



AASW
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**Australian Association
of Social Workers**

*Submission to the Senate
Community Affairs Committee*

*Inquiry on grandparents who take primary
responsibility for raising their
grandchildren*

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© Australian Association of Social Workers
National Office – Canberra
Level 4, 33-35 Ainslie Place
CANBERRA CITY ACT 2600
PO Box 4956
KINGSTON ACT 2604
T 02 6232 3900
F 02 6230 4399
E advocacy@asw.asn.au www.asw.asn.au

Enquiries regarding this submission can be directed to:
Senior Manager, Social Policy and Mental Health:
Stephen Brand
Email: stephen.brand@asw.asn.au
Phone: 02 6232 3900
AASW Chief Executive Officer:
Glenys Wilkinson
Email: ceo@asw.asn.au

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Background

The Australian Association of Social Workers (AASW) is the key professional body representing more than 7000 social workers throughout Australia. Social work is the profession committed to the pursuit of social justice, the enhancement of the quality of life, and the development of the full potential of each individual, group and community in society.

Concern for the wellbeing of children and young people has been a core element of social work practice internationally since the development of social work as a distinct profession. Significant numbers of social workers work in the child wellbeing and protection field in a range of roles including direct case work, management and policy associated with out-of-home care.

No other professional discipline is so immersed in the areas of knowledge that are essential for quality relationship-based child and family welfare practice. As a result, social workers are recognised throughout the world as the core professional group in child protection policy, management and practice.

We are, therefore, pleased to provide the following submission to the Senate Community Affairs Committee on the issue of “Grandparents who take primary responsibility for raising their grandchildren”. We have chosen to focus on the issue of grandparents who provide formal kinship care and provide recommendations regarding how this sub-population of grandparents can be better acknowledged and supported.

Introduction

“Most kinship carers are grandparents, who as a group show strong commitment to their grandchildren. This dedication, however, sometimes comes at their own expense... Nevertheless, reluctant to see their grandchildren split up, grandparents take on the care of more children, and keep them for longer. Many tell stories of great hardship. Aboriginal grandparent carers experience even greater adversity.”

(Kiraly & Humphreys 2013)

A growing population of grandparents, particularly grandmothers, is taking on the role of primary caregiver to their grandchildren. All grandparent carers face significant challenges, however this submission focuses primarily on grandparents who provide kinship care following a decision by the Courts to remove a child from the family home. The term “grandparent carer” and “kinship carer” used in this submission, therefore, refer specifically to grandparents who provide formal kinship care to their grandchild.

Definition of kinship care

Kinship care, as a statutory arrangement, generally refers to “children and young people who have been placed with relatives, friends or local community members by child protection agencies” as a consequence of substantiated abuse and neglect (Boetto 2010). Kinship care is considered a less formal arrangement than other care options, such as foster care or residential care, insofar as children may remain part of their existing family network and community.

The prevalence and growth of kinship care

Kinship care is the fastest growing type of out-of-home care in Australia (Bromfield & Osburn 2007, p. 31). Nationally, the number of children in statutory kinship care overtook foster care in 2010–11, with many more children in informal kinship arrangements (Kiraly & Humphreys 2013). The numbers of

children in informal kinship care are not known.

This growth has been driven by a commitment to the “preservation of family, promotion of cultural identity” and the reduction of separation trauma combined with growing numbers of children being placed in care alongside insufficient numbers of foster carers (Boetto 2010, p. 61). It has also been proposed that the popularity of kinship care may reflect “a relatively inexpensive option for governments” and a shifting of “government responsibilities from the public sector to the private sector” (Boetto 2010, p. 61).

Children in care

Children in care have experienced significant abuse or neglect. Trauma from abuse and neglect and associated risk factors such as poverty, domestic violence, drug and alcohol abuse, and mental health issues have been associated with a range of challenges for children in the child protection system, including attachment and interpersonal difficulties, developmental disorders, issues with affect regulation, disassociation, behavioural control and issues with cognition (Cook et al; van der Kolk 2005 as cited in Wild 2013). Taken in the context of serial loss and disenfranchised grief, the challenges facing children even before they are placed in care are substantial.

Children in care have significantly poorer mental health outcomes than other children, and a significant minority of children experience complex psychological and behavioural problems emerging from a history of trauma, abuse and neglect (Bromfield & Osborn 2007, p. 6). The level of knowledge, skill and support required to understand, assess and respond to the needs of children in care is substantial and crucial to positive and long-term outcomes. Caring for these children presents challenges, which are difficult even for skilled and experienced carers.

Children in kinship care report positive experiences regarding kinship care, particularly in relation to the familiarity of the care arrangement; feelings of safety and belonging; and, a reduction in separation trauma. However, they also highlight issues such as the impact of their grandparents’ ill health, lack of money or energy.

Recognising and supporting grandparent carers

Grandparent carers make a significant and often unacknowledged contribution to the lives of Australian children. Their commitment to their grandchildren and to overcoming the challenges associated with their new caring role is to be celebrated. However, as this submission will explore, many grandparent carers experience significant hardship. Not only is this detrimental to their health and wellbeing, this ultimately impacts on outcomes for the children in their care, their extended families and our community. Measures that aim to better support grandparents, therefore, will have ramifications far beyond the grandparents themselves. With the far-reaching consequences of a continuing lack of formal supports and recognition in mind, we request that the Senate Community Affairs Committee consider the following recommendations as *starting points* for improving outcomes for grandparent carers, their families and communities.

Discussion and recommendations

1. Practical and other challenges facing grandparents raising their grandchildren (ToR a, c)

In this section, we focus on some of the key demographics, characteristics and challenges facing kinship carers. The manner in which governments and others might better support kinship carers to address these issues is discussed in point 2 below.

- 1.1 Most kinship carers are grandparents (Kiraly & Humphreys 2013). As a caregiving population, kinship carers are often compared in the literature to foster carers and are consistently found to be a comparatively disadvantaged and marginalised group.
- 1.2 A review of international literature conducted by the Australian Institute of Family Studies (2010), has shown that compared with foster carers, kinship carers are older, poorer, more likely to be single and are most often female. They tend to have lower income, have completed lower levels of formal education and are more likely to have poorer health (Boetto 2010, p. 62; Kiraly & Humphreys 2013). Australian studies have mirrored these findings (Boetto 2010, p. 62).
- 1.3 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. Kinship carers are thus further prone to a range of significant stressors (Boetto 2010).
- 1.4 Grandparents, who are often already on lower incomes, may be pushed into—or further into—poverty or extreme financial stress. Firstly, they need to absorb costs associated with caregiving, such as increased medical, legal, educational, recreational and household expenses. Secondly, they may be unable to work or have to cut back on work commitments in order to provide care. Finally, benefits and payments for kinship caregivers vary widely resulting in disparity in rates of pay (Boetto 2010, p. 63). This varies from state to state and depends on the age and needs of the child.

In addition, the costs associated with raising children in out-of-home care are estimated at double the cost of caring for children who are not in care. This reflects the fact that children in care often have greater health and wellbeing needs such as ongoing counselling, behavioural support and physical health needs (McHugh et al. 2002 and Fitzpatrick & Reeve 2003, as cited in UnitingCare Burnside 2010)

- 1.5 An additional source of hardship exists in the tension that commonly arises between the grandparent, parent and child as well as extended family network (Boetto 2010; Kiraly & Humphreys 2013). Grandparent carers are faced with conflicting loyalties and complexities around, for example, contact arrangements wherein pressures exist between formal court-ordered visitation and the pleas or wishes of their child, grandchild and extended family. In addition, their collaboration with child protection authorities may be viewed as a betrayal and they may consequently be subject to abuse and harassment (Boetto 2010; Kiraly & Humphreys 2013). Grandparents can often have difficulty managing the nexus between being parents and grandparents, when organising time with parents and extended family. Grandparents also report loss and grief in terms of being unable to “just be a grandparent” rather than parental figure.

- 1.6 Social isolation may be a risk for grandparent carers as child rearing responsibilities take time away from employment, social and leisure activities (Boetto 2010, p. 63). AASW members report that some grandparents may be reluctant to transport children, particularly where there are significant behavioural issues. This may further add to the sense of isolation and is particularly relevant for grandparents in rural and remote settings.
- 1.7 A recent study of the experiences of grandparents who provide care found that Aboriginal and Torres Strait Islanders, particularly grandmothers, experience the most significant adversity (Kiraly & Humphreys 2013). An AASW member who works with Aboriginal kinship carers in the Northern Territory suggests that grandmothers are often already caring for other grandchildren and may be residing in crowded or inadequate housing. This member reported that the emphasis on placement with kin is sometimes prioritised over recognition of the support needs for a particular family.

2. Practical measures that can be implemented to better support grandparents raising their grandchildren (ToR a, c, e, f, g)

2.1 Assessment and training

- 2.1.1 Foster carers are generally required to go through a formal and thorough assessment process before any children are placed in their care. This process generally includes detailed discussion and consideration of:
- motivation
 - social supports
 - relationships
 - parenting style
 - childhood history
 - stress management
 - household safety
 - referee and health checks
 - applicants' understanding of harm
 - cultural awareness, and
 - teamwork (Queensland government 2005).
- 2.1.2 Commencement as a foster carer is also dependent on the completion of a training program, which may cover theories of trauma and attachment; explore some of the challenging behaviours emerging from an abuse and trauma history and how to respond to these; and involve critical self-reflection to support carers to prepare mentally and otherwise for the arrival of a child into their family.
- 2.1.3 Kinship carers are subject to a less rigorous assessment process when compared to other forms of out-of-home care and are not supported through training programs such as those delivered and available to foster carers, also known as "authorised" carers. Indeed, the assessment process for kinship care normally takes place after the care arrangement has begun (Kiraly & Humphreys 2013). In some states, these assessments are outsourced to agencies and completed before some of the child's history is complete.
- 2.1.4 The AASW believes that the assessment process, *when used as a means for discussing and exploring in a collaborative, child-centred and family-focused manner, the needs, wishes and expectations of kinship carers, their grandchildren and relevant others*, provides an invaluable

opportunity to put strategies and supports in place to address potential issues before or as they arise.

2.1.5 The AASW recommends that:

- a) Kinship carers are subject to an assessment process commensurate with that utilised for authorised foster carers prior to the commencement of any kinship placement and children are placed with authorised carers until the assessment process is complete.
- b) The assessment process should be used as an opportunity to explore in a collaborative, child-centred and family-focused manner, the needs, wishes and expectations of grandparents, their grandchild(ren) and relevant others.
- c) The purpose of the assessment process should be to identify the range of supports required to ensure the placement is successful and to develop and implement strategies for dealing with possible issues. Success in this context means that the placement is not detrimental to the overall health and wellbeing of the grandparent, their grandchild or relevant others.
- d) That in addition to the assessment features outlined in 2.1.1, the assessment and training process for grandparents include an exploration of key potential issues and how these might be managed or addressed and what supports may be required to navigate these successfully. This might include, for example, consideration of how grandparents might navigate the complexities of parental contact; any safety or other issues contact might represent and how these might be addressed; issues relating to conflicting loyalties between, for example, the parents, other grandchildren and the extended family; and, maintaining or securing an adequate income and balancing personal and familial obligations to ensure health and wellbeing.

2.2 Early and ongoing support to navigate the child protection and associated legal systems

2.2.1 For many grandparents, the statutory child protection and legal systems are alienating and confronting. Grandparents need to be supported through statutory child protection and legal processes, as a lack of support not only impacts the success of the placement, but also their own health and wellbeing and ultimately the health, wellbeing and outcomes for children in their care.

2.2.2 The AASW recommends that:

- a) Child protection authorities provide support to kinship carers as soon as it becomes apparent that placement with the grandparents is a possibility. This support should include regular contact and provision of information and support including information on court processes, as appropriate.
- b) Grandparents who subsequently become kinship caregivers are provided with ongoing support in the form of placement visits. These visits should provide the opportunity for grandparents to raise issues and for child protection authorities to identify and engage appropriate additional supports. These may include, for example, a referral to a behavioural support or parenting program; the provision of information on any additional financial, legal or other resources available; and/or support to access these.
- c) Kinship carers are formally recognised and entitled to access Legal Aid.

2.3 Ongoing support from child protection authorities or their representatives

Based on the overview of issues facing kinship placements as outlined in part 1, the AASW recommends the following to better support grandparent carers on an ongoing basis.

2.3.1 **The AASW recommends that:**

- a) Ongoing involvement of child protection agencies or their representatives to assist kinship carers in identifying and responding to challenges as they emerge. We believe this should take the form of regular visits and placement monitoring, where required.
- b) Where contact is fraught or impossible, kinship carers are provided the option to organise supervised access visits, 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.
- c) All potential and existing kinship carers are provided with “Resource Kits” that include detailed and localised information on relevant and available financial, legal and support services. This should include information on which allowances and benefits they may be entitled to and how to access these; and information on formal and informal support networks such as kinship carer support groups.

2.4 **Consistency in state, territory and federal policies and processes**

2.4.1 The AASW believes that collaboration and consistency between state, territory and federal policies and processes could be improved to prevent or minimise conflicting requirements or advice.

2.4.2 UnitingCare Burnside (2010, p. 27), for example, report that “some grandparents who access Centrelink allowances are pressured to go back to work under the ‘Welfare to Work’ scheme when the youngest child in their care turns six, despite the fact that full-time grandparent carers are exempt from the scheme... [They consequently] find themselves having to negotiate conflicting Centrelink policies with Centrelink staff”. Further “one grandparent described the experience of being subject to conflicting state and federal policies when she was required by Centrelink to produce a letter from Community Services regarding changes to her carer status, but Community Services would not address the issues because the children in her care were no longer their clients” (UnitingCare Burnside 2010, p. 27).

2.4.3 **The AASW recommends that:**

- a) Inconsistencies in state, territory or federal policies are identified and addressed.

2.5 **Ongoing financial and legal support**

2.5.1 Where kinship placements are successful, research indicates that grandparents in particular have felt let down by state, territory and Commonwealth governments “especially in relation to the financial and legal issues that they face and the lack of recognition and support that they receive” (Council on Ageing National Seniors 2003, as cited in Bromfield & Osburn 2007).

2.5.2 **The AASW recommends that:**

- a) Allowances for kinship carers are increased to be commensurate with those received by authorised foster carers.
- b) Kinship carers are legally recognised and therefore able to act on their grandchild’s behalf. This might include, for example, being entitled to access a birth certificate for their grandchild and recognition as the primary caregiver by educational authorities.

2.6 Health and wellbeing

2.6.1 The AASW recommends that:

The ongoing health and wellbeing of grandparent kinship carers may be supported or improved through the provision of:

- a) Access to respite programs made available through the out-of-home care system.
- b) Social support programs such as the Grandparents as Parents Again (GAPA) program, an independently run support network for grandparent carers provides a great example of how these networks might be established and operated. Initially facilitated by UnitingCare Burnside and with support from the Country Women's Association, this formal support network has gone on to run independently and provide an invaluable source of support for grandparents caring for grandchildren. More information on the program can be found at <http://www.gapa.org.au/>.
- c) Counselling and mental health programs that provide an opportunity for grandparents to deal with the range of stressors and complex issues presented by their role as carers for a grandchild.
- d) Access to parenting and behavioural support programs for kinship caregivers.

2.7 Specific needs of Aboriginal and Torres Strait Islander grandmothers

2.7.1 As mentioned in part 1.7, the AASW is concerned about the particular adversity experienced by Aboriginal and Torres Strait Islander grandparents, specifically grandmothers. AASW members report that Aboriginal grandmothers are already likely to have caring responsibilities, to be in severe financial stress and experiencing housing stress in the form of overcrowding and inadequate housing. Concerns have been expressed to the AASW that the emphasis on placement with kin is overriding significant health and wellbeing concerns for both the grandmothers and the children in their care. Further, the AASW has been advised that Aboriginal kinship carers are less likely to ask for or receive support to deal with challenging behaviours or further develop parenting skills.

2.7.2 The AASW recommends:

- a) additional and specific targeted and tailored resources and support need to be directed to supporting Aboriginal and Torres Strait Islander grandparent kinship carers.

2.8 "Informal" grandparent carers

2.8.1 This submission has focused primarily on the need for additional support targeted at grandparent carers whose grandchildren have been removed from the family home following substantiated abuse and neglect. However, the AASW is aware that the needs of "informal" grandparent carers may be just as great and that in many instances they receive very little or absolutely no formal recognition or support. "Informal" grandparent carers refers in this context to those grandparents who care for grandchildren without going through any formal child protection Court processes or who are granted guardianship or custody of their grandchildren through the Family Court system.

2.8.2 The AASW is aware that for many of these grandparents, the care of the grandchildren can come about due to issues such as mental illness, drug or alcohol addiction and domestic violence issues of the parent(s). In these instances, care of the grandchildren may happen gradually over time and as the risks to the grandchildren escalate or become evident. Grandparents in this situation will often seek the involvement of child protection authorities, but AASW members report that the ongoing support of child protection authorities is unlikely, particularly where an initial

assessment indicates that the significant risks to the grandchildren are being sufficiently managed. In this instance, child protection authorities may recommend that grandparents seek custody of their grandchildren through the Family Court.

2.8.3 An assessment to ascertain the suitability, safety and stability of grandparental custody of the grandchildren may or may not occur in the Family Court system. Where an assessment does occur, AASW members report it is not as rigorous as, for example, foster care placements. This means there is a cohort of children who are placed with their grandparents following a finding by the Family Court wherein some of the issues facing “formal” grandparent carers are significant; these grandparents may face the same complexities and challenges around parental access; struggle to manage the risks associated with their child’s violence or drug and alcohol abuse; and, face all the financial, social and health and wellbeing challenges facing “formal” carers.

2.8.4 **The AASW recommends:**

- a) the urgent need for research into the experiences and support needs of “informal” grandparent carers so that formal mechanisms of support and recognition can be identified and implemented.

3. Other issues

The AASW recommends that more research is undertaken to inform and develop policy and practice in kinship care settings. The AASW believes this research is urgently needed given growing numbers of children being placed in kinship arrangements. Such research should consider how kinship placements are best supported as well as outcomes for children in this placement type.

Conclusion

The AASW believes that grandparent carers urgently require additional recognition and support, and that these supports will have implications not only for the health and wellbeing of grandparents, but the children in their care, their extended families and communities. The recommendations made here are best considered a starting point; one which draws on existing funding and service structures aimed at authorised foster carers and identifies some practical ways in which governments and others might better support grandparents in their caring roles. In making these recommendations, the AASW is cognisant that the foster care system is itself problematic in terms of support. Indeed, many foster carers cite a lack of support as a significant reason for ceasing to provide care. Nevertheless, the structures that are in place, when adequately funded, staffed and resourced, do provide an avenue that could improve the experiences of grandparent carers. Further research is needed, however, to explore the unique and specific needs of kinship caregivers, the range of complexities surrounding formal kinship arrangements to further inform the identification and establishment of appropriate and tailored support mechanisms.

Submitted for and on behalf of the Australian Association of Social Workers Ltd



Glenys Wilkinson
Chief Executive Officer

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AASW

Australian Association
of Social Workers

T 02 6232 3900
F 02 6230 4399
E ceo@asw.asn.au

National Office

Level 4, 33-35 Ainslie Place, Canberra City ACT 2601

Postal Address

PO Box 4956, Kingston ACT 2604

Incorporated in the ACT

ACN 008 576 010 / ABN 93 008 576 010