Submission 108*, p. 7.

33 *Submission 82*, pp 6-7.

34 Centre for Excellence, *Submission 169.1*, pp 7-8 and 12.

Physical, emotional and financial abuse

5.27 Evidence received during the inquiry revealed that some grandparents fear for their safety, and that of their grandchildren, when the grandparents become carers for their grandchildren.³⁵ This fear can arise due to the factors leading to the care arrangement (such as: substance abuse; mental ill health; or family violence)³⁶ or due to the circumstances of the arrangement itself (including during contact).

5.28 TARS, for example, submitted:

Family violence can erupt when the child expects to be allowed to return to live in the family home as well and is refused. Apprehended Violence Orders may have to be sought because the grandparents are in fear of their own children.³⁷

5.29 Mrs Shirley Fitzhum agreed:

A lot of grandparent carers have had to take out restraining orders against their own children and their in-laws. I certainly have one against my [grandson's] mother because of the abuse that I am getting as well as him.³⁸

5.30 TARS indicated that such abuse can also be instigated by the children in care:

Put simply the role of principal carer for grandchildren may be a conduit for actions by the grandparents' own children or even their (usually teenaged) grandchildren that fall into the category of elder abuse or financial exploitation.³⁹

5.31 TARS submitted that, while little is known regarding the scope and frequency of elder abuse in Australia, there is a need to create national pathways to deal with such issues:

Such pathways need to expedite a resolution of the elder abuse and financial issues at the lowest level of heat for the older person. Such pathways should be free or at least readily affordable by people already experiencing severe financial constraints.⁴⁰

5.32 According to the Department of Health and Human Services, Tasmania, grandparents raising grandchildren consider that additional supports and/or protections should be made available to grandparents affected by violence resulting from the

35 For example: North West Grandparents Raising Grandchildren Tasmania, *Submission 100*, p. [4]; Aboriginal and Torres Strait Islander Legal Service (Qld) Ltd. (ATSILS Qld), *Submission 134*, p. [14].

36 Relationships Australia, *Submission 58*, p. [4].

37 *Submission 64*, p. 6.

38 Member, GRG WA, *Committee Hansard*, Perth, 6 August 2014, p. 34. Also see: UnitingCare Tasmania, *Submission 65*, p. 9.

39 *Supplementary Submission 64*, p. 1.

40 *Supplementary Submission 64*, p. 1.

assumption of care. The department noted from consultations in relation to its submission:

One grandparent had to relocate to another state with their two grandchildren due to constant threats of violence, leaving the other grandparent living at home in fear for their life.⁴¹

Health and well-being of the grandchildren

5.33 As noted in Chapter 1, the reasons for grandparent care are varied, such as: substance abuse by the birth parent(s); child abuse or neglect; and the death or physical illness of a birth parent.⁴² As a result of these factors, grandchildren who are being raised by their grandparents are likely to have complex needs,⁴³ for example, psychological issues and challenging behaviours.⁴⁴ The Women's Legal Service Tasmania submitted, for example:

In many instances where the grandchildren are placed unexpectedly with their grandparents they arrive suffering from some degree of trauma. This is particularly the case where they have been exposed to family violence or substance abuse or where they have been subjected to child abuse, neglect or abandonment.

These are issues that many grandparents are simply not equipped to deal with and whilst the love and security the grandparents can provide will go some way in rectifying these issues, often it will not be enough and additional intervention and support will be needed.⁴⁵

5.34 The AASW agreed that grandparents require expert assistance to care for grandchildren with complex mental health needs:

[A] significant minority of children experience complex psychological and behavioural problems emerging from a history of trauma, abuse and neglect...The level of knowledge, skill and support required to understand, assess and respond to the needs of children in care is substantial and crucial

41 *Submission 32*, p. 4.

42 Families Australia, 'Grandparenting: Present & Future', *Family Issues Series No. 2*, January 2007, p. 19.

43 McHugh, M. and k. valentine (2011), *Financial and Non-Financial Support to Formal and Informal Out of Home Care*, Occasional Paper No. 38, Department of Families, Housing, Community Services and Indigenous Affairs, Canberra, p. 5; Dunne, G. and L. Kettler (2006), 'Social and Emotional Issues of Children in Kinship Foster Care and Stressors on Kinship Carers: A Review of the Australian and International Literature', *Children Australia*, 31(2) p. 23.

44 Smyth, C. and T. Eardley (2008), *Out of Home Care for Children in Australia: A Review of Literature and Policy*, Social Policy Research Centre Report No. 3/08, prepared for the Department of Families, Housing, Community Services and Indigenous Affairs, Social Policy Research Centre, University of New South Wales, Sydney, p. 4.

45 *Submission 6*, p. [3]. Also see: Ms Elizabeth McCrea, The Mirabel Foundation, *Committee Hansard*, Melbourne, 10 June 2014, p. 2.

to positive and long-term outcomes. Caring for these children presents challenges, which are difficult even for skilled and experienced carers.⁴⁶

5.35 The AASW described the range of challenges for children in the out-of-home care system: attachment and interpersonal difficulties; developmental disorders; issues which affect regulation, disassociation and behavioural control, and issues with cognition.⁴⁷

5.36 In submissions and evidence, grandparents raising grandchildren provided some vivid illustrations of the children's challenging behaviours:

They go from calm to full blown in a second so there's no time even to do de-escalation talk. They trash their rooms, run away, have unreasonable fears and withdrawal at school, they have an unreal need for control.

They threaten self-harm to get what they want or [the grandson] says he will punch his brother.⁴⁸

5.37 Witnesses told the committee that some grandparents feel compelled to relinquish the care of their teenage grandchildren due to behavioural difficulties (including physical assaults).⁴⁹

Access to supports and services

5.38 Participants in the inquiry said that there is a need for grandparents to access supports and services, to manage the complex needs of grandchildren in their care.⁵⁰ COTA Australia and the Mirabel Foundation indicated that there is variable provision based on the legal status of grandparents raising grandchildren.⁵¹ Other participants argued that access is impeded by the affordability of multiple and ongoing treatments, the high demand for available supports and services, and geographical considerations.

5.39 For example, Ms Aishya Mason shared the following experience:

I have one grandchild who I believe has [attention deficit hyperactivity disorder (ADHD)] and who threatens to stab me in the face with a knife. [She] is eight years old. I have been to [the Department for Child Protection (WA)] and I have pushed and pushed. I cannot afford to take her to a private paediatrician. There is a 12-month waiting list to see a paediatrician. This little girl is already two years behind at school, and her self-esteem is

46 *Submission 132*, p. 4.

47 *Submission 132*, p. 4.

48 *Submission 65*, p. 10 (quoting two grandparents).

49 For example: Ms Meredith McLaine, Shoalcoast Community Legal Centre Inc., *Committee Hansard*, Sydney, 13 June 2014, p. 40; Ms Trish Heath, WA Commissioner, *Committee Hansard*, Perth, 6 August 2014, p. 8.

50 For example: Department of Health and Human Services, Tasmania, *Submission 32*, p. 4; Australian Human Rights Commission, *Submission 133*, p. 14; Ms Jenni Perkins, WA Commissioner, *Committee Hansard*, Perth, 6 August 2014, pp 1-2.

51 *Submission 113*, pp 8-9 and Ms Elizabeth McCrea, *Committee Hansard*, Melbourne, 10 June 2014, p. 7, respectively.

getting lower and lower every single day. If she does have ADHD and if this could be fixed, how much more simple would that make her life?⁵²

5.40 In Western Australia, Mr Moray McSevich from Wanslea gave evidence that there are very few specialist, regional services for children affected by trauma:

Even when I was working in [the Department for Child Protection (WA)], we had 1.5 [full time employed] psychologists for that particular purpose across the Great Southern region, which went out to Manjimup, Bremer Bay et cetera. Trying to access private consultants is very expensive, and a lot of them do not specialise in child trauma. It is a real issue, a real gap.⁵³

5.41 Ms Brenda Carmen from Permanent Care and Adoptive Families similarly observed:

[One grandparent] said to me, 'Our nine-year-old is actually depressed...How do I...deal with this—a depressed nine-year-old?' We know there are really limited mental health services, both in metro and regional country Victoria. If you had a child under 15 years with a mental health crisis after hours, you would be very lucky if you got to see a service.⁵⁴

5.42 Dr Stephen Nicholson, representing the Grandparent and Kinship Carers Association Inc., Mid North Coast New South Wales, emphasised the need for immediate access to medical and psychological services for traumatised children:

What happens is you suddenly get these children on your doorstep and you are asked to take them and, usually, [you] have to make an on-the-spot decision with no idea of what you are getting yourself into. Then [the Department of Community Services (NSW)] will say to you, 'You will need to access these services through the public health system,' and so they then put you onto waiting lists for six to nine months. No-one can wait that long with these children who come into your care. They have such ongoing, immediate problems that need to be dealt with. So what do we do? We then have to access these things privately. In some cases the gap payment is huge. We have one child in our care and the gap is over \$100 each time he goes to the psychologist.⁵⁵

52 Grandparent, *Committee Hansard*, Albany, 7 August 2014, p. 17.

53 *Committee Hansard*, Albany, 7 August 2014, p. 5.

54 *Committee Hansard*, Melbourne, 10 June 2014, p. 55. Also see: Women's Legal Service Tasmania, *Submission 66*, p. [3], which noted that delays in accessing supports and services can compound trauma; Ms Julie Argeros, Uniting Care Community, *Committee Hansard*, Sydney, 13 June 2014, p. 33.

55 *Committee Hansard*, Sydney, 13 June 2014, p. 11.

5.43 In submissions and evidence, the committee heard that there is an urgent need for both physical and mental health supports and services⁵⁶ for children in grandparent provided care.

Mental health supports and services

5.44 As noted earlier in this chapter, the circumstances leading to care placements frequently result in psychological and behavioural challenges which require specialist intervention.⁵⁷ GRG WA explained the necessity for mental health supports and services, to enable the grandchildren to develop into healthy young adults:

[Exposure to parental drug abuse] affects the way these grandchildren interact, think, and feel about themselves, others and society. If help is not found, such thoughts and feelings can escalate into obstacles preventing the development of healthy adults. These grandchildren may develop anti-social [behaviour], depression, hostility and many more [stress] related difficulties later in life.⁵⁸

5.45 Inquiry participants proposed various approaches to improving the mental health and well-being of grandchildren in care, including: priority and enhanced access to services; co-ordinated early intervention programs for families at risk; and extending the Commonwealth disability allowance.

5.46 At the Melbourne public hearing, Mr Bernie Geary argued in favour of a 'gold card [for priority access] in services' for children and young people in care:

We should not be talking about access to so many of these normal services like health, education and housing. These kids should have a gold card in services because they are in the situation they are in through no fault of their own.⁵⁹

5.47 The Psychologists Association (SA Branch) suggested that Medicare should allow for an increased number of subsidised services per year, to enable psychologists to provide adequate therapy for families with complex needs.⁶⁰ Further, that accessible early intervention services should target vulnerable families to prevent the placement of children in out-of-home care:

A national scheme could be introduced where parents in vulnerable families, where risk to children is moderate, are encouraged to participate in therapy for about one year before steps are taken to remove children from the care of the parent. This scheme would avoid a situation where

56 See, for example: WA Commissioner, *Submission 34*, p. 5; UnitingCare Tasmania, *Submission 65*, p. 18.

57 For example: Wanslea Family Services Inc. (Wanslea), *Submission 150*, pp 6-7.

58 *Submission 50*, p. [6].

59 *Committee Hansard*, Melbourne, 10 June 2014, p. 27.

60 *Submission 18*, p. 1. Also see: Tweed Valley Kin Care Support Group Inc., *Submission 56*, p. 3.

grandparents are suddenly asked to care for their grandchildren because a parent has unexpectedly been declared an unfit parent.⁶¹

5.48 GRG WA called for governments and community service providers to work together to provide evidence-based early intervention programs which 'include adequate services for individual children and families, especially emotional and psychological services and therapies' [.]⁶²

5.49 The Children's Commissioner, Northern Territory indicated that parenting education programs targeting vulnerable mothers—such as teenage mothers—would be beneficial, with the programs covering a range of topics (such as: behaviour problems, relationships, discipline and sleep):

Continuing to support and enhance the capacity of evidence-based parenting programs such as the Australian Nurse-Family Partnership Program (as operated by Congress in Central Australia) will provide real outcomes for young mothers and their children. Such initiatives should also ease the burden on grandparents looking after their grandchildren.⁶³

Physical health supports and services

5.50 While participants identified a general need for physical health supports and services, the committee heard that grandchildren with disability are in special need. Mrs Shirley Fitzhum explained:

Often these children have never received Early Intervention, Better Start, or similar government programs. By the time they come to their grandparents the children are often too old for such involvement, and life becomes a constant round of medical and allied health professionals to try to get effective diagnosis and treatment...[D]aily tasks such as feeding, toilet training and getting them to sleep can be even more challenging. Additionally, developmental disability can make it more difficult for the child to learn appropriate behaviours. And then there is the disheartening task of dealing with government departments, many of whom seem to think that disability is a word and not a real condition. As the majority of grandcarers in this position are usually widowed women, these problems must be faced alone[.]⁶⁴

5.51 The Commissioner for Children and Young People, Western Australia agreed that it is essential to meet additional care requirements and ensure 'adequate supports

61 *Submission 18*, p. 3. The National Framework for Protecting Australia's Children 2009-2020, Second Action Plan, prioritises the mental health of vulnerable and at-risk children, and identifies, as future work, exploration of options to better meet these needs for children and young people in out-of-home care: Department of Social Services, *Protecting Australia's Children 2009-2020—Second Action Plan 2012-2015*, p. 27, available at: http://www.dss.gov.au/sites/default/files/documents/07_2014/facs_42647_nfpac_action_plan_t_ext.pdf (accessed 23 September 2014).

62 *Submission 50*, p. [6].

63 *Submission 111*, p. 2.

64 GRG WA, *Committee Hansard*, Perth, 6 August 2014, p. 31.

are available to grandparents caring for a child with disability'[.] Further, personalised supports and services should be provided:

Systems of support need to cater for the variety of needs and provide a flexible service that is guided by the needs of the carers and the children and young people [for whom] they are caring.⁶⁵

5.52 The Australian Human Rights Commission submitted that supports and services for children with disability have been improving (for example, the Better Start for Children with Disability initiative⁶⁶ and the National Disability Insurance Scheme (NDIS)):

As new support mechanisms for children with disabilities are expanded and resources are allocated to them and their carers to direct towards supports, it will be important to ensure that grandparents who care for children with disabilities have access to the funding. For example, through recognition of their "parental responsibility" pursuant to the *National Disability Insurance Act 2013* (Cth) and the NDIS Rules.⁶⁷

Committee view

5.53 Evidence presented to the committee suggests that grandparents are caring for a significant number of Australian children who, through no fault of their own, have complex physical and mental health needs, which cannot be addressed without skilled intervention. It is in these children's best interests (short and long-term) that their grandparents are adequately supported to access the services and supports which meet each child's individual needs.

5.54 The committee heard that there are various impediments to such access, some of which are more readily resolved than others. It is concerning—and has been for some time—that there remains a paucity of mental health services throughout metropolitan, rural and remote areas, including in the specialty area of child trauma. This gap in service provision should be addressed.

5.55 Children with complex health needs should have timely access to supports and services. The committee particularly empathises with the circumstances of grandparents raising grandchildren with disability, for this care arrangement entails challenges above and beyond those experienced by grandparents raising grandchildren generally. Noting that pro-active measures are currently underway, the committee encourages all governments to additionally recognise the special needs of, and costs associated with, raising children with disability, in determining eligibility for, and the extent of, supports and services provided to grandparents raising grandchildren.

65 *Submission 34*, p. 4.

66 Department of Social Services, *Better Start for Children with Disability initiative*, available at: <http://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/for-people-with-disability/better-start-for-children-with-disability-initiative> (accessed 17 September 2014).

67 *Submission 133*, p. 15.

5.56 A prominent feature of the National Framework for Protecting Australia's Children 2009-2020 is its focus on early intervention. Consistent with this approach, some participants in the inquiry argued in favour of evidence-based early intervention supports and services for vulnerable families. The committee agrees that programs of this nature might assist in managing the circumstances which lead to children being placed in out-of-home care. The committee therefore supports the collaborative efforts of the Commonwealth, state and territory governments, and urges all governments to consider exploring options to improve mental health services for all family members (not just the birth mother), to support the family unit and prevent children from entering the out-of-home care system.

Grandparents' familial relationships

5.57 In 2010, Ms Heather Boetto, an expert in social work and human services at Charles Sturt University, published the following summation of the effect of care arrangements on grandparents' familial relationships:

Kinship carers are also confronted with circumstances unique to their experience, which creates further disadvantage and hardship. These circumstances involve the changing nature of their relationships—mostly changing from the role of grandparent to parent. Kinship carers often feel torn between the child's parents (usually their own child) and the needs of their grandchild...as well as the relationships they have with their other grandchildren who do not live with them...Kinship carers may experience harassment and abuse from the child's parents as a result of working with the child protection agency, and struggle with contact arrangements due to a conflict in loyalties between the child's parents and their grandchild...Further to this, many kinship carers need to formalise their kinship care through legal proceedings in order to receive financial support, which further exacerbates conflict with other family members[.]⁶⁸

5.58 Some participants in the inquiry commented on the intra-familial relationships of grandparents raising grandchildren (excluding the birth parent and grandchildren in care).⁶⁹ Relationships Australia, for example, noted that the care arrangement can affect these relationships either positively or negatively:

Many grandparents are strongly supported by their other children, but some have to deal with the anger of their other children who think an unfair burden has been placed on their parents and, in some cases, resent the time taken up by the grandchildren and feel that their own children are not

68 Boetto, H. (2010), 'Kinship care: a review of issues', *Australian Institute of Family Studies*, pp 62-63. Also see, for example: Grandparents For Grandchildren SA Inc., *Submission 55*, p. 2; Relationships Australia, *Submission 58*, p. [4].

69 The Social Policy Research Centre has reported that marital (and other intimate) relationships can be adversely affected by the commencement of a care arrangement, particularly where one grandparent is not biologically related to the children in care: see Brennan et al, *Grandparents raising grandchildren*, pp 115 and 117. However, participants did not generally raise this issue for consideration.

receiving sufficient attention from their grandparents, or fear their inheritance being spent on these grandchildren.⁷⁰

5.59 Most submitters and witnesses focussed however on a specific source of tension between the grandparents and the birth parent (their child), that is, managing contact arrangements.⁷¹

Managing contact arrangements

5.60 Participants said that grandparents raising grandchildren face significant challenges in attempting to maintain a relationship between the birth parent(s) and their grandchildren.⁷² Wanslea indicated that the grandparents facilitate this relationship to ensure the safety of grandchildren:

Grandparents report to Wanslea [that] they take great care to manage relationships with their children so that they do not remove the grandchildren from their care. That is, they manage or avoid the conflict[.]⁷³

5.61 In contrast, the Aboriginal and Torres Strait Islander Legal Service (Qld) Ltd. (ATSILS Qld) submitted that most grandparents raising grandchildren wish to reunite the grandchildren with their parents 'on the basis that it 'is only right for the children to be with their parents':

Parents with drug, alcohol, anger management, or criminal justice issues need extensive support and assistance to be able to establish a safe home for their children to return to. Meanwhile, unless the parents pose a risk of harm to the children, contact needs to be organised.⁷⁴

5.62 The AASW noted that child protection authorities sometimes manage the contact arrangements instead of the grandparents:

Where contact is fraught or impossible, [formal grandparent] carers are provided the option... wherein the relevant authority attends and coordinates visits rather than requiring the grandparent to do so. This might be appropriate where, for example, a child has been removed due to violence or significant drug, alcohol or mental health issues and the child and grandparent may be at risk of harm.⁷⁵

5.63 The Women's Legal Service Tasmania noted that, in these situations, contact between the birth parent and their child may undermine the relationship and leave the child feeling unloved: 'the grandparents are then left to pick up the pieces,

70 *Submission 58*, pp [4-5]. Also see: UnitingCare Tasmania, *Submission 65*, p. 9; North West Grandparents Raising Grandchildren Tasmania, *Submission 100*, p. [3]; Wanslea, *Submission 150*, p. 7, which noted the loss of the 'normal' family experience.

71 For example: Tangentyere Council, *Submission 112*, p. 2.

72 For example: Women's Legal Service Tasmania, *Submission 66*, p. 3.

73 *Submission 150*, p. 7.

74 *Submission 134*, p. [14].

75 *Submission 132*, p. 8.

which also harms their own relationship with their children further'.⁷⁶ The AASW noted that court-ordered contact, against the wishes of the birth parent and their child, can have similar adverse results.⁷⁷

5.64 When supervision by child protection authorities is not required, grandparents raising grandchildren (formal/informal) must manage the contact between the birth parents and the grandchildren. ATSILS Qld said that 'grandparents express the greatest level of difficulty with such arrangements and seek assistance from family or support services for this purpose'.⁷⁸ One grandchild submitted:

I think the burden needs to be taken off the grandparents...it was always Nan's responsibility when my Mum didn't show up. Like I didn't have a social worker to organise visitation and it was just like Nan was the one that would tell me she wasn't coming. It was like Nan was always the bad guy and she always had to deal with that. Whereas if we had have had a middle person....⁷⁹

Committee view

5.65 The committee consistently heard that grandparent provided care is fraught with conflicting emotions. It is not difficult to comprehend the difficulties associated with altered relationships and loyalties, in particular where there are many complicating factors involved (such as: grief and loss; financial stress; physical and mental health concerns; legal proceedings). The committee considers that relationship supports and services could benefit grandparents raising grandchildren, by helping to manage intra-family relationships.

5.66 Specifically in relation to one source of tension and conflict, the committee does not believe that it is helpful for some grandparents to manage contact arrangements between the birth parents and the grandchildren. The committee suggests that the Australian Governments investigate alternate means of facilitating these arrangements (for example, through community service providers), where requested.

76 *Submission 66*, p. [3].

77 *Submission 132*, pp 5-6.

78 *Submission 134*, p. [14].

79 Quoted in Centre for Excellence, *Submission 169.1*, p. 10.

