



Grandparents Raising Grandchildren

A submission to the Federal Parliament: Community Affairs References Committee

Identifying the needs and challenges faced by grandparent families, in recognition of the growing numbers of grandparents who care for one or more of their grandchildren in the effective absence of the biological parents.

March, 2014

Committed to Community

Executive Summary

It is estimated that some 7% of children are being raised and are in the primary care of their grandparents. In Tasmania this equates to approximately 500+ grandparent families across the state involving more than 600 children aged 0 to 17 years of age.

There has been considerable research into the needs and issues facing grandparent families, the complexities facing these families and the importance of providing services tailored to and responsive to their unique needs and circumstances.¹ This submission addresses these needs through a focus group and feedback based approach, and with direct input from the support workers who deliver UnitingCare Tasmania's experientially proven support program for grandparents who are raising their grandchildren.

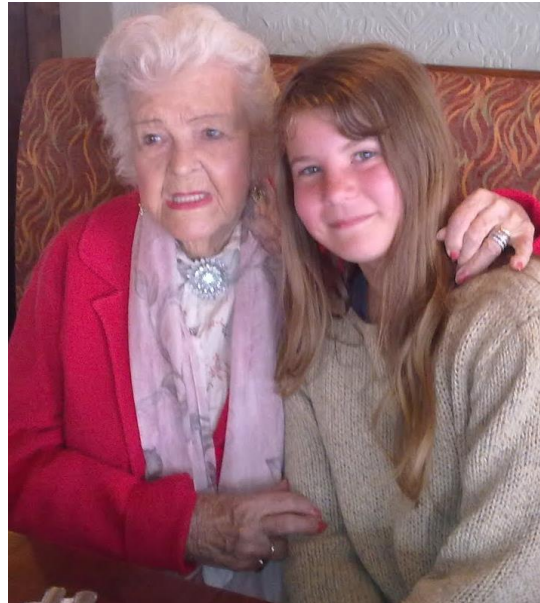
In Southern Tasmania during February 2014, five focus groups were held with grandparents who are raising grandchildren in Southern Tasmania. 16 people attended these groups. In the North Western region of Tasmania, during the same period, one focus group was attended by 12 families, and an additional 7 families contributed through one on one interviews. Families were requested to respond to a set of questions based on the Inquiry's terms of reference, and grandparents were generous with their time, honesty and frankness in allowing UnitingCare Tasmania to gather the required information to complete this paper.

UnitingCare Tasmania has been working with the Grandparent Raising Grandchildren demographic for several years. The need for a support service specifically for grandparenting families in Tasmania was first identified by the Early Support for Parents program which commenced in Southern Tasmania. The then ESP Committee applied and was successful in securing federal funding in 2007 under the National Illicit Drug Strategy program. Funding was provided for 3 years enabling the employment of support workers in each of the three regions of Tasmania. The program was transferred to UnitingCare Tasmania in 2009. Federal funding for the program was discontinued in April 2010 when the federal government restructured its family support programs and the GRG service no longer fitted into the new program guidelines. UnitingCare Tasmania have continued to proactively seek grant funding, donations and partnerships to maintain what we consider to be an essential support program for grandparents raising their grandchildren.

During the early days of the program a Grandparents Advisory Council (GAC) was established to oversee the program and to provide ongoing advice about how the services were to be tailored to best suit the needs of grandparenting families and the children in their care. The GAC continues to meet regularly. In partnership we have continued to lobby both state and federal governments about the issues impacting on grandparenting families in Tasmania. UnitingCare Tasmania successfully applied for funding to recommence the GRG program through 2011 and 2012, via the Tasmanian Community Fund, however the

¹ *References: Grandparent Kinship Care NSW, UnitingCare Burnside 2008; "The Changing Role of Grandparents", Centre for Community Child Health, Murdoch Children's Institute, Policy Brief, No 19, 2010; A Picture of Australia's Children 2009, Australian Institute of Health and Wellbeing, 2009; Issues Relating to Custodial Grandparents, Joint Standing Committee, Tasmanian Parliament, Report No. 2, 2003*

funding was non-recurrent, and at the conclusion of the funding, GRG has seen a reduction in capacity, as the agency continue to pursue funding and partnerships. In addition, UnitingCare Tasmania's capacity to support the GAC, which has recently been part of the terms of the Tasmanian Community Funds contract, ceased at the conclusion of the TCF contract.



GRG is currently only offered in the Southern and North Western regions of Tasmania, due to limited financial resources, leaving grandparenting families in the Northern region unsupported. Without the GRG program, current family support services are failing to meet grandparents' needs and there continues to be increased demand as 'new' grandparenting families struggle to negotiate the maze of legal, financial, health and service support issues that they face when their grandchildren come into their care.

Current Tasmanian family support services are not meeting the needs of grandparenting families who face complex legal, financial, health, social and relationship issues. Grandparents are able to access initial support in some circumstances via the Tasmania Gateway Referral Service, but this is short term, and doesn't offer the specialist support required to navigate the complex needs of grandparent families. The conversations in the focus groups demonstrated repeatedly that the majority of services lack the capacity and skill to meet the complex needs experienced by grandparent families, proving the critical need for tailored and easily accessible grandparent programs.

The Tasmanian family support systems focus on the child as the client. Whilst this is as it should be, by defining the child as the client, grandparenting families are often unable to access support. When seeking support, grandparenting families are commonly assessed as being ineligible for services as the child is often deemed to be 'safe', therefore not requiring support.

UnitingCare Tasmania's Grandparents Raising Grandchildren program clearly defines the grandparent as the client. This enables us to work holistically with the family whilst maintaining a focus on the needs and concerns of the grandparent. Grandparents are seeking information, advocacy, support and guidance to negotiate the complex maze of legal, financial and social support services that they require when their grandchildren come into their care. UnitingCare Tasmania also recognise the traumatic circumstances which children who come into their grandparents' care have experienced, and believe that Grandparent support also be extended to offer the intensive one to one support that many children need to overcome the effects of trauma, and to build ongoing resilience and self determination.

Tasmania has the highest rate in Australia of children in out of home care, and of those families, Tasmania has the most children in the care of their grandparents. UnitingCare Tasmania believes passionately in the Grandparents Raising Grandchildren program, and despite current lack of access to any significant and ongoing funding, continues to fund the program through our discretionary budget, and a number of small funding pools which we have 'cobbled' together. Amongst our recommendations, we particularly urge the Senate Committee to recognise the critical need for provision of ongoing funding to support the urgent and multiple needs of grandparent families.

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Terms of reference:

In response to the promotion of the Senate Inquiry into Grandparents Raising Grandchildren, UnitingCare Tasmania advertised a number of consultations. During February 2014 five focus groups were held for grandparents raising grandchildren (hereafter GRGs) in the southern region of Tasmania. 16 people attended these groups. In the North Western region of Tasmania, one focus group was held with attendance by 12 families. An additional 7 families from this region contributed through one on one interviews.

A set of question areas based upon the Senate's Terms of Reference were handed out to participants and the facilitator (the Southern and North Western GRG support staff) worked through each question area with participants and wrote down key responses which were recorded and have been presented below as a series of areas of concern, coupled with direct quotes from grandparents.

a. The practical challenges facing grandparents raising their grandchildren, and their support needs.

Physical challenges: financial, rooms, furniture, clothing, food, uniforms, medical, dental, schools, child care, respite.

Nearly everyone expressed difficulties with some at least of the above list. Many GRGs gave up work, or shortened their hours with associated loss of income, to be available for younger ones and retirement plans were given up.

"Initially I had to buy beg / borrow everything."

"Financially I was 'buggered'."

"I cashed in my super to buy assets for my grandchild."

"I restructured my home loan – it was a nightmare."

"I took out a mortgage."



The inequity of the GRG's financial situations raised much anger:

"Working age GRGs shouldn't have to be expected to get work if they bring up a grandchild: we don't need extra pressure, we're saving the government thousands of dollars!"

"The Government takes advantage of GRGs doing it out of love"

"There's lots of money for the Tasmanian Devils but what about grandchildren?"

"The State's \$28 a fortnight wasn't even enough to cover the cost of nappies!"

"It's too hard to apply for the extra state provided contingency fund of \$300 per year with receipts, so I didn't bother."

"As a carer for my husband until his death, I didn't apply for carers allowance as I didn't have time, what with a 3 month old and 15yr

old as well, and it was too difficult to do.”

Grandparents reported difficulties with managing Centrelink processes;

“I left my job with a big pay out but due to the wait period for Centrelink payments, it had to be all used up before I was eligible for Newstart, in spite of my circumstances.”

“It is too difficult a process (so many forms and all the documentation with letters of evidence) applying for Centrelink payments.”

“It was a challenge to convince them that the grandchildren were actually staying with me.”

“Having to rehash my story again and again with strangers was dreadful, with negative judgements of me and from people who have no idea of trauma and its effects, just negative, negative, negative.”

“I felt angry because the mother got money from Centrelink but I got a pittance for raising her kids.”

GRGs’ decreasing energy and illnesses associated with ageing, and the impact of these issues upon grandparenting and on GRG.

“It has a HUGE impact. I have aged visibly since my grandchild became a teenager.”

“I’m running around after small children but our bodies aren’t built for this.”

“I now have a long term illness of my own and coping with my medical appointments, hospital etc with grandchildren at my age is so difficult.”

Social Impacts.

GRGs experience isolation, from the lack of ability to go out to socialise when the grandchildren are very young, and their friends growing apart due to different needs, perceptions and activities.

“I lost friends because they didn’t want to spend time with me even though I thought we were ‘thick and thin’. If I want to see them I have to restructure my day around school hours, bus time tables and extra grandchild appointments.”

“Some of my friends became sticky beaks, so I lost them.”

Even marital relationships suffered: “My husband basically lost his wife to grandparenting and he couldn’t understand.”

Depression/worry resulting from GRG role.

Participants stated that the emotional aspects are more significant than the practical challenges and some agreed that it affects every aspect of their lives. The stress from financial worries, worry over their adult child, worry over the welfare of the grandchildren in the light of their own ageing, frailty

and death, and how the grandchild will cope with that loss, leads to many GRGs requiring their own psychologists and counsellors to cope with depression, worry and sometimes suicidal thoughts. In addition GRGs worry about the possibilities of the grandchild becoming like their parent in terms of drug addiction or mental illness or both:

"I worry about my health as I am the sole person in my granddaughter's life, how will she cope eg with my funeral, or foster care? I sleep badly fearing another heart attack at night. I have an action plan for this eventuality."

"How can Government provide enough for my grandchild to prevent grandchild following path to gaol, like his father?"

"I also worry about my granddaughter getting a mental illness like my daughter."

"Here we go again!"

"I have my own psychologist for depression"

"I had suicidal thoughts for about 2 years." (Several GRGs have disclosed to staff, depressive and suicidal episodes due to grandparenting.)

"I'm worried sick!"

"I'm disillusioned with life and institutions"

"I can't sleep for worrying, I'm exhausted"

"I fall asleep in front of the TV and grandchild tells me to go to bed!"

"Grandparenting is excessively hard because I just want to be a granny only and not the parent (doing the discipline etc) and enjoy my grandchildren. This leads to jealousy in other grandchildren."

"We take on damaged children but there's no Government provided emotional support to raise these children"

"I need something for myself."

"The pain makes me short tempered, it's hard to get grandchild to understand my needs."

Emotional stress/guilt in GRG in having offspring with addiction, child neglect/abuse, mental illness

In addition to worries over grandparenting, there was often continuing stress, guilt and worry about how they themselves parented the adult child whose grandchildren they now care for:

"You're always questioning yourself, is it something I did or could have avoided... we think we should have been able to protect them."

"The stress is 10/10 and double due to both my offspring and also the grandchild's behaviours."

"It took years to recover from the grief of losing my adult child to addictions/ mental illness."

Access to Information: eg. legal, financial, medical, education, respite, dealing with challenging behaviours.

Finding information that would assist GRGs was very difficult. Some services have meaningless names so don't attract attention (eg *Gateway*).

"It was very difficult, I had to fight for everything myself. Agency or support info was so hard to get."

"It was a nightmare."

"It was difficult communicating my grandchild's emotional needs to teachers who didn't take the grandparent seriously due to ignorance of the severity of issues."

"Privacy law prevents GRGs knowing progress with Child Protection Services. We need to know what grandchildren have been through and how to respond better"

"I didn't know who to turn to, or where to go."

"We need workers to assist with making wills, funeral plans, extended family contacts, solicitors, plans for foster care, moneys held in trust."

Positive feedback was reported for the Centrelink Grandparent Advisor service during the focus groups, although this service is not sufficiently promoted, and not all grandparents have been immediately aware of it.

Existing Respite services are too limited with too few carers and sometimes a lack of quality of personnel or as lack of training leads to negative results for the GRG family.

b. the role and contribution of grandparents raising their grandchildren, and how this should be recognised;

Although most respondents gave examples of how their role was not formally recognised by services and agencies and how this caused yet more stress and working through more processes, one Grandmother apologised one day for taking her grandchildren away from their mother and the teen replied: “If you left us there, [with mother] we’d be dead now,” a statement which actually showed astute recognition of the importance of the grandmother’s role in her life.

The lack of legal recognition for informal GRGs causes more stress since: “Either of the parents could remove the child at any time.”

The necessity to locate the absent parent and gain their signed consent for actions and activities that other families take for granted (eg, birth certificates, an interstate holiday, passport, Medicare number), also proved stressful and sometimes hopeless if the parent cannot be located or refused consent:



“We act as the ‘parent’ and should have the same rights, we shouldn’t have to fight for everything due to our lack of recognition. Society still needs parental consent but in emergencies or if they’re unlocatable, this leads to stressful delays.”

A GRG from interstate reported that her previous partner had sexually abused the granddaughter yet due to interstate consent orders, his name was still on the document. Both the GRG and the granddaughter were unwilling for the man to have any access to her in order to gain consent for a passport, so the granddaughter missed out on an international school function.

Another GRG reported:

“My husband was insulted by a service worker and now he will never ask for any help from any agency” (so this grandparent remains unsupported, unskilled and isolated and hence he poses a potential risk to the optimum development of his grandchildren). Although this family’s parenting and grandparenting skills may have appeared to be lacking, blame that leads to further isolation from potential professional help, is not useful to anyone.

A GRG attended a grandchild’s class for a couple of weeks because at that time there were no Orders in place and she was scared the mother would take her back.

It was all so difficult given the other stresses that the GRGs faced, that they felt “too tired and lacked enough energy to fight for recognition and changes, or rights”.

It was stated that, there was:

“No recognition of the loss of my own career, finances, personal ambitions eg travel. There should be time for me now in my older years after all I’ve done.”

c. Other challenges that grandparents raising their grandchildren face in undertaking their role, including in circumstances complicated by family conflict, mental illness, substance abuse, homelessness, child abuse or neglect, or family violence.

Sometimes grandchildren take on adult roles of caring with some detriment to their own identities, capacity for play, quality peer relationships and stress levels:

“My Grand-daughter at age 6 acts like a mother to 5 other grandchildren, and she worries about the younger ones!”

Several GRG families reported how “My own children suffer because so much of my energy goes to the grandchild and I therefore ‘neglect’ my own children and their needs to a degree.” The other children feel angry, jealous and frustrated that one grandchild gets so much attention. There’s even conflict and jealousy between other grandchildren not in GRG’s care. “They get sick of it, feel left out.”

Several GRG families experienced continuing conflict with their adult child (birth parent) due to addictions, untreated mental illness, (whether diagnosed or not): “Constant conflict over offspring’s irrational stuff, and compulsive lying”. One GRG reported how the grandchild saw substance misuse by the parent and this lead to much conflict between GRG and the adult child. For some families the stress was insurmountable and all contact has to be broken off, “I wouldn’t dare talk to them.”

The impact of the birth parent’s incapacity to appropriately parent during access/contact visits presents further jeopardy to the grandchild recovering from the trauma of neglect and attachment difficulties and also to the GRG:

“It’s difficult enough having a mentally ill son (to worry about) but even more so when he wants to have the authority over his child (during supervised access at our home), as he can say awful things to the grandchild which exacerbates her problems.”

Conflict between adult child and GRG

Sometimes the conflict leads to threatened, feared or actual aggression from the adult child to GRG:

“There’s an AVO against my son whom I’ve not seen for 4 years, as a result of addiction, crime, violence, demanding cash, gaol.”

“There was verbal aggression from the son due to the addictions until he died aged 28yrs. He was a big lad and even if they were only threats they were a huge stress for me.”

“I feared violence from the father toward my grandchild.”

Challenging behaviours from Grandchild

Current research shows that challenging behaviours are ‘typical’ in children even from neglectful, and emotionally invalidating parenting and in extreme situations, the child experiences Reactive Attachment Disorder and as an adult may develop a Personality Disorder (which poses a threat to their future parenting behaviours). These behaviours greatly add to the stress levels in GRGs.

“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 he says he will punch his brother.”

“At first I slept with my medications, big knives, money and any other thing that was a likely weapon.”

“He is so anxious, he won’t let me out of his sight and has tantrums if I have to go out even to the mail box.”

“His fear of wind would lead to crying spells of 4hrs.”

“They don’t understand ‘NO’.”

“Since it takes grandchildren so long to settle at night, and they wake up frequently, due to trauma in birth family, I have had no decent sleep for 5 yrs.”

“They’re super fussy eaters or eat inappropriate material.”

Other grandchildren known on case load have been known to hoard food under beds and to use the bedroom for defecation.

Lack of awareness in service and agency staff in relation to challenging behaviours.

GRGs are not the only people working with these children who lack appropriate training in how to more therapeutically respond. For instance, many GRGs on the case load have indicated dissatisfaction with school policy of suspensions without adequate follow up or supervision. GRGs find that the grandchild experiences suspension as a reward so they can stay home and entertain themselves with their electronic gadgets, with no homework.

“My Grandchild deliberately missed 6 months of school and the school didn’t enforce attendance, then he couldn’t do the schoolwork as he had missed so much.”

“One teacher told my grand-son that he was a reject.”

A previous Education Minister upon being informed about a grand-son not coping with grief, PTSD and loss told the GRG, “Well other kids deal with it.”

“It’s hard to get the grandchild to see a social worker due to shame experienced by the grandchild. A Social worker whom the GRGs expected to be able to be empathic and helpful, told the GRG after seeing the grandchild for 20mins, said, “It’s just a whinge and he will get over it.”

Intergenerational transmission of trauma: GRGs with own troubled childhood backgrounds.

Although data was not forthcoming of this aspect in GRG lives from the focus groups, the Southern GRG Support worker’s case load includes 7 GRGs who have disclosed their own traumatic

childhoods, a potential distal cause of the need for becoming a GRG. These traumatic experiences probably compromised their own parenting and lead to disturbances in the adult child, whose decreased capacity for adequate parenting is likely to be the proximate cause of the need for grandparents to step up. The Southern Support Worker was informed by two GRGs that she was the first person to whom they had disclosed a history of sexual abuse. This highlights the deep shame resulting from the experiences and also reveals the lack of therapists to support people in these situations, with the long term negative effects upon their parenting capacity. Some GRGs astutely observed:

“GRGs need training in responding better to bad behaviours and trauma in their grandchildren.”

“We need prevention of the need for GRGs to take on Grandparenting; parent courses are not enough, we need more funding to treat mental illness, addictions, homelessness. We need to educate young people about the responsibilities of raising a child.”

“If we don’t break this cycle, Tasmania will be full of them,” (that is, a cohort of unassisted grandchildren with disadvantages on many levels who are more likely to access multiple services, including psychiatric inpatients and gaols, in the future.)

GRGs can not be expected to respond therapeutically if they have not received robust training in how to respond to such challenges, in particular how to practice their own reattachment behaviours in order to facilitate grandchildren’s reattachment to carers. Without intervention, transmission of trauma may become a never-ending cycle.

Conflict over access visits and the added burden to the grandchildren

Without appropriate supervision, access/contact visits of birth parent (with inappropriate and dangerous behaviours) with grandchild can be fraught with potential to cause further distress for grandchildren:

“The parent threw a computer at a wall in the child’s presence.”

“Due to lies being told about GRGs by the parent and how GRGs would take the grandchild away, my grandchild arrives home and hides behind furniture.”

“I have to put up with the distressed behaviours in the grandchild after the access visit. Mum is seen as the goody who plays with them. Grandchild takes it out on me when she returns home.”

“I’ve lost the normal pleasure of a grandparent role and now the birth parent is in that role and grandchildren dote on her so I feel ‘wild’.”

“I don’t let grandchildren know of an access visit until the last moment to prevent disappointment from a potentially non-attending parent and the distress and tantrum that would follow.”

“My grandchild gets over trauma from one parent access visit and has to go through it again with the other parent.”

“It is heart-breaking to see my grandchild self-harming because they know that an access visit is imminent.”

d. the barriers that grandparents raising their grandchildren face in acquiring legal recognition of their family arrangements, including Legal Aid entitlements for grandparents seeking to formalise their custodial arrangements through the Family Law Courts.

Legal Aid

Some GRGs noted the unfairness of a system that provides Legal Aid to parents with addictions or mental illness to regain custody or access while the GRG, who in their own opinion, is 'saving' the grandchild/ren from harm, is deemed ineligible for Legal Aid because they owned their modest home or had work. Other GRGs on the case load have reported how they have lost their home due to court fees or downsized at a time when they need to upsize and this occurs at a time when finances need to be conserved.

"Depositions by the birth parent were so full of lies I kept a diary of actions as evidence. In this instance, the Magistrate wouldn't have had enough time to read our material and didn't listen to us. We paid for one Court hearing of \$15,000."

"We were not formally informed that the parents were going to Court over access. The grandchild doesn't want to go to their home."

"I'd like to be reimbursed the \$30,000 for the Family Court and mortgage fees I paid to get custody."

GRG difficulties with State Child Protection Service.

Difficulties range from inexperienced staff, to lack of follow-up to over-extended administrative processes, refusal of financial support and disrespectful communication.

One GRG reported that the Child Protection Services blamed the GRG that they hadn't brought up their own children properly and this has perceived negative outcomes also for the grandchild:

"If the case manager doesn't like you, it affects your grandchildren."

There is also a lack of collaboration between different jurisdictions' CPS systems with respect to foster care payments; when one formal GRG receiving foster care payment moved interstate, both the original and the receiving states refused to continue foster care payment.

"Untrue gossip between parent and case manager leads to clashes between GRG and case manager."

"Child Protection Services are just using me as cheap care."

"With all the trouble I've had with Child Protection Services over the years I could write a book. They think they're 'god'."

"It took 8 months for Child Protection Services to allow me just to see the grandchild once, and they don't have week-end access."

Grandparents also report a fear of approaching Child Protection for assistance for fear that the child will be removed from their care. Grandparents are well aware of the stories of their grandparent peers where children have been removed from their care and returned to their parents with heartbreaking results.

Child Support Agency

Although gaining money from birth parent via Child Support is far less common an issue, sometimes the effort in getting it is deemed not worth the trouble:

“I had to do four applications, two for me, one each for the two fathers. Mother declined to pay because she doesn’t believe that there’s any reason for her children to live with me and so the application broke down. It was such a small amount, it’s not worth the stress.”

Specific needs of particular groups.

The largest special needs group are those families with grandchildren who have suspected foetal brain damage due to substance misuse during pregnancy, or other neurological lesions resulting from chronic neglect and trauma. The grandchildren then show signs of behaviours associated with separation anxiety, ADHD, RAD, PTSD, or aggression. Most grandchildren in GRG families on UnitingCare Tasmania’s case load appear to have some combination of these difficulties. These families have greater needs in relation to respite, information and training on how to respond helpfully. Nearly “every grandchild with a GRG has experienced some trauma, so they need extra care and time.”



Given the GRG age bracket, several GRGs are either ‘caring’ for their spouse or their parent as well so the burden of care for these individuals is extremely high. “Try mixing a 92yr old with an 18yr old!”

Engagement with community supports.

Grandparents need support workers in permanent programs who understand their complex needs, outside of existing parent-tailored programs. Frequently grandparent-oriented programs are established, but then cutback due to inconsistent or non-recurrent funding. Grandparents report that just as they have begun to develop rapport with a support worker, the program is ended, and GRGs now find it hard to trust support workers as they perceive that they may not last due to funding constraints. Where minimal services do exist for grandparents, there is limited or no funding to advertise so that grandparents may not have the opportunity to know what supports are available, or be able to tap into the limited service.

e. the practical measures that can be implemented by the Commonwealth, state and territory governments and the community sector to better support grandparents raising their grandchildren, including key priorities for action.

In order to prevent a growing cohort of unassisted and severely disadvantaged grandchildren who will attract multiple Federal and State funded services in the future, “States need to stop passing the buck, it’s a national issue and the numbers of GRGs are rising.” The Federal Government and jurisdictions should provide more appropriately for GRG families. Provision of services and interventions will hopefully reduce intergenerational transmission of trauma and its multifaceted burden upon the public purse, communities, families and individuals.

A society ignores the danger posed by growing intergenerational transmission of such trauma to the detriment of its social cohesion and public good.

a. Federal / National level.

1. That eligibility for the category of ‘disabled child’ be broadened to include: FAS, ADHD, Reactive Attachment Disorder and any trauma and addiction-related neurobiological damage, for eligibility to Centrelink Carer Payments/Allowances.
2. That the Centrelink Grandparent Advisor be more widely advertised and promoted.
3. That all GRGs should be treated the same nationally, in terms of rights and legal recognition.
4. That all jurisdictions be encouraged to recognise each other’s Child Protection Services Orders and payment systems.
5. That ‘Better Access to Mental Health’ be ongoing for these children who need longer duration and more frequent psychological help than currently available.
6. That gap fees for Better Access be kept at a minimum for clients with Health Care Cards.
7. That the Australian Childhood Foundation be funded and equipped to respond with relaxed eligibility criteria and for extended periods of time, to any child in out of home care.
8. That financial assistance to GRGs be made available for medical expenses (paediatrician, psychology, psychiatry GP, dental, teaching/coaching, counselling etc) resulting from parental abuse and addictions.
9. That Medicare cards for grandchildren be easier to gain for GRGs.
10. That both grandparents and grandchildren have access to regular, bulk billed counselling services.
11. That the Federal government provide a discount for GRGs to access Private Health Cover for grandchildren and ease eligibility constraints.
12. That the Federal Government provide more appropriately for non-government support agencies like *Create* for children in out of home care.
13. That eligibility be broadened for GRGs access to *HACC* and similar services (home maintenance/gardening etc).

14. That the plight of GRGs be disseminated across various media in public sphere to facilitate GRGs' accessing information and services.
15. That a national call centre, with an obviously meaningful name to attract GRGs' attention, be provided to refer GRGs to appropriate avenues of assistance.
16. That a team of child trauma-informed staff be available for GRGs in various Federal institutions (including Centrelink, Child Support Agency).
17. That time limits for birth parents be extended before they can apply to regain custody of their children.
18. That free mediation processes and legal aid be readily available as a matter of urgency, to avoid the emotional distress and financial costs involved in drawn out legal processes.
19. That a Royal Commission be undertaken to investigate children who have been allowed to stay in that situation by Child Protection Services, to bring about a change and confidence in the system through transparency.
20. That a designated support service to Grandparents be permanently funded to provide critical advocacy, representation, support and information to grandparents.

b. State level

1. That all GRGs residing in Tasmania (including informal GRGs) receive the equivalent of the Tas Foster Care payment and be offered other supports that Foster Carers receive.
2. That GRGs and grandchildren receive regular visits and counselling from Justice staff including after Hearing support.
3. That the media be encouraged not to dwell on Foster Care system faults as the fear of this happening to their own grandchild, motivates grandparents to become a GRG.
4. That in terms of prevention of the need for GRGs to take on grandparenting, more funding to treat in particular Personality Disorder, addictions, homelessness, childhood trauma / sexual abuse be provided to both children and adults.
5. That the State provides ongoing funding to community service organisations to enable it to respond to increasing numbers of GRG families.
6. That teachers, Child Protection Services staff, Justice staff, police, drug and alcohol staff (in training and employed) be given trauma-informed training.
7. That Child Protection Services employs or communicates with trained GRGs as advisors for case managers and Out of Home Staff.
8. That there be greater provision of free tutors and Teacher Aides.
9. That schools be encouraged to provide a more useful approach to challenging behaviours

instead of suspension, and that teaching staff are more adequately skilled through professional development in supporting the unique needs experienced by grandchildren in the care of their grandparents.

10. That reunification programs are available to all grandparents and their adult children.

c. Community Sector Level.

1. That as soon as possible upon deciding to become a GRG, trauma-informed training be strongly encouraged about attachment disorders, maternal gestational substance misuse, RAD, ADHD and PTSD. Such course should include child care and, certification (eg Certificate 2) and ideally, an education supplement to encourage completion.
2. That funding be increased to provide for more and diverse respite options for GRG families
3. That a trained babysitting/child minding services for GRG families be encouraged.
4. That funding to Foster Care Association be increased and promoted more to GRGs.
5. That funding be increased to eg Edmund Rice Camps for affordable camps and extra-curricular services (eg structured adventure activities, mechanical training / work with some earnings) for children with disadvantages.
6. That further mentoring services for grandchildren be encouraged.
7. That access / contact visits on independent territory with supervision by a counsellor, be made mandatory unless formally assessed as being unnecessary. That contact visits on week ends also be provided with this method.

Grandparents Raising Grandchildren: *UnitingCare Tasmania's family support approach*

Program Rationale:

It has been estimated that there are more than 500 grandparent families in Tasmania. An estimated 7% of Tasmanian children live with their grandparents, which is the highest number (per capita) in Australia. The reasons that children come to live with their grandparents are varied, but often include trauma of some kind, including parental substance abuse, relationship breakdown, abuse, mental or physical illness or death.



Grandparents differ from other adults caring for their children. They are often retired or planning retirement, and compared with younger parents, generally have lower financial resources and less physical stamina. They may face difficulties resuming parenting at an older age, and may experience significant barriers in accessing assistance or legal costs. The grandparents themselves are also often overcoming the trauma of their own children's situations, which has seen them have the need to become a grandparent family. These situations, combined with aging, can result in unexpected social, financial and health problems for the grandparents. In many cases, receiving their grandchildren into their care comes to grandparents suddenly, unexpectedly, and with little warning, so grandparents are met with immediate and urgent physical, psychological and financial needs, without the opportunity for planning and preparation.

Program Description:

The Grandparents Raising Grandchildren program has to date been delivered as a confidential and free service for grandparents. The GRG program has been delivered in Southern Tasmania based in Bellerive, in Northern Tasmania based in Launceston, and in North Western Tasmania based in Ulverstone. Due to funding constraints, GRG is currently only available in the Southern and North Western regions. The program offers individual client family support, information, advocacy and referral services, and combines individual support, groups and social activities.²

The GRG program is operated in cooperation with other local and relevant service providers, including the Tasmanian Gateway Referral system, the Grandparents Advisory Council, and other relevant community and health providers. Clients are supported with referrals to specialist providers where specialized care is needed (including in cases where mental health, addiction or related issues are present.)

The program is non-judgmental, and we recognize that many families access this service for a range of reasons. Grandparent families may be interim families in the temporary short or long term unavailability of parents, may exist via custodial arrangement, or may be permanent family structures. The program respects the unique set of circumstances of each participating grandparent family.

² Case studies, reports and testimonials are available for the existing Grandparents Raising Grandchildren program delivered by UnitingCare Tasmania.

The GRG program is delivered on the founding belief that both grandparents and grandchildren have the right to safety, protection and support. With this in mind, the program supports families with information and access to relevant services, supports and advocates for clients with providers including Centrelink, Child Protection, schools and legal services.

It has become evident that the GRG service needs to develop its capacity to deliver counselling and wellbeing services to the grandchildren many of whom are trauma-affected, or adjusting to significant lifestyle changes. The grandchildren in these circumstances need access to targeted or individual counselling, over short and longer periods. For too long the focus of GRG has been on providing supports to the grandparent/s, and whilst this support remains essential, it has been at the cost of the grandchildren. This has highlighted for UnitingCare Tasmania the need to provide targeted and individual responses for children.

GRG acts on a belief of the individual's capacity to learn, grow, and change when supported to do so, and works with grandparent clients to deliver the best outcomes for grandchildren. A targeted approach to delivering support services to the grandchildren will further foster their ability to learn, grow and deal with future life challenges, building resilience and self-determination. This is demonstrated by UnitingCare Tasmania's commitment to connecting families to services that will work with grandparents to support children's behaviour and development through UnitingCare Tasmania's own parenting programs, and through other community service networks.

The program provides one on one contact with grandparent families who can access this support through appointments at the three UnitingCare Tasmania offices, via home visits, through the regular grandparent groups in each region, or during the less frequent events which are hosted for grandparent families, including Christmas functions, International Women's Day functions, morning teas and other functions directly hosted for grandparent families.

Tasmanian Grandparent Raising Grandchildren Client Case Study:

For the purpose of de-identifying, the client shall be known as Betty (the grandmother) and the granddaughter shall be known as Alisha.

In July 2012 Betty approached UnitingCare Tasmania in Launceston for emotional and practical support as she had recently received Alisha into her care on a full time basis. After the intake and assessment, the presenting issues were identified as follows; housing, budget and emotional wellbeing of both parties.



Betty lived in a 1 bedroom unit which was inadequate housing for the two. Betty was not in receipt of the Family Tax Benefit for Alisha. Betty was suffering grief and loss due to the overdose and subsequent death of Alisha's mother, in addition Betty's husband had died the previous year.

The GRG worker advocated on Betty's behalf at Centrelink in order for Betty to claim the Family Tax Benefit including back payments. Due to Betty's low level literacy skills the worker continued to advocate at Housing Tasmania with support from her Doctor until a larger 2 bedroom house was acquired. Brokerage funds were also gained from the Red Cross and the Gateway Service to assist with set up costs for clothing and bedding etc for Alisha.

Formal counselling was provided by the worker for Betty over 8 sessions. As Alisha became of school age Betty required assistance with enrolment and to access the Student Assistance Scheme for school uniform.

Betty now has stable accommodation and finances however she still engages with the worker on a less frequent basis for lighter ongoing emotional support. Betty is also slowly re-engaging with her social network, from whom she had felt isolated, during the initial stages of becoming an active grandparent unit.

Alisha is safe and well cared for by her grandmother, but displays ad hoc emotional outbursts, which make it clear that she remains traumatised by her circumstances. Her behaviour is at times unstable, and sometimes Betty finds Alisha's behaviour overwhelming. Alisha's school has been supportive, but unable to cater for the deeper emotional and psychological needs which Alisha has.

Betty and Alisha's story highlights the need for initial support for grandparents coming into the care of their grandchildren, and for ongoing support. Further, Alisha's own needs highlight the urgency for incorporation of therapeutic support for the grandchildren into a grandparent related program.

All photos contained in this document are sourced from the internet as representations of GRG clients. Client confidentiality is paramount at UnitingCare Tasmania, and any references made to our clients have been de-identified to protect their privacy.

Our Organisation's Role and Function

UnitingCare Tasmania – Background

In 2009, UnitingCare Tasmania came together as a new agency, formed through the amalgamation of three existing smaller regional agencies in Launceston, Bridgewater and Hobart. UnitingCare Tasmania is formed as an agency committed to a mission of care for others, and operates within a culture of disciplined governance. The Board of UnitingCare Tasmania consists of members of the clergy and lay people, all with significant experience in the community sector.

UnitingCare Tasmania delivers family and community services that support and assist vulnerable families, children and young people across Tasmania, including some of the most disadvantaged regions.

We provide emergency relief, early childhood services, child and family services, including targeted social support and intervention programs which are designed to break the cycle of intergenerational poverty and disadvantage experienced by some people in Tasmanian communities.

UnitingCare Tasmania strives to work harmoniously with the community which means a respectful and holistic approach to the issues facing individuals, families and communities.

We have a strong commitment to social justice and advocacy and speak out on issues that affect the people we work with. All of our work is inspired and guided by the principles of justice and compassion.

OUR MISSION:

UnitingCare Tasmania will provide a range of quality services to children and families across Tasmania and we will work with the most vulnerable and marginalised Tasmanians in their own communities.

OUR WORK WITH PEOPLE:

We will walk beside people, offering services and programs that are enabling, responsive, timely and inclusive. We will foster independence via skills development and provide nonjudgmental, non-discriminatory support. We recognize and will support individuals, families and communities to build on their strengths.

PARTNERSHIPS:

UnitingCare Tasmania will work with other agencies and services with transparency and integrity; ensuring relationships are fostered that are mutually beneficial to achieve lasting outcomes for Tasmanian communities.

STATUS:

UnitingCare Tasmania is recognised by the Australian Taxation Office as a Public Benevolent Institution, and has Deductible Gift Recipient status. UnitingCare Tasmania is the trading name for the agency which operates under The Uniting Church in Australia Property Trust (Tas.) and which is constituted a corporation pursuant to the Uniting Church in Australia Act 1977 No. 38.