

Submission to Inquiry into grandparents who take primary responsibility for raising their grandchildren

To the Committee

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This submission attempts to briefly address the Inquiry's terms of reference including:

- a. the practical challenges facing grandparents raising their grandchildren, and their support needs;
- b. the role and contribution of grandparents raising their grandchildren, and how this should be recognised;
- 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;
- 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;
- 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;
- f. the specific needs of particular groups within the caring population, including Aboriginal and Torres Strait Islander grandparent carers, grandparents caring for grandchildren with disability, grandparents from culturally and linguistically diverse backgrounds, grandparents with mental health needs and grandparents with an informal care arrangement for their grandchildren; and
- g. other related matters.

As a researcher at the Social Policy Research Centre, University of New South Wales I have worked in the area of foster and kinship care, for several years. I have presented at numerous seminars/forums and conferences, nationally and internationally and published reports and book chapters on kinship care (see below).

As a researcher it is difficult to speak with a degree of equanimity about kinship care in Australia. While we have a reasonable understanding of statutory (public) kinship carers we know very little about the circumstances of the overall number of informal (private) kinship carers and the children they are caring for.

Of concern is the increasing use of kinship/relative care for children in the statutory system with the numbers in kinship care (47%) now higher than the numbers of children in foster care (44%). NSW has the highest proportion of children in kinship care (56%) (AIHW, 2013). The concern about the higher use of kinship care relates to the 'different (i.e. lesser) treatment of kinship placements compared to foster care placements, in some Australian jurisdictions

While Australian research is improving in the area of kinship care, specifically focussing on grandparent care, international studies note the vulnerability of kinship carers, often single grandmothers. Compared to foster carers, they are usually older, in poorer health, on lower incomes, and more reliant on income support payments. Compared to foster carers they are less likely to be employed or have university degrees or to receive training, case planning or supervision. Indigenous kinship carers are particularly vulnerable: most in strained financial circumstances have generally high levels of material disadvantage, including poor or inadequate housing. Many have sibling groups in their care.

In relation to Indigenous kinship care these are serious concerns at the overrepresentation of Indigenous children in Out-of-Home Care (OOHC). In Australia 33.5 per cent (n=13,299) of all children (n=39,621) in OOHC are Indigenous. In all jurisdictions there are higher rates of Indigenous children (55.1 per 1,000 children in population) in care compared to other children (5.4 per 1,000 children in population). Kinship/relative care is widely used for Indigenous children with 68.8 per cent of all Indigenous children placed with relatives/kin or other Indigenous carers (AIHW, 2014).

International studies tell us of the many advantages for children in kinship placements. They feel loved and wanted. Compared to foster care their placements are more stable and longer lasting; children have a better sense of identity and belonging; and are able to maintain contact with family and friends. Recent Australian research found kinship carers deeply committed to raising their grandchildren, providing them with security and the chance to live happy and fulfilling lives (Yardley, Mason and Watson, 2009). The costs for kinship carers are however, multi-faceted. They find they have insufficient income, loss of lifestyle, overcrowding, problems due to age and/or ill-health, managing children's challenging behaviours, legal costs, stress around birth parents' contact/access visits and grief, anger and resentment at their predicament.

In a study, conducted in 2012-2013 on stability in formal care placements, evidence was found of kinship carers struggling to cope with challenging situations in their lives - death/separation/divorce of partner/spouse, birth children's substance abuse problems, children's challenging behaviours, own and children's medical conditions, and changing children's schools (McHugh, 2013). Some kinship carers were inclined to comment that they were glad the department was not involved in their family's life. On the other hand some were 'desperate' and dismayed that no one was available to provide information, support and services to meet children's needs. The following findings emerged from the stability report (McHugh, 2013)

- The role of Courts impacted on placement stability for carers. Uncertainty existed for some kinship carers around a lack of orders. Without an order some carers were concerned at where children would go if something happened to them. High legal costs in applications for court orders were evident for some grandparents. Limited knowledge of the ramifications (i.e. loss of support) of taking *Parental Responsibility* (in NSW) was evident for two grandmothers.
- The reason children came to be placed with kinship carers was often unplanned and many appeared to be without the direct involvement of authorities, though some families were 'known' to child protection agencies and the police. Some kinship carers were pleased with support offered by caseworkers at time of placement while other carers received no support and were left to fend for themselves.

- It was many years before some kinship carers were assessed. Placements where no assessment, or a minimal assessment is conducted on carer family appropriateness, presents a risk not only to stability, but also to child safety. Few studies have assessed safety concerns to children in kinship care. Because the majority of placements are monitored infrequently, little is known about quality of care in some placements. Risks to stability must surely arise for carers lacking financial resources and appropriate information, and for whom support is not provided, either initially or on an ongoing basis.
- Many carers indicated high levels of stress and strain from trying to keep family members 'onside', while handling related children's often challenging behaviours with little support. Aboriginal families, with larger numbers of both birth children and related children in their care, appeared to struggle the most, again with minimal formal support.
- Obtaining respite was problematic for kinship carers. All carers need a break from constant caring, but older, more vulnerable kinship carers are at higher risk of placement instability, when respite is unavailable. Without agency support for kinship placements, carer need for respite is unrecognised and unmet.
- Feeling alone and socially isolated impacted on many grandparents and related carers. Some were of the opinion that belonging to a support group had 'saved' their lives. This finding provides the strongest indication of the situation of older, more vulnerable carers, without adequate information and resources, lacking someone to listen to their stories and share their often fraught and difficult lives, which few in the community appear to understand.
- The concept of older carers 'parenting again' should not be taken lightly. For many involved in kinship caring, it means a continuation of daily housework chores and child care routines, with little time for carers to do what their contemporaries are involved in: reduced housework, leisure activities, holidays, hobbies and time for themselves. Parenting again also requires older carers to make significant changes in the way they conform/adapt to contemporary practices around parenting, child discipline and education.
- The emotional health of some kinship carers appeared tenuous. In this study, it 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. Carers in the study acknowledged their daily struggles openly, with many indicating an inner strength and resilience that enabled them to overcome difficult periods and provide placement continuity and stability.
- Grief, loss, guilt, shame and anger for many kinship carers appeared to be unresolved issues. The 'double- bind' for carers - torn in their feelings towards birth children, whose actions have resulted in their children coming into care, but trying to support them regardless of the circumstances - was evident in many carer stories. These are not issues that impact on foster carers and yet they stay unresolved for many kinship carers. This issue begs the question, who is responsible for addressing grandparent carers' emotional needs and well-being? At what point does reduced carer well-being

impact on the quality of care being provided, and as a consequence children's well-being?

- Kinship carers appear to have more serious health concerns than those indicated by the foster carers. Most felt their poorer health status was due to 'age problems' and not because of caring for related children. Their stories however, make it clear their health status was at risk from their caring role. Not having energy and feeling tired was an issue for many. It 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'. It was kinship carers who were concerned about what might happen to children if they could no longer provide care.

In summary, given their personal circumstances, the role and contribution of grandparents raising their grandchildren needs far greater recognition than it is currently receiving by both state and federal governments. A key priority for action is to resolve the dilemma of support (financial and non-financial) for formal and informal kinship carers. Governments, and kinship carers themselves, need to focus on meeting the needs of children in this form of care. The reluctance of some carers to be involved with community services/support, of all descriptions, needs to be overcome in a sensitive but practical way. To conclude I have included some suggestions from OOHC staff which were included in the stability report (McHugh, 2013) on 'best practice' related to the role of agencies/caseworkers:

- Despite their status (statutory/non-statutory) ensure all kinship carers are assessed and checks (e.g. police) are completed.
- Kinship carers need agency support and a level of trust needs to be developed to support carers with complex issues like guilt and shame.
- Provide initial education/training (including parenting skills) for kinship carers and ensure an education/training calendar in all areas, for carers of children in kinship care who have been abused/neglected.
- Kinship carers (statutory and non-statutory) to be eligible for the same financial support as foster carers.
- Tailor support and interventions around the assessed needs and wishes of family members.
- Put structures in place around contact with birth family members.
- Provide more support for children in kinship care.
- Be available to answer a kinship carer's enquiries.
- Connect kinship carers to a support group.
- Reassure a [potential] carer that it is okay to say 'no' if they feel they are not able to provide care.
- Child protection concerns need to be addressed with kinship carers.
- Kinship carers need to demonstrate an adequate level of insight and have safety plans in place for child protection concerns.

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