OVERVIEW OF SAMPLE SURVEY OF KINSHIP CARERS

WEDNESDAY, 10 AUGUST 2011

This is a survey of kinship carers who contact KCV and agree to take part. A few carers with whom KCV has had contact preferred not to participate. The sample is random. However, efforts will be made to ensure balances – for example it would be interesting to have more non grandparent carers included.

These carers in the survey have agreed to be contacted from time to time and to be surveyed again on the anniversary of their first survey.

1. The Survey Sample

1.1 Exceptional cases

Four of the 90 surveys have not been included in the data outlined below because their carer role is currently "inactive":

- 3 where the children are reconciled with the parents. These could be temporary reconciliations.
- 1 where the transfer of the children to the carers is being held up by across state border issues.

Therefore, that the number of "active" surveys informing the data is 87.

1.1 Geographical spread

There are 90 surveys in this sample. They are drawn from across the state:

- 48 from urban areas (28 sole carers and 20 joint carer surveys)
- 22 from provincial areas (10 sole carer surveys and 12 joint carer surveys)
- 20 from rural areas (10 sole carers and 10 joint carers)

1.2 Gender balance

15 males responded to the survey:

- 5 who are sole carers
- 10 who are joint carers

Some males who are joint carers are mentioned on the surveys but did not have any role in completing it. No aboriginal carers have participated in the survey and one person of limited English speaking ability has participated

2. Overview of the carers

The total number of carers represented by the 87 "active" surveys is 124.

2.1 Carer relationships

Of the 124 carers:

- 122 (98.4%) are grandparents.
- 02 (1.6%) are not grandparents - these two are sole carers, one is a friend and the other an uncle/aunt.

Of the 124 carers:

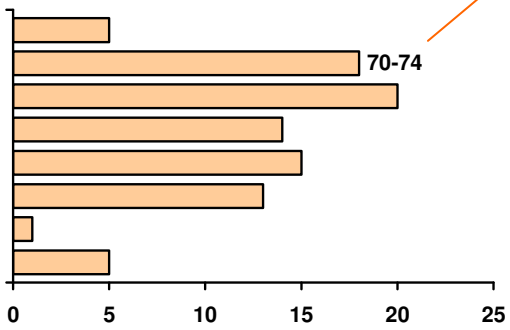
- 48 (38.7%) are sole carers - 5 are male and 43 are female.
-
- 76 (61.3%) are joint carers

2.2 Age of carers

Of the 124 carers 91 offered their ages which range from 44 – 77 years:

- 05 (5.5%) 40-44 **
- 01 (1.1%) 45-49
- 13 (14.3%) 50-54
- 15 (16.5%) 55-59
- 14 (15.4%) 60-64
- 20 (21.9%) 65-69
- 18 (19.8%) 70-74
- 05 (5.5%) 75-79 *

Note the high proportion of carers aged 65 and over - a total of 43 (47.2%)



Notes:

** The oldest carer in the sample is a 77 year old sole carer who has been rasing two children for 13 years - the children are now aged 13 and 11.*

*** The youngest carer in the sample is 40 year old sole carer*

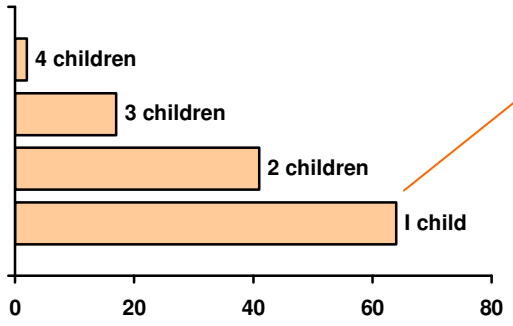
The age range of the sole carers is 40 years to 77 years old. One carer did not answer the question about her age. Of the 47 who did:

- 05 (10.6%) carers are in their forties
- 17 (36.2%) carers are in their fifties
- 19 (40.4%) carers are in their sixties
- 06 (12.8%) carers are in their seventies

2.3 Numbers of children carers are raising

The 124 carers are raising a total of 144 children and young people (referred to as children from this point forward) between them. The majority of carers are raising one child:

- 64 (51.6%) carers are raising 1 child - 28 sole carers and 36 joint carers
- 41 (33.1%) carers are raising 2 children – 13 sole carers and 28 joint carers
- 17 (13.7%) carers are raising 3 children – 7 sole carers and 10 joint carers
- 02 (1.6%) carers are raising 4 children – 2 sole carers



Anecdotal evidence from the carers indicates that some raising one child are doing so as a result of siblings being separated. For example, one child with the maternal grandparents and another with the paternal grandparents.

Notes:

- *The two carers who are raising 4 children each are in the age range 60 to 64 and the children are aged 4 to 13 years old.*

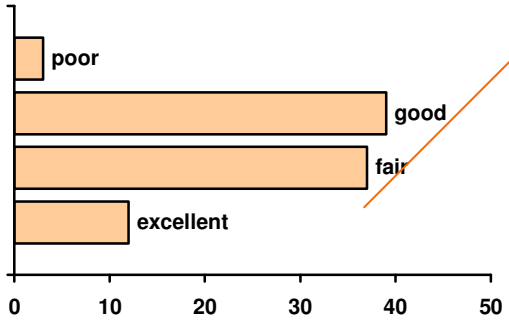
The 48 sole carers are raising from one to four children each:

- 27 (56.3%) are raising one child
- 12 (25%) are raising 2 children
- 7 (14.6%) are raising 3 children
- 2 (4.1%) are raising 4 children

2.4 Health of the carers

91 carers reported a "self assessment" of their health. The 25 carers about whose health we know nothing are all second partners in joint carer arrangements. This "missing data" will be sought in the future.

- 12 (13.2%) excellent
- 39 (42.8%) good
- 37 (40.6%) fair
- 03 (3.4%) poor



There are some doubts held as to the accuracy of the "excellent" self assessments given the strain these carers are under and anecdotal evidence that indicates otherwise.

Note:

- *No detailed information was offered in response to the question about carers health. The three carers who report their healths as being poor have been caring for 5 – 13 years and are aged 52 to 63. They are all raising one child and two of them are sole carers.*

- *Those carers who report their health as being excellent are rasing 20 children between them with one raising 4 children. Five of these carers report that the children in their care have no emotional or physical problems, 5 reported that the children have emotional problems and 2 reported that the child/children have both emotional and physical problems.*

The health of most of the sole cares is good to excellent. All 48 sole carers offered a self assessment of their health.

- 10 (20.8%) excellent
- 21(43.8%) fair
- 16 (33.3%) good
- 01 (2.1%) poor

Note:
One factor that could facilitate a discussion about the pressures surrounding sole carers in relation to joint carers is their health. The health assessments of sole carers and joint carers could be usefully compared. In order to analyse this information efforts will be made to ascertain the health assessment of the 25 joint carers who have not responded to this question. As the data currently stands the sole carers are reporting better health.

2.4 Length of caring role

Of the 87 "active" surveys 2 did not address the question related to the length of time they had been carers. The 85 who did respond to this question reported a long range of years of care from under one year to nineteen years

- 6 for less than one year
- 4 for 1 year
- 9 for 2 years
- 9 for 3 years
- 6 for 4 years
- 8 for 5 years *
- 5 for 6 years
- 2 for 7 years
- 5 for 8 years
- 6 for 9 years
- 7 for 10 years
- 3 for 11 years
- 1 for 12 years
- 5 for 13 years
- 1 for 14 years
- 1 for 15 years
- 3 for 16 years
- 3 for 17 years
- 1 for 18 years
- 1 for 19 years **

Note:

** One child in this sample was returned to its parents after five years with the kinship carers. This was the longest stay in kinship care before reconciliation that appears in this sample and is therefore identified a key point in the length of time in kinship care. This reconciliation is working well for all concerned.*

** The carer who has been raising children for 19 years has been raising two children since their births with the first child coming to her when she was forty years of age.

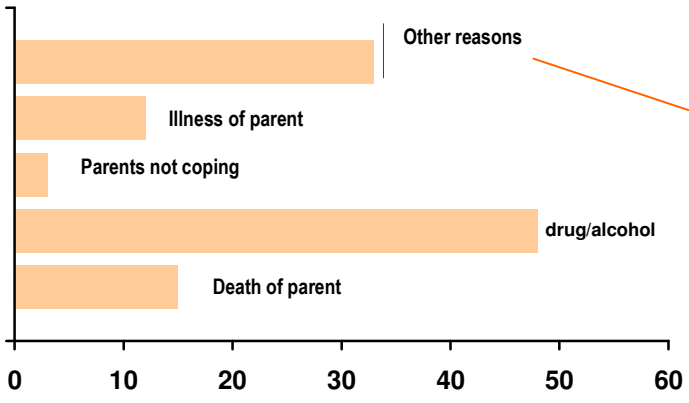
3. The children and young people in care

3.1 The reason children are in care

When asked why the carers came to be kinship carers a total of 111 reasons were given. Some carers nominated two or more reasons and gave extra detail. (section 3.2)

The summary below outlines all the reasons offered. The overall reason children are in kinship care is the inability of the parents to cope. What differs is the reason the parents unable to cope:

- 48 (43.2%) cases of drug and alcohol abuse
- 33 (29.8%) cases offering "other reasons"
- 15 (13.5%) cases of death of parent – four respondents offered details of the parent's death - mother died of cancer, suicide of son, mother's murder, mother's suicide (some of these were also drug related deaths)
- 12 (10.8%) cases of Illness of parent – in 7 cases the mother had mental health issues; in 4 cases the mother had physical health issues/disabilities. The circumstances of one case are not known
- 03 (2.7%) cases of parents not being able to cope for reasons other than drug and alcohol abuse – homelessness of mother, parents too young and not interested in child/children



Mental ill health appears to be an underlying theme that is evident in all reasons for children being in kinship care.

The question of what comes first – drug abuse or mental heath is jus tone of the questions arising from this data.

Detail of "other" reasons offered by the carers:

- General abuse and neglect of children
- Parents have separated and with AVO by mum against dad
- Mother has no contact with child
- Death of child's own sister after being shaken severely
- Disability
- Family violence by Father
- Father in gaol
- Homelessness of mother / child not safe
- Incaseration both parents
- Mother – father unknown
- Mother didn't want children says she didn't bond with them was neglectful
- Mother went off the rails, signed over to DHS
- No father
- Poor choice of partners
- Protective issues
- Safety
- Sexual abuse by mothers boyfriend
- Single Mother studying, in new relationship
- Father's occupation takes him away every 28 days
- Violence
- Younger sibling drowned Father molested child in kinship care

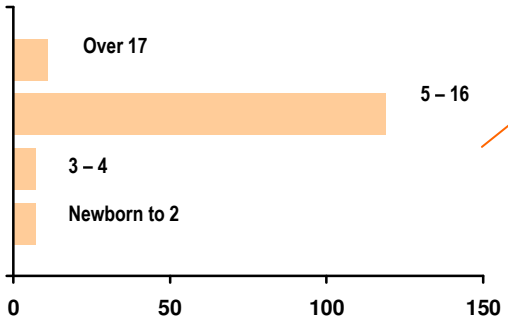
3.2 Multiple reasons

Twenty three carers offered multiple reasons for the children being in kinship care. In some cases the carers are describing the circumstances of both parents. For example, one reason related to the mothers drug addiction while the second reason related tot the fathers incarceration in jail. At other times the carers are describing multiple problems being experienced by one parent. For example, drug addiction as a foundation problem those lead to the parent's suicide. There are a number of linkages made between drugs and alcohol and mental ill health. It is not clear what the causal relationship was: which came first the mental ill health or the drugs and alcohol.

3.2 Ages of children in care

The 124 carers in the sample are raising a total of 144 children between them. The ages of these children and young people range from 3 months to 18 years old. The majority are of school age:

- 07 (5.5%) are newborn to 2 years old
- 07 (5.5 %) are pre school age – 3 to 4 years old
- 119 (%) are of school age - 5 to 16 years old
- 11 (%) are over 17 years old



The high proportion of school age children explains why education was nominated by so many carers as an issue requiring attention (section 4) children

Note
This needs to featured in questions in the second round of survey of these carers in 2012, particularly for the school age children, because it can often take time for problems to emerge

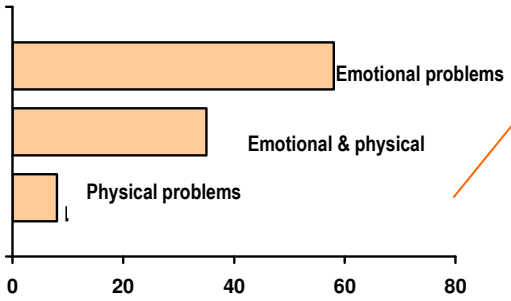
3.3 Health of the children in care

Impact on carers work

Of the 124 carers 23 (10 single carers and 12 joint carers) report that they are raising children who do not have any emotional or physical problems. This means that:

101 carers are raising children with emotional and/or physical problems:

- 8 (7.9%) carers are raising children with physical problems only – 2 sole carers and 3 joint carers
- 35 (34.7%) carers are raising children with emotional and physical problems – 15 sole carers and 10 joint carers
- 58 (57.4%) carers are raising for children with emotional problems only – 22 sole carers and 18 joint carers



The total number of carers dealing with children experiencing emotional problems is 93 (92.1%).

The total number of carers dealing children experiencing physical problems is 43 (42.6%)

Note:
It is not possible to determine how many children are experiencing emotional or physical problems. The carers who are rasing multiple children did not specify how many children in their care were affected. Impacts on children

The carers report a range of emotional and physical, problems that the children bring with them when they placed in their care. Many individual children are dealing with a number of these problems simultaneously: below is a chart outlining the number of times key words were used by carers.

34	Trauma
7	Anger
4	Foetal drug addiction, Learning disability, depression that is being treated
3	Bet wetting and soiling, epilepsy, Overweight, eating problems, feelings of abandonment, Confusion, Isolation and loneliness
2	Asthma, sight problems, muscle development problems
1	asbergers, Bone breakage , dental problems, diabetes, drug exposure, eczema Physical abuse on access visits, heart disease, Down syndrome , Illiterate , disabilities, Underweight, Anxiety after access visits, Grief, low self esteem Bi-polar, normal teenage behaviour

Most carers who use this word went onto describe in some detail what they meant.

Many other words used also equate to trauma e.g. anger and bed wetting etc.

The extent of the trauma being suffered by these children when all is taken together is considerably more than a key word search would have us believe.

4. Suggestions for improvement in the lives of carers and children/ young people

Eighty two carers answered this question. The 5 carers who did not answer reported no problems in the earlier question and therefore, did not offer any suggestions for improvement. Of the 82 carers who did make suggestions some made only one suggestion instead of taking up the option of making two suggestions. A total of 140 suggestions/requests were made:

- 34 (24.3%) for improvement to **education provision** for the children in their care
- 21 (15%) for access to **counselling services** for the children
- 15 (10.7%) for access to **respite care** for the children – this would also give the carers a break
- 15 (10.7%) for **better understanding** from the wider community for the role kinship carers are playing
- 13 (9.3%) for **assistance with planning for the future** with many carers being uncertain about the future for children being raised by ageing carers
- 13 (9.3%) for access to **a range of better services** such as childcare and peer group support
- 10 (7.1%) for better **financial support** with a number mentioning spiralling education costs
- 6 (4.3%) for **training/ workshops for carers** related to their role and self improvement
- 5 (3.6%) for access to **better housing** that would better accommodate the larger family
- 4 (2.9%) for support for **reconciliation** – 4 between the parents and the children and 1 between the parents and the grandparent carer who was denied access to one grandchild she had raised after the child was reconciled with the parents
- 3 (2.1%) that the **rights and needs of children** be put before the rights of the parent
- 1 (0.7%) for support to be able to **retire** so he/she can pay more attention to a needy child

5. Future issues

From the KCV committee:

- Was/is housing an issue?
- What was the age and circumstances under which children first arrived in kinship care?
- Role of does the extended family play in the kinship care?
- Timing of emergence of the trauma behaviours in the children?
- Is it possible to examine the cases where dual reason for the children being in care were given? – this may facilitate a discussion of mental health issues.
- How long does it take for some of the trauma related behaviours to merge in children?

From KCV Reference Group

- Is it possible to compare the health of this group with ABS figures about health of older Australians?
- What relationships do children in kinship care have with parents and where reconciliation occurs was a relationship with the parents maintained during the period of the kinship care?
- What respite care is accessed and from where?
- What current support services are most valuable?
- What is the detail of the education concerns carers have and is truancy an issue
- When the kinship care arrangement started what age were the carers and what age were the children enter kinship care?