Kinship care loses out as one-stop shops close

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ORGANISATIONS that help grandparents who are full-time carers of young children have lost their government funding even though new research shows the state needs more, not fewer, services.

The study on kin carers by the University of Western Sydney shows they need one-stop shop services to help them sort out highly complex family, financial, and health problems. These could involve both the state Children's Court and the Federal Family Court, Centrelink and the Department of Community Services, infants and teenagers, as well as difficult situations with adult children, and health problems associated with old age.

More than 8400 children in NSW are in kinship care as a result of the death of their own parents, or parental problems with mental illness, drug and alcohol dependence, abuse and neglect or imprisonment.

The research shows “quite explicitly the value of stable, well-informed and well-resourced” kinship care support agencies, the authors, Ainslie Yardley, Jan Mason, Elizabeth Watson, and Leonie Gibbons, say in Kinship Care in NSW.

But several services that provided such specialist support have recently lost government funding, and have been told they must be self-supporting.

The Kinship Care Regional Project at Springwood that provided one-stop shop services for grandparents in Penrith, the Blue Mountains and the Hawkesbury did not have its grant from the Department of Community Services renewed last year.

The Springwood Neighbourhood Centre will keep the program going until June, but after that its future is in doubt.

The Central Coast Family Support Service also did not have funding extended for its kin carer support program when the three-year grant from the state government ran out in 2008. The Samaritans Kinship Care Support Group may also close in June when a 12-month federal grant runs out, and the Grandcarer Initiative in northern NSW has had to severely prune its services after federal government seed money ran out.

“It’s unrealistic to ask these people who have very complicated lives, are not young and have health issues, to go out and raise funds to keep these services going,” said Karen Lizasoain, the Samaritans kinship care support worker.

Dr Yardley said: “What these funded groups have been providing is absolutely crucial – a single source of information for carers and advocacy; it’s absolute madness to end these projects.”

The research found kinship carers were mostly female, older than foster carers and on average had lower incomes than foster carers. They were more likely to be in public rental accommodation and less likely than foster carers to be employed. Unlike foster carers who made a considered decision to care for children, kin carers were often propelled by sudden traumatic circumstances to upturn their lives by becoming full-time carers.

While a network of self-help groups for grandparent carers has sprung up around the state, the research found usually they were not enough. There was a need for regionally based paid professionals to support the groups, provide specialist advice, run camps and weekend activities for children and provide referrals to services, such as respite and adolescent counselling.

Robin Thomas, of the Springwood service, said: “Our grant was only $100,000 but a review found the project had been effective and made a difference to carers. We don’t need to go fishing for what works.”