

Identifying the service and social policy needs, gaps, barriers and enablers for grandparent carers

Barbara Blundell^{1,2}  | Christina Fernandes¹ | Rebecca J Moran^{1,3}

¹Curtin University, Curtin School of Allied Health, Bentley, Western Australia

²Curtin enAble Institute, Faculty of Health Sciences, Bentley, Western Australia

³Big Anxiety Research Centre, University of New South Wales, Sydney, New South Wales

Correspondence

Barbara Blundell, Curtin School of Allied Health, Curtin University, GPO Box U1987, Perth, 6845, Western Australia, Australia.
 Email: barbara.blundell@curtin.edu.au

Funding information

LotteryWest, Grant/Award Number: 11002799/421009223

Abstract

Objective: The goal of this research was to map and identify service and social policy needs, gaps, barriers, and enablers for Western Australian custodial grandparent carers.

Background: Grandparents are increasingly providing custodial kinship care for their grandchildren, yet there is substantial inconsistency in policy frameworks, systems, and services that offer support to grandfamilies across Australia.

Method: This mixed-methods research project synthesized micro- to macro-level data, including grandparent carer respondents to an online survey, qualitative interviews with stakeholder organization representatives, focus groups with key agency frontline staff, and service, social policy, and legislative mapping.

Findings: Current focused and generic services do not meet the complex needs of many grandparent carers and their families, particularly informal grandparent carers and those with diverse, intersectional needs.

Conclusion: Grandparent carers are an often hidden and marginalized population, with many struggling within a complex policy and service delivery framework that may encompass multiple sectors. There are service, policy, and legislative gaps, particularly for informal grandparent carers and those who may already be experiencing intersectional disadvantage.

Author note: We acknowledge our research partners, Wanslea Ltd. and Edith Cowan University, with particular thanks to Katrina Stratton, Denise Gray, and Chrissie Easton from Wanslea, as well as the Wanslea Grandcare Research Working Group and Grandcare Research Advisory Group, during the research process. We also thank our collaborators from Edith Cowan University, David Coall, Ruth Marquis, and Liz Wenden, for their contributions. We acknowledge the work of Curtin colleagues, Mark Liddiard (research governance, data collection, social policy analysis, and report writing), Jess Gilbert (service mapping, data collection, analysis, and report writing), Darcee Shultz (data collection), Simi Chugani (legislative mapping), Amy Warren (data collection and social policy mapping), and Katie Carter (report writing). Finally, we gratefully acknowledge LotteryWest for providing the funding for this project.

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Implications: Holistic, culturally competent, individualized, and flexible service and social policy responses need to be developed to support grandfamilies, as well as further funding, support and legislative recognition for informal grandparent carers.

KEYWORDS

children in care, grandparent carers, kinship care, service delivery, social policy

Grandparent carers, as a subset of kinship carers, provide significant support and protection to many children unable to be cared for by their parents on both a formal and informal basis (Child Safety Services [CSS], 2011). Grandparents provide this care for a range of reasons, including parental substance misuse, mental health issues, incarceration, and child abuse and neglect (Backhouse & Graham, 2009). While the number of children requiring out-of-home care is rising, the availability of foster carers is decreasing (Kiraly, 2019a; Zhou et al., 2010). At the same time, changes in legislation and policies around child protection placement preferences in Australia now mandate kinship care as the preferred alternative care placement preference (Kiraly, 2018).

In 2020–2021, there were approximately 46,200 children in formal out-of-home care in Australia, with 54% in relative or kinship care (Australian Institute of Health and Welfare [AIHW], 2022). Approximately 19,500 were Aboriginal or Torres Strait Islander children, a rate 11 times that of non-Indigenous children in care, and 63% of Indigenous children in out-of-home care were placed in kinship care (AIHW, 2022). Information about the kinship relationship was only reported in five jurisdictions, or for 36% of children placed with relatives, but for those jurisdictions with data available, 20% of children in kinship care were placed with grandparents and 9% with an aunt or uncle (AIHW, 2022). However, these figures only represent formal arrangements; data from the 2021 Australian Census (Australian Bureau of Statistics, 2022) recorded 60,775 grandparent families, which may more accurately represent the number of grandfamilies (grandparent carers and grandchildren) and also capture those with informal arrangements.

The distinction between informal and formal care arrangements is critically important when determining eligibility for existing services, supports, payments, and benefits to assist with caregiving responsibilities (Kiraly, 2018). Intersectional issues may also have an impact, in that social categories such as gender, cultural and linguistic diversity, income, and age may create overlapping and interdependent systems of discrimination or disadvantage (Victorian Government, n.d.). Grandparents involved in informal care arrangements are less likely to have access to services and supports (Fernandes et al., 2021; McHugh & valentine, 2010), as are grandparent carers living outside of metropolitan areas (Kiraly, 2019a). Aboriginal and Torres Strait Islander grandparent carers comprise a large proportion of this hidden informal population.

Evidence suggests that kinship care can be beneficial for children in many ways. A systematic review evaluating the effect of kinship care in comparison to foster care placement on the safety, permanency, and well-being of children removed from parental care after maltreatment found that children in kinship care arrangements experienced fewer mental health disorders, better well-being, and less placement disruption than children in nonkinship foster placements (Winokur et al., 2018). Although many grandparent carers experience joy and satisfaction in their caring role (Taylor et al., 2018), many nevertheless also experience difficulties, such as financial hardship, high levels of physical and mental health issues, expensive and stressful legal interactions, and increased risk of family violence when there is family and domestic violence involved (Backhouse & Graham, 2012; Gair et al., 2019). Further, grandparent carers report significant unmet needs for legal advice, respite, emotional support, assistance around parental contact arrangements, and help with children's emotional, behavioral, and educational needs (Fernandes et al., 2021; Kiraly, 2015).

The most recent comprehensive report presenting evidence on the challenges for Australian grandparent carers is the 2014 Senate report from the *Inquiry Into Grandparents Who Take Primary Responsibility for Raising Their Grandchildren* (Senate Community Affairs Committee Secretariat [SCACS], 2014). The report broadly captured the financial, legal, and psychological issues facing grandfamilies and made 18 wide-ranging recommendations to address them. More recently, the Association for Children's Welfare Agencies (Kiraly, 2018) commissioned a review of national policy on kinship care; however, Western Australia (WA) did not provide data, being the only state or territory that failed to respond. Other research has aimed to address identified knowledge gaps and examine the impact of providing kinship care on grandparent carers (Kiraly, 2015; Taylor et al., 2015, 2016).

This study was initiated in response to a request from Wanslea, a nongovernment provider of services for children and families. The provider operates a program that supports grandparent carers and the children under their care in WA. The researchers responded to a call for research proposals to investigate the service delivery and policy context for WA grandparents, both within the state and nationally. The request highlighted the lack of knowledge about the experiences of grandparent-headed families in WA, leading to a dearth of evidence for developing policies and service frameworks to address their needs in the state. Consequently, this research was driven by industry, adding to its novelty. This project aimed to identify gaps, barriers, and enablers in policy and service delivery for custodial grandparent carers in WA. The project serves as an example of social policy and service delivery mapping, focusing on the specific context of WA.

METHODS

This research was conducted in collaboration with Edith Cowan University (ECU) as part of a larger Grandparent Carers Research Project with the objective of mapping and identifying service and social policy needs, gaps, barriers, and enablers for WA custodial grandparent carers. The project was developed and guided by a research reference group established by Wanslea composed of key stakeholder organizations and grandparent carer representatives, including an Aboriginal Elder. It was important to include an Aboriginal Elder due to the overrepresentation of Aboriginal families in out-of-home care, and the state's history of harming Aboriginal families through historic policies that promoted assimilation and the removal of children from their families (Australian Human Rights Commission, 1997). Ethics approval was received from the Curtin University Human Research Ethics Committee (Approval number HRE2018-0035).

This study used a pragmatic research framework to examine service provision needs, gaps, barriers, and enablers for grandparent carers in WA. Pragmatism emphasizes using the most effective philosophical and/or methodological strategies to address the research problem (Kaushik & Walsh, 2019). This collaborative multimethod study (Brewer & Hunter, 2006) utilized various research methods, including interviews with key stakeholders; focus groups with frontline staff; grandparent carer survey results; and service, social policy, and legislative mapping. These methods applied an ecological systems lens (Bronfenbrenner, 1977), which considered the interactions between grandparents carers and their service and social context. Data from interviews, focus groups, and the survey were synthesized for reporting in the findings section, while the service, social policy, and legislative mapping are presented separately.

Interviews, focus groups, and survey method

The research reference group provided a list of key stakeholder organizations to target for interview and focus group recruitment. Other relevant organizations were identified by searching websites and brochures specifically aimed at grandparent carers. Those key stakeholder organizations identified for the interviews received a recruitment email with a participant information

sheet attached. The email included a Qualtrics (2023) survey link for participants to provide their contact details if they wished to participate. They were also asked to forward the invitation to other relevant organizations. For the focus groups, four areas in metropolitan Perth and five regional centers were chosen as target locations in consultation with the research reference group. Stakeholder organizations providing frontline services in those areas were identified from the list developed for interview recruitment (described earlier) and sent a recruitment email and participant information sheet for the focus groups and asked to distribute these to their staff. A Qualtrics (2023) survey link was provided for participant sign-up.

Focus groups and interviews were conducted by members of the research team, all experienced qualitative researchers with honors- to PhD-level qualifications. Participants in the interviews and focus groups received the interview questions, a participant information statement, and a consent form via email before taking part. During the interviews, participants were asked about their organization's role and purpose in relation to grandparent carers, the services and supports they offered, and their referral and eligibility policies. They were also asked to provide an example of how their organization typically worked with grandparent carers, things that worked well, challenges in delivering services, and about issues faced by grandparent carers with intersectional identities (e.g., Indigenous, culturally and linguistically diverse, lower socioeconomic backgrounds, rural and remote areas, or caring for children with disabilities and special needs). Interview participants were further asked to share their perceptions of the main issues and challenges grandparents might encounter while accessing services and supports, as well as suggest how grandparents could be better supported through changes in service provision and social policy. Focus group participants were asked similar questions, excluding inquiries about their organization's role, purpose, referral, and eligibility policies. Participants provided informed written consent before participation and were audio-recorded with permission. Participants were offered the opportunity to view their transcripts and make clarifications and corrections if they wished.

To complement the interview and focus group data, a subset of data related to grandparent carer service use and needs was provided from the Grandcarers Experiences, Needs and Health Survey (Coall et al., 2020). The researchers collaborated with the ECU research team to design these questions to fit the objectives of the current study, to ensure minimal burden on grandparent carer participants. Potential survey participants were identified through the Wanslea's database of grandparent carers, and recruitment information was disseminated via mail, SMS, email, or direct contact with attendees of grandcarer support groups. Posters and flyers containing the online survey link were distributed in the metropolitan area to doctors' surgeries, libraries, early education, and care centers, and schools. Advertisements were also placed in relevant newsletters, community and targeted newspapers, and on social media. The survey was available both online through Qualtrics (2023) and in hardcopy format. A participant information statement was provided to survey respondents. They provided consent either by ticking an "I consent" box on the online survey or completing a hard copy consent form and posting this back to the researchers with their survey. In total, 584 grandparent carers completed the survey, however, due to time constraints and research staff capacity, only a subset of relevant data from 236 respondents was provided to the research team for synthesis with the current project data.

Participants

Twenty-four semistructured in-depth interviews were conducted with 29 representatives from key stakeholder organizations identified by the research reference group (three of these were group interviews). Organizations included both government and nongovernment services and supports (i.e., welfare payments) for grandparent carers. Nine focus groups were conducted with a total of 40 frontline staff working with grandparent carers. A subset of survey responses

of 236 grandparent carers who participated in the *Grandcarers Experiences, Needs and Health Survey* (Coall et al., 2020) related to service use and needs were provided to the research team as part of the research collaboration with ECU. Further details about the participants and their organizations are provided in Table 1.

Of the survey participants who provided data about their education level ($n = 234$), 30% had a Year 10 or below level of education, 32.5% had completed a Technical or Further Education (TAFE) certificate or diploma, 12% had completed university, and 5.1% a trade or apprenticeship (1.7% other). In relation to work status ($n = 233$), 41.2% were retired, 19.7% were not employed (not looking), 6.9% were looking for work, 25.3% were in paid work, and 6.9% were self-employed. For income ($n = 235$), 43% made between \$20,000 and \$49,000 per annum, 17% less than \$19,000, 16.6% \$50,000 and \$79,000, 10.2% \$80,000 and \$109,000, and 6.4% \$110,000 or more (6.8% preferred not to answer). For housing ($n = 236$), 36.4% owned their homes with no mortgage, 35.2% homeowners with a mortgage, 15.7% private renters, and 10.2% lived in government housing (2.5% other).

Service mapping method

Service mapping to identify services and supports available to grandparent carers, including service type, eligibility, and catchment area, was conducted between May 2017 and May 2019 so that the most up-to-date information was captured in a changing service landscape. Data were collected from the websites of key stakeholder organizations identified by the research reference group and by participants during interviews and focus groups. Other relevant organizations were identified through a member of the research team hand searching websites using terms such as *grandparent carer* to locate relevant services and also searching brochures targeted at grandparent carers.

Social policy mapping method

Social policy mapping (Bowen et al., 2022) was conducted in August 2018 to examine how grandparent carers and their service needs were discussed in social policy documents produced between 2008 and 2018. For this article, *social policy* refers to relevant documents produced by government and nongovernment agencies. One researcher searched the websites of five government departments (two state departments: Education and Communities (Housing and Child Protection, and three federal departments: Human Services, Social Services, and Health) as well as 13 community organizations and research institutes that were identified as relevant by the research reference group, participants, and service mapping. These organizations included the Australian Foster Care Association, Australian Institute of Family Studies, Australian Institute of Health and Welfare, Carers (WA), Carers Australia, Council on the Ageing, Families Australia, Foster Care Association of WA, Grandparents rearing Grandchildren, Kinship Connections, Relationships Australia, The Smith Family, and Wanslea Family Services. The researcher used the following keywords: *grandparent carers*, *grandparents raising grandchildren*, *custodial grandparents*, and *grandparent caregivers*.

Legislative mapping method

Another researcher undertook legislative mapping (Browne et al., 2019) between October 2017 and November 2018. The aim of mapping the legislative context was to supplement the social policy mapping and identify additional contextual factors acting as barriers and enablers to accessing services and supports for WA grandparent carers. As with the social policy mapping, this

TABLE 1 Participant/organization demographics.

Grandparent carer survey respondent demographics	Frequency (valid %)
Gender (<i>n</i> = 236)	
Male	45 (19.1)
Female	191 (80.9)
Age (<i>n</i> = 236), years	
40–49	17 (7.2)
50–59	72 (30.5)
60–69	111 (47)
70–79	33 (14)
80+ years	3 (1.3)
Marital status (<i>n</i> = 236)	
Married	127 (53.8)
Divorced	30 (12.7)
Separated	17 (7.2)
Single	24 (10.2)
In a relationship	14 (5.9)
Widowed	24 (10.2)
Cultural identity (<i>n</i> = 232)	
Aboriginal	13 (5.6)
Australian	181 (78)
UK and Ireland	25 (10.8)
Other Europe	3 (1.3)
Middle East	1 (0.4)
Africa	2 (0.9)
New Zealand	7 (3)
Country of birth (<i>n</i> = 236)	
Australia	164 (69.5)
UK	45 (19.1)
New Zealand	12 (5.1)
Africa (including SA)	7 (3)
Malaysia	1 (0.4)
Europe (excluding UK)	6 (2.5)
Other	1 (0.4)
Organization representative interview participant demographics	Frequency
Gender (<i>n</i> = 29)	
Male	5
Female	24
Service type (<i>n</i> = 24)	
Government	9
Not-for-profit (government funded)	14
Not-for-profit (charitable)	1
Services provided (<i>n</i> = 16) ^b	
Financial assistance	8

TABLE 1 (Continued)

Organization representative interview participant demographics	Frequency
Social support	9
Emotional support	7
Legal assistance/advice	5
Respite	2
Childcare	1
Counseling/psychological support	2
Parenting advice/training	7
Health/medical services	3
Service information	10
Referrals	8
Advocacy	7
Workshops and/or training	9
Discounted food	1
Housing	1
Secondhand clothing/furniture	1
Funds services and supports	1
Geographic catchment area ($n = 24$)	
National	1
Statewide	16
Perth metro area	3
Southeast metropolitan Perth	1
Midwest-Gascoyne (regional)	1
Great southern (regional)	2
Frontline service focus group participants demographics ^a	Frequency
Gender ($n = 40$)	
Male	7
Female	33
Focus group location ($n = 9$)	
Perth metro	
South Guildford (East)	4
Gosnells (Southeast)	2
Tuart Hill (North)	2
Kwinana (South)	3
Regional centers	
Albany (Great southern)	5
Geraldton (Midwest)	7
Kalgoorlie (Goldfields-Esperance)	5
Bunbury (Southwest)	7
Broome (Kimberley)	5

Note: SA = South Africa.

^aNot all organizations provided this information.

^bSpecific organization data and individual participant demographics were not collected from focus group participants. Inclusion criteria was that they provided frontline services or supports to grandparent caregivers. Many worked at the same organizations that participated in the organization representative interviews.

was an integral component of the project, designed to supplement the empirical data. Relevant legislative provisions were identified through a search of the Australasian Legal Information Institute (2023) data base using the keyword *grandparent* with journal articles selected with a relevance percentage greater than 60%. Identified literature was reviewed, and where it mentioned legislative provisions relating to child protection and out-of-home care, further examination of the relevant legislative acts was undertaken. Case law related to informal care of children and encapsulated family law, child protection, and, in some cases, coronial inquests or criminal law, were also analyzed to allow for better interpretation and understanding of the relevant acts. Hansard transcripts, the official records of parliamentary debates (Parliamentary Education Office, 2021) were also analyzed.

Data analysis

Interview, focus group data, and open text survey responses were transcribed and subject to content (Hsieh & Shannon, 2005) and thematic analysis (Braun & Clarke, 2019) to identify the breadth and depth of service and social policy needs, gaps, barriers, and enablers for Western Australian custodial grandparent carers using Nvivo 12 (QSR International, 2019) qualitative data analysis software. Words, concepts, and themes were deductively derived from the research objectives and developed through in-depth analysis of the interview and focus group data (Braun & Clarke, 2019). Four team members independently coded two transcripts to establish consensus, then met to consolidate and develop initial codes. Researchers then each analyzed a subset of transcripts. Coding was reviewed during follow-up meetings and consolidated into themes, which were grouped into themes and subthemes linked to the research objectives.

Quantitative survey data were analyzed using SPSS (v. 25; IBM, 2019), and frequency statistics were calculated to summarize the responses collected for each question. Service mapping analysis involved aggregating and compiling service information in terms of location, service target, and service type, and developing a searchable system of categories based on service characteristics. The social policy mapping used content analysis (Hsieh & Shannon, 2005) and a qualitative and interpretive approach to policy analysis (Bowen et al., 2022) to examine how grandparent care was constructed and responded to in policy, drawing inferences from the data around gaps and underlying meanings and contextual factors. Legislative mapping identified state and federal legislation that had some provision relating to grandparent carers, either directly or indirectly, including legislation that impacts grandparents caring for their grandchildren in absence of formal orders.

FINDINGS

Qualitative findings emerged from synthesized interview, focus group, and survey data. These are discussed first, followed by the service, social policy, and legislative mapping findings.

Interview, focus group, and survey findings

Service provider and grandparent carer perspectives are now discussed in three themes: *service needs*, *enablers of access to support*, and *barriers to service access*.

Service needs

As shown in Figure 1, almost all grandparent carer respondents to the ECU survey listed as high priorities concern for their own physical health, financial needs, and the need for future

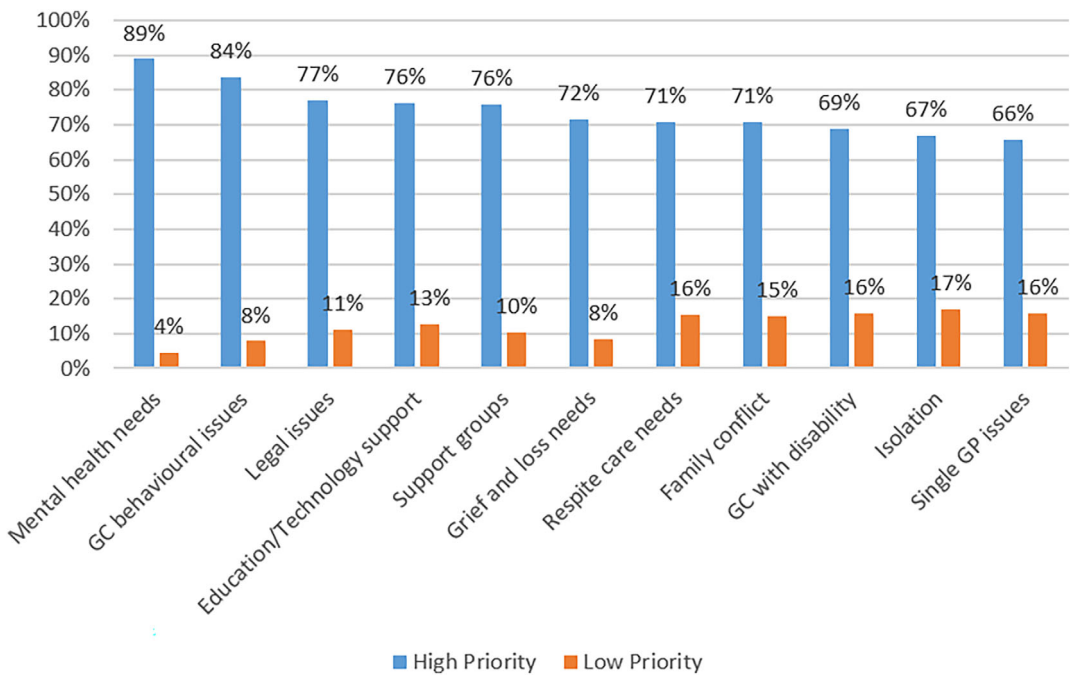


FIGURE 1 Grandparent carer survey respondent's self-identified priorities. *Note.* GC = grandchild/ren; GP = grandparent. [Color figure can be viewed at wileyonlinelibrary.com]

planning to ensure their grandchildren will be appropriately cared for when they are no longer around to take care of them. Although these were the top three priority areas, nearly all issues listed in the survey were rated as high priority by the majority of grandparent carers (Figure 1). This speaks to the substantial unmet need for services and supports experienced by this group.

Service provider participants in the interviews and focus groups identified financial support, legal guidance and assistance, practical, “hands-on” help, respite, help with school-related issues, mental health services, trauma-informed education and support, and social and peer support and education for grandparents “parenting again” as service needs. Timely and appropriate respite for grandparent carers was noted by many service providers and grandparent carer survey respondents as essential for grandparents to meet their caring responsibilities. One grandparent carer commented, “It’s over 18 months now since I had a night on my own, because I’ve got no other family here.”

Enablers of access to support

A holistic response to grandfamilies, with care coordination services and a central point of contact, was identified by several focus group participants as integral to responding to unmet needs. They argued that grandchildren’s needs should not be disaggregated from those of grandparent carers. Refocusing on the linked needs of grandparent carers and their grandchildren through early intervention and crisis responses, academic and social development, managing the impacts of trauma and conflict, physical and mental health, and financial and legal issues were seen as integral to appropriate service responses. One commented, “I wouldn’t be able to survive without other organizations. I tap into whoever I need to get what my granny [First Nations grandparent] needs.”

Access to sufficient financial support was identified as an important enabler to access services. Grandparent carers in the survey highlighted the need for financial recognition; a significant minority (49%, $n = 213$) prioritized receiving “equitable financial compensation as foster carers,” “Centrelink [welfare] assistance,” and “recognition as a carer” as essential to their ability to provide care. Grandparents spoke strongly of inequities in the system: “We do it for the love, but additional funds, possibly in line with foster carers, would help the grandparents and the grandchildren to have a bit more quality of life.”

Barriers to service access: Eligibility and accessibility

The survey data highlighted that grandparent carers are missing out on services and supports. A high percentage of grandparent carers reported not having accessed key support services; for example, 72.9% had not accessed the Grandparent, Foster and Kinship Care Advisor Line ($n = 192$), although only 8.8% had not accessed welfare support through Centrelink (see Table 2). Lack of information about services and supports available for grandparent carers and service providers was emphasized as a significant barrier in interview and focus group data; both service providers and grandparent carers reported a service knowledge gap. Several service providers related that although grandparent carers were acutely aware of their needs and challenges, they lacked knowledge of appropriate services and thus remained unsupported.

Grandparent carer survey respondents were asked about barriers to accessing services. The cumbersome and confusing service system was identified as a significant barrier by 45.5%; referral and eligibility requirements were also a significant barrier to access for 38% of survey respondents. Meeting eligibility criteria was often difficult, with many informal grandparent carers deemed ineligible for services due to a lack of formal documentation. Although services are available in some areas, in others, grandparent carers may not meet eligibility criteria based on geographic location, informal or formal carer status, and whether child protection authorities are involved. The service landscape was seen as complex and difficult for grandparent carers and service providers assisting them to understand, navigate, and refer to appropriate services. There was a lack of parity in support for formal versus informal grandparent carers identified, with the potential for some families to be left without crucial support.

TABLE 2 Edith Cowan University Grandcarer Survey: Supports not accessed (valid %).

Support (respondents)	Not accessed
Grandparent, Foster and Kinship Care Advisor Line ^a ($n = 192$)	140 (72.9%)
Department of Communities ($n = 212$)	80 (37.7%)
Centrelink ^b ($n = 226$)	20 (8.8%)
Ngala ^c ($n = 214$)	185 (86.4%)
Wanslea grandparent support groups ($n = 223$)	52 (17.8%)
Psychologist ($n = 216$)	90 (41.7%)
Psychiatrist ($n = 200$)	147 (73.5%)
Counselor ($n = 212$)	86 (40.6%)
School personnel ($n = 215$)	46 (21.4%)
Religious minister ($n = 207$)	138 (66.7%)

Note: ^aThe Grandparent, Foster and Kinship Care Advisor Line is provided by Services Australia (2021) and provides extra information about payments and support for grandparent, foster and kinship carers who have ongoing care for children. ^bCentrelink delivers social security payments and services to Australians (Services Australia, 2023). ^cNgala provides parenting, family, children, and youth support services in Western Australia.

Unfamiliar and confusing service systems exacerbated the challenges of trying to access information about potential services and supports. One grandparent commented:

The supports that are available need to be effective and accessible, which is not currently happening, in my opinion. I have no idea what is available and/or where to access it due to lack of communication, so we give up.

Grandparent carer survey respondents cited additional reasons for not accessing services, such as being extremely time-poor, overwhelmed, stressed, and worried about the repercussions on their relationships with their children (the parents of the children they were caring for). For example, they reported that trying to access financial support for the child being cared for was difficult, as the parents might currently be receiving this money. Some commented that if they tried to claim this money, the parents would then lose this source of income and thus might try to reclaim the child, putting them back into a situation where they were not appropriately cared for. Some grandparents also reported their own health issues as a barrier to accessing support, as was concern about the stigma of being perceived as “failures” in their parenting due to the breakdown in relationship with their own child and between their child and grandchild(ren).

Intersectional issues were highlighted. Several service providers highlighted additional needs and barriers for Aboriginal grandparent carers. Some interview and focus groups participants mentioned that Aboriginal grandparent carers were generally caring for a larger number of grandchildren; an example was given of an Aboriginal grandparent caring for six grandchildren. Another service provider working with Aboriginal grandparents in rural and remote areas mentioned that there are often no birth certificates, and this lack of documentation can make it difficult to access services and supports. Three participants mentioned Aboriginal grandparent carers as one of the largest groups of grandparent carers, especially in rural and remote areas. Service providers highlighted that Aboriginal grandparent carers often do not access mainstream services and supports, due to intergenerational trauma from the Stolen Generations and consequent distrust of specific services, as well as language and cultural barriers (between the late 1800s and the 1970s, children of mixed First Nations and non-Indigenous descent were from their families placed in institutions, foster care, or training farms and schools and “brought up White” due to forcible removal policies of the time, consequently losing their culture, language, and traditional names (Department of Health, 2016). One service provider commented:

Aboriginal people won't necessarily want to contact the Department for Child Protection. [There is] a history. [They] were Native Welfare. Our history has stolen generations. So, they will try to cope in tremendously difficult circumstances. Things have to be really dire before they contact us. Or they're really, really worried about their grandchildren.

Service mapping

Service mapping identified two national and four state-specific services and supports for WA grandparent carers. Nationally, the federal Department of Human Services Grandparent, Foster and Kinship Care Advisor program (Services Australia, 2021) aims to improve the access of grandparent and other nonparent carers to Centrelink payments (income support) and services, as well as connecting them to other supporting government and nongovernment services in their local areas; there is also a closed Facebook group for Australian Grandparent/Kinship Carers (Erben, 2022). In WA, the Department of Child Protection and Family Support provides a \$1,000 establishment payment per child for informal kinship carers toward initial setup costs

for the carer (Department of Communities [WA], 2022); Wanslea's Grandcare program provides information, practical assistance, limited legal advice, informal counselling and referrals (Wanslea, 2014); Grandparents Rearing Grandchildren (WA) is a charity and peer support organization run by grandparent carers for grandparent carers (Grandparents Rearing Grandchildren WA, n.d.), and Mission Australia (2017) provides family support for grandparent carers raising grandchildren aged 0 to 12 years in the Midwest region of WA.

Due to eligibility requirements, the preceding services and supports are not available to all grandparent carers; informal grandparent carers are often excluded. To access some federal income support payments, grandparents need to supply supporting documentation, including formal agreements such as court orders or care arrangements, as well as documentation of dates and times when the child is in their care, school attendance, and health records (Services Australia, 2021); not all informal carers have these. Also, some services are limited by geographic region; for example, Mission Australia only operates in the Midwest region of WA, and the Grandparents Rearing Grandchildren and the Grandcare programs only host support groups in certain locations. Indigenous families may be particularly impacted due to high rates of informal care, lack of identity documentation, and living in remote locations (Council of Australian Governments [CoAG], 2009).

However, despite the lack of specifically targeted services, there were 198 services and supports available for which grandparent carers may be eligible, depending on their circumstances. These included services providing advocacy ($n = 6$), aged care ($n = 3$), disability ($n = 11$), health ($n = 13$) and mental health ($n = 31$) services, domestic and practical assistance ($n = 7$), education ($n = 3$), crisis support (including family violence; $n = 12$), child protection ($n = 5$), financial ($n = 11$), and parenting and family support ($n = 31$), housing and accommodation ($n = 10$), assistance with legal matters ($n = 8$) and support for the well-being of the grandchild ($n = 4$), as well as holistic services ($n = 20$). The wide range of services identified in the service mapping reflects the diversity of grandparent carers' circumstances and needs. Unfortunately, accessibility remains variable due to location and eligibility requirements and can inadvertently discriminate against informal grandparent carers and those with limited access to knowledge about the services available and how to access them.

Social policy mapping

Social policy and legislative mapping identified 26 relevant social policy documents, 10 in WA and 16 federally (shown in Figure 2); these have been categorized as (a) fact sheets, brochures, resource guides, and web pages; (b) government strategy; (c) inquiry reports and submissions; (d) policy frameworks, statements, and practice considerations; and (e) research, information, and data.

The WA documents were generally client-focused information or resource guides about available services and supports (Carers Association of Western Australian, 2016a, 2016b; Department of Child Protection and Family Support (WA), 2013; Department of Communities (WA), 2018a, 2018b; Legal Aid WA, 2015, 2017; Wanslea, 2014, 2017), with only one government strategy document located (Housing Authority, 2016). Federal documents were a mixture of reports from related government inquiries and submissions to inquiries (Families Australia, 2008, 2015; House of Representatives Standing Committee on Family, 2009; SCACS, 2014), child protection frameworks (CoAG, 2009, 2015), Australian government web pages describing supports available to grandparent carers (Department of Human Services, 2018a, 2018b, n.d.), policy and practice considerations (Arney et al., 2015), policy statements (Relationships Australia, 2015), and information about issues for and data about grandparent carers (AIHW, 2019; Brennan & Cass, 2014; McHugh & valentine, 2010;

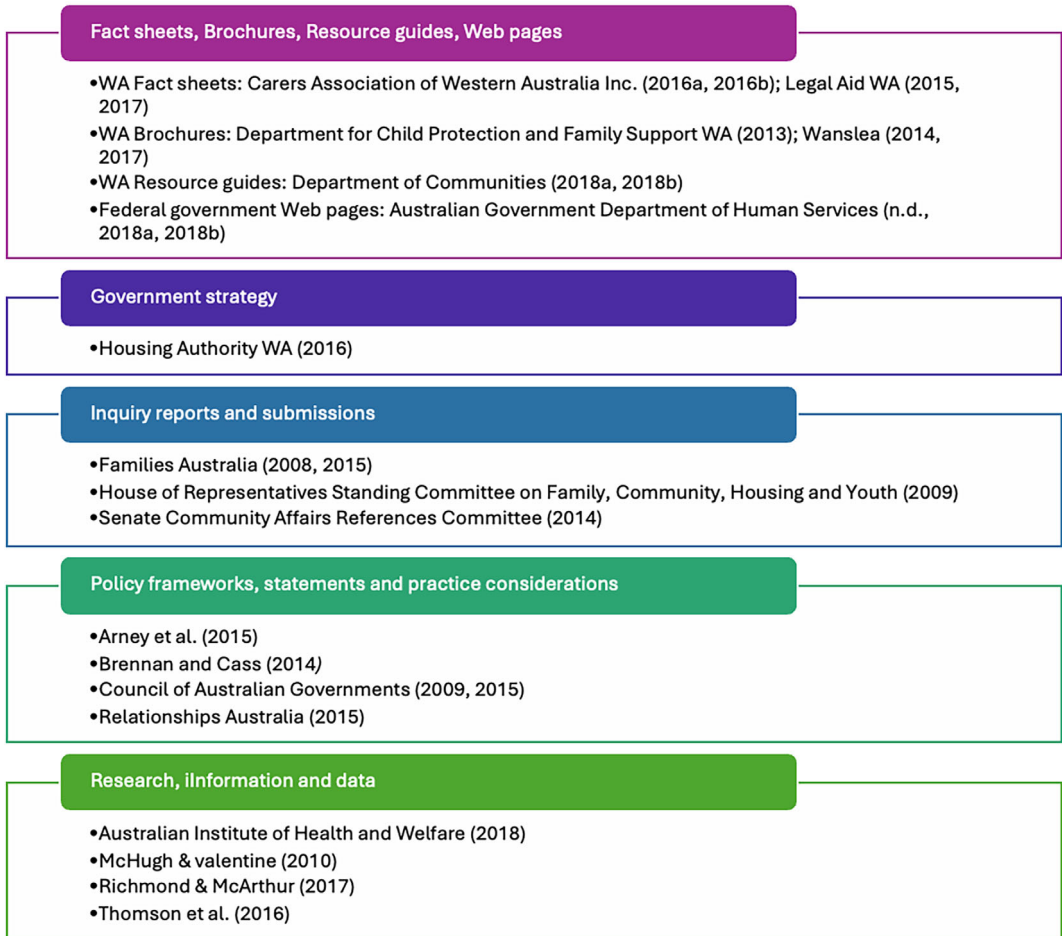


FIGURE 2 State and federal social policy documents identified in hand searches. WA = Western Australia. [Color figure can be viewed at wileyonlinelibrary.com]

Richmond & McArthur, 2017; Thomson et al., 2016) that may be used to develop services and supports.

Aside from services and support information (Department of Human Services, 2018a, 2018b, n.d.), federal documents discussed the importance of grandparent carers as kinship carers (Richmond & McArthur, 2017) and the shortage of Indigenous kinship carers (Arney et al., 2015); they also highlighted legal and policy issues (Brennan & Cass, 2014; Families Australia, 2008), support needs (House of Representatives Standing Committee on Family, Community, Housing and Youth, 2009), financial issues (McHugh & valentine, 2010), and child protection frameworks (COAG, 2009) and the national plan (COAG, 2015). The most detailed information was provided in the Senate Inquiry report into grandparent caregiving (SCACS, 2014). No strategic direction capturing and addressing the intersectional needs of grandparent carers in WA was articulated within these documents. Overall, social policy documents highlighted the financial challenges of providing care (including inequities between formal and informal care status), as well as compounded disadvantage from diverse intersectional factors such as age, gender, socioeconomic status, and being from an Indigenous or culturally and linguistically diverse background.

Legislative mapping

Legislative mapping identified eight primary acts and 46 subsidiary acts that have either direct or indirect provision related to grandparent carers. It highlighted the complex systems in which grandparent carers often find themselves immersed, including child protection, guardianship, and family court systems, with care being subject to several formal and informal arrangements, including parenting orders through the Family Court; care and protection orders through child protection authorities; and informal agreements, such as parenting plans, or undocumented arrangements.

These different pieces of legislation have significant impacts on grandparent carers because their eligibility and access to financial assistance and other support is determined based on their status. As the Senate Inquiry report (SCACS, 2014) noted, the financial inequity between foster carers and informal grandparent carers is conspicuous. Only New South Wales's Supported Care Allowance offers a substantial payment for informal carers; this is paid at the same rates as formal care allowances, subject to an assessment that the child is in need of care and protection and is not able to remain safely with one or both birth parents (SCACS, 2014). However, a recent study found that payments of this allowance to informal carers have now ceased due to escalating government expenditure (D'Arcy-Evans, 2021).

The legislative mapping exercise highlighted the lack of financial support provided to informal carers because they do not receive the foster care subsidies paid to those with formal arrangements. Although some grandparents can seek special grandparent welfare payment rates from Centrelink, these may still be insufficient to meet the needs of the child.

DISCUSSION

This research sought to map and identify the service and social policy gaps, barriers, and enablers for grandparent carers in WA. Although this research was conducted in the Australian context, the findings are discussed with reference to relevant literature and can have broader implications for social policy and service delivery for grandparent carers in other countries. In this section, we discuss grandparent carers' identified needs and service priorities, followed by barriers and enablers for services and supports, although we note that there is some overlap in these areas.

Significant challenges and negative impacts are well documented for grandparent carers, including increased stress, physical and mental health issues, social isolation, loss of independence, financial instability, inadequate housing, coping with changes in family dynamics, managing the demands of parenting again, as well as responding effectively to the often multiple and complex needs of children (Brennan et al., 2013; Dunne & Kettler, 2008; Qu et al., 2018; SCACS, 2014). In our study, physical health, financial needs, and future planning for grandchildren's care were identified as priority needs by grandparent carer survey respondents. In contrast, financial support, legal guidance, practical support, respite, assistance with school-related issues, mental health, trauma education, and peer support were identified by service providers as significant issues for grandparent carers. This demonstrates a need for proactive, flexible, and attuned service provision, perhaps including increased capacity for generic carer and family support services to better engage with grandfamilies.

Financial insecurity was identified as a significant concern in our study and others (Kiraly, 2019b), with serious impacts for grandparent carers and their families, including poverty, homelessness, and other socioeconomic disadvantage. It is important to understand the implications of financial challenges for grandparent carers, with some having used their superannuation, savings, or even sold their homes while seeking to care for their grandchildren (Orb & Davey, 2005; Purcal et al., 2014). Grandparent carers in our study and others

(Lin, 2014; Purcal et al., 2014) report being unable to attend to their own health and well-being because of the scarcity of essential resources, including time and money. Despite the previous calls for legislative changes to improve access to financial support for informal carers (Kiraly, 2019b; McHugh & valentine, 2010), this is yet to be adequately addressed and remains an urgent priority for improving circumstances for grandparent carers and the children in their care.

Timely and appropriate respite for grandparent carers was noted by service providers and grandparent carers as essential to meet caring responsibilities. The lack of respite is noted in the literature, as are the potential complexities of accessing respite for families with concerns about trauma, stability, attachment disruptions, or needs relating to disability (Borenstein & McNamara, 2015; O'Neill, 2015). This points to the need to include grandfamilies holistically in discussions about what respite could look like. Flexible support options and services that consider the combined and unique needs (including cultural and disability needs) of grandfamilies would be valuable in improving support for grandparent carers and grandchildren.

Although there are a wide range of services and supports potentially available to grandparent carers, many have eligibility requirements that make them challenging to access. Our study identified the cumbersome and confusing service system and restrictive referral and eligibility requirements (especially for those with informal status) as systemic barriers. Individual issues for grandparent carers included being time-poor, overwhelmed, and stressed. Grandparents were also worried about the repercussions of seeking support on their relationship with their own child (the parent of their grandchild). Grandparent carers often find themselves having to care for their grandchildren due to complex family issues, including substance use, family violence, and mental health issues (Backhouse & Graham, 2012; Gair et al., 2019). Taking this into consideration, informal grandparent carers often hesitate to commence legal proceedings to formalize care and guardianship arrangements as these may generate and inflame family conflict (Council on the Ageing, 2003). Legal proceedings may be adversarial, pitting parents against grandparents, which may cause estrangement or exacerbate family violence. Legal systems and structures are difficult to navigate, with legal advice and support out of financial reach for many. The barriers to pursuing formal care arrangements, when combined with a lack of legislation and policy enabling the provision of financial support for informal carers, mean that many grandparent carers are left unsupported. Our research highlighted service and support inequities between informal grandparent carers and those with formal or statutory-organized care arrangements because many services are unable to provide support for informal grandparent carers.

Additional intersectional barriers were identified for diverse grandparents. Many grandparent carers are already vulnerable due to aging and existing health conditions. Other compounding factors for grandparent carers include being female, single, less educated, of lower socioeconomic status, living in overcrowded housing, being unemployed or not engaged in the workforce, and being from rural and remote areas (Brennan et al., 2013; CSS, 2011). Research has also shown that culturally and linguistically diverse grandparent carers and Indigenous grandparent carers face additional barriers to accessing legal and financial support, including mistrust of authorities, language barriers, and lack of familiarity with Australian systems (Fernandes et al., 2021; Sepulveda et al., 2016). Indigenous families are overrepresented in out-of-home care (AIHW, 2022) as well as in other areas of social and economic health and well-being (CoAG, 2009). Our study found additional barriers for these grandparents, who may be reluctant to engage with formal processes and authorities that have previously caused harm in their communities (as also discussed in Fernandes et al., 2021; Herring et al., 2013). The implication is that diverse grandparent carers who are already experiencing intersectional disadvantage are likely to encounter further marginalization and lack of access to support as grandparent carers.

Several enablers were identified in our study that support grandparent carers' access to services and supports addressing their needs. Access to informative, accessible, and caring case-workers is viewed as important in supporting grandparent carers, along with the provision of relationship support to assist with navigating the changes in their family dynamics and relationships (Brennan et al., 2013). As Fernandes et al. (2021) identified, intrafamily relationships can be complex and include situations where grandparents are at risk of losing the child or facing family violence and may be strongly influenced by the views and behaviors of their adult children. Families in such situations may be unable to access any support, highlighting a need for generalized social support services and workers to be savvy about grandparent carers and able to provide flexible services and supports. There is a need for flexible funding, community-led programs, and proactive support options to meet the needs of families who cannot safely pursue a formal care arrangement.

Our research has highlighted the lack of a cohesive response to grandparent carers, with significant variation in services and supports provided across Australia, both federally and on a state level. While some supports, payments, and services are potentially available to some grandparent carers in WA, these appear to be fragmented across government and non-government organizations. At the macro level, we found an absence of strategic policy, with fragmented and inconsistent service delivery exacerbating inequities for informal grandparent carers and those with diverse needs, rendering them isolated, unsupported, and largely invisible to services and policymakers. Such fragmentation in service delivery is seen internationally; in Canada, Aboriginal grandmothers report that a lack of cohesion has a negative impact on their ability to access vital services (McKenzie et al., 2010).

The National Framework for Protecting Australia's Children 2009–2020 (CoAG, 2009) and Senate Inquiry into grandparents who take primary responsibility for raising their grandchildren (SCACS, 2014) conceded that greater recognition and support for grandparents raising grandchildren is needed across a range of areas. These include increased levels of financial support and access to appropriate healthcare services and legal assistance. Additionally, improved access to childcare, after-school programs, respite, and crisis support services is required. Greater access to formal and informal support groups, parent training, and education programs is also vital. The National Framework (CoAG, 2009, p. 28) devotes a separate section to discussing Indigenous children's health, safety, and well-being, noting that they are "overrepresented in all parts of the child protection system." This indicates a need for services to consider access and appropriateness of services for First Nations families, and ideally, the provision of Indigenous-led programs. The National Framework also states the crucial nature of community-led, empowering, and holistic approaches to address disadvantage and issues relating to child well-being. Our study supports these findings and recommendations.

Grandparent carers, as a diverse population with intersectional needs, may present to a range of different services. As we identified, specialist services for grandparent carers are rare, and many grandparent carers struggle to access them, or even to access information about available services. We suggest that increasing awareness of grandfamilies' needs across a range of generic services, such as government departments with responsibilities for housing, education, and disability, for example, may be of value in addressing service gaps and barriers. This could include training for service providers and policymakers, with a focus on culturally competent, person-centered, and trauma-informed approaches to identifying and supporting grandfamilies. Similar to the role of Grandparent, Foster and Kinship Care Advisor within Centrelink, a dedicated grandparent liaison within the relevant state child protection department to assist grandparent carers navigate welfare systems and ensure their service needs and rights are met would also help grandparents understand their rights and responsibilities and access appropriate supports.

For our society to continue to support some of its most vulnerable members, specifically older adults and children, we must not only acknowledge the complexities surrounding the

custodial care of children by their grandparents but also provide them with the relevant support and financial remuneration. If it were not for the care willingly provided by grandparents, many children would otherwise end up in state care, thus increasing the financial and social costs associated with child abuse and neglect (Australian Institute of Family Studies, 2018). It seems logical to develop policy that better supports informal carers, without whom we could see a significant increase in child protection issues. Similarly, practitioners can develop a rigorous system to collect quantitative and qualitative data on grandfamilies accessing, or not being eligible to access, their services. These data can then be used to advocate systemically alongside grandparent carer-headed consumer groups for policy and legislative change.

Grandparent carers are an often hidden and marginalized population, with many struggling to find their way within a complex policy and service delivery framework that may encompass multiple sectors, including health, education, justice, child protection, housing, income support, disability, and aging. Understanding the complex and specific needs of grandparent carers across these sectors is essential to inform the development of improved, appropriate, and sustainable policies and practices to improve outcomes for grandparents and the children for whom they care.

The findings of this research have been used in advocacy work for grandparent carers, including a call to action to both the WA state and Australian federal governments to create a fairer future for grandparent carers and their grandchildren. The central premise of this campaign is that children deserve the right to thrive regardless of their care arrangements (Grandparents Rearing Grandchildren WA, 2022). The evidence-informed call to action includes many of the recommendations arising from this research, including improved access to income support, the role of grandparent, foster and kinship care advisors, and awareness-raising across community and services about the needs of grandfamilies. Our research findings will be useful in informing future policy and service development for grandparent carers internationally and ensuring effective service systems are put into place to meet the needs of this growing and important group of carers.

Limitations

There are several limitations of this project. We were not able to include all potentially relevant service providers; for example, we were not able to recruit a Department of Education representative. Two other organizations declined to participate when contacted, one stating that they had a large volume of research requests, and although some of their clients were grandparent carers, they did not see how their organization was relevant. Despite efforts to recruit focus group participants, the metropolitan focus groups were not well attended. Only publicly available social policy and legislative documents were able to be included. A further limitation was that only a subset of the survey data could be incorporated into the analysis, potentially biasing the survey results.

Implications

There is an urgent need for informal and formal grandparent carers to have easily accessible, regular financial support that is neither means-tested nor considered income. Existing income support payments could be reviewed to be more child-focused rather than parent- or carer-focused. This could ensure that grandchildren's ongoing needs are met and that their placement with grandparents is sustainable; it could also keep grandfamilies out of poverty. Grandfamilies would also benefit from the creation of a specialist Community Legal Support Service for grandparent carers to access the Family Court and other legal processes. Legal recognition as carers could in turn enhance grandcarers' ability to be appropriately financially remunerated.

Service providers must recognize and respond to grandparent carers as a unique group requiring a specialist, trauma-informed, and culturally safe response. An easier system of identification could be created in which the grandparent carer could provide evidence of their ongoing care and responsibility. This could facilitate easier access to universal services such as health, education, and a range of social services and supports. Program and service delivery should be designed and funded to recognize the diversity of grandfamilies, with culturally responsive and targeted services developed collaboratively with grandparent carer consumers and representative groups. Establishing a grandparent carer advisory role in key state government departments would also facilitate the recognition of grandfamilies' needs and access issues across departments.

ACKNOWLEDGEMENT

Open access publishing facilitated by Curtin University, as part of the Wiley - Curtin University agreement via the Council of Australian University Librarians.

FUNDING INFORMATION

This project was supported by a grant from LotteryWest to Wanslea Ltd (Ref: 11002799/421009223) to administer a broad program of research in relation to grandparent carers and their grandchildren, of which this project was a part.

Data availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ORCID

Barbara Blundell  <https://orcid.org/0000-0003-3224-7596>

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Blundell, B., Fernandes, C., & Moran, R. J. (2024). Identifying the service and social policy needs, gaps, barriers and enablers for grandparent carers. *Family Relations*, 1–21. <https://doi.org/10.1111/fare.13037>