

**A submission by the Australian Psychological Society to the  
Senate Community Affairs Reference Committee's**

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

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Contacts:

Heather Gridley  
Manager, Public Interest  
Phone: (03) 8662 3327  
Email: [h.gridley@psychology.org.au](mailto:h.gridley@psychology.org.au).

Level 11, 257 Collins Street  
Melbourne VIC 3000  
PO Box 38  
Flinders Lane VIC 8009  
T: (03) 8662 3300  
F: (03) 9663 6177  
[www.psychology.org.au](http://www.psychology.org.au)

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## **Introduction**

The Australian Psychological Society (APS) is the national professional association for psychologists with over 21,000 members across Australia. Psychologists are experts in human behaviour and have the experience in understanding crucial components necessary to support people optimise their function in the community.

A key goal of the APS is to actively contribute psychological knowledge for the promotion and enhancement of community wellbeing. Psychology in the Public Interest is the section of the APS dedicated to the communication and application of psychological knowledge to enhance community wellbeing and promote equitable and just treatment of all segments of society.

This is a joint submission with the APS Psychology and Ageing; Child, Adolescent and Family Psychology; and Psychology and Cultures Interest Groups. We also support the submission made by the Centre for Excellence in Child and Family Welfare.

We commend the Australian Government for its focus on this issue and urge further support and recognition to grandparents based on the outcomes of this Inquiry.

The APS acknowledges the complexity of issues relating to grandparents who take primary responsibility for raising their grandchildren, including the rise in the number of grandparents providing care to their grandchildren through formal and informal arrangements and the increasing complexity of the grandparent carer role in line with changing family demographics.

While we are not in a position to comment from a legal perspective, we frame our response to this Inquiry in psychological terms, drawing on current evidence and practice within our broad discipline and profession. Along with research evidence, this submission has been particularly informed by psychologists working with grandparents, who have shared their direct practice experience of the issues faced by grandparent carers.

Below is our response to the terms of reference for the current inquiry. We have particularly focused on the needs of more marginalised groups such as Aboriginal and Torres Strait Islander communities and Culturally and Linguistically Diverse groups, as the psychological and practical issues for these population groups are particularly significant.

In relation to the Terms of Reference, we also note:

- While the focus is on the challenges faced by grandparents and ways in which support can be enhanced, the APS acknowledges the many positive

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aspects to this form of care for both children (who can maintain links to their family, community and culture) and to grandparents (developing strong relationships with their grandchildren through a caring role often adds new meaning and purpose to their lives). For many in this situation it appears to be a dual experience of immense joys and challenges.

- While the inquiry's focus is on supporting grandparents, the wellbeing, safety and best interest of the children should be the primary concern, key responsibility of government and key outcome of any effort. The APS acknowledges that in some situations grandparents may be not the most appropriate carers, so Inquiry outcomes should prioritise better support to grandparents to provide appropriate, safe care, and where this is not possible, to enable better alternative arrangements.
- While not the focus of this Inquiry, the APS draws the Committee's attention to the significant role of the birth parents in all aspects covered by the Inquiry. It is important that they are engaged in important decisions relating to their child(ren) and are supported, where it is safe to do so, to remain involved in any care arrangements of their children. Strengthening broader family relationships (between grandparents and their children, and between birth parents and their children) is important for the health and wellbeing of all family involved, including the healthy development of the child(ren) (where safe).
- Broader prevention of issues leading to the need for out-of-home care require urgent government focus, intervention and resourcing in key areas such as preventing drug and alcohol issues and family violence, provision of better housing and income support, and prioritising Indigenous issues and migration support.

## **Responding to the Terms of Reference**

### **A. The practical challenges facing grandparents raising their grandchildren, and their support needs;**

Kinship care is the fastest growing form of out-of-home care in Australia, and grandparents caring for grandchildren is one of the largest groups of kinship carers (Mason, Falloon, Gibbons, Spence, & Scott, 2002). Despite the fact that grandparent care is associated with higher levels of stability as compared with foster care (Farmer, 2009), grandparents are overwhelmingly older, female, single, from lower socioeconomic backgrounds, and experiencing poorer health (Boetto, 2010), and have consistently reported feeling let down by 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 the Ageing National Seniors, 2003). These issues are

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significantly magnified for Aboriginal and Torres Strait Islander communities and for migrant and refugee families (as discussed below).

### ***Legal, financial and practical issues***

Legal and financial barriers and issues are most often cited by grandparents as the biggest challenge for them as they undertake their caring roles and responsibilities (legal issues are discussed below in TOR d.) (Brennan et al, 2013). Grandparent carers are more likely to come from financially disadvantaged backgrounds, are often on lower incomes, especially those who are informally caring (as they do not have legal custody therefore are not receiving government support) than foster carers, and from the general population (e.g., as compared to other parents or people in their age group).

The costs of raising a child while ageing compound this financial disadvantage. Furthermore, compared to foster carers, grandparents receive less (and in some instances receive no) monitoring, training and support (including financial support), with access to support and services through Centrelink or elsewhere for many informal carers appears to be reliant on a carer's ability to find information on their rights and entitlements (Brennan et al, 2013). This is particularly problematic, as they have been recognised to have higher rates of poverty and disadvantage and tend to require more support than non-relative foster carers (Bromfield & Osborn, 2007).

Related to this is the lack of or ineffective practical support they receive as carers (particularly as compared with foster carers), leaving grandparents to navigate their way through complex care arrangements often in highly tense situations with children who require complex care and support. Where formal care is recognised and support is available, grandparents have reported difficulty engaging with formal care agencies, not being provided with support/resources that they are entitled too, onerous processes to obtain support, including time-consuming commitments (e.g., to attend many meetings, sometimes weekly, while trying to maintain full time jobs), being treated with antagonism and experiencing a lack of coordination among support agencies whereby grandparents were required to re-provide information repeatedly resulting in repeated personal distress and inconvenience (Brennan et al, 2013).

### ***Psychological and support needs***

Grandparents also report experiencing a range of psychological and support-related issues (Dunne & Kettler, 2008; Kiraly & Humphreys, 2012). These are often related to circumstances leading up to the need for the care, and include difficulties managing/maintaining relationships with their children (birth parents). For example, grandparents report experiencing conflict in

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their relationship with the birth parent, and the grandparent's care of the child may exacerbate these issues further (Kiraly & Humphreys, 2012). Often grandparents are left, in informal care arrangements, to negotiate contact with the child or erratic arrival and departure of the parent from the child's life. Grandparents are also sometimes allocated the responsibility of supervising or arranging appropriate contact with the parent without formal advice or support. Often parents already grieving the loss of the relationship with their child find themselves in a situation in which they need to re-engage in the relationship that is already complex but now further complicated by the child's need for care and protection. Other times grandparents report feeling ambivalent in needing to be the protector of the grandchild when they remain concerned about the well-being of their own child, where often the care of the grandchild means that they need to be less available for support of their own child. Feelings of feeling overwhelmed, and feeling alone in carrying these burdens and the perception of many grandparents has been that there was little support available elsewhere (Kiraly & Humphreys, 2012).

Associated with these issues are the complexities associated with the life circumstances and psychological health of their grandchildren. Research has found an increased incidence in social, emotional and behavioural issues of children in out-of-home care, including those in the care of their grandparents (Dunne & Kettler, 2008). It is not unusual for these children to be experiencing issues associated with attachment disruption which makes their behaviour more challenging and their emotions more deregulated (Brennan et al, 2013). At other times there is significant trauma in either the grandparent or the child or both that disrupts their functioning and relationships.

Managing these ongoing psychological issues and accessing appropriate support is a key factor contributing to the stress experienced by caregiving grandparents (Dunne & Kettler, 2008).

Other psychological and social considerations reported by grandparents include mixed feelings of wanting to keep the family together but resentment and guilt about being robbed of their own life/retirement, stigma associated with relationships with their peers and broader social networks (it is not usual for children to be part of social situations with peers) as well as accessing services, as along with fear of grandchildren being taken away from their care which leads to and exacerbates social isolation. Often their own psychological and physical health is sacrificed due to their caring obligations, while close relationships with partners or other family members becomes strained. Grandparents also point out that by being primary carers of their grandchildren they are missing out on being grandparents to these

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children, as they are parenting them and thus have no grandparent to call on for support.

### ***Raising a child while ageing***

A range of practical issues have also been raised by grandparents associated with ageing, whereby caring for grandchildren can provide significant challenges to healthy and active ageing. Increasing and ongoing health issues, reduced income and reduced energy levels for many can be exacerbated by their grandchildren coming into their care. Commonly, grandparents are required to address the health and mental health needs of the child or children whilst addressing their own concurrently.

Grandparents also report doubts about their capacity to parent a child these days (because of the differences from when they parented and the changed cultural and social conditions – the ‘generation gap’), challenges associated with knowing how to access support and resources for their grandchildren (such as keeping up to date with technology, assisting with homework), and concerns about the future when they are no longer around (Brennan et al, 2013).

Conversely a grandparent who is younger (which is often the case when their children are teenagers when they give birth) can face issues accommodating a child into their lives when they are working or have other growing children in the household. There are often cases when care arrangements set conditions on the care of the child that preclude the grandparent being able to earn the income they were previously earning, and situations when the legal costs associated with gaining care of the child impact severely on the family (see below).

### ***B. The role and contribution of grandparents raising their grandchildren, and how this should be recognised***

Grandparents who take responsibility for raising their grandchildren make a significant psychological, social and economic contribution to both individual children in their care, but also to the broader community. Given the increase in need for out-of-home care, and the lack of availability of care options, many grandparents are essential for ensuring the safety, belonging and maintaining important family and community connections important for raising healthy individuals. It is important that these experiences are promoted more broadly in society, the media and across government, to raise the profile and give recognition to the care being provided.

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Recognition however, really starts with addressing the support needs outlined above, by strengthening the financial, legal, psychological and social supports and services available to grandparents (and their grandchildren). See below (ToRs d & e) for a more detailed list of recommended supports and services, but at the very least providing recognition, services and supports for grandparents akin to that provided to foster families, recognising informal care as well as formal care, and providing support with childcare places and respite all gives recognition for the importance of their role. These supports should be extended for those providing informal care, particularly those from Aboriginal and Torres Strait Islander and migrant communities, where significant levels of care are occurring and levels of disadvantage are already an issue.

The involvement of grandparents in key decisions which impact upon their experience of providing care is also an important form of recognition. At an individual level, there is a need for grandparents to gain an 'Authority to act as a responsible parent', to empower them to make day to day decisions regarding their grandchild's education, health and social situation (Kiraly, 2014). At a broader government policy level, grandparent carers should be engaged to be involved in the development of initiatives to further support grandparents who are primary carers. It is also essential that relevant grandparent carer support groups and peak bodies should be consulted in policy and program development in this area.

Finally, the current data collection around grandparent carers does not reflect or recognise the extent of grandparents caring for grandchildren, as much care is undertaken informally and the data collection strategy does not capture the range of arrangements currently in place (Brennan et al, 2013). It is important this is addressed so that recognition is provided and adequate supports developed.

### **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**

Reasons grandchildren come to live with their grandparents are complex and varied, but often include trauma of some kind, such as a parent's drug or alcohol abuse, relationship breakdown, mental or physical illness, or death (ABS, 2003). Most grandparents raising their grandchildren are faced with a multitude of these issues, and there is some evidence to suggest a growing number of grandparents raising grandchildren due to parental substance

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abuse need greater social, financial and service supports (Baldock & Petit, 2006).

As discussed above, maintaining family relationships with the child(ren)'s birth parent is often challenging, with grandparents dealing with increasing social isolation of children's parents due to violence, substance abuse, homelessness, and mental health difficulties. The challenge grandparents report facing is one of maintaining contact with parents while insulating children from harmful contact. Issues of safety come up often with these families when there has been abuse or family violence. The grandparent can feel threatened or may need to be active in protecting the child.

Anecdotal evidence suggests that an increasing number of grandparents are living with a disability and that many of these carers are single women (Brennan et al, 2013). Research has identified that much more support is needed for grandparent carers to manage children's parental contact, especially where the grandmother is expected to supervise children's contact with the parent who is her own daughter or son, and possibly the parent's partner as well (Kiraly & Humphreys, 2012). Working in partnership with family violence organisations and within a framework that ensures all family members are safe is also required, and to ensure that parent victims (usually mothers) are not further alienated and blamed for violence perpetrated against them (by having their access rights to their children or supports limited/withdrawn).

#### **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**

While not in a position to comment on the legal aspects of the Inquiry, the APS acknowledges that:

- Legal recognition formalises care, provides security to grandparents and children, and enables access to further social support and resources to assist in the caring role. Lengthy and expensive legal processes exacerbate existing tensions and have the capacity to create further anxiety and stress.
- The most significant barrier to legal recognition by grandparents is financial, since many grandparents have little or no entitlement to legal aid. When there is no legal arrangement for the child, a grandparent often does not feel secure in their care arrangement, however they are often not in a position to pay legal costs and often they are reluctant to proceed due to the

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potential to antagonise a biological parent (who may have drug or alcohol issues, or be violent)

- Many grandparents would benefit from information to support them in the legal processes, as well as legal education to inform them of their rights, responsibilities and other issues related to children in their care
- Legal recognition should not be a requirement to obtain financial and practical support for all situations, particularly where an informal care arrangement is functioning well and instigating legal proceedings will disrupt this arrangement. Financial, social, psychological and case work services should be provided regardless of legal status.

**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**

Based on the issues identified above, the APS considers that a range of measures can be taken by both government and the community sector to better support grandparents raising their grandchildren.

***Better financial and practical support***

Better financial and practical support should be available to grandparents, akin to the support provided in foster care arrangements. This should apply to formal and informal care arrangements. For example, where there are child protection services involved and grandparent care has been deemed to be in the best interest of the child, that they be given an equal amount of practical support as in foster care arrangements. Financial support should include provision of support to raise children as well as costs associated with relevant legal processes. The delivery of this support is also in need of improvement through better dissemination of information about available services, including face-to-face contact with service providers when grandparents are seeking information (McHugh and valentine, 2010, cited in Kiraly 2014).

***Enhance access to psychological and other services***

The cost of, and waiting period for, accessing psychological and other allied health services has been identified as a barrier by grandparents; this is primarily for accessing help for their grandchildren, but is also applicable to them as carers. Grandparents and their grandchildren should be supported to better access psychological and allied health services. It is important

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these services are de-stigmatised and that factors that may prevent people from seeking emotional and psychological help when it is needed are addressed. Improving beliefs and attitudes toward seeking professional psychological help, providing information about services available and how they can help, developing trust with grandparents, along with assisting grandparents to become aware of help-negation processes, may be important steps toward them seeking help (Rickwood et al, 2006).

### ***Develop better social support mechanisms***

As well as formal services, better social support to grandparents to support them in their caring role, work against the development of mental health issues and reduce social isolation is urgently required. This should include provision of respite care for grandparents. While it has been acknowledged as 'imperative' that kinship carers (grandparents) access respite, lack of information and understanding of respite care, guilt about asking, not wanting to be seen to be non-coping, fear that the child would be removed from their care and concerns about stranger care have been shown to obstruct access to respite care (Borenstein et al, 2012). Given that research has shown that respite care can potentially make the difference between the care continuing or not, with benefits for both carers and children, adequate access to respite care needs to be prioritised. This includes the need for more formal and private respite options, and more resources to ensure access (including brokerage programs to enable families to access private care when required) (Borenstein et al, 2012).

The resourcing and supporting of grandparent carer support groups is also key to supporting grandparents undertaking a caring role (Kiraly & Humphreys, 2012), as well as the development of social opportunities where grandparents can participate with accompanying grandchildren, such as grandparent-specific playgroups WHIN, 2000).

### ***National collaboration and coordination***

Finally, there is a need for evidence based approaches to developing practice guidelines for non-government organisations who support children in out-of-home care (Boetto, 2010). There is an opportunity for better coordination and collaboration across government departments (between States, and with Commonwealth) to ensure consistency in the legal status, reduce confusion and optimise access to financial and other supports(Boetto, 2010).

## **F. The specific needs of particular groups within the caring population, including Aboriginal and Torres Strait Islander grandparent carers, grandparents caring for grandchildren with**

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## **disability, grandparents from culturally and linguistically diverse backgrounds, grandparents with mental health needs and grandparents with an informal care arrangement for their grandchildren**

While we are aware that there are many groups with specific needs (such as higher rates of children with a disability in out-of-home care, grandparents with mental health needs caring for their grandchildren, and also emerging research suggests there is an over-representation of grandparents with a disability caring for their grandchildren), in this section we focus on the needs of Aboriginal and Torres Strait Islander grandparent carers and those from culturally and linguistically diverse backgrounds.

### ***Aboriginal and Torres Strait Islander grandparent carers***

Aboriginal and Torres Strait Islander children are around ten times more likely to be placed in out-of-home care than non-Indigenous children, with around half of these children in kinship care, mostly under the care of their grandparent (Australian Institute of Health and Welfare, 2012).

While reasons for this are many and complex, this over-representation in out-of-home care, combined with the history of Stolen Generations (forced removal from families) has created challenges within Indigenous communities in being able to care for their children/grandchildren as well as mistrust of service systems, particularly child protection.

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) is the cornerstone of Australian law and policy acknowledging the importance of family, cultural and community connections to the identity and wellbeing of Aboriginal and Torres Strait Islander children who come into contact with the statutory child protection system (Ross-Rayner, 2008). The policy outlines the preferred order of placement for an Aboriginal or Torres Strait Islander child who has been removed from their birth family to ensure safety (Higgins et al, 2006). The principle is based strongly on the presumptions that removal of an Aboriginal and Torres Strait Islander child from their family should be an intervention of last resort, and that reunification of a child who has been removed must be a high priority (Ross-Rayner, 2008).

Adherence to the ATSICPP varies between states and territories (McHugh, 2003) and implementation of the ATSICPP remains grossly inadequate to promote and respect the rights of Indigenous children to family and cultural connection (Ross-Rayner, 2008). While Aboriginal and Torres Strait Islander people have been willing to provide care for children being removed from their parents' care, the over-representation means there are more Aboriginal

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and Torres Strait Islander children in care than available Aboriginal and Torres Strait Islander carers (Higgins, et al, 2006).

While grandparent carers are already more likely to be single, female and living in poverty, this is particularly true for Indigenous carers, who also tend to be younger (due to the reduced life expectancy of Aboriginal and Torres Strait Islander people) and have more children in their care (Higgins et al, 2006; Kiraly & Humphreys, 2011b). . Other issues facing Indigenous communities magnify the hardship experienced by Indigenous grandparent carers, such as inadequate housing, especially over-crowding, lower levels of literacy, and poor access to transport.

Policies of forced removal of Aboriginal or Torres Strait Islander children and broader processes of colonisation have also led to poor social and emotional health and wellbeing among Indigenous communities. The APS acknowledges the important distinction between concepts of 'social and emotional wellbeing' and 'mental health', whereby social and emotional wellbeing within an Indigenous context 'recognises the importance of connection to land, culture, spirituality, ancestry, family and community and how these affect the individual' (Social Health Reference Group, 2004, p9). A range of risk factors that threaten Indigenous social and emotional wellbeing have been identified, including unresolved grief and loss, trauma and abuse, domestic violence, removal from family, substance misuse, family breakdown, cultural dislocation, racism and discrimination, and social disadvantage (Kelly et al, 2009). Overcoming these structural barriers is key to preventing the removal of Indigenous children from their families and to better supporting grandparent carers, families and communities to best care for their children.

It is recommended that the Aboriginal childcare placement principle be prioritised in all Aboriginal and Torres Strait Islander out-of-home care, and that culturally appropriate and responsive care be supported. This includes ongoing engagement with Aboriginal and Torres Strait Islander communities and organisations (such as SNAICC) and the provision of culturally respectful care to support grandparent carers. Informal care arrangements need to be supported, along with appropriate provision of legal and financial support. The provision of social support and access to services should be developed with Indigenous-specific organisations and communities to ensure culturally appropriate delivery. Building capacity within these organisations to ensure support for carers and the recruitment of new carers is also essential (Higgins et al, 2006).

***Grandparents from culturally and linguistically diverse (CALD) backgrounds***

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While the exact number of grandparents from culturally and linguistically diverse backgrounds who care for their grandchildren is not known, the practice of grandparents from many ethnic communities providing the primary care of grandchildren through informal unpaid arrangements over many years, because of filial expectation, social obligation or cultural beliefs, is well established. Providing childcare may be at the grandchildren's home or at the grandparent's house, and commonly the older person lives with the family in a multigenerational household.

For example research into three CALD communities found that the majority of grandmothers provide free childcare for children averaging 10 hours a day, as well as maintaining the household (WHIN, 2000). Grandmothers have strong family expectations which reflect cultural norms that may compel them to provide childcare while parents go to work. The grandparent caregivers in the intergenerational households are critical in practically raising the grandchildren while the parents provide the financial support to maintain the family unit. Upon migration to a new country (such as Australia) the first priority is frequently to sponsor the grandparents' immigration as caregivers for the young children to enable the parents to work and establish life in the new country.

While this results in significant positive outcomes for grandparents in that they are supported to migrate to a new country and maintain family connections and often have health gains as a result, it also has been found to result in adverse health impacts such as adding to the stress of settlement, loss of independence, isolation and lack of assistance with childcare. A large proportion of grandparents had little or no English language skills which limited their access to information and services (WHIN, 2000).

While grandparents who are sponsored for Parent Migration by their adult child are eligible for Medicare, they are not eligible for any other government support for the next two years (like most other migrants) and importantly, they will also not be eligible for Aged or Disability Pension within ten years of their migration to Australia. These are particularly debilitating conditions, especially if their sponsoring adult child is the sole breadwinner or is incarcerated, and there are no other kin in Australia.

Other issues to emerge for grandparent carers from CALD backgrounds include different cultural expectations, where grandparents still expect similar cultural values to be respected by their grandchildren who may have been born in Australia and are fully acculturated in that they fully adopt Australian values and norms (Cichello, 2006:WHIN, 2000). Whereas in the grandparents' culture of origin, 'growing old' may be equated with achieving wisdom and status, in the Australian culture attitudes may be quite

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different. When the expectation that grandparents have of their grandchildren's behaviour and attitude towards them are not fulfilled, this can lead to stress and a sense of ambiguous grief. Similarly, language barriers may be evident (grandparents may be using their original native language and may not have English skills, while the grandchildren have the English skills and are not familiar with the original language).

Social isolation of CALD grandparent carers who are unable to have "day off" from the carer role to socialise with others outside the family unit, and reports of elder abuse are serious issues. While there is very little empirical data available, anecdotal evidence for example suggests that many Filipino seniors are unaware of their basic rights as citizens and of mainstream carer support services; they may be exploited by family for unreasonable caregiving and housekeeping for long periods of time (Cichello, 2006) . There have been reports of grandparents' Age Pensions being controlled by the adult children at the expense of the grandparents' health. These issues can be compounded by cultural factors that prevent grandparent carers from seeking help (e.g., shame, 'face-saving', fear that the offending grandchildren will be taken away from their care).

It is recommended that governments support programs that promote awareness in ethnic communities of carers' rights and available supports, and that funding be provided to establish ethnic-specific social and cultural get togethers particularly in rural areas. The establishment of low-cost intergenerational social programs suitable for grandparents and young children to attend should be further supported, such as grandparent playgroups. Access to psychological and other health services should be further supported through service providers that ethnic communities trust and access. Given the extreme financial hardship experienced by many grandparent carers from CALD backgrounds (not all of them receive the Age Pension) the definition of grandparent carer needs to change from permanent fulltime custodial, to allow a policy that recognises the contribution of non-custodial grandparent caregivers and allows some carer benefits.

## **G. Other related matters.**

Emerging evidence suggests that children in kinship care have worse outcomes compared to children who have never lived in care, however they appear to do at least as well, if not better, than children in non-relative foster care (Bromfield & Olsen, 2007). Current Australian research is

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urgently needed to fully examine children's outcomes in kinship care. Provision of the recommended practical, financial, legal, social and emotional supports to grandparent carers however should not be delayed until research outcomes are known given the extent of this form of care and documented need to date.

Attention to the emerging group of other kinship carers, particularly young people and other family members (Aunts, Uncles, siblings) (Brennan et al., 2013). Emerging research at the University of Melbourne in collaboration with the Centre for Excellence in Child and Family Welfare to explore the characteristics and support needs of these groups is important to continue supporting.

Finally, ensuring the voice of parents and children impacted by kinship care are considered and included is essential in the development of any initiatives as a result of this Inquiry. We support the submission being made by Kiraly (2014) on behalf of the Centre for Excellence in Child and Family Welfare into this Inquiry which focuses on the direct experiences and voices of grandchildren who have experienced kinship care, and as identified by Kiraly (2014) in their submission to the current inquiry, support the need for parents to be provided with individual case management and support and drug treatment services, and the protection of a minimum income from sickness or disability benefits.

## **Recommendations**

The APS recommends that;

1. The wellbeing, safety and best interest of children should be the primary concern in all out-of-home care and government decision making and service delivery.
2. There is an urgent development of a coherent, national framework and delivery of support and services for formal and informal grandparents who carer. This should cross state or territory jurisdictions and include financial and non-financial supports.
3. The Australian Government provide grandparent carers with information, legal education, and financial assistance to access legal aid to support them in the gaining legal recognition of their care status. Support services should not be dependent on the legal status of the care arrangement.

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4. Grandparents and their grandchildren should be supported to better access psychological and allied health services. This may include increasing commonwealth funding of allied health services as well as promoting help-seeking behaviours to increase service access.
  5. Along with formal services, develop a national program of support for all grandparent carers, delivered through community service organisations to include respite care, support groups and parenting support.
  6. Prioritise funding, policy and program development for family violence prevention and response, drug treatment services, offender diversionary programs and access to safe, affordable housing for parents in order to prevent the need for out-of-home care - to support parent's capacity to parent.
  7. The Aboriginal childcare placement principle should be prioritised in all Aboriginal and Torres Strait Islander out-of-home care, and that culturally appropriate and responsive care be supported. The provision of social support and access to services should be developed with Indigenous specific organisations and communities to ensure culturally appropriate services are provided.
  8. In collaboration with ethnic specific organisations, a national program of awareness raising and support be provided including the provision of awareness raising of grandparent carer roles and rights, health promotion initiatives ethnic-specific social and cultural events, and provision of better access to culturally appropriate psychological and other health services.
  9. Given the extreme financial hardship experienced by many grandparent carers from CALD backgrounds the definition of grandparent carer needs to be inclusive of the contribution of non-custodial migrant grandparent caregivers and allow carer benefits and supports accordingly.
  10. Mechanisms that enable grandparents to have input into key decisions made at a service and policy level should be prioritised.
  11. Given the prevalence of grandparents who permanently care for their grandchildren is currently unknown, data collection mechanisms should be modified to capture the incidence of this form of care.
  12. Birth parents are engaged in important decisions relating to their child(ren) and they are supported, where it is safe to do so, to remain involved in any care arrangements of their children.
  13. National evidence based practice guidelines for organisations who support children in out-of-home care, and an opportunity for better

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coordination and collaboration across government departments (between States, and with Commonwealth) to ensure consistency in the legal status, reduce confusion and optimise access to financial and other support.

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