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Committee Secretary
Senate Standing Committees on Community Affairs
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**Grandparents who have Primary Responsibility for Raising their
Grandchildren**

I am writing on behalf of the Psychologists Association to congratulate the Senate for conducting an inquiry into the important topic of grandparents who raise their own grandchildren, and to submit recommendations.

Psychologists Association

The Psychologists Association is a professional body of registered psychologists that regularly negotiates with the South Australian State Government on ways for consumers to improve access to quality psychological services. The Psychologists Association made a submission to the Senate Inquiry in Mental Health Services in 2011.

In its submissions to the 2011 Senate Inquiry the Psychologists Association noted that psychologists operating under the initial Medicare Better Access scheme in 2007-2011 were able to provide significant support for vulnerable families with complex needs, as the initial Better Access scheme allocated 18 sessions per year for people in exceptional circumstances. Unfortunately the number of sessions allocated for psychological therapy was reduced by the Gillard Government in 2011 from 18 to 10 sessions per year, and the lower number of sessions has not been sufficient for psychologists to continue to provide adequate therapy for families with complex needs.

Families with complex needs are families where a parent has reduced parenting capacity because of a condition such as mental illness including depression, a child has a behavioural disorder, and there is ongoing conflict within the family. Children in these vulnerable families are at higher risk of maltreatment, and often require increased support from grandparents.

Many psychologists are well equipped to provide coordinated therapy that assists families with complex needs, by assessing and addressing needs of the parent, the child, and other involved families members such as grandparents. However psychologists do need an adequate number of sessions to implement this complex work.

Current Information about Grandparents raising Grandchildren

Information about the current status of children and grandparents is provided in the annual reports 'Child Protection Australia' published by the Australian Institute of Health and Welfare AIHW. There is a National Framework to coordinate efforts of State and Commonwealth Governments with action plans for 2009-2012 and 2012-2015. The 2011-12 AIHW report notes that the focus of the first action plan was on children in statutory out-of-home care. Early intervention services are planned for the second action plan in 2012-15.

AIHW reports indicate that the commonest types of child maltreatment involve emotional abuse (36.4% of notifications) and physical abuse of children (20.5% of notifications). Both emotional abuse and physical abuse arise when parents are stressed and perceive children's actions as being deliberate misbehaviour. Both types of maltreatment can be remedied by skilled psychologists who provide focused therapy to a parent and child. Skilled psychologists are able to work in coordination with child protection agencies and courts.

The 2011-12 AIHW report shows that state governments provide intensive family support services for families where child maltreatment has been substantiated, and there is a risk or reality of children being removed from the care of parents. Referrals for intensive care are made by statutory bodies. Intensive care involves the provision of a range of services provided by a team rather than a single service, providing at least 4 hours of support per week for a period of 6 months.

The AIHW report indicates that once children have been removed from the care of parents, 57.7% of children remain on care and protection orders for a minimum of a year, for durations of 8 years and longer. 47% of children are placed into kinship care arrangements including into the care of grandparents.

The AIHW report notes that family disruption and removal of children from their home has a long term adverse impact on the child's education.

There is clearly a need for accessible early intervention services that are focused to assist vulnerable families before crisis levels are reached and children are compulsorily removed from the care of a parent. Early intervention services are planned for the second action plan to be implemented in 2012-15.

The AIHW report identifies several topics that need to be addressed in early intervention therapy including: methods to discipline children including children with conduct disorders, attitudes towards family violence, management of conflict within families, self-management

of mental health conditions, and parental misuse of substances. All of these matters can be addressed by skilled psychologists.

We note that cost-effective early intervention services can be provided for families with complex needs by individual skilled family psychologists who operate on a fee-for-service basis and who receive referrals from a community professional such as a GP or from a family law court. Use of skilled professionals both permits accessible services and allows a choice of provider for families.

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

It is recommended that the Senate Inquiry support the prompt introduction of individualised early intervention therapy for vulnerable families when parenting capacity is criticised.

It is recommended that the Senate Inquiry recognise that cost-effective early intervention for vulnerable families with complex needs can be provided by individual skilled psychologists who operate on fee-for-service funding, and that the Senate endorse the introduction of a universal scheme across Australia to fund individually focused family therapy for vulnerable families with complex needs.

It is recommended that family intervention include professional assistance for grandparents who provide significant care for grandchildren.

It is recommended that the Senate Inquiry support a scheme that permits a range of providers in a local area who use evidence-based methods, rather than block funding to one provider who becomes a monopoly provider.

It is recommended that the Senate Inquiry support the introduction of new forms of quality assurance for professionals who work in this important area.

Groups of Grandparents

Information from private practicing psychologists indicates that children come into the care of their grandparents through three main pathways:

- Voluntary arrangements where a parent asks a grandparent to provide significant care for a grandchild. These parents commonly struggle with a treatable mental health condition such as depression.

- One parent has been granted sole parental authority by a Family Circuit Court under the Commonwealth Family Law Act. Commonly an assessment of the family has been provided by a family consultant nominated by the court.
- A child is subject to a child protection order granted by a Child and Youth Court that operates under state legislation, with care of the child being granted to a state child protection department. An assessment will have been conducted of a parent who is alleged to have provided sub-standard care of the child by an employee of the department.

Complications for Grandparents

Complications can arise for grandparents when either a Family Circuit Court or a Child and Youth Court has received an assessment report and issued orders on the basis of the report, for two reasons:

- Professional assessments conducted on a parent are commonly declared confidential by courts and agencies, so neither grandparents nor therapists receive a copy of assessment reports that describe shortcomings in parenting capacity. Grandparents are left poorly informed about what level of trust they can place in the parent. Some agencies decline to provide assessment reports even to a parent named in the report.
- It is not yet standard practice in Australia for courts to make interim orders for vulnerable parents whose parenting is criticised to provide the parents an opportunity to participate in skilled psychological therapy that remediates their shortcomings. This is especially unfortunate when a parent has a mental illness as many mental health conditions are episodic and respond well to skilled therapy, but mental illnesses are exacerbated by the pressures of being involved in family court hearings. This lack of arranged therapy results in crisis situations when a parent can suddenly be declared an unfit parent and where grandparents are suddenly asked to care for their grandchildren. The lack of notice and therapy introduces a sense of crisis and adversity that is often unnecessary.

The outcome of these factors is that grandparents can feel that their grandchild was dumped into their care, with little clear information from professionals about what the problem is, and with no advice from the professionals who made the assessments about how to manage the situation that precipitated the crisis.

It is recommended that the Senate Inquiry encourage family law courts to adopt a practice with vulnerable families of issuing an interim order for those parents where rehabilitation is viable within a period of about one year to enable parents whose practices have been criticised to participate in individualised therapy that addresses shortcomings noted in family assessment reports.

It is recommended that reports assessing parenting capacity be made available to parents named in the report, to therapists who work with the parent and to grandparents where relevant.

It is recommended that family law courts subsequently receive treatment reports directly from therapists, where a treatment report describes progress made on topics that were criticised in a report that assessed parenting capacity.

Quality Assurance of Assessment Reports

The topic of quality assurance for professional assessments and treatment reports about parenting capacity that are submitted to family law courts is important.

Countries such as Britain and USA have produced guidelines to assist professionals who conduct assessments of parenting capacity and provide therapy, but this has not yet occurred in Australia.

It is recommended that the Senate ask the Commonwealth Attorney General's Department to establish an inter-disciplinary group with representatives from relevant and interested professional bodies (such as the Australian Chapter of the Association of Arbitration and Conciliation Courts, the Interest Group on Family Law and Psychology of the Australian Psychological Society, and the Psychologists Association) both to develop guidelines for the professional assessment of parenting capacity, and to develop a quality assurance system for treatment reports about parenting capacity.

It is recommended that professional assessments of parenting capacity routinely include an assessment of the potential for rehabilitation when parenting shortcomings have been noted.

It is recommended that grandparents who provide substantial care for their grandchildren receive copies of relevant professional assessments of the parenting capacity of their child, the parent of the grandchildren.

Sincerely,

Dr Don Tustin

Vice President