

**Samaritans - Doing good locally**  
**GRANDPARENTS AS PARENTS**  
**GAPS Newsletter**  
**February 2010**

**ALL GRANDPARENTS/CARERS RAISING GRANDCHILDREN ARE MOST WELCOME**

**Kinship Care Worker - Karen - Phone 0429 914 553**

---

**MEETING TIMES FOR GAPS GROUPS**

- \* **Cessnock** - Thursdays 10.00 - 12.00 (1st and 3rd Thursdays)
- \* **Charlestown** - Wednesdays 10.00 - 1.00 St Albans Anglican Church, Charlestown
- \* **Fennell Bay** - Tuesdays 1.00 - 2.30
- \* **Gorokan** - Mondays 10.00 - 12.00
- \* **Morisset** - Fridays 10.00 - 12.00
- \* **Newcastle** - Thursdays 10.00 - 12.00 at Anglican Church Hall, Church St, Mayfield
- \* **Raymond Terrace** - Fridays 10.30 - 12.00

Note: GAPS groups do not meet in the school holidays

**What has happened to the logo and drawings on the Newsletter Heading?**

Some people have had difficulty accessing the Newsletter so the pictures have been left out to see if it makes it easier to receive the Newsletter via email.

**Meetings:**

- **Regional GAPS Committee** meets Thursday, 25th February at 10.00am
- **Training Session for GAPS Groups helpers** - Thursday, 3rd June at 1.00pm

**WELCOME to all new members of GAPS.** We are glad to meet more grandparents who are raising their grandchildren. Belonging to our Support Group brings many benefits, including talking to others who understand what it is like to be raising grandchildren, learning about how we can get the help that we need, and, best of all, making very supportive, caring friendships. It also enables our grandchildren to meet other kids like themselves so they don't think they are the only ones.

---

**CAUTION:** After you have read the DOCS plans you might like to wait until we are able to find out more information before you take any action. The whole DOCS scheme will take some time to put into operation. No assessments will take place before April

**NEWS FLASH!!**

Many grandparents (who are not sharing responsibility for the grandchildren with the Minister through the Children's Court) are receiving letters from DOCS about a forthcoming review of the Supported Care Allowance. Although DOCS are claiming to *ease any concerns...about the process*, all in receipt of the letter find it very disturbing, to say the least!

The letter states that some carers 'may no longer be paid' though other assistance 'may be available'. Some carers who will still get the payment may have conditions attached such as 'an annual review of the care arrangement'.

Also: 'If Community Services decides that a child or young person in supported care would no longer be in need of care and protection if returned to their parents then carers will be notified in writing of the decision.'

*One grandparent couple got this one size fits all letter and they have been raising a granddaughter for eight years after the tragic death of both parents!*

The Department is either unaware, or doesn't understand how much grandparents do in raising their grandchildren, including the investment of love and care, the upheaval of their lives, and the drain on their health and finances - all in the interests of improving the damaged lives of their grandchildren, and trying to keep the family together.

Grandparents are not the same as foster parents who *choose* to raise others' children, who receive training and who *don't* deal with difficult relatives.

Grandparents are especially important because they keep the grandchildren within the family where they often have wonderful role models, like aunts and uncles for the grandchildren to grow up with, and cousins they have a right to know.

### **Compare what DOCS is planning to do, with the following findings of research carried out by the Benevolent Society:**

The **Senior News**, February 2010, had an interesting report about **Supporting kin carers**. I followed it up on the net and found more details (reproduced hereunder) from the **Benevolent Society** website.

- Children in kinship care have the same needs as those in foster care. However, in practice, they do not receive the same level of support.
- Kinship carers demonstrate resilience, strength, and a profound commitment to the children in their care.
- Kinship carers have complex needs and face a number of competing challenges. To date, they have not been adequately or consistently supported in NSW. The picture is similar elsewhere in Australia and overseas.
- Kinship care practice models used by out-of-home care (OOHC) agencies need to be different from foster care practice models. In foster care, the carer has made an informed decision to take on the child after an intensive training and assessment process. In kinship care, placements are frequently unexpected, the carer often has a pre-existing relationship with the child and birth parent, and the assessment and authorisation of the carer may happen while the child is already living with them.
- There are promising practice models emerging in which workers engage holistically with the family to find and agree on stable placements for the child, build on the family's strengths and provide extra support and resources where required.
- An effective kinship care practice model is not a 'quick fix'. It can be resource and time intensive but can strengthen families and enable children to have continuity, stability and maintain connections to their heritage.
- Successful kinship care practice can reduce demands on a decreasing pool of foster carers.

Kinship carers found it confusing as their role changed from grandparent or auntie, to parent or carer. Some kinship carers felt they had multiple roles.

**"You don't know if you're a grandparent or a parent."**

Although they seek equal recognition, many kinship carers saw themselves as having a different role to that of foster carers. The arrangement was not generally seen as a

'placement' but an extension of their existing connection to the child.

**“I’m raising him, I’m not caring for him... he’s part of my family.”**

Kinship carers had to manage complex relationships with the birth parent(s) and other family members, as well as competing demands and responsibilities

Some studies have found substantial benefits for children placed with their kin, including:

- stability and fewer placement moves
- preservation of identity and a sense of belonging
- better behavioural development
- maintenance of connections with family and community.

Other studies have found that, despite these benefits for the children, the outcomes for the kinship carers were not always positive.

Kinship carers showed immense love for and commitment to the child in their care, often placing the needs of the child before their own.

**“The children are my life, they always come first and while I’m burning out, all their needs are being met.”**

Kinship carers have diverse and complex stories. Although they share some experiences with foster carers, there are many differences. Unlike foster carers, who have made an informed choice with time for preparation, the kinship carers often saw themselves as having had no choice but to take on the children. The placement was often unexpected and happened at a time of family crisis.

The kinship carers talked about the great sacrifices that they had made to take on the child, for example, giving up work, moving house, the huge financial strain and losing friends.

**“We lost friends, we lost a whole lot of things ... we couldn’t go out and nobody would ask us.”**

Most of the kinship carers were experiencing grief, loss and trauma at the time when the child came to live with them.

The kinship carers talked about the lack of adequate support and appropriate, accessible services for them and their children, for example, counselling, a paediatrician or educational support.

**“You shouldn’t have to fight for support.”**

Many of the kinship carers recognised that their children had the same needs as those in foster care but felt that the children were not getting the same level of support.

Most of the carers (both statutory and non- statutory) received a carer payment from the NSW Department of Community Services (DoCS).

The carers considered this payment vital to help cover the costs of caring for a child. Many spoke about the need for additional financial support to cover things like after school activities and holidays.

The majority of kinship carers involved in the study had no ongoing case worker and no case plan. Some carers spoke about case workers who appeared briefly but then disappeared from their lives.

Most said they would have liked a case worker even if it was just to have someone available on the end of the phone when needed. They recognised the role that a case worker has in coordinating services for a child, but wanted case worker involvement when they chose it rather than frequent or unexpected visits.

**“I want to be a grandmother and I’d like support.”**

The few who did have a case worker were positive about this support, in particular having someone to clarify processes and arrangements, answer questions and help get services for the children.

Some also spoke about the positive impact of case workers on their children and the need for children to have adult role models.

**“My case worker he was good for [grandson]. He used to take him off for an hour or so. He used to do something for [grandson] that he liked and it was good because [grandson] didn’t really have a lot of role models in his life.”**

Some kinship carers were able to access services funded by DoCS but this was generally difficult to negotiate.

Many of the kinship carers had not accessed any form of training, but the few who had found it useful and informative. They found it helpful in understanding the child protection system, their child’s behaviour and the potential impact of contact visits with the child’s parents.

The kinship carers were confused about their entitlements and how the system worked.

They referred to the lack of understanding about their unique situation from agencies such as DoCS, Centrelink and health providers.

They expressed a desperate need for accurate and timely written information, particularly when first taking on their new role.

**“When we got the children it was out of the blue; we didn’t know where we were going, what we were doing, what money we could claim from Centrelink. We were in a state of shock.”**

As the study involved only a small number of Aboriginal kinship carers, it is not possible to generalise about their support needs and experiences. However it did appear that many of the issues for Aboriginal and non-Aboriginal kinship carers are the same.

The study included a small number of kinship carers who were not Aboriginal themselves, but were looking after Aboriginal children. These carers acknowledged the need for help to maintain their child’s cultural connections. None of the kinship carers who were looking after Aboriginal children had cultural support plans in place, despite this being recommended best practice.

Given the pre-existing relationships between the kinship carers and the birth parents, contact was a particularly complex issue. Few carers were receiving support to manage this.

Where relationships in the family were strained or sibling groups were split between kinship carers, contact was often acrimonious. Sometimes it didn’t happen at all. Where relationships were good, contact was seen as a positive experience for the carer, parent and child.

**“In our position if you do not supervise the kids’ access, you do not have a visit to your daughter either... in that way you actually get to have a family visit.”**

Some carers travelled long distances to facilitate contact and had received help from DoCS for travel or accommodation. Some carers were fearful of contact visits, concerned that the parent would try to take back the child.

Many of the kinship carers talked about how invaluable support groups were for them. They used these groups for respite, self-help, information gathering, emotional support, making friends and advocacy, often relying on them in the absence of other services.