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Barriers to Services for Grandparent Caregivers

A study of the barriers encountered by grandparent caregivers as they seek access
to services on behalf of their grandchildren

A thesis submitted in partial fulfillment of the requirements for the degree of Master
in Social Work (Applied) at Massey University, Albany Campus

T.A. Schmidt
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Abstract

Grandparent caregivers must seek support and assistance from social service agencies but frequently encounter barriers as they engage with those agencies. This qualitative study drew on the experience of seven grandparent caregivers whose grandchildren presented a range of behavioral, psychological and physical ailments. Semi-structured interviews elicited information about their experiences and then, through the application of phenomenological analysis and ecological theory commonalities in their experiences were highlighted. Findings described five categories of barriers: (1) barriers encountered at a systemic level, (2) a lack of services, (3) agency related barriers, (4) legal barriers and (5) financial barriers. Ecological theory revealed that these barriers had their genesis in the promulgation of an ideology that favored family care over state care. Consideration is given to the differential between the levels of support offered to foster caregivers and grandparent caregivers. The study concludes by offering suggestions for social policy formulators and social service practitioners that would address this differential.

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CHAPTER 1

Introduction

The primary role in caring for and protecting a child or young person lies with the child or young person's family, whanau, hapu, iwi and family group and that accordingly (i) that family should be supported and assisted and protected as much as possible and (ii) intervention into that family's life should be the minimum to ensure the child or young persons safety (Children and Young Persons and Their Families Act, 1989. Section 13b).

Section 13b of the Children and Young Persons and Their Families Act 1989 (CYF Act 1989) asserts that care and protection of needy children should first be sought among that child's extended family. Once placed with that family the state will support, assist and protect as necessary to ensure that child's safety and welfare. The following table presents the financial, material and agency support offered to foster caregivers by Child Youth and Family (CYF) and must surely be representative of what the agency considers to be the realistic support requirements for children placed into extra-family care.

Table One – Financial and material support offered to foster caregivers

CYF want to do [their] best for you, so that you can do the best for the children in your care. [CYF] will make sure you are,

- *Included as a valued team member.*
- *Well matched to the child in your care.*
- *Given ongoing training and regular support.*
- *Able to say 'no' to a placement.*
- *Consulted about when and where the children in your care visit their family.*
- *Able to ask for respite care if you need time out.*
- *Given full information about a child before they come into your care.*
- *Given relevant details of the child's needs, behaviours and background.*

[CYF] provide financial help to meet the day to day care of your child. A caregiver allowance is paid fortnightly which covers board, personal items and pocket money for your child. [CYF] also provide a quarterly clothing allowance and an allowance for Christmas and birthday presents. Health and educational costs are met and [CYF] may be able to assist towards recreational items.

<i>Age of child.</i>	<i>Weekly rate</i>	<i>Pocket money</i>	<i>Birthday and Christmas allowance</i>	<i>Clothing allowance quarterly rate</i>
<i>0-4 years</i>	<i>\$134.91</i>	<i>\$1.97</i>	<i>\$67.46</i>	<i>\$236.03</i>
<i>5-9 years</i>	<i>\$156.56</i>	<i>\$5.95</i>	<i>\$78.28</i>	<i>\$267.47</i>
<i>10-13 years</i>	<i>\$172.77</i>	<i>\$8.91</i>	<i>\$86.39</i>	<i>\$330.30</i>
<i>14+ years</i>	<i>\$188.88</i>	<i>\$13.70</i>	<i>\$94.45</i>	<i>\$396.49</i>
<i>Family home care-givers</i>	<i>\$176.12</i>	<i>Rates as above in addition to board rates.</i>	<i>\$88.06</i>	<i>Rates as above</i>

(Adapted from the CYF webpage <http://www.cyf.govt.nz/info-for-carers/becoming-a-caregiver/what-help-will-i-get>. As at August 2010).

Table Two – Eligibility and assessment criteria for prospective foster caregivers

To be eligible as a foster caregiver you will need to undergo the following:

- 1. Completion of an application form.*
- 2. Police checks on all occupants aged 17 years and over (family violence reports from police that did not result in prosecutions are also assessed).*
- 3. Medical assessments of prospective care-givers including mental health issues. (Information from applicants maybe insufficient and CYF might require documentation from a GP.*
- 4. References from two reputable referees.*
- 5. CYRAS and TRIM checks of all occupants. [A search on CYF's data base for historic notifications].*
- 6. An interview with a social worker.*
- 7. A home visit by a supervisor.*
- 8. The completion of an assessment detailing the above information and concluded with a recommendation from a social worker regarding approval.*

Where a carer has been approved to care for a specific child, placement of any other child cannot occur until a further assessment is completed.

Once approved a carer must attend induction training.

(Adapted from the CYF webpage <http://www.cyf.govt.nz/policy/caregiver-assessment-and-approval>. As at August 2010).

This thesis describes the experience of seven grandparent caregivers as they sought to access social services on behalf of the grandchildren to whom they provided full time care. The grandchildren of the respondents presented one or more of the following morbidities – global delay, autism, fetal alcohol syndrome, post-traumatic stress disorder, hyper-activity, brain damage, respiratory illnesses, Attention Deficit / Hyper Activity Disorder (ADHD) and learning disabilities. Attention seeking, aggression, violent, self-harming, destructive and inappropriate sexual behaviour were also present.

The experience of the seven respondents will be evaluated in light of Section 13b of the Children and Younger Persons and their Families Act 1989 (CYF Act 1989) and the question asked, how effective has this legislation been in providing grandparent caregivers with support and assistance?

Locating myself in the research

My interest in this topic emanated from the experience of my own parents who were required to seek custody of one of their grandchildren. In trying to secure custody my parents faced barriers within the legal system with a Family Court judge who failed to believe their assertions, expressed doubt over their motives and disappointment the matter could not be resolved within our family. The judge seemed more concerned with restoring harmonious family relations than ensuring the safety of the grandchild. There was a failure to realize that litigation was the last resort after considerable efforts to appeal to the child's parent had been exhausted. Because my father was employed and owned his own house my parents were ineligible for legal aid. Despite home ownership and employment my parents were far from wealthy and the cost of pursuing custody drained already meagre funds which took a long time to restore. Having gained custody my parents were then faced with the expense of raising another child. While my mother was only aged in her fifties, she suffered from a chronic back ailment that drastically reduced her strength, stamina and range of movement. Caring for a highly active infant exacerbated her already diminished health prospects. Within

the Family Court, with government agencies, physically and financially my parents faced struggles that curtailed the quality of their later years. They were not seeking to use the Family Court as a stick with which to beat the parent and were not motivated from selfish desire. They would have preferred nothing better than returning the child to his mother but for the fact it was not, at that time, safe to do so. I was interested to discover why my parents faced so many impediments when all they sought was the safety and welfare of their grandchild. I was also interested to ascertain whether their experience was peculiar or indicative of a wider problem.

Overview of chapters

Chapter 2 - Literature review

The literature review traverses the local and international literature pertaining to the barriers grandparent caregivers encounter when seeking access to services. In brief, and discussed more fully in Chapter 2, these are the desire on the part of the state to reduce its role, responsibility and expenditure on welfare services.

A review of the literature shows there are multiple forces acting upon grandparent caregivers at different levels of the social system. Because grandparent caregivers do not comprise the traditional client group of social service agencies, a lack of training and practice guide lines for social workers and case managers when dealing with grandparent caregivers was noted. Grandparent caregivers were seen by staff to be too labour intensive and difficult to work with and there was reluctance on the part of staff to engage with them. Grandparent caregivers found they were ineligible for the standard range of benefits and services that were available to biological parents or foster caregivers. Agency staff also impressed as unwilling or unable to understand the range of stressors experienced by grandparent caregivers.

Furthermore, the literature noted that grandparent caregivers found agency staff reluctant to inform them of the range of entitlements available to them and many

grandparents only discovered these entitlements through happen-chance conversations with other grandparent caregivers. Operational issues within agencies (high case loads, high staff turn-over, a lack of training, poor record keeping and miscommunication) were also barriers to accessing services. Grandparent caregivers found themselves struggling against ever increasing legal costs, delays in obtaining hearing dates and an apparent unwillingness on the part of the judiciary to give credence to their assertion concerning abuse or neglect. The experience of the seven respondents in the current study bore a remarkable similarity to the respondents who comprised the sample groups of the studies undertaken in the United Kingdom, United States and Australia on which this literature review is based.

Chapter 3 - Research design

Methodology

Chapter 3 explains why phenomenology was the chosen methodology. Phenomenology is concerned with the lived experiences of people and is particularly useful when,

seeking to describe the world as experienced by the subjects...to grasp the qualities of their experiences and explicate their essential meanings...to make visible the invisible (Kvale, 1996, pp.52-53).

Ultimately I wanted the sense of frustration, anger, abandonment and being overwhelmed experienced by the respondents to be as real for the readers as possible and phenomenology provided a means of interpretation and analysis that enabled me to adequately explore their experiences.

Methods

This section describes the process of thesis construction from identifying, engaging and recruiting respondents, sample selection, formulation of interview questions, interview structure and methods of data capture and analysis. Data analysis identified interactions with agency staff, government policies, a paucity of services for children with special needs, legal and financial issues as common themes and the major barriers to accessing services.

Limitations

Due to the small sample group (n=7) it was clear there would be limitations in regard to the validity of results of this study. This section of the thesis details how those limitations were acknowledged and addressed and how validity was achieved despite the small sample group.

Ethical Considerations

Given this thesis entailed the eliciting of personal and sensitive information I was aware from the outset that ethical issues would need to be addressed. This section details the ethical issues that were encountered and how they were negotiated. Prior to the commencement of any data gathering approval was sought and secured from the Massey University Ethics Committee. The letter of approval from the Ethics Committee is attached in the Appendices as Appendix Five.

Chapter 4 - The Respondent's Experience

Chapter 4 presents the data gathered from interviews as it related to institutional barriers, agency barriers, financial and legal barriers to accessing services. Direct

quotes from respondents are used as much as possible with a narrative linking the commonalities of their experiences.

Chapter 5 - Discussion

Chapter 5 correlates material from the literature review and interview data and considers the implications of this material against the intentions and implementation of Section 13b of the CFY Act 1989. Comparisons are made between the disparity of support and services available to foster caregivers and grandparent caregivers and reasons for this difference are explored.

Chapter 6 - Conclusion and Recommendations

This chapter provides a summary of findings and recommendations are suggested how agencies might alter their practice to better accommodate grandparent caregivers.

CHAPTER 2

Literature review

The literature review considers both the local and international literature pertaining to the barriers grandparent caregivers encounter when seeking access to services. The foremost research undertaken in New Zealand is that by Jill Worrall. Her 1996 study compared the status of foster caregivers with that of kinship caregivers. Whereas the overseas research focused upon the specific circumstances of the caregivers, Worrall's work applied ecological and feminist theory to place the circumstances of grandparent caregivers into a broader framework of analysis, particularly so since the 1980s and the ascendancy of neo-liberal political and economic policies. While it will be seen that the experience of British, American, Australian and New Zealand grandparent caregivers is similar, Worrall's research squarely places the experience of custodial grandparents within a New Zealand context. While reading the overseas studies it is easy to remain a detached observer. Worrall's use of familiar agency names and legislation forces the realization that it is the grandparent caregivers and children in our own neighborhoods who are having to deal with the issues described in this chapter.

Ecological theory

Ecological theory provides a framework for discovering and interpreting the forces that impact grandparent caregivers at different levels of the social system. These forces have their genesis in the ideologies underpinning the form and intent of legislation, the manner in which that legislation manifests in social service policy and is enacted at an agency level in practice guidelines. Ecological theory seeks to explicate the source and nature of these forces and places equal emphasis on the societal, political and cultural influences. *"The ecological framework stresses the transactional nature between environmental conditions and the human condition"* (Pardek, 1996, pp.2-3). With the ecological model Bronfenbrenner

(1979) identified four levels of analysis, namely, the macrosystem, the exosystem, the mesosystem and the microsystem.

Macrosystem

Bronfenbrenner (1979) describes the macrosystem as any belief system or ideology underlying culture. These belief systems are the driving force behind the collective acceptance of an ideology and how that ideology shapes values and beliefs to create cultural norms (Bronfenbrenner, 1979, p.22-27). Garbarino (1982) stated,

Social policies are rooted in the macrosystem. Notions of desired and undesired ends, acceptable and unacceptable means and of who has responsibility and priority flow from the shared belief system of a society....from these systems arise the policies...by which culture enforces and reinforces its fundamental ideology (Garbarino, 1982, p.212).

At the macrosystem level there occurred in the 1980s a significant shift in the governments' perception of child welfare and the uptake of an ideology that favored family care over state care. This ideology was a fundamental tenet of neo-liberalism toward social service provision. Neo-liberalism held that state provision of welfare services should be minimal and private agencies or charitable agencies should provide such service whenever possible. Prospective clients should be encouraged or made to pay for such services. It was thought a system of charging would help direct resources where they were most required and at the same time induce a sense of priority among recipients (Howe in Loney, 1986, p.127). In addition to this market driven philosophy toward the provision of welfare services there was a simultaneous drive to move the expectation and actuality of child welfare services away from the state and onto families (Loney, 1986, p.128: Cheyne, O'Brien and Belgrave, 1997, p207). Prior to the enactment of the Children

and Young Persons and Their Families Act 1989, the responsibility for assessing, investigating and monitoring child welfare was the prerogative of the state. Under the Children and Young Persons Act 1974 (the predecessor to the 1989 Act) children whose environments presented a threat to their safety were removed by the state and placed into foster or institutional care. The government came under increasing criticism, particularly from Maori, for removing children from their whanau and placing them with strangers, irrespective of cultural considerations. In response to this criticism the government established a committee to explore the operations of the Department of Social Welfare from a Maori perspective. The findings of this committee were published in a document titled *Puao-Te-Ata-Tu*. One of the recommendations of the report was that whenever possible Maori children should be placed with relatives as a first and preferred option. This recommendation from *Puao-Te-Ata-Tu* was incorporated into the subsequent Children, Young Persons and Their Families Act 1989. Cheyne, O'Brien and Belgrave (1997) observed that while the Act espoused a commitment to biculturalism and was consistent with the aspirations of Maori, it was also consistent with, timely and convenient for a government seeking to terminate their own role as the primary provider of child welfare services (Cheyne, O'Brien and Belgrave, 1997, p.207).

While the concept of family care may be laudable at one level, Campbell (2005) asserts neither the CYF Act 1989 nor the agency charged with its implementation gave sufficient consideration to the financial or other circumstances of grandparent caregivers and their actual ability to provide care. "*The Act does not require that Child Youth and Family Services consider the caregiving family's....ability to provide for children prior to placement*" (Campbell, 2005, p.31). Within the macrosystem grandparent caregivers struggle against an ideology that places the expectation and responsibility of caring for children with them but offers few of the supports necessary to make those caregiving relationships sustainable.

Exosystem

The exosystem refers to one or more settings that do not actively involve the developing person as an active participant but in which events occur that affect the developing person (Bronfenbrenner, 1979, p.26). Of the exosystem as it relates to grandparent caregivers Worrall (1996) states,

The social conditions of families are determined by a complex interrelationship of political, economic and social determinants over which they have little influence...The...thrust to reduce overseas debt by reducing the size of the welfare state...has resulted in less money for social services...their policies in regard to kinship care, the manner in which the family was engaged, the level of economic support afforded to the family and the level of funding to agencies in the community who offer...services determine not only how the care is experienced but whether it is viable (Worrall, 1996, pp.63-64).

The dominant ideology in the macrosystem manifests itself in the formulation of policy at an agency level within the exosystem. Policy decisions are made in the exosystem level in which grandparent caregivers have no representation. Loney (1986) reports that such a practice is characteristic of social services under neo-liberal governments.

Customers dealing with services for the poor are given less chance to influence their policies and practices than those relying on other services. Social work and social security are the only major social services making no attempt to represent or listen to their users. That is because both largely deal with the poor (Loney, 1986, p.84).

Mesosystem

Bronfenbrenner (1979) described the mesosystem as the interrelation among two or more settings in which the developing person actively participates (Bronfenbrenner, 1979, p.25). Briefly, and described more comprehensively in Chapter 4, the factors in the mesosystem that grandparent caregivers encountered the most difficulty in accessing services was from their interactions with staff from Work and Income New Zealand (WINZ) and Child Youth and Family (CYF). Within the mesosystem the negative attitude of staff may be seen as consequential of the financially stringent ideology in the macrosystem toward grandparent caregivers. The macrosystem ideology did not include grandparent caregivers as a valid client group, hence no provision was made for them by way of staff training, practice guidelines or funding allocation (Peters, 2005, p.609). That grandparent caregivers were not considered a valid client group meant staff felt little obligation to assist them. Providing services and advocating for grandparent caregivers was seen as outside their professional role and not forming part of their core duties and statutory obligations.

Microsystem

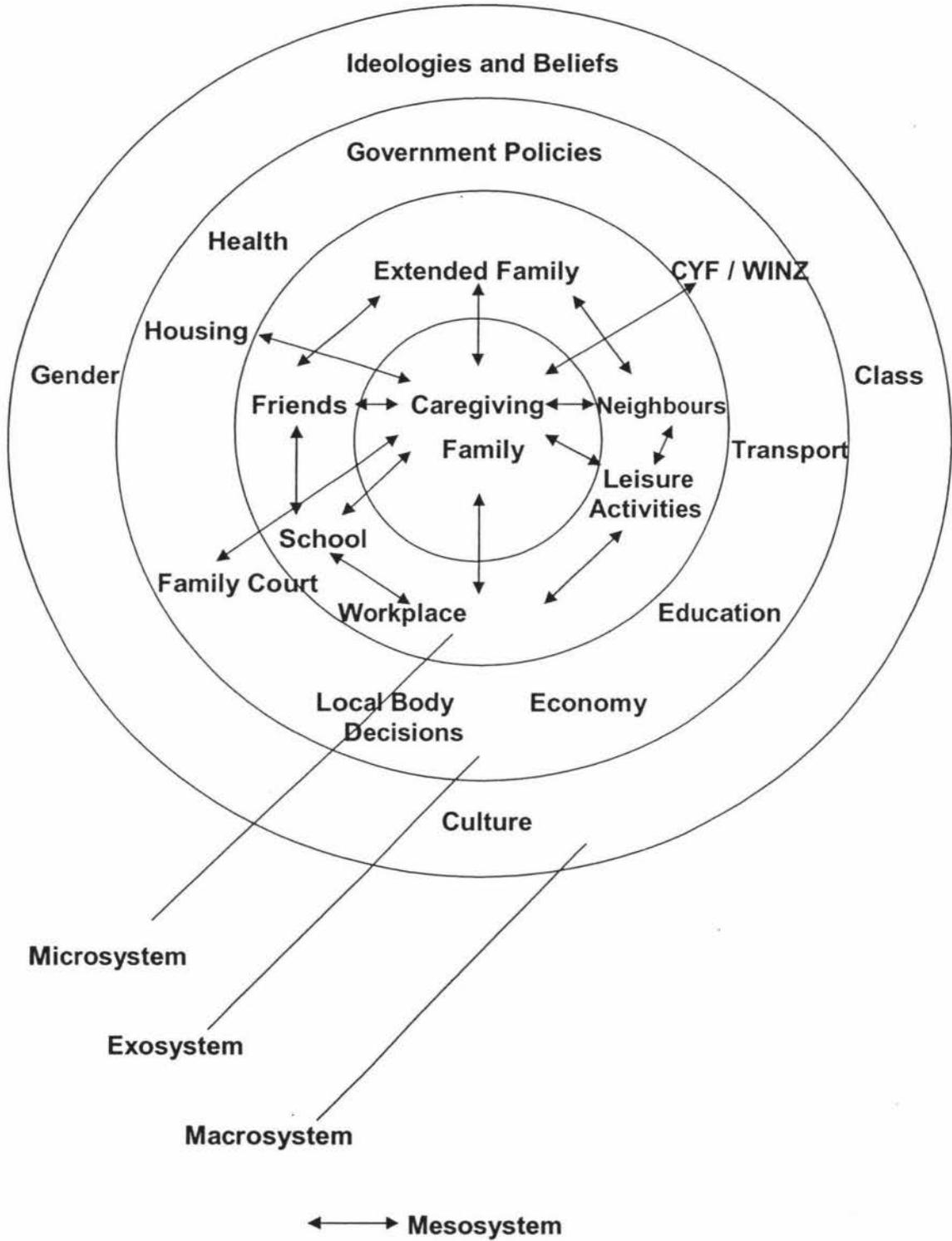
The microsystem is *"a pattern of activities, roles and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics"* (Bronfenbrenner, 1979, p.220). The microsystem in which a family exists is comprised of many complex and interrelated factors – friends, extended family, school, employment, sporting and leisure activities to name a few. The strength, cohesiveness and resilience of a family is contingent upon the quality of these microsystems. The pressures on a family's microsystems emanate from a range of sources – school boards, employment or unemployment issues, poor health or a crisis in the extended family. Grandparent caregivers may become stressed when a child comes to live with them, often with little or no warning, relations with the child's parents may be strained and the child may be

traumatized through abuse, neglect and a disrupted pattern of care. Within the microsystem grandparents also face challenges associated with aging, failing health and a limited, fixed income (Schwartz, 2002, p.431). Of the complexity of the microsystem as it relates to the family Connell observes,

The interior of a family is a scene of multi-layered relationships folded over on each other like geological strata. In no other institution are the relationships so extended in time, so intensive in contact, so dense in their inter-weaving of economics, emotion, power and resistance (Connell, 1994 as cited in Worrall, 1996, p.60).

Ecological theory shows that grandparent caregivers are not simply the hapless victims of circumstance in which they had the misfortune of having miscreant children, who became inept parents and now have to bear the burden of that ineptitude by caring for their grandchildren. Ecological theory shows that there are forces acting upon grandparent caregivers that have their genesis at a level far beyond the ability of the grandparents to easily influence. The following diagram depicts the interaction between the levels of analysis within the ecological model and shows the various forces acting upon grandparent caregivers at different levels of the social ecology.

Diagram of ecological model and factors impacting on grandparent caregivers



(Adapted from Worrall, 1996, p.58).

Institutional barriers

By 1992 deficiencies were becoming apparent with the CYF Act 1989 and Child Youth and Family, the agency charged with implementing this legislation, was inadequately resourced to meet their statutory obligations in regard to child welfare (Cheyne, O'Brien and Belgrave, 1997, p.211). In 1992 the Mason Report asked the government for a clear and unequivocal commitment to resource and fund the implementation of the Act so that the objectives and principles described therein may be met (Mason Report, 1992, p.198). The government responded that expenditure in this regard would be determined by the degree to which such expenditure would provide outcomes that were consistent with and contributed to the government's economic and social objectives while remaining within financial constraints. Grandparents supporting needy grandchildren were seen to be doing nothing more than meeting their moral obligations to their family and supporting grandparent caregivers was not one of the government's strategic social objectives. Access to services was contingent upon the availability of resources rather than the needs presented by children and families (Cheyne, O'Brien and Belgrave, 1997, p.211). Since that time successive governments have sought to reduce the role, responsibility and expense incumbent with being the primary provider of welfare services. This trend in New Zealand followed the adoption of neo-liberal political ideologies in the United Kingdom and United States.

The early years of the 1980s have seen the dominance of contractionist economic policies....the erosion [of] services has been accompanied by an official government sponsored campaign to establish national family policies...the thrust of which is to re-establish the family as the provider of services for the state...in which individual families bear the cost (Baldock and Cass, 1990, pp.184-185).

Neo-liberals saw the family as the primary provider of services to needy relatives and families who failed to meet their obligations were viewed as morally derelict.

The provision of social services is regarded by many as something the family should undertake. When the state provides these services there are serious concerns that families feel morally justified in abandoning their responsibilities to the state (Minford, 1984, as cited in Loney, 1986, pp.31-32).

Of the responsibilities of child welfare under neo-liberalism Harris (1987) stated,

Families owe duties to each other. Aid ought often to be forthcoming through the family. Too many elderly parents who should be cared for at home languish in extended care wards. Siblings should provide each other with assistance at times of economic distress. Fobbing needy family members off onto public provision is not just an imposition on the community at large, it is a breach of duty (Harris, 1987, p.21).

Spence (2004) suggests that the ideology that favors family care over state care is inextricably linked to an agenda that seeks to reduce government expenditure on welfare. (Spence, 2004, p.272). McCallion (2000) also observed "*that interventions targeted at grandparents have been limited because of a lack of funds*" (McCallion, Janicki, Grant-Griffin and Kolomer, 2000, p.59). McCallion et al's study consisted of a survey of three community based agencies that provided advocacy services for grandparent caregivers whose dependent children exhibited a range of physical and psychological disabilities. These agencies found that grandparents had been denied or left ignorant of basic benefit entitlements such as social security and referral to medical services to which the grandchildren would have been eligible (McCallion et al, 2000, p.77). Fitzpatrick and Reeve (2003) also noted a reticence on the part of welfare staff to inform grandparent caregivers of

their entitlements (Fitzpatrick and Reeve, 2003, p.56). While there is unlikely to be any overt policy or instructions from managers for staff to refrain from full disclosure *"the organization of the benefit system and the attitudes expressed in it will have a crucial effect on take-up"* (Loney, 1985, p.74). Of agency reticence to disclose entitlements Henkel and Pavelka further comment,

In a political environment that is 'economy minded'....there is no need for written instructions to induce staff of welfare offices to observe the principle that 'good management' means turning down as many applications as possible. The observance of this 'guiding principle' can without question have the result that persons entitled to benefits....do not receive their due benefits (Henkel and Pavelka, 1982, as cited in Loney, 1986, pp.73-74).

The macrosystem ideology that excluded grandparent caregivers as a valid client group manifested in the exo and mesosystems at an agency level in a lack of funding allocation for grandparent caregivers, a lack of practice guidelines and a lack of staff training in dealing.

Agency barriers

The impact of the ideology of favoring family care was immediately felt by the grandparent caregivers as they engaged with agency staff. One barrier to accessing services encountered by grandparent caregivers was the apparent unpreparedness of staff when faced with grandparent caregivers and the range of needs and issues they presented. Peters (2005) conducted a series of workshops involving 56 social workers and their supervisors. The study concluded that both social workers and their supervisors held conflicting views and suspicious attitudes toward grandparent caregivers and admitted they were out of their depth in dealing with the complex dynamics that characterized such caregiving arrangements. One of Peters' respondents stated *"there is less clarity in our policy and procedure*

regarding kin placements than regular foster care" (Peters, 2005, p.609). Peters found that social workers were unclear on how much information and assistance they could or should offer to grandparent caregivers and were reluctant to be too helpful for fear of encouraging dependence and cultivating a relationship they were reluctant to sustain. The social workers in Peters' (2005) study all admitted they regularly deferred to supervisors for direction and guidance when dealing with grandparent caregivers but in contrast the same or similar queries and requests from foster caregivers were dealt with routinely and confidently. For the latter group the social workers had clear policy and practice guidelines to use as a reference point in decision making. Many workers in Peters' (2005) study endorsed the adage that the apple does not fall far from the tree and could not see how placing children with their grandparents could be beneficial when the grandparents had already proven themselves incapable of raising well adjusted children. Having already damaged one child they believed the grandparents should not be given the opportunity to do so to another (Peters, 2005). Gibson (2003) also reported that *"workers assigned some level of blame to them for the irresponsible behaviours of their adult children"* (Gibson, 2003, p.63). Social workers believed that grandparent caregivers were more likely to collude with the children's parents and potentially making the children vulnerable to further abuse. Social workers were acutely aware of the risks in placing children with kin, felt anxious, unsure, fearful and consequently less warm and welcoming in their interactions with grandparent caregivers (Peters, 2005, p.610). Peters termed this anxiety as 'triangulation' – the process by which social workers can be sucked into the vortex of dysfunctional family dynamics rife with blame, accusation, counter-accusation and collusion. Of triangulation one of Peters' respondents reported,

With triangulation you never know what's going on...you don't have the facts...with people making things up about each other, you can't really know what's going on but you must if you're going to protect the child...it's a mess..it makes you get to the point of not wanting to help the family...we are way out of our depth dealing with the

complex family dynamics yet they turn to us saying, "you fix it"
(Peters, 2005, p.607).

Congruous with Peters' (2005) findings, Beeman and Boisen (1999) similarly reported that social workers found grandparent caregivers to be more labor intensive and demanding than foster caregivers and that the possibility of collusion with biological parents could complicate interactions.

Peters' (2005) respondents identified feelings of anger, confusion, defensiveness, fear, frustration, guilt, helplessness, hopelessness, being overwhelmed and suspicion when confronted with grandparent caregivers. At the same time they failed to realise these were the same range of emotions experienced by the caregivers when they entered the agency. Peters states,

This subtle bias predisposes workers to make the fundamental attribution error in which they assume the kinship caregiver's behavior is driven by personality flaws while the worker behavior is driven by situationally induced anxiety and fear. This attribution error may incline workers to see 'something wrong' with the family member when in fact the individual is responding appropriately to the stress and strain of the moment (Peters, 2005, p.604).

Spence (2004) also found social workers were unclear on the guidelines when dealing with grandparent caregivers. His Australian based study consisted of a review of child welfare legislation, a review of statistical data and interviews with eleven caregivers, nine social workers and nine children. The measurement areas of the study were caregivers support requirements, use of support services and the effectiveness of welfare agencies. The study concluded that caregivers had extensive and complex support requirements and some form of support outside the family was needed to ameliorate the stress of caring for children (Spence, 2004, p.270). He was alarmed that given the increasing prevalence of children being

cared for by grandparents or other kin, either through informal family agreements or state placement, it was of concern that social workers were operating with minimal guidelines in contrast with clear, unambiguous documented procedures governing other forms of placement. His analysis of guidelines in dealing with grandparent caregivers revealed deficiencies in important areas such as training of caregivers, case planning, monitoring placements, assessing the suitability of caregivers, financial assistance, management of child contact with biological parents and the nature and frequency of contact with social workers (Spence, 2004, p.270).

Gibson (2003) also showed social workers frequently misunderstood the support requirements presented by grandparent caregivers and that the range of services and support available to grandparent caregivers was inferior to those offered to other caregivers. She asserted that welfare agencies have traditionally catered for biological parents or foster caregivers and the policies and practice protocols used by agencies failed to recognize either the similarities or differences between the two groups. Gibson (2003) observes that as caregivers, grandparents appear confusing to social workers. As with biological parents, grandparents have a blood connection, an emotional investment in the children and a knowledge and intimacy with family history. Like foster caregivers, grandparent caregivers are also caring for non-biological children who were formerly in the care of their parents. For grandparent caregivers however there is the added dilemma that there are gaps in the information or no information held by the social service agencies concerning the family history. Whereas social workers may have a sense of partnership and knowledge of foster caregivers, given the agency would have assessed and approved the caregivers, there is no such history or partnership that can serve as a trusting basis for the relationship with grandparent caregivers (Gibson, 2003, pp.57-58). Gibson's observations were supported by McCallion et al (2000) who found that,

many of the service and eligibility problems faced by agencies resulted from grandparents 'not fitting in.' Staff reported that eligibility requirements assumed traditional family and guardianship situations and required the paperwork that only parents would have access to (McCallion et al, p.78).

McCallion et al (2000) also reported that not only did grandparents fail to conform to the standard set of services and eligibility criteria they offered but that available funding had been allocated to the traditional client sector to the exclusion and detriment of grandparent caregivers.

The absence of funding for grandparent initiatives is also of concern. Grandparent care-giving is occurring in an environment in which the resources have already been divided up among client groups and addressing grandparent needs is seen as taking resources. The needs documented here are extensive and will require considerable re-allocation of resources...not a situation...that encourages...well established agencies to seriously provide services to this group...the absence of an institutional host can deter agencies from committing resources to these families (McCallion et al, 2000, pp.62-81).

The research by Spence (2004), McCallion et al (2000) and Gibson (2003) indicates child welfare agencies have become entrenched in catering to the needs of a traditional client group and it would require a significant review of policy, practice and expenditure to accommodate grandparent caregivers.

Peters (2005) observed that a lack of institutional support and clear practice guidelines lead to child welfare staff feeling ambivalent and suspicious toward grandparent caregivers. While they acknowledge the benefits of placing children with grandparents (regards continuity of care, familial connection and psychological adjustment) they also unanimously considered the placement and monitoring of

children with kin to be more labor intensive, emotionally draining, potentially harmful and therefore litigious than placing children with strangers (Peters, 2005, p.609). The complexity of family dynamics, the prospect of triangulation, a lack of agency history with the children and family and already high case loads made it easier for social workers to resist becoming involved with grandparent caregivers in the first instance.

Within the agencies grandparent caregivers also felt the effects of operational issues related to high case loads, high staff turn-over, poor record keeping and miscommunication. Barak, Nissly and Levin (2001) report,

High employee turn-over has grave implications for the quality, consistency and stability of services provided to the people who use child welfare and social work services. Turn-over rates reinforce clients mistrust of the system [and] impedes effective and efficient delivery of services (Barak, Nissly and Levin, 2001, pp.626-627).

Barak et al (2001) elaborate that when a social worker resigns their case load is typically re-assigned to a less experience worker. This trend is attributable to the fact that annual turn-over rates among human service workers was between 39% and 60% with an additional 43% of agency staff saying they were likely to leave their jobs within the next twelve months. Turn-over has detrimental effects on both clients and remaining staff who struggle to give and receive quality services when positions are vacated and filled by less experienced personnel (Barak et al, 2001, pp.626-627). With such an attrition rate there are few experienced veterans to whom managers can allocate clients with complex needs.

Kolomer (2000) also noted that a high turnover of staff impeded service delivery with caregivers complaining that no sooner had they become,

comfortable with one worker, he or she would leave the position. The carers found it difficult and intrusive to be expected to tell and retell their family histories to each new worker (Kolomer, 2000, p97).

In contrast to the literature detailing the difficulties grandparent caregivers encounter when engaging welfare agencies, Gladstone and Brown (2007) explored the circumstances under which grandparent caregivers and social workers have mutually positive relationships.

1. *Friendliness. Grandparents responded well to social workers who took the time to get to know them as people rather than clients.*
2. *Emotional support and empathy. Grandparents reported that their stressor could be alleviated simply by a professional affirming they were doing a worthwhile job.*
3. *Material support. That social workers understood what supports were available to grandparent caregivers and had the authority to make the necessary referrals.*
4. *Advice. That social workers who deal with youth, particularly troubled youth had some expertise and in dealing with the range of issues these youngsters presented.*
5. *Services. That social workers would be available when needed or would at least follow up on messages and did not need to be chased (Gladstone and Brown, 2007, p.1445-1448).*

The implications of Gladstone and Brown's research are again alluded to Chapter 5.

Lack of services

The literature reveals a paucity in the range of professional services actually available, particularly for children presenting special needs. Grandparent caregivers discovered that specialist services were limited and the general services that were available were not equipped or funded to accommodate children with special needs (Fitzpatrick and Reeve, 2003). Halfon, Inkelas and Wood (1995) observed a similar phenomena in the United States following the crack-cocaine epidemic in the early 1990s that resulted in an unprecedented surge in the number of children going into the care of grandparents or other relatives.

Emerging new morbidities such as behavior and learning disorders, child abuse and neglect highlight the lack of integrated health systems. Children's unique morbidities have been under-emphasized in the organization and delivery of health care (Halfon et al, 1995, p.447).

Not only did the crack-cocaine epidemic render more parents incapable of caring for their children but the government response to the drug epidemic included mandatory prison sentences for dealing and supply offences which separated yet more children from their parents (Minkler, 1999). Worrall's (2005) New Zealand based research (that drew on a sample group of 323 families) determined that drug abuse accounted for 40% of custodial grandparent arrangement (Worrall, 2005, p.28). The increasing number of children with special needs going into family care led Halfon et al (1995) to note,

The health of children has changed dramatically over the past century...[while] health innovations have reduced morbidities and mortalities associated with poor living conditions, sanitation, nutrition and diseases...an entirely new set of morbidities and threats have

emerged that include family violence, drug use, child abuse, neglect, learning and behavior problems. These new morbidities pose a challenge to a nation lacking a coherent, integrated health care (Halfon et al, 1995, pp.447-448).

The risks associated with the mismatch between the complex new morbidities and the ability of general health service to keep pace are exacerbated for children living in poverty or living with interrupted care patterns. Childhood development is characterized by rapid and inter-dependent physiological, psychological, emotional and cognitive changes. Stunting this developmental pathway through inadequate health services can permanently impair a child's development (Halfon et al, 1995). Averting these risks requires a health service that is responsive to the new and complex needs of children and the social conditions in which they occur. However, maintaining continuity and timeliness of children's health provision is difficult in a system in which care is frequently episodic. While early interventions have effectively reduced the risk of developmental delay in biological or environmentally vulnerable children, no standardized set of early interventions have been specified for these high-risk children (Halfon et al, 1995, p.451). Aside from the financial barriers to medical service in the United States, the authors suggest that special needs children would be little better off because the diagnostic and treatment services they require do not exist on any systematic scale.

Mounting evidence suggests that many children and particularly those with special needs would continue to experience difficulty in accessing appropriate and timely health care even if universal health insurance were enacted without changes to the delivery system. Substantial barriers that exist independent of insurance related factors must be resolved to improve the allocation and scope of health services for children and families (Halfon et al, 1995, p.453).

Minkler (1999) and Fitzpatrick and Reeve (2003) note that by the time children come into the care of their grandparents they are already insecure and exhibit a range of aberrant behavior associated with abuse, neglect and trauma. Thus when grandparents assume care for their grandchildren there is an immediate and imperative need of easy access to services (Fitzpatrick and Reeve, 2003, p.56).

Legal barriers

Literature shows that the lack of legal recognition poses a significant barrier to grandparent caregivers accessing services.

Most grandparent caregivers have physical custody of a grandchild, which is the physical care and daily supervision of a child, without any legal authority. Nearly three quarters of grandparents have this informal arrangement...the grandparents assume a parental role but lack the legal authority to enact that role in a formal custody setting (Landry-Meyer, 1999, p.386).

Crumbley and Little (1997) reported that the lack of legal recognition means grandparent caregivers cannot automatically access report cards, enroll the child in school, participate in academic decisions, authorize medical procedures, surgery or even immunizations. Landry-Meyer (1999) stated that legal recognition afforded a sense of structure, permanency, legitimacy, control and the confidence to make long term plans. The respondents in Landry-Meyer's (1999) study reported being hesitant in making long term commitments in the absence of any legal recognition or rights. Without legal protection or recognition the respondents were acutely aware that the child's biological parents could uplift and remove the child at any time (Landry-Meyer and Newman, 2004, p.1016). Worrall (1996) states that legal protection and recognition is critical to permanency planning and that every child should have a

caring, legally recognized and continuous family in which to grow up (Worrall, 1996, p.140). For grandparent caregivers the implications of seeking legal custody posed a dilemma. If they secured legal custody they would also be responsible for the financial and material maintenance of the child but could access services more readily. Without legal custody they may have been more eligible for agency support but would encounter difficulties in accessing services, authorizing operations, enrolling children in schools etcetera. Of this conundrum Landry-Meyer (1999) observed that grandparent caregivers,

voiced concern with the legal requirements associated with receiving financial support and the legal issues involved with raising a grandchild. Performing a parenting role as a grandparent often equates to a lack of financial support and services (Landry-Meyer, 1999, p.386).

Initiating litigation to secure legal custody also created inter-family difficulties that the grandparents had not anticipated and for which they were unprepared (Waldrop and Weber, 2005, p.189). They were concerned and confused over what type of custody to seek, how to pursue it and the amount of conflict and resistance they could expect from the parents in the process. Grandparents found it difficult speaking to third parties about the deficiencies of their children and likened litigation to a betrayal and "turning on their own" (Waldrop and Weber, 2005, p.189). The intensity of the conflict and resistance they met was influenced by the family dynamics, prior agency involvement and the degree of capriciousness of the parent involved. The decision to commence litigation was for most the last resort after a long, trying period of informal care and observing the deterioration of the grandchild over that period. Litigation was emotionally distressing and exhausting for all parties and once initiated, grandparents questioned whether litigation was the right decision. Although well aware of the abuse or neglect their grandchild had suffered, grandparents remained hopeful that the parents would resolve their issues, resume care of the children and that

harmonious family relations would be restored. By taking the parents to court grandparents felt a line had been crossed, an irreparable rift had been created and relations with the parents would forever be combative.

Many grandparents were surprised and disappointed that Family Court judges would not award custody at the first hearing and required thorough documentation or incontrovertible evidence of abuse or neglect. Waldrop and Weber (2005) reported that the outcome of a hearing was dependent on many variables including the judge's personal values and beliefs around family unity and the amount and credibility of the documentation presented by the applicants. If a judge viewed grandparent caregiving as simply an interim step in the continuum toward the biological parents ultimately resuming their parenting role and issued a temporary order, then the grandparents could find themselves in a precarious and vulnerable position for an indefinite period. Without any solid evidence of abuse, temporary custody was the common outcome, particularly at first hearings. Temporary custody produced what Waldrop and Weber (2005) termed the "yo-yo effect" whereby children stay with their grandparents for a time, are returned to the parents and then re-returned to the grandparents at the next inevitable crisis. Waldrop and Weber (2005) reported that children are more confused, unsettled and traumatized by this constant vacillating between caregivers (Waldrop and Weber, 2005, p.190). Grandparents believed that temporary custody orders, while made with good intentions, failed to acknowledge the gravity of the child's situation and served only to endanger or further the damage the child by delaying their placement into a stable home environment. Judges who assign only temporary guardianship or do not rule for grandparent guardianship in volatile situations continue the yo-yo effect (Waldrop and Weber, 2005, p.190).

When making decisions regarding child custody, family unity and preservation has been a consideration of the Family Court. Garbarino (1982) refers to the concept of the "least detrimental alternative" which supports the view that family

unity should be safeguarded by raising the threshold for state intervention to the "highest possible level" (Garbarino, 1982, p.222). He criticizes the concept because it precludes or at least discourages early intervention and warrants state action only when the family is already in an advanced condition of crisis and the children might already be in danger or have already suffered abuse. There is no agreement on what would constitute the "highest possible level" and Garbarino asks what set of circumstances or precipitating event would legitimize the courts awarding custody to someone other than the parents. The allegation of abuse? An evidential interview? Physical evidence of violence? A medical report? Conviction of the perpetrator?

Another barrier related to securing custody was the cost of litigation. Grandparent caregivers tend to be in the lower socio-economic strata and the addition of one or more dependent grandchildren can exacerbate an already precarious financial position, particularly if the child has medical requirements (Worrall, 2005, p.51).

Financial barriers

The literature shows that the biggest angst regarding finances is the differential between the range of entitlements available to foster caregivers compared to grandparent caregivers (Schwartz, 2002, p.439; Spence, 2004, p.272). Schwartz (2002) reported that children placed with grandparents present similar morbidities and care requirements and costs as do children placed into foster care. She observes that policies concerning the funding of kinship care suggest much about societal values toward this type of caregiving. Grandparent caregivers tend to be,

older,...low income...female...both caregiver and child are often vulnerable because of their position in society, and kinship care

policies reinforce this vulnerability by failing to provide adequate assistance (Schwartz, 2002, p.431).

Worrall (1996) makes similar observations of grandparent caregiving in New Zealand.

Extended families who...are bearing the burden of care often already suffer inequalities of class, gender and race...now [have to] take responsibility for dependent members with little or no support...they are further economically marginalized (Worrall, 1996, p.66).

Minkler (1999) reported that poverty is a fact of life for most grandparent caregivers. Their income had diminished significantly since assuming care whereas they had managed financially prior to assuming care of their grandchildren.

Becoming the primary caregiver for one's grandchild often further exacerbates already difficult financial circumstances. For younger grandparents the assumption of care frequently means quitting a job, cutting back on hours or making other job related sacrifices that put their own future economic well-being in jeopardy. Retired or non-working caregivers also suffer financially and report spending their life savings, selling the car or cashing in life insurance to financially cope with the challenges of the new role (Minkler, 1999, p.210).

Waldrop and Weber (2005) attributed grandparent poverty to several factors - the strain of providing care for extra people, the costs of litigation, paying for the biological parents mental health care or drug therapy and assisting the parents with other day to day living costs they were unable to pay for themselves (Waldrop and Weber, 2005, p.190).

While encouraging grandparent caregivers to independence from the state, neither the CYF Act 1989 or social workers implementing it are required to assess the grandparents' financial position and ability to provide care. Campbell (2005) states,

A breakdown in the [Act] concerns the caregiving family's ability to financially accommodate children. Although caregiving families may be judged suitable in every way, financial restraints may increase the burden, especially during the early stages. Help may be needed during the transitional period to reduce the negative impact on the child and the receiving family. The Act does not require that Child Youth and Family Services consider the caregiving family's ability to provide for children before placement (Campbell, 2005, p.31).

In her 2006 New Zealand based research Worrall notes that in some instances grandparents offered to take care of grandchildren on the understanding that other family members who have offered support would deliver that support and ease the responsibilities upon the grandparents. The support included financial assistance and respite care. In many instances Worrall notes this support did not materialize and grandparents found themselves responsible for providing unremitting care and bearing all the financial costs. Worrall attributed this to the fact that many of the other family members, despite wanting to secure the safety of their young relatives, are facing crises of their own and are also inadequately placed to take on the care of one or more needy young relatives. (Worrall, 1996, p.126). In the absence of this wider family support the grandparents' requirement for state support becomes acute.

Summary

A review of the literature shows that the barriers grandparent caregivers encounter in accessing services are related to an economic and political ideology in the macrosystem that abrogates the responsibility of child welfare away from government to extended family. The results of this ideology manifest in the exosystem in policies that do not include grandparent caregivers as a valid client sector. Consequently agency staff are untrained, lack confidence and have no standardized practice protocols for interactions with grandparent caregivers. Operational issues within the agencies also impede the provision of services and continuity of effective case management. A culture in the Family Court that favored family unity over child safety not only delayed grandparents securing custody but the lack of legal recognition of their custodial status and parenting authority impeded their ability to access services. Garbarino (1982) also suggested that delays in awarding custody could further endanger the child. Grandparent caregivers already belong to several disadvantaged groups in society, already struggle financially and then have the added burden of providing for one or more dependent grandchildren. The disparity between the support and assistance available to foster caregivers and grandparent caregivers served only to further marginalize them. Ecological theory demonstrated that the forces impacting on grandparent caregivers are many, complex and inter-related. It will be seen in chapter four that the barriers encountered by the respondents of the studies drawn on in the literature review are virtually identical to those of the respondents who participated in the current study.

CHAPTER 3

Research Design

Methodology

Through phenomenology this thesis sought to provide a description and understanding of the experience of being a grandparent caregiver as they sought access to support and services. Phenomenology is particularly useful for examining invisible factors in the macrosystem that impact on individuals. As stated previously, the macrosystem refers to a shared set of beliefs, values and assumptions about how society should be ordered (Bronfenbrenner, 1979, p.27). People are often oblivious to the forces in the macrosystem that act upon them, where those forces originated and how they are perpetuated. Over time our beliefs about certain topics become normalized, unchallenged, taken for granted and we accept them because that's simply the way things are. Phenomenology seeks to peel away the veneer of assumed and accepted meanings and offer a new level of interpretation and understanding. Kvale (1996) observed that phenomenology is *"particularly useful when seeking to...describe the world as experienced by subjects...to grasp the qualities of their experience and explicate their essential meanings"* (Kvale, 1996, pp.52-53).

Phenomenology is the study of the 'objects' of human experience and reality. The 'object' of that experience is a phenomena being experienced by a 'subject.' This methodology holds that the object and subject cannot be divorced from the other. The subject constructs their own interpretation of the experience and the experience also influences how their interpretation is constructed. Phenomenological research relies on trust and accepting the subject's account at face value. The approach focuses on accepting the subject's account as being representative of their perspective and the reality for that person. Van Zuuren et al (1987) stated,

the explication of meaning involves a great deal of interpretive thinking and [consideration] of the data contextually, and in the case of human experience, what it is like to live through the matter under investigation (Van Zuuren et al, 1987, p.4).

Bracketing

Because phenomenology seeks to capture a raw account of a subject's experience it is necessary for the researcher to be aware of and then suspend their own preconceptions and beliefs of the phenomena under scrutiny. This is referred to as 'bracketing' or 'phenomenological reduction' and is intended to prevent any bias the researcher may have from contaminating the interpretation and reporting of the data (Van Zuuren et al, 1987). The first stage of bracketing occurs prior to any data gathering or even formulation of the interview questions.

Because of my parent's experience of grandparent caregiving and the impact this had on my wider family it was necessary for me to consider my own beliefs and values toward issues such as kinship care, whether parenting responsibilities should be collective or individual, personal accountability of the parent and the role of the state. Contemplating these issues conjured memories of my own family's experience and triggered feelings of resentment, anger and the pressure emanating from a sense of obligation. Having recognized these feelings I was aware of the imperative not to let these feelings influence the manner in which questions were asked of respondents, how comments were reflected back to respondents and not influence the thematic analysis of the data by focusing on those aspects of the respondents' experiences that were similar to that of my parents and family. This process of bracketing was ongoing throughout the research project from the formulation of interview questions to the writing of the final research report.

Recruitment and sample selection

I initially approached the contact person of the Grandparents Raising Grandchildren Charitable Trust and explained to her the outline of the thesis. Having generated her interest I arranged a meeting to discuss the project and give her documents (Interview Guide, Consent Form and Information Sheet) to pass onto prospective participants. In the event, few people responded in the immediate locale and I was forced to go further afield to find respondents. I contacted more people from the Trust who in turn forwarded information about the study and my contact details to prospective respondents. Through this snowball method of recruitment I ultimately managed to enlist seven participants. (The Information Sheet, Interview Guide and Consent Form are attached as Appendix 1, 2 and 3 respectively).

Confidentiality

All respondents sought assurances regarding confidentiality of their identities and that of the children in their care. They agreed to participate on the proviso all identifiers were removed from the transcripts - names, ages, gender, locations, names of professionals, medical conditions, employment details and in some instances agency names. Any potential identifier in the final research report appears amid the quotes as [child], [agency name], [medical details], [location] etcetera. Beyond saying that five of the respondents were caring for a grandchild with the support of a spouse or partner and the remaining two were single caregivers it has not been possible to include a more detailed profile of the respondents as may be common in a study such as this.

Method

Because phenomenology seeks to provide a description of phenomena, eliciting a rich narrative account is essential. This can most readily be achieved by using interviews to gather data. Before even drafting an interview schedule it was necessary to consider the nature, dynamics and purpose of an interview. Kvale (1996) describes the interview as the construction site of knowledge and the interview must become an inter-view and "*make for an interchange of ideas between two people conversing about a theme of mutual interest*" (Kvale, 1996, p.1). He believed the interview was the ideal mechanism for getting the story behind a participant's experience and it was evident from the outset that the interview was the appropriate method of data capture given the nature of the current study.

Kvale (1996) listed several stages to the interview - thematizing, design, interviewing, transcription, analysis, verification and reporting (Kvale, 1996, p.83). Thematizing is informed by the literature and serves to keep both the interviewer and respondent focused. Design refers to the type and sequence of questions so that one concept sequentially leads to the next. Interviewing implies the venue of the interview, degree of formality, establishing rapport and a sense of mutual trust. Transcription involves the typing of voice recordings. Verification seeks commonalities with what other respondents have said and referring the data back to the wider body of literature for comparison. Reporting refers to the style in which data is presented. The style must be consistent with the researcher's natural style of writing and sensitive to the subject matter under consideration.

Interviews with the respondents in the current study were informal, semi-structured and used open-ended questions. The nature of the questions used in the Interview Guide were formulated after reading the articles that comprised the

literature review and identifying common themes. (The Interview Guide is attached as Appendix 2). One definition of a semi-structured interview is "*one organized around issues of particular interest, while still allowing considerable flexibility in scope and depth*" (May, 1991, p.191). Through the use of prompts I encouraged elaboration but used the interview guide to ensure the core themes remained the focus of attention. The flexible nature of the interviews enabled respondents to raise matters salient to them while remaining within the parameters of the interview guide. To avoid influencing or biasing data I made a conscious effort to make no reference to what other respondents had said about an issue or even what the literature reported.

Interviews were recorded onto a cassette recorder and later transcribed by hand by the researcher. Though labor intensive, I resisted using voice recognition software or professional typing services as I wanted to reinforce my familiarity with the data. Originally I intended making written notes in addition to the recordings and did this for the first interview. Upon reflection on that interview it was evident that note taking was a distraction for both myself and the respondent, required too many pauses and disrupted the natural flow of the interview. For the remaining six interviews note taking was abandoned in favor of sole use of the recorder. To ensure the context of the interview was captured, each interview was transcribed within two days of the interview and sent to the respondents for editing. The transcripts were raw and no attempt was made to edit or make sense of the data at this point. Transcripts were sent to respondents in this form and it was intended the close time proximity from the interview to the editing would ensure their recall was maintained. Two respondents offered to undertake member-checking of Chapter 4 to ensure that their own particular comments had been used as they intended.

Data Analysis

Data analysis is a key component of the phenomenological approach and involves sifting through transcripts to identify and connect themes. Tolich and Davidson (1999) state that new themes can emerge from one interview to the next however towards the end of the interviews and transcribing process distinct themes should be emerging that will shape the structure of the final research product (Tolich and Davidson, 1999, p.123).

By following the method as described by Tolich and Davidson (1999) five themes emerged from my data analysis that were common denominators in the experience of all seven respondents. These were institutional barriers, agency related barriers, barriers related to a lack of services for children with special needs, legal barriers and financial barriers. These themes were settled upon after several readings of each interview transcript and highlighting any repetitive feature - agency names, any reference to money, medical or health requirements for both grandparents and grandchildren, interactions with agency staff, legal issues, the Family Court, etcetera. It was from this exercise that the five dominant themes emerged (along with a number of lesser, tangential themes that were not pursued given the restrictions of the word limit of the final research report). Every comment in each transcript that related to each of these themes was colour coded using a highlighter pen and then typed into a separate thematic folder which produced several pages of transcript relevant to each theme. There followed another closer reading of the articles comprising the literature review and a narrative formulated that cohesively linked the disjointed material in the thematic folders to the experience of the respondents who participated in the studies in the literature review. It was the amalgamation of the information from the thematic folders and literature that shaped Chapter 4.

Limitations

Since this study only drew on a sample group of seven respondents it was obvious that it would be difficult to generalize findings. Omery (1983) observes it is common for qualitative studies to draw on small sample groups and that "conceptual generalizations" are acceptable provided interviews yield rich descriptions, that findings are consistent with and can be verified by reference back to a wider body of literature (Omery, 1983, p.53). Yin (1994) states that in studies using a small sample it is critical for credibility that if subsequent researchers drew on the same data that they would have to arrive at similar findings.

Some of the literature drawn on in the current study used large sample groups numbering in the hundreds. It will be seen in Chapter 4 that the experience of the respondents used in the current study was almost identical to that of the respondents who formed the sample groups for the studies on which the literature was based. The level of congruity between the experiences and findings of the current study and that of the studies comprising the literature review suggests a sufficient degree of verification and credibility was achieved.

Ethical Considerations

Approval was sought and secured from the Massey University Human Ethics Committee: Northern. (The approval letter from the Committee is attached in the appendices as Appendix 5). From the outset of this study I was aware I would be approaching strangers and eliciting information that was highly personal, sensitive and potentially embarrassing and distressing for them to divulge. At the start of each interview I acknowledged this concern and reminded respondents they could decline to answer any question and terminate the interview. Each respondent said they too were aware they would be disclosing

sensitive information but were hopeful their participation in this research would somehow improve the lot of grandparent caregivers everywhere. The sense of solidarity and empathy among the grandparent caregivers, even those they had never met was strong. Confidentiality was assured and all transcripts were sent back to each respondent before any data analysis commenced. Respondents made few alterations or deletions to the transcripts. As stated previously, two respondents undertook member-checking and both were satisfied with the interpretation and presentation of the data. Should respondents have become distressed as a result of the interviews I had arranged for a person from the Grandparents Raising Grandchildren Charitable Trust to be available to discuss issues and provide support if necessary.

CHAPTER 4

The Respondent's Experiences

In this chapter the respondents describe their experiences as they engaged with agencies to access services and support. Comments are largely taken from the interview transcripts accompanied by a narrative that links the commonalities of their accounts. The barriers to accessing services that emerged from interviews can be categorized under five headings.

- Physically related barriers
- Lack of services
- Agency related barriers
- Legally related barriers
- Financially related barriers

Physical barriers

This refers to the diminishing mobility and stamina associated with aging against the increasing physicality of the young grandchildren, the locations and layout of agency premises and the logistics of having to transport very active, hyper-active or very sick children and babies to these venues. The lack of child care was also a barrier to grandparents attending appointments with professionals and maintaining employment or social activities where the presence of children would have been inappropriate. Most respondents accepted that the presence of children might be unwelcome by some of their former peers and was an inevitable consequence of their new parenting role to which they were resigned. They were less accepting that the agencies to which they turned for assistance were not able to easily accommodate the presence of young children. Respondent 3 who cared for two

young children on her own said the prospect of having to pack bottles, nappies, toys, lift a double stroller into a very small car, put the youngsters into car seats, drive to town, park several hundred metres from the agency office, unpack accoutrements, hike to the office, meet with a new customer service representative, explain her situation yet again and fill out a multitude of forms with the children squirming was sufficient motivation for her to delay making visits to agencies for as long as possible.

I dreaded every trip and would try and put it off until I really had to go.

Each time it was a mission that left me exhausted (Respondent 3).

She said she felt pressured in the appointment and gained the impression the customer service representative wanted to conclude the appointment as quickly as possible. She said the lay-out of the office was not conducive to privacy and was certainly not designed to accommodate children. This respondent said she had to visit Work and Income New Zealand (WINZ), Housing New Zealand, Child Youth and Family and a family lawyer all in the same week. She said the task of just getting herself and the children to the appointments and supervising them during the appointment left her both mentally and physically exhausted. She would be so exhausted by the time she got to the agency that she would forget to ask many of her questions. For subsequent trips, questions would be written on a list.

Respondent 5 recalled similar experiences in attending agencies and after the first effort to attend with her grandchild in tow decided she would try and leave the child with a baby-sitter. The child in question however had severe, multiple health issues and she could find no-one in her circle of peers who was prepared to accept the responsibility for caring for this child for a morning.

None of my friends wanted the responsibility for caring for [child].

They were just too worried that something would happen and wouldn't know what to do (Respondent 5).

Respondents who resided in rural areas reported that attending appointments could entail lengthy travel to larger cities as many health or social services in smaller centres had been closed down. They believed dealing with a single case manager or social worker with whom they had some history and trust over the telephone would have alleviated much stress.

During the process of seeking custody from the Family Court Respondent 3 said she felt obliged to keep her house conspicuously clean all the time in case the counsel-for-child should visit to assess the environment. She said her concern was piqued when on a previous visit child-for-counsel immediately went into the child's bedroom to count how many blankets were on the bed. Prior to having her grandchildren in her care one vacuum of the house and one clothes washing session per week would suffice but now vacuuming was a daily requirement with a youngster crawling around on the carpet. Respondent 3 said these activities are tiring enough for a younger mother but are particularly so when one is middle-aged. Other respondents spoke of the difficulties in getting a demanding toddler who had thrown a tantrum and gone 'stiff' into a car seat and loading and unloading push-chairs. Their predicament was summed up by the spouse of Respondent 2 who observed,

the trouble with the grandparents is we're old and old people cannot keep up with young children.

Most respondents accepted the barriers associated with age were inevitable but thought home visits (as afforded to foster caregivers) would make life much easier.

Agency barriers

Agency / staff related barriers referred to interaction with staff in two agencies in particular – Work and Income New Zealand (WINZ) and Child, Youth and Family (CYF). All respondents to varying degrees cited difficulties in dealing with agency staff as a major impediment to accessing ongoing services or even as an initial step toward securing the safety of their grandchildren.

Staff were described by some respondents as either disinterested in the grandparents' predicament or seemed to have difficulty understanding the complex nature of the problems associated with grandparent caregiving. Some respondents also expressed their doubt whether social workers fully appreciated the immediacy of the dangers threatening their grandchildren.

Respondent 5 recalled that when notifying Child Youth and Family Services of the fact her grandchild was without food, inadequately clothed and the mother's repeated failure to keep hospital and midwife appointments while she went partying for five days, was reportedly told by a staff member that the mother was entitled to have her own life, was allowed to go out and she (Respondent 5) was over-reacting. In this instance the grandparent uplifted the child of her own volition and took the infant straight to hospital where she was told by medical staff that had she not done so the child likely would have perished. Respondent 2 reported a similar experience when notifying Child Youth and Family that the child's drug addicted parents were not coping,

I told them [CYF] of my concerns [medical details deleted] that the baby was sick and needed hospitalization and was told to mind my own business. They said I was out of order and it was nothing to do with me (Respondent 2).

Respondent 2 said social workers, even having assessed the child's environment, met the parents and being fully cognizant of their mental health and domestic violence history still advised the grandparents they should not intervene until such intervention was absolutely necessary – to give the parents a chance to make it work. Respondent 2 said this arrangement persisted for months before the grandparents were phoned by another party who informed them the baby had been crying solidly for five hours, that neither parent was to be seen or heard and asked if they could please go in and check the baby. The grandparents recalled they found the baby lying in a dirty nappy, unfed and the mother lying catatonic in a drugged stupor, the side-effects of her psychiatric medication. At that point the grandparents removed the child and took the infant back to their own house to provide care. Of the attitude of CYF staff Respondent 2 asked,

What were they waiting for? The child to die? Hoping the parents would come right? That we would uplift the child? Well, that's what we did. We had to (Respondent 2).

There appeared to be lack of communication between CYF offices or even between staff members within the same office. Calls were reported as not logged and files not updated. Respondents said this resulted in them repeatedly having to explain the situation to a succession of social workers with little progression to their case. Other times the communication failure could potentially have more dire consequences. Respondent 6 stated that social workers had checked the parents address and deemed it "safe and suitable" for the child. When the stunned grandparents reported this to another social worker with whom they had been dealing, that social worker was equally astonished, totally unaware of the development and very concerned because the environment was far from "safe and suitable".

To counteract the miscommunication most respondents resorted to keeping their own diaries recording the date of meetings, the staff member spoken to and details

of the interaction including any decisions or undertakings that had been made. Some respondents opined their own records would probably have been more comprehensive and accurate than the records held by the agency. This also applied to telephone conversations. When given conflicting information Respondent 1 reported telling case workers, *"look back on the file, that's not what I was told last time, last time you said..."* By keeping her own running record she was able to progress her case and keep it out of the bureaucratic quagmire. Respondent 5 said she would repeatedly leave messages for her social worker and her calls would uncannily be returned long after the point of issue had resolved itself. That the Grandparents Raising Grandchildren Trust offers an advocacy service in their newsletter titled "trouble contacting your social worker?" suggests that tardily returned phone calls from the agency might be a common problem. (www.raisinggrandchildren.org.nz).

Respondent 1 said she notified CYF of her concerns for her grandchildren, that the mother was not coping or caring and insisted social workers visit the mother's house. The social workers reportedly found the youngest child lying in a filthy, sodden cot and the elder child lying trembling in a fetal position. In this case the children were uplifted by CYF that same afternoon. Respondent 1 stated her belief that had she not insisted that social workers investigate and act, that those two children would have died.

This study only had seven respondents of whom three believed their grandchildren would have died had they either failed to take direct action themselves or insisted on CYF investigating. Three out of seven felt CYF failed to adequately investigate and monitor the children or their parents and take decisive action when necessary. The sense of frustration and anger experienced by grandparents when re-telling these stories was palpable.

Not interested some of them, some of them did not give a damn....there were things even her superior told her to do and she still didn't do it (Respondent 1).

Trying to get it through some people's heads that something has to be done here...it makes you wonder why some of them are doing it...They did nothing. They refused. They said "leave it alone, we will not do it until things fall apart (Respondent 2).

CYF was aware of this problem and did little to make it happen....obviously in need of help. We were desperate and tried everything...we went to social welfare but after three visits and more than nine forms I gave up....we asked CYFs and got no help from them (Respondent 7).

I felt it was pointless talking to her.... I tried with CYF and got nowhere so I thought I had better go and find a lawyer (Respondent 5).

Respondent 1 said her experiences with CYF were relatively unproblematic but attributed this to the fact she fortunately knew "someone high up", whose ear she had and who had prior knowledge of the family having intervened with other grandchildren. While this respondent was grateful for the attention and action of those "high up", she was disappointed it required a personal connection to the agency to instigate the action that should be offered systematically, quickly and be equally accessible to all. She fretted for those who did not "know someone."

Respondents also believed CYF lost interest in their situation after a cursory assessment and were satisfied the children would be cared for one way or another.

[social workers] encouraged us to cut loose, they said the kids are OK, looked after, we're not needed so we're pulling out. They advised us to go on our own (Respondent 4).

Social workers would not however advise them that "going on their own" would entail severing access to financial assistance and referrals to other services.

It was in the first few weeks after assuming care for the children that the grandparents experienced the most acute need for support. Police and social workers or even the children's own parents would turn up and drop the children off. Quotes from the respondents show the extent of their predicament.

They had the clothes they were standing in and that was it...we had no warning (Respondent 4).

Totally unprepared, the first few months were real tough... nightmare, absolute nightmare (Respondent 3).

Never thought we would walk out of the hearing as parents again (Respondent 7).

It was also in this early stage when the grandparents were at their most vulnerable and unprepared that they would approach Work and Income New Zealand to see what assistance might be available. Respondents reported that customer service representatives seemed unsure or unaware of what entitlements were available to custodial grandparents. Grandparents visiting the agency on second or third subsequent visits said they were given conflicting advice. One respondent with a severely disabled child said she was told she did not qualify for a grant for a particular medical aid and would need to purchase it for herself. When she collected the device and paid for it at the hospital she said she was advised by a nurse she could have claimed it as an associated cost related to the child's

disability allowance. When she later sought clarification from the customer service representative it was confirmed, after deference to a supervisor, an error had been made, that she was entitled to financial assistance but could not now be reimbursed as she had already completed the transaction. The respondent recalled that at this point the customer service representative pointedly asked her whether she had come in for a food voucher, to which the respondent replied "no" with some bafflement. Again the customer service representative reiterated her certainty the grandparent must have come in for a food voucher. The penny then dropped for the respondent. She was being offered a \$100 food voucher to compensate her for having to purchase the device. While the staff member was surely acting out of kindness and perhaps embarrassment over the error, the incident suggests a lack of training for the staff member and perhaps a degree of staff dissonance with their organisation's policies.

All seven respondents said that knowledge and awareness of their rights and entitlements did not come from those agencies that were supposed to help but from accidental, happen-chance conversations with nurses, receptionists or other grandparent caregivers who had themselves been in the same situation. Even then it was a struggle to access those entitlements and often a more experienced, articulate advocate would be taken to meetings to engage with agency staff. The reticence from staff to fully explain entitlements made some respondents question whether there was a surreptitious culture within WINZ in which customer service representatives were discouraged from telling grandparents about the full range of entitlements available to them. If such a culture existed the respondents considered the reduction of departmental expenditure to be the motive behind such a practice. Of trying to obtain information from a WINZ customer service representative Respondent 3 noted,

If you don't ask exactly the right question, they won't tell you anything...I got nothing until I lost the plot down there...Following [a particular incident] I found that I did have entitlements and even

walked out with a food voucher....but they weren't giving it away easily (Respondent 3).

We didn't know what to ask, if we had, maybe we would have got something (Respondent 4).

Lack of Services

All respondents in this study believed WINZ, CYF, schools, general practitioners, hospitals, child mental health services and myriad other agencies were totally unprepared for the spike in numbers of grandparents raising grandchildren and the multiple and complex range of physical, psychological and material needs they presented. The grandchildren of the seven respondents in this study each presented one or more of the following morbidities – global delay, autism, ADHD, post traumatic stress disorder, hyper-activity, brain damage, respiratory illness, fetal alcohol syndrome and learning difficulties. Constant attention seeking, violent, destructive and inappropriate sexual behaviour were also factors. The respondents were acutely aware of the gaps in health and social service provision.

Where do you take kids like this? The teachers aren't trained to deal with it...Mental health services aren't interested unless they are actually killing themselves...[agency] tell us she's not bad enough and don't have the resources to cope...Nobody works together, everyone just pushes their own barrow....very few times do they work together for the betterment of children, especially with special needs kids (Respondent 2).

Her doctor would phone an overseas specialist for advice (Respondent 5).

*Where do you put kids that have been traumatized like this?
(Respondent 4).*

Respondent 7 reported,

He would scream and kick and kick the car out of gear and open the door as we travelled along. He told me many times a day he hated me. Many times a day he accused me of hating him, many times every day. If he wasn't getting all the attention he would say, "I might as well be dead." It was exhausting. We asked CYF and got no help from them (Respondent 7).

Respondent 7 said she saw the need for family counseling but was unable to access any.

[Child's] mother had been ordered by the courts to take [child] to counseling and we tried to access this but were unable because we weren't his parents. He was severely disturbed and displayed some strange sexual behaviour as well. The case manager was aware of what we were going through and we asked for help many times (Respondent 7).

Respondent 7 said she was finally offered respite care but,

We didn't take it because [child] couldn't be left with anyone else, he would be so disturbed by the time we got back it would have taken a huge effort to get back to where we were before he left. It would have been more appropriate if they had financed us all some time at a place where we were with others like us with qualified people who could observe and make suggestions on how to manage the children

more effectively and at the same time look after us so we at least got a break from having to do it all (Respondent 7).

The gap in service provision and lack of practice guidelines for staff dealing with grandparent care givers is most graphically illustrated in the confusion over what financial entitlements they could receive. Most WINZ case officers looked at the eligibility criteria for a Widow's Benefit, Domestic Purpose Benefit, Unsupported Child Benefit and so forth but for one reason or other the grandparents did not meet the qualification criteria. Respondent 3 said she was granted an emergency benefit as a short term measure "til something got sorted" but was still in receipt of this benefit five years later.

Staff turnover and a lack of training was also a barrier to respondents accessing services. Many reported going into an agency, advising that last time they saw such a person only to be told, "oh, they've left." This happened to respondents on numerous occasions. Again they would have to re-tell their story and fill in the gaps in the files.

If I had been able to deal with the same person all the time then I think I might have been able to make progress or have some continuity of understanding....to move from one stage to the next When you have a new person you're explaining from the time before and the time before that. It gets very wearying (Respondent 5).

They don't hang onto their staff long enough, that's the problem....makes it so hard (Respondent 1).

Of the five barriers identified from the data those relating to Child Youth and Family Services and Work and Income New Zealand were the most commonly encountered, seemingly the most insurmountable and certainly the most discouraging.

Financial barriers

Associated with the difficulties the respondents reported in their actions with WINZ, was the financial problems that necessitated them seeking financial assistance in the first instance. The major source of dissatisfaction reported by all respondents was the differential between the state funded financial support given to foster parents and custodial grandparents, particularly considering the costs associated with supporting the children were identical. (The table of support available to foster caregivers is given in Chapter 1).

The biggest bug bear is that parents get all the support they can, tax credits, working for families. Grandparents doing the same job don't qualify. That stinks because we are these kid's parents. We get squat (Respondent 4).

One respondent who believed she had too readily agreed to taking custody of one grandchild without CYF placement was wary of making the "same mistake" when they asked her whether she could also take the second.

With [child] I didn't have to pay for it, not a cent, all the legal fees. Then they said they would like us to take custody of her but I asked who would have to pay. Because [child] was under CYF care, I got help, with [child] I have done everything on my own. With [child] I'm making the most of what I can. No way I could do both on a benefit (Respondent 1).

Another set of respondents believed CYF had encouraged them to care for the children independently without explaining the ramifications of CYF withdrawing.

While we were under CYF they did help with board payments, medical costs and clothes but once you withdraw they don't give you anything. It would have been nice to have that because it was a big struggle. They didn't tell us that if we cut loose we'd be on our own....if we had known...but as it was we took over guardianship and they left us on our own. They encouraged us to cut loose, the kids are OK, you don't need us so we're pulling out (Respondent 4).

Five of the seven respondents in this study said they were totally unprepared financially to commence a parenting role, sometimes for more than one child.

We both had full time jobs and we did not expect that we would walk out of the family conference as full time carers. My husband had to quit his job immediately....he got another lower paying job that allowed us to share the care between the two of us (Respondent 7).

We were in dire straits cos we didn't have anything...social workers and cops turned up and there they were in the clothes they were wearing and that was it...We were shelling out right from the start...two months before we got any help (Respondent 4).

I went from just me to having three children. Just like that...we need the same financial support as foster parents, I don't expect to be paid but on a pension it's unrealistic to expect to support a child (Respondent 3).

This little baby got handed to me in a pair of shorts with all her items in a Pak n Save bag....It was before the court for one year and I paid for everything in that time, the whole thing, no legal aid, no help. I was very tired all the time and needless to say I had to give up work. I didn't qualify for help because the child was not with me through a

court order....one treatment for [details deleted] cost \$750. I didn't learn about a disability allowance until I joined GRG [Grandparents Raising Grandchildren Trust] (Respondent 5).

I put the children into daycare until I could get my life organised and see if this was going to be a long term situation. The crèche bill was \$500 a week and I was earning \$350. It was not going to work. I went to income support but was turned down because I didn't have documentation to show the children were in my care (Respondent 3).

I had to pay for all her GP costs. There were specialist medicines that cost even more (Respondent 5).

This study confirmed the findings of both local and international research that grandparents experience immediate and ongoing financial hardship by assuming care of their grandchildren (Waldrop and Weber, 2005; Schwartz, 2002; Minkler et al, 1993; Worrall, 1996). While a diminished income is often associated with retirement, most grandparents had nonetheless made financial provision for their retirement. What they did not and could not make provision for was being expected to raise children while only in receipt of superannuation with, if they were lucky, some supplementary income from private investments. Respondent 5 said her retirement funds were quickly depleted through the purchase of necessities such as school books, stationery, uniforms, musical and sporting activities. Added to these costs were medical costs, costs for counseling, specialists, dentists, optometrists, car seats, cots, beds – everything parents have to purchase when planning and preparing for the arrival of a child. The costs escalate with traumatized, special needs children. Respondent 3 said she had to leave work and even considered putting herself into bankruptcy.

Couldn't pay my rent, couldn't pay childcare, trying to drive back and forth from work...what a nightmare (Respondent 3).

Grandparents who were employed when they assumed care of their grandchildren faced barriers in sustaining employment due to the expense of child care. Respondent 3 who was employed said she was told by Work and Income New Zealand that they would pay for child care for her two grandchildren. After some months the respondent was advised by the child care centre that they had not received any payments. Upon inquiry with WINZ the respondent said she was advised payments were still being processed. Three weeks later the child care centre again said payments had not been made. When the respondent contacted WINZ, now with some desperation, it was confirmed payments had not been forthcoming, that an error had been made, WINZ could not assist and the respondent was required to pay the now considerably accrued arrears. After several appointments with WINZ the respondent said they agreed to pay a portion of the debt but also suggested the respondent stop working to care for the children full time. Other respondents also cited the expense of child care made it not worthwhile working and gave up their jobs to become full time care givers.

I was working and it became quite difficult, I was picking up a lot of the care even at night. I tried to work but in the end I had no option. I couldn't do both (Respondent 5).

Respondent 5 recalled she was forced to draw upon investments intended for retirement to provide day to day care of her grandchild in addition to legal costs. She said she did not qualify for legal aid because she owned her own home. She was anxious over what may happen to herself and her grandchild when this source of funds was exhausted.

We had investments, life insurance...we were thinking ahead about our future...but I'm using it now just to live. It's a tricky one. I wonder what will happen (Respondent 5).

While some respondents were forced to leave work to care for children, others were forced to resume work having retired. The latter group consisted of those dependent on government superannuation with no independent wealth to draw upon or assets to sell. For these respondents securing employment at the later stage in life was difficult, regardless of their previous occupation, education or qualifications. Not only did they believe age discrimination a factor but also having to arrange care for children, time off for medical appointments, meet with teachers, specialists etc did not enhance their employability when applying for jobs.

The school phones us, she's hiding under the classroom or the toilets, she's not looking well, what meds is she on?...can you come up? (Respondent 2).

While grandparent caregivers are now entitled to an unsupported child benefit which is commensurate with that paid to foster parents, custodial grandparents receive none of the additional payments for clothing, medical costs, school fees and associated educational costs or sporting or other leisure activities. Respondent 4 noted that as her grandchild grew, so too did the costs of her care requirements and while the financial demands of the child increased, Respondent 4's funds were steadily diminishing. Of this financial conundrum she noted,

Everything gets bigger and they need more of it – food, clothes, boots. It doesn't stop...Because we were grandparents I think there was this perception that we should do it free and it should not even have come to CYF's attention. There seems to be a reluctance to accept a case where the child is in someone's care, especially to pay money for anything. (Respondent 4).

Legal barriers

Difficulties with the legal barriers fell into two categories, namely the complexity and cost of access to legal services and the fact that grandparents have no legal rights regarding their grandchildren.

Six of the seven respondents spoke of the injustice of a legal system in which negligent parents would qualify for legal aid but grandparents have to use retirement funds, raise a lien on the family home, sell assets or return to work that was typically low paid just so they can assure the welfare of their grandchild. One respondent whose daughter was drug dependent and lived largely in a permanent stupor said she would fail on numerous occasions to present herself at Family Court hearings. She could do this repeatedly, not only without any judicial penalty but because she was entitled to legal aid each adjournment cost her nothing. The grandparents said they had to pay each time without progressing their case. Not only could the grandparents not obtain legal aid but they could not even obtain rudimentary legal advice without cost. The parents however could receive free legal advice and representation and had the ability to prolong proceedings for as long as they pleased. One respondent said it cost \$8,000 over nearly five years to be awarded custody of her grandchildren and said she could only afford this because the lawyer was empathetic and let her pay off the debt.

It was before the courts for one year and I had to pay for everything in that time. No legal aid. The mother was on legal aid all the way and wouldn't turn up for hearings, would change lawyers every five minutes. It took two weeks just to find her and serve the papers so the first hearing was delayed because she couldn't make it. That was frustrating because it was all at my expense....It cost me \$280.00 every time I walked through the door [to the lawyer's office] (Respondent 5).

Well they [details delted] just wouldn't turn up...just wouldn't turn up (Respondent 6).

Respondent 5 said she was trying to secure custody of her grandchild for five years. She attributed the delay to the Family Court and Child Youth and Family's readiness to pay more credence to her drug addicted daughter's allegations against her than the grandmother's attempts to explain to the professionals the danger her grandchild was in.

My daughter would ring up CYF and say that my husband had belted her [grandchild] ... abuse, they came around and there was not a mark on her. I told them it was time they listened to me instead of her. My daughter had just decided to make it hard for me to get custody of her. It was just spite because I was the main one to get CYF involved (Respondent 5).

This respondent said she felt particularly galled because her daughter was already known to the agency for neglecting her children and all it required was one phone call from her with unsubstantiated allegations for CYF to galvanize themselves into instant activity whereas she, the grandparent was unable to achieve this same activity despite several phone calls and presenting real evidence of obvious neglect and immediate danger to the child. Of a similar experience Respondent 2 observed,

The whole system is geared up for the parents. You see, CYF thinks it's OK the kids get knocked about. If the parents are making a bummer job of it, it's OK. They'll get it sorted. It's a bad deal, I tell you it's a bad deal (Respondent 2).

The legal system, being innately adversarial created another aspect of difficulty for the grandparents. Applications for custody, seeking child support, having children uplifted by police etc would all serve to further alienate and antagonize the children's biological parents. The relationship between the grandparents and the parents was already tenuous and would often deteriorate further once litigation commenced. Despite their inability to parent, the parents were nonetheless a valuable source of knowledge regarding the children's medical histories and educational histories etc. This knowledge and associated documentation was needed by grandparents to pass onto social service agencies and the provision of these documents could cut down lengthy delays in accessing services.

Grandparents also found themselves in a legal no-mans-land in the period between taking care and possession of the children to being granted custody. This legal twilight zone could last for years. One respondent found herself in this position but with the added complication of having care of a very sick infant grandchild who required regular operations and surgeries. The hospitals were hesitant to act without written consent of the child's parent, who could not be found. Because the mother had not regularly taken the infant to medical appointments there was no documented, chronological medical history which necessitated multiple tests to form a diagnosis.

Forms needed signing and the hospital is asking "who are you?" I still didn't have an interim order and had to get it clarified with the lawyer that I could actually sign documents. Other times they wouldn't give me any information. I found myself explaining all the time – doctors, nurses, case workers, paediatricians, radiologists, it was just constant (Respondent 5).

This also applied to children wanting to go on school camps and grandparents, who were not legal guardians, needing to sign consent forms. Grandchildren's

birth certificates could be difficult to obtain and the absence of a birth certificate made it difficult to enroll the child in a kindergarten or school.

All respondents found Family Court procedures and legislation confusing and frustrating. One respondent said the Family Court judges made life and death decisions when they clearly had no knowledge of the history of the case. Respondent 2 said she did not believe the judges were even capable of making a decision given the complexity of factors involved and the decision to grant custody or not would largely depend on which lawyer impressed as the most forceful and confident in directing the judge.

If ever you need to go to court the most important thing is to get the right lawyer. The right lawyer will tell the judge what to do and the judge will do it. The right lawyer is the leader, not the judge (Respondent 2).

As noted earlier, Respondent 2 said she was told by a judge that it was shame the case came to court as it should have been worked out among the family. Respondent 5 recalled being told by her lawyer not to cry, show any emotion or she would walk out of court and abandon the case. The respondent attributed this apparent callousness to the fact the complexity of the custody cases was challenging enough for the lawyers without adding an emotional element. She also suspected the lawyers dealt with these tragedies so frequently that they became desensitized to the human realities of any single case.

Respondent 2 said that in the four year period it took to gain custody of their grandchild, the counsel for child did not even see this child on a single occasion. She claimed that counsel for child never once visited the parents or even the grandparents to assess the suitability of the environment for this child.

He never once saw the child, not once in four years. He wouldn't to this day know what the child looks like, never laid eyes on her....never went to a single access session [with the biological parents] to see the trauma she went through, never once stepped outside his bloody office. That infuriated me, how can you represent someone when you don't even know what they look like? (Respondent 2).

When she asked this lawyer when he would be likely to meet with the child whose interests he was paid to protect, she recalled being told to,

"Piss off and mind your own business." Those were his exact words. Absolutely appalling (Respondent 2).

The amount this respondent paid in legal fees is so astronomically high that it cannot be disclosed as it would surely identify her to those in the profession.

Summary

There was remarkable similarity in how each of the respondents experienced each barrier despite the respondents being spread over a wide geographical area across the North Island. The similarity of experience suggested the struggles the respondents face in accessing services and interacting with the agencies is symptomatic of standardized policy and practice across all agency (Work and Income New Zealand and Child Youth and Family) sites rather than the culture within a single, aberrant and dysfunctional regional office. It will be seen in the following chapter that the issues raised and the barriers encountered by the respondents in the current study bore a similarity to that of the respondents in the studies from which the literature review was comprised.

CHAPTER 5

Discussion

This chapter draws on the findings in the literature review, the interview results and uses ecological theory to place the experience of the respondents into a wider framework of interpretation and understanding.

The various levels that comprise the units of analysis in ecological theory – the macro, exo, meso and microsystems are interdependent and it is difficult to deal with issues at each level discreetly. For example, as Garbarino (1982) observes, economic policy is one of the major factors influencing all levels of the social ecology. Economic policy is a macrosystem factor determining how much money will be allocated to social services at a exosystem level, how that funding is divided and available to various client groups in the mesosystem and ultimately how much disposable income recipients of welfare will have at a microsystem level. For this reason the narrative in this chapter flows between each level of the social ecology almost without distinction. The following discussion is divided into headings that broadly relate to each type of barrier encountered by respondents and places those barriers in the context of the relevant influences at macro, exo, meso and microsystem levels.

Institutional influences

The disparity between the support offered to grandparent caregivers and foster caregivers is not unique to New Zealand. The literature review in the current study was based on research undertaken in the United States, the United Kingdom and Australia – countries in which the social services have been subject to the same neo-liberal political and economic forces as New Zealand. As noted in Chapter 2, the neo-liberal ideology towards child welfare permeated the macrosystem and promoted a notion of family care over state care. Private and voluntary agencies

were the preferred service providers and those providers that contributed toward the governments strategic economic and social agenda would be funded. Grandparent caregiving did not conform or contribute to those outcomes because the government did not view kinship care as a community service but rather that the caregivers were simply meeting their familial, social and moral obligations. Cheyne, O'Brien and Belgrave (1997, pp.243-246) note that families and voluntary agencies are expected to provide welfare services for needy children and the state would assume a residual role, intervening only when the family and voluntary agencies had failed. This situation was perhaps graphically illustrated when CYF staff informed Respondent 2 that the agency would only get involved with her grandchild when things fell apart. All seven of the respondents in the current study suspected that budgetary constraints were the reason that agency staff had little interest engaging with them, were hesitant in disclosing their entitlements and impressed as eager to withdraw their services at the earliest opportunity.

The ideology in the macrosystem manifests in the exosystem and mesosystem in the formulation of policy and practice protocols at an agency level. Relevant to the respondents in the current study these agencies were Child Youth and Family, Work and Income New Zealand and the Family Court.

Agency issues

Ultimately neo-liberal ideology in the macrosystem determines who is included and excluded from receiving funds and services at an agency level within the exosystem. Grandparent caregivers were not seen as a valid client group and no provision was made for them in the policies, training programs or funding allocation of CYF. As noted in the Chapter 2, McCallion et al (2000) American based study reported that agency funding had been allocated to the more traditional client groups served by welfare agencies and were reluctant to divert funds from these groups to grandparent caregivers. To rectify this would necessitate a significant review of policy, practice, staffing requirements and funding – the prospect of

which McCallion et al (2000) believed was probably too daunting to be contemplated by a bureaucracy as large as a governmental child welfare agency. While McCallion's arguments may be true within the American context it is difficult to see how it would be a factor in denying support and assistance to grandparent caregivers in New Zealand. The legislation mandating support and assistance for grandparent caregivers is already in place – Section 13b of the CYF Act 1989 and all it would require at an operational level is for the same resources to which foster caregivers are entitled be available to grandparent caregivers.

Within the mesosystem Barak, Nissly and Levin (2001) observed that welfare agencies are under-staffed, under-resourced and that the high turnover in staff numbers has negative implications for the continuity of case management, inordinately high case loads, staff training and the quality and efficiency of service delivery. Each of the seven respondents also complained that they were constantly informing a succession of new social workers of their caregiving arrangements, providing documents, that social workers impressed as disinterested, that records were not complete and phone calls unanswered. When respondents informed the agency of their concerns regarding neglect or abuse they stated that staff failed to investigate and it was left to the grandparents themselves to investigate and remove the children to safety. As recently as 2009 there were more than 200 notifications to CYF from doctors, teachers and other professionals expressing their concerns of neglect. The Children's Commissioner discovered that in the most extreme case, CYF only investigated and initiated action after receiving 29 notifications (The New Zealand Herald 7th December 2010). In the face of such bureaucratic inertia the respondents' claims that they saved the lives of their grandchildren by uplifting them is entirely credible.

Respondents said staff were typically young, lacking life skills in general and parenting skills in particular. The respondents comments were consistent with the observations of *Puao-Te-Ata-Tu* which also noted that staff were young, inexperienced and clients were frustrated by having to interact with staff who had

insufficient knowledge of benefits and eligibility criteria and a seemed unaware of the trauma many clients had experienced by the time they were accessing services through agencies (*Puao-Te-Ata-Tu*, 1988, p.22). Just as *Puao-Te-Ata-Tu* recommended that Maori clients would fare better with Maori workers, so too did the respondents believe that more mature case managers and social workers would better understand their issues and be more interested in fairer outcomes for them. Congruent with findings of Barak, Nissly and Levin (2001) and Kolomer (2000), the Mason Report (1992) raised the issue of staff turnover and training as a significant factor detracting from CYF service delivery and recommendations were suggested to rectify the situation.

Grandparent caregivers not only failed to fit any of CYF's traditional client group but they also failed to meet the eligibility criteria for the standard range of benefits available to caregivers from Work and Income New Zealand. Prior to grandparent caregivers becoming eligible for an unsupported child benefit there was no benefit category to which they matched the eligibility criteria, which for one respondent meant she was parked on an emergency unemployment benefit for five years. This respondent's experience was consistent with McCallion et al (2000) study which found that many of the service and eligibility problems faced by agencies were attributable to grandparent caregivers not fitting with the traditional range of services that were targeted at the traditional nuclear model of family (McCallion et al, 2000). Within the New Zealand context *Puao-Te-Ata-Tu* also criticized the government for placing too much emphasis on the model of the nuclear family and that the programs and services offered by the department failed to recognize, accommodate and value the role of grandparents in Maori family dynamics (Cheyne, O'Brien and Belgrave, 1997, p.207). The concept of family has changed dramatically over the past 30 years and while the model of the nuclear family is valid it is now but one of many forms of family in New Zealand. While government and society do accept alternate forms of family it would appear grandparent headed families still struggle to achieve the same recognition and equality. Research shows that both the quantity and quality of services and frequency of

contact with social workers offered to grandparent caregivers are inferior to those offered to natural or foster parents and *"for relative caregivers, encounters with social services resulted in major frustrations and few benefits in assisting them with their roles"* (Gibson, 2003, p58).

Financial issues

The financial stringency imposed upon agencies at a macrosystem level had a direct and immediate impact on grandparent caregiver's microsystems. Financial barriers faced by grandparent caregivers related to the fact that many were retired, were dependent on government superannuation and supplemented in some cases with proceeds from investments. The costs associated with assuming care of one or more grandchildren were not insignificant and none were financially prepared for the arrival of children. This study confirmed the findings of local and international research that custodial grandparents are more likely to be from the lower socio-economic strata to begin with. (Worrall, 1996: Waldrop & Weber, 2005: Minkler, 1999). Any financial reserves they may have salted away for retirement were quickly depleted with legal or medical costs. While the Unsupported Child Benefit receivable by kinship care givers is now commensurate with that paid to foster parents, the former are still required to pay for extraneous costs associated with school fees, uniforms, medical expenses, legal expenses, food, clothes and much more.

Legal issues

This lack of equality and acknowledgement was also apparent in the Family Court and family related law against which grandparent caregivers have no rights and struggle for any legal recognition of their status as caregivers once they have assumed care of their grandchildren. The Family Court was another factor in the mesosystem in which grandparent caregivers encountered significant barriers. Without legal rights and safeguards Landry-Meyer (1999) said grandparent

caregivers were unable to make any long term plans or commitments in regard to the grandchild's future. This instability was keenly felt by Respondent 5 who was hesitant in purchasing school uniforms knowing that the child's parent could uplift her at any point. Respondents 2 and 6 said the constant vacillating between caregivers was traumatic for the children and both wondered whether just leaving the children with their parents might have been the lesser of two evils. While legal status remained unclear it was impossible for respondents to provide any sense of a stable home environment. Waldrop and Weber (2005) reported reluctance on the part of Family Court judges to award permanent custody to grandparents, preferring to grant temporary custody and surmised that family unity took precedence over child safety. The respondents in the current study said that seeking legal custody appeared to be an uphill struggle at every point and the culture within the Family Court and application of family law was biased in favor of the biological parents. Errant parents would repeatedly fail to appear for hearings with impunity and without cost whereas the respondents were paying for each and every appearance of their lawyer in addition to the costs associated with having documents written, served and filed.

The respondents in the current study found the legal system slow, expensive and heavily biased in favor of the biological parents. Grandparents had to sell assets or deplete savings to pursue litigation while the parents seemingly had limitless war chest provided by the state. Grandparents felt besieged and believed they would eventually lose simply through financial attrition. Respondents felt the Family Court and associated processes and legislation was defaulted entirely in favour of the parents. Judges seemed reluctant to award custody to grandparents but were happy to use them as interim caregivers in the hope the children could return to their parents with no regard for the unsettling effect this had on both child and caregiver. The Family Court seemed quick to cast the grandparents in a parenting role without affording them any of the legal protections and authority needed to fulfill that role. Legally, the respondents found themselves without any standing in law. Most had assumed care long before any formal court orders for custody were

sought or granted. They either uplifted the children themselves or were handed the children by Child Youth and Family. During this interim period, which for some lasted for years, they needed to authorize medical operations, enroll children in school, give consents for school trips but were without any legal mandate to do so. While a few grandparents were impressed and appreciative of the level of commitment and professionalism displayed by some counsel, most others found counsel and judges harried and indifferent. They felt that having waited months or even years for a determinative hearing the judges were making critical decisions without taking into account all of the facts. Some respondents stated their belief that Family Court judges viewed them as little more than baby-sitters who would look after the children while the biological parents got their own lives sorted. Without legal status and protection the children could be uplifted by their parents without warning and the literature showed that this practice led to a “yo-yo” effect that was damaging to the children (Waldrop and Weber 2005). Respondents in this study dreaded visits by biological parents as the children would be unsettled for sometime afterwards. They believed the Court’s reluctance to award custody to grandparents needs to be weighed against the desire to preserve the family unit. The respondents in the current study were frustrated by the lack of credibility their claims held with the Family Court. They said they were not seeking custody of their grandchildren to score points over the parents, that they did not want to spend their retirement years raising more children and wanted nothing more than to resume their lives and hand the children back to their parents.

The costs associated with gaining custody were crippling and all respondents believed that having access to legal aid would speed the cases through Court and by implication provide a safer and more stable environment for the grandchildren sooner. Grandparents are rarely eligible for legal aid as even owning a modest home will be grounds for disqualification. Respondents 2 and 5 said they were ineligible to receive legal aid due to home ownership or other investments. Entitlement to legal aid would immediately ameliorate much of the barriers and frustration grandparent caregivers encounter in the Family Court. By the time a

grandparent initiates legal action they have done so because they perceive it to be the last resort to secure the safety of their grandchild and finance the action through the sale of assets or savings. That a grandparent should have to deplete life savings or sell their house to safeguard their children seems unjust when the parent is able to prolong proceedings while on legal aid.

Presently grandparents have no legal rights over grandchildren and adoption is not an option available to them. Both in New Zealand and overseas the establishment and determination of legal status for custodial grandparents is complicated and striven with a number of issues – that permanent, legal custody arrangements upset natural family relationships, that permanent custody may impede the grandchildren returning to their parents' care should that at some stage be possible, that the parents might insist on taking the children back if there was the prospect of the grandparents being granted permanent care. While there is merit in these concerns, the fact remains the children are usually taken by grandparents under desperate circumstances and some form of legal status, protection and constancy is necessary to provide a safe environment for children.

Lack of services

As noted in Chapter 1, the children in the care of the respondents in the current study exhibited one or more of the following ailments – global delay, fetal alcohol syndrome, ADHD, post-traumatic stress disorder, hyper-activity, brain damage, respiratory illnesses and learning difficulties. Attention seeking, aggression, violent, self harming, destructive and inappropriate sexual behaviour were also present. Clearly these children needed specialist help that was far beyond what their grandparent caregivers (or any other untrained person) could be expected to provide. The respondents sought assistance through the public health system, tried to gain access to psychologists via the child's school or through a referral through their general practitioner. Respondent 2 reported she was told by a staff member from child mental health services that her depressed and possibly suicidal

granddaughter's case was not sufficiently acute to warrant intervention. The child had previously attempted suicide and engaged in self-destructive behaviour. When Respondent 2 inquired how bad she would need to get to warrant professional intervention, she was reportedly told by the staff member that the agency could not even cope with existing referrals. Respondent 7 said her grandchild would try and exit the car while being driven, displayed sexualized behaviour and could not play with other children as he was aggressive to them and broke their toys. Respondent 7 said she discovered there was a waiting list of twelve months to see a psychologist if referred through a school, decided she could not wait this long and sought counseling on a private basis for which she met the expense. Respondent 5 said her grandchild needed a particular procedure undertaken to rectify an incontinence problem (that understandably made social activities, school in particular unbearable) but would have had to wait for so long on the public hospital waiting list that she paid for the operation privately. While this may be seen as an inevitable result of an over-reached public health system, Howe (1986) suggests that delaying interventions and forcing people to pay for the services they receive is another method by which neo-liberal governments seek to reduce expenditure and test the real need for welfare. Social services should be contestable and recipients means-tested to ascertain their capacity to pay for services.

A system of charging can help direct resources where they are most required and at the same time induce a sense of priority among recipients of the services involved (Howe, 1983, as cited in Loney, 1986, p.127).

However, as Respondent 2 asked, "how bad do things need to get?" At what point in the continuum of crisis would the state deem intervention warranted? Respondent 4 said they had to wait for so long to have tests undertaken on their grandchild (suspected of having fetal alcohol syndrome) that he was in school and floundering for some time before any diagnosis was made. Respondent 4 said she

spent desperate hours on the internet matching her grandchild's symptoms against the literature and other cases in an effort to find some exercises or activities that would assist her grandchild's development.

The respondents in the current study became acutely aware that the range of services and service delivery systems were woefully unable to match the level of need presented by their grandchildren. The systems were simply over-loaded. As noted in Chapter 2, Halfon et al (1995) reported a similar crisis in the American health system following the crack-cocaine epidemic in the early 90s. They found that not only was the public health system unable to cope with the increasing number of referrals but that the traditional interventions against childhood maladies were ineffective and inappropriate for the new range of morbidities presented by children. Within the New Zealand context Worrall (1996: 2005) notes that many of the children coming into the care of their grandparents are traumatized and 40% of the 323 sized sample group of respondents in her 2005 study assumed care of their grandchildren due to parental drug abuse (Worrall, 2005, p.28). Similarly, three of the seven respondents in the current study reported parental drug abuse as the reason they had to assume care of their grandchildren. Respondent 6 said she suspected her two grandchildren were probably born addicted to drugs.

No time to prepare

The addition of grandchildren, particularly those who have been abused or neglected is bound to place stress on a grandparent's microsystems (Worrall, 1996, p.61). Six of the seven respondents in the current study had no warning they were about to become parents again. There were no discussions and eager anticipation about the imminent arrival of a child as there would be with foster caregivers, no time to begin collecting the accoutrements needed by young children, get a room ready or make inquiries with kindergartens or schools in the region. Generally, foster caregivers have the opportunity to plan and prepare for the arrival of a child, both financially and psychologically and are likely looking

forward to the arrival of the child. Their decision is the result of much consideration. Even the mother of a child from an unplanned pregnancy has at least nine months to prepare for baby's arrival and will often have the support of members from her own wider family to lend assistance both psychologically and materially. The microsystems of these other caregivers are geared up to accommodate the child and there has been sufficient time to put extra supports in place. Grandparent caregivers have none of these warnings and supports and their existing microsystems are not geared toward a long term caregiving arrangement of young children. For the respondents in the current study the children arrived with nothing more than the clothes they were wearing. Toys, school books, medications, bedding and even a bed had to be found within short order. It is in these early stages when the need is greatest that grandparents are often the most likely to miss out on social services. Many had never been into a social service agency in their lives and were totally unaware that assistance may be available. It is rare that at this early stage they will have any legal custody of the child and associated documents which help facilitate access to services. Hayslip and Kaminski (2005) reported that for new grandparent caregivers not knowing what help was available or knowing how to access it was a significant barrier in the early stages of caregiving (Hayslip and Kaminski, 2005, p.266). Overnight the grandparents became parents again, the situation forced upon them with no thought for their circumstances or even ability to parent. Because they are family, grandparent caregivers are assumed to have the material and other supports necessary to raise children. The attitude is summed up in comments by two Australian child welfare workers,

it's family, they've learned to cope in the past....if the child has a functional, working, caring and loving family you don't want to be sticking your nose in. They're with family, they're safe (Spence, 2004, p.271).

We know the children are safe with you, we're closing the file
(Fitzpatrick and Reeve, 2003, p56).

The attitude of these social workers was encountered by the respondents in the current study who said social workers impressed as very eager to terminate involvement at the earliest opportunity.

In contrast to the amount of time grandparents had to prepare for their new parenting role, prospective foster parents had to meet the criteria of an eight point assessment testing their suitability and capability to fulfill a parenting role. Having satisfied the assessment criteria foster parents then receive ongoing financial assistance and regular contact and support of a social worker. (The tables of support are presented in Chapter 1). Foster caregivers have microsystems that were prepared for the care of children and they have positive relationships within the mesosystem (with CYF) to support their child caring role. Foster caregivers would have a home visit by a social worker or even a supervisor followed by ongoing contact and support. The respondents in this thesis had to visit the agency after having packed prams, food, nappies etc into the car, found a park, unpack and hike to the office. Whereas foster caregivers were offered respite care, the grandparent caregivers struggled even to find a baby-sitter for a few hours because no-one, quite understandably, wanted the responsibility of caring for a special needs child with multiple health problems and challenging behaviour. Whereas the foster caregiver has recourse to a social worker and is encouraged to phone them, the Grandparents Raising Grandchildren Charitable Trust offers an advocacy service for grandparents whose social workers cannot not be contacted. (www.raisinggrandchildren.org.nz).

Risk factors

The eligibility and assessment criteria (as shown in Chapter 1) for prospective foster caregivers was formulated by Child Youth and Family for what could be no

other reason than to ensure the children they were placing into care would be safe and adequately provided for. Not a single one of the eight steps in the foster caregiver assessment process was applied to grandparent caregivers who had children left with them, sometimes in dire circumstances. When delivering children to grandparents or upon learning of the arrangement after the fact, some of the respondents in the current study said social workers made no effort to assess or otherwise determine their ability to parent, how well the children would be cared for materially, whether there was sufficient food in the house, made no inquiries regarding the grandparent caregiver's mental or physical health, criminal history or that of other people who might be likely to visit the home. In some instances the social workers, having delivered the children to the grandparents were well aware the children had little more than the clothes they were wearing but were reported to express no concern. The grandparent caregivers may have had histories of abusing children, convictions for sex offences, drug, alcohol or mental health problems and the families they headed could be characterized by trans-generational abuse. While I am not suggesting this scenario applied to any of the respondents in the current study, social workers made no assessment of these potential risk factors. It is easy to see how children in the care of grandparents could be at risk of re-abuse and that the concerns of the social workers in Peters' (2005) study have some foundation. It is a catch-22 situation. The risk of re-abuse cannot be mitigated unless the same assessment criteria and support available to foster parents is afforded to grandparent caregivers yet social workers are reluctant to engage with grandparent caregivers because of the potential for re-abuse, the extra work involved with grandparent headed families and the implications of 'triangulation' – the complex web of family dynamics that made social workers reluctant to involve themselves with grandparent headed families. Apparently there is a distinct difference between the precautions Child Youth and Family take to ensure the safety of foster children they place into care and children they leave in the care of relatives.

The quality, resilience and strength of a person's microsystems determines how they will fare in a crisis (Bronfenbrenner, 1979; Garbarino, 1982). Foster caregivers are prepared for a child coming into their care both psychologically and materially and have sufficient levels of professional and legislative support. Their microsystems are strong with a sound interface with the associated mesosystems. Grandparent caregivers on the other hand are often in the middle of a protracted and serious family crisis which precipitates them accepting care of the children, have diminished finances, diminished financial prospects, have no legislative recognition, very little support or recognition from agencies and struggle to access the resources and services needed to care for their grandchildren. Many risk factors exist within the microsystem that affects the physical, psychological, economic and social health of the family and its ability to the kinship care task (Worrall, 1996, p.62). It is these very risks to kinship caregivers that Section 13b of the CYF Act 1989 purports to mitigate. Of the CYF Act as it relates to grandparent caregivers Worrall states,

The philosophy of partnership that resides in the CYF Act would suggest reciprocity exists between family and state. This is not the case. The state affirms the responsibility of care to the family, but does not affirm the resources needed to provide that care. It is the role of the state to promote the establishment of services and policies that ensure the safety of children who are in need of care and protection (Worrall, 2005, p.66).

Worrall's comment echoes that of Spence (2004) speaking of support available to Australian grandparent caregivers.

the reluctance of child welfare departments to offer services....[is] a form of ambivalence where workers value the role of kinship carers but question the agency's place in intervening or supporting the family. The ambivalenceappears to be driven by a legislative and

policy direction...as favoring placement with relatives but is not matched by guidelines that require interaction with the family (Spence, 2004, p.272).

How the respondents responded

Despite not being recognized in agency policy or practice, not being informed of their entitlements and met with ambivalence from agency staff, the respondents developed strategies to counter this bureaucratic blockade. They described feelings of being overwhelmed immediately after assuming care of their grandchildren. Panic and a sense of abandonment soon followed when they realised that help might not be as easily obtained as they assumed. After the initial feelings of being overwhelmed had subsided there came a sense of equilibrium and the realization or event that made them realize that no one wants to help, that the current systems are unaware, unresponsive and indifferent to the needs of grandparent caregivers and a process of self-empowerment began. For some this entailed joining a support group and increasing their knowledge of available services and systems processes, for others it involved enlisting the support of advocates and for others it simply involved demanding to deal with a manager. During this period the respondents gain knowledge in both dealing with agency policies, bureaucratic inertia or indifference and engaging agency staff on a more personal and effective level. The latter involved having facts and knowledge - medical reports, referrals, medical recommendations etc on hand prior to meeting with agency staff. Respondents said they would need to be respectful and courteous but also project resolve and determination with the staff and convey they would not be leaving until they had some satisfaction. It is ironic that one premise of social work philosophy is to *mobilize an effort to help client and system overcome the obstacles that block their engagement* (Gibson, 2003, p.70). The social work profession espouses the values of advocacy, empowerment and empathy yet these very qualities were not experienced by grandparent caregivers and ironically it is the grandparents that have to demonstrate these attributes to

make any progress with agency staff. The respondents in the current study found the most effective way of addressing social worker reluctance or resistance was to ask very specific and carefully worded questions and record answers. A nebulous question would receive a nebulous response. The respondents (or the advocates who accompanied them to meetings) realised that government departments and civil servants are careful not to overtly lie and a specific question would receive a specific and correct answer, particularly if detailed notes were being taken by the client.

The insights and reactions of the respondents in the current study resonate with the finding of Gibson's (2003) study. As Gibson's respondents had more interactions with agencies they began to notice that certain characteristics they displayed were more effective than others. These were persevering, being clear about the differences between parenting and grand-parenting (while fully realizing the social worker was not) and sounding confident and educated (regarding policies and entitlements) or being accompanied by an advocate who was (Gibson, 2003, p.64).

Implications for practice

Gladstone and Brown (2007) identified that service, empathy and skills were the common denominators that characterized positive relationships with grandparent caregivers (Gladstone and Brown, 2007, pp.1445-1448) yet none of these characteristics were experienced by the respondents in the current study. In regard to Child Youth and Family removing the barriers to services that grandparent caregivers face would not require any major restructure. The legislation mandating that grandparent caregivers receive support and assistance is already in place and has been since 1989 – it has just been ignored or misapplied. It would only require that grandparent caregivers have the same entitlements and agency support as that of foster caregivers. Some retraining of

staff would be required in regard to the issues that grandparent caregivers face. Gibson (2003) asserts that as service providers,

Social workers are intimately aware of when services and policies are outdated because the outdated services/policies systemically discriminate against certain populations by ignoring the context of their situations (Gibson, 2003, p.70).

McCallion et al (2000) observe that,

social workers must be active in encouraging their agencies to be open to identifying new needs and creative in finding and supporting solutions to newly identified pressing service needs (McCallion et al, 2000, p.81).

Gibson (2003) suggests social workers and agency administrators ask two questions – what aspects of the clients' special situation does not seem to fit with other clients in the agency? And, has a new client group or problem group emerged that is different from the agency's traditional client base? (Gibson, 2003, p.70).

Worrall (2009, p.268) notes that, "*many caregivers still feel helpless in the face of bureaucracy ...describing how workers have denied them benefits for children*" and the respondents in the current study also reported that staff at Work and Income New Zealand seemed reluctant to inform them of their entitlements. The study by Spence (2004) also found that grandparent caregivers were not informed of their entitlements. Respondents in the current study were given contradictory advice by WINZ staff which in some instances resulted in the respondents incurring a debt or having to personally purchase things that should have been covered by a grant. Work and Income would insist on grandparents having documentation (such as birth certificates), the lack of which would delay applications for assistance.

Policies and agency staff however need to recognize that the circumstances in which children come into the care of their grandparents often prevents them meeting the standard criteria qualifying them for assistance. A referral letter from CYF or police family safety teams would circumvent such difficulties.

The respondents in this study would only learn of their entitlements through contact with other grandparent caregivers. The withholding of information regarding entitlements was also the experience of grandparent caregivers in Australia and the United States. Loney (1986) attributed this practice to cost cutting and a culture within social security agencies that discouraged staff from fully informing grandparent caregivers of their entitlements. WINZ staff need to be aware of the entitlements available to grandparent caregivers and forthcoming in offering this information.

Summary

There is remarkable similarity between the experience of the respondents in the current study and of those sample groups that comprised the studies from which the literature was drawn. It is apparent that children who are in need of alternative care arrangements are treated quite differently depending on whether they are placed with grandparent or foster caregivers. Despite this disparity the literature also shows the support requirements of each group are the same. Section 13b of the CYF Act 1989 places a statutory obligation on the state to ensure grandparent caregivers are given the support and assistance required to maintain the safety and welfare of the children in their care. The experience of the respondents in the current study indicates that support and assistance is not forthcoming and it would appear that grandparent caregivers are denied these resources for no other reason than they are related to the children in their care.

CHAPTER 6

Conclusion and recommendations

Ecological theory demonstrates that grandparent caregivers struggle against a neo-liberal ideology within welfare services that does not view them as a client group that contributes to the government's strategic economic or social objectives. On the contrary, new right / neo-liberal governments see it as a duty of the family to take the burden of needy relatives off the state rather than the state being obliged to alleviate the burden on families. Consequently, no provision is made for grandparent caregivers in regard to funding allocation, policy provisions, practice guidelines and staff training. These deficits appear to have contributed toward the creation of a culture among agency staff that is indifferent toward grandparent caregivers. The literature review showed the reaction of staff toward grandparent caregivers was not unique to New Zealand but consistent with the experience of other grandparent caregivers living within neo-liberal social systems - namely Australia, United Kingdom and the United States. The literature also showed financial constraints strongly influenced the promulgation of this ideology.

The concepts of empowerment, advocacy and equality are central and basic to the profession of social work and the social worker's ethos. The adoption of the family care ideology has justified the agency and professionals within in denying the application of these basic concepts to a sector desperately needing empowerment, advocacy and equality. If grandparent caregivers did not volunteer their services, the responsibility of caring for their grandchildren would fall to the state in any event. By caring for their grandchildren, grandparents provide loving, nurturing environments and they currently achieve this by sacrificing their own physical and financial health.

RECOMMENDATIONS

1. That all custodial grandparents have access to legal aid that is not asset or means tested.
2. Where parents have been served notice of a hearing date in the Family Court and fail to attend, that the hearing continues with the parents in absentia and that their failure to attend is construed, in the absence of compelling and demonstrable external circumstances, as disinterest in the child and the presumption of bias will default in favour of the applicants.
3. That in addition to a UCB that is commensurate with that paid to foster parents, custodial grandparents also have funding for associated costs related to education, health, clothing and leisure activities as do children in foster care.
4. That a 'start up' fund is available to custodial grandparents to purchase clothes, toys, nappies, baby formula, bedding etcetera for when children first come into their care.
5. That Work and Income allocate specific case workers / case managers to custodial grandparents and who have been trained to deal with the range of issues faced by grandparents and are aware of the range of entitlements that are available to them and are required to advise them of those entitlements.
6. That Child Youth and Family Services formulate clear policy and practice protocols that serve to include grandparents in decisions regarding child safety rather than exclude them and that social workers are trained and familiar with these policies and protocols.
7. That Child Youth and Family allocate dedicated social worker / case managers to custodial grandparents to ensure continuity of understanding and service provision.

8. That the case management for custodial grandparents is overseen by one social worker but that inter-agency networks are developed to clarify and speed referral procedures.
9. That custodial grandparents have access to social workers via direct dial numbers rather than through call-centres.
10. That where practicable professionals try and meet with grandparents in their homes rather than having elderly grandparents making numerous expeditions across town or country each week with grandchildren in tow.
11. That day care should be available to grandparents who work and that the cost of such day care is met by the state.

APPENDIX 1

GRANDPARENTS RAISING GRANDCHILDREN AND THE EXPERIENCE IN ACCESSING SERVICES. RESEARCH INFORMATION SHEET.

My name is Trevor Schmidt and I am undertaking a Master of Social Work (Applied) with Massey University. I am presently completing a dissertation of which the topic is to examine the experience of grand parents who parent and their experience in accessing social (or other) services needed by their grandchildren. This research project is being supervised by Dr Mike O'Brien and Dr Fiona Te Momo of Massey University, Albany campus and they may be contacted on 09 414 0800.

What is this study about?

Section 13(b) of the Children, Young Persons and their Families Act 1989 expounds the agency's commitment to providing support to grandparents who parent.

"the primary role in caring for and protecting a child or young person lies with the child's or young person's family, whanau, hapu, iwi and family group and that accordingly (i) that family should be supported and assisted and protected as much as possible and (ii) intervention into that family's life should be the minimum to ensure to ensure the child or young person's safety."

I would like to interview eight to ten grandparent care-givers (couples or singles) then through analysing the information generated from interviews identify common themes in your experience. This will lead to conclusions that in turn will lead to recommendations. Through this work it is hoped the recommendations will lead to changes in the policy and practice of people who formulate policy and manage those agencies that provide the services needed by grandparents.

What do I have to do?

If you agree to take part you will need to be available for an interview. In the interview I will ask questions aimed at encouraging you to talk as freely as possible. Essentially the interview is designed to get an account of your experience of being a primary care grandparent and the difficulties you might have experience in accessing care services. (A copy of the interview questions is attached.) You can nominate a time and place when interviews would be most convenient. If you have no objections I would like to record interviews which I will later type out. Any details that might identify you will be removed from the final research report and if you wish, tapes and transcripts will be returned to you. You will also be given a copy of the typed out interview so you may remove any information you do not feel comfortable with. Only after you have edited the transcripts will the information be used in the research study.

Who will see the final report and what will it be used for?

My supervisors at Massey University will need to see the report and give me guidance and direction. The final report will be available to staff and students through the Massey University library. It is considered to be a public document. As stated previously it is hoped the conclusions of the final report will be used by public and private sector social services agencies to positively influence policy and practice.

What can I expect?

If you choose to participate you can:

- Refuse to answer any question and withdraw from the study at any point during the study.
- Ask any further questions that occur to you during your participation.
- Be given a copy of transcribed recordings for editing before any use is made of them in the study. You are welcome to edit and delete any comments you do not want to appear in drafts or the final report. Excerpts from your responses may be included as quotes.

If you choose to participate and then decide not to you may withdraw until the end of June. This also means the data you have provided will not be used in the research. If you do change your mind please advise me as soon as possible so I have time to find another participant. I would also need to have the edited transcripts back from you by the end of May (to allow time for analysis and write up of the report.)

Should you choose to participate or have any questions please call me on 0274 900 133 or text me on the same number so I may call you back. Alternatively contact my supervisors at Massey.

This project has been reviewed and approved by the Massey University Human Ethics: Northern, Application 10/024. If you have concerns concerning the conduct of this research please contact Dr Diane Gardner, Acting Chair, Massey Human Ethics Committee: Northern. Telephone 09 414 0800 ext 9070 or email humanethicsnorth@massey.ac.nz

Thank you for considering this proposal.

APPENDIX 2

GRANDPARENTS RAISING GRANDCHILDREN AND THEIR EXPERIENCE IN ACCESSING SERVICES INTERVIEW GUIDE.

1. How many children do you have in your care?
2. How long have you had them in your care?
3. How did they come into your care?
4. How much time did you have to prepare for the arrangement? (Toys, books, basic medicines, room to house them etc...)
5. What physical or emotional state were they in when they came into your care? (Illnesses, bed-wetting, behavioural problems.)
6. How did these manifest?
7. What services or assistance (material or other) did you believe they needed?
8. What inquiries did you make regarding access to those services?
9. What help have you been able to access to address those problems? (general practitioner, paediatrician, psychologist, mental health services, educational etc.)
10. With who / what agencies did you make those inquiries?
11. Was that information helpful?
12. Have any of the services been forthcoming?
13. How long did it take from inquiry to service provision?
14. Who had to pay?
15. Did you receive any subsidy or other financial assistance?
16. What did it cost?
17. What do you perceive to be the biggest barrier to accessing services?
18. What is the hardest part of being a grandparent who parents?

(These questions are intended to start discussion and you are encouraged to raise any other matters that are of concern to you.)

APPENDIX 3**GRANDPARENTS RAISING GRANDCHILDREN AND THEIR EXPERIENCE
ACCESSING SERVICES.****PARTICIPANT CONSENT FORM**

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF FIVE YEARS.

I have read the information sheet and have had the details of the study explained to me. My questions about the research have been answered to my satisfaction and I understand I may ask further questions at any time. I understand I am free to withdraw from the study at any time and refuse to answer any questions. I agree to provide information to the researcher on the understanding it is completely confidential and will not be used for any purpose other than this research. I agree to the researcher audio recording the interviews and I know that I have the right for the recorder to be turned off at any time at my request during the interview.

I wish the recording to be returned to me / destroyed (*delete one*) after transcription is complete. I request a copy of the transcription be given to me for editing before any of the information is included into the research. I understand my responses will be used for analysis during the research. To illustrate certain points I understand some excerpts from the transcription may be quoted in the research report. If this is so, I request the pseudonym "Respondent One" be used when reporting my responses.

I agree to participate in this study under the conditions stipulated in the information sheet.

Signed:

Name:

Date:

Researcher:

APPENDIX 4**GRANDPARENTS RAISING GRANDCHILDREN AND THEIR EXPERIENCE IN
ACCESSING SERVICES.
RELEASE OF TAPE TRANSCRIPTION AUTHORITY.**

I acknowledge I have been given a copy of the transcribed interview that was recorded on I have had sufficient time to edit the transcript and I have removed all information that I do not wish to be included in the final research report.

I am happy for this edited transcript to be used in the ongoing analysis. I understand that to illustrate a particular point a direct quote may be used and I agree that this can be so provided all identifiers are removed.

I have been given a copy of the edited transcripts.

Respondent:

Signature:

Researcher:

Signature:

Date:

APPENDIX 5

11th May 2010.

HUMAN ETHICS APPROVAL APPLICATION – MUHEC 10/024

“Grandparents raising grandchildren and their experience in accessing services.”

Thank you for your application. It has been fully considered and approved by the Massey University Human Ethics Committee: Northern.

Approval is for three years. If this project has not been completed within three years from the date of this letter re-approval must be requested.

If the nature, content, location and procedures or personnel of your approved application change please advise the secretary of the committee.

Yours Sincerely

Acting Chair
Human Ethics Committee: Northern

REFERENCES.

- Baldock, C. Cass, B. (1983). *Women, Social Welfare and the State*. Allen and Unwin. Australia Pty.
- Barak, M. Nissly, J. Levin, A. (2001). *Antecedents to Retention and Turnover among Child Welfare, Social Work and other Human Service Employees: What can we learn from research? A review and metaanalysis*. Social Science Review. University of Chicago.
- Beeman, S & Boisen, L. (1999). *Child Welfare Professionals' Attitude Toward Kinship Caregivers*. Child Welfare League of America. LXXVIII, pp.315-337.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Harvard University Press. Cambridge.
- Campbell, J (2005). *Bound to Care: Eleven New Zealand women discuss raising their grandchildren: A grounded analysis of interviews*. MSW (Applied) Thesis. Massey University.
- Cheyne, C. O'Brien, M & Belgrave, M (1997). *Social Policy in Aotearoa New Zealand*. (1st ed.) Oxford University Press, New Zealand.
- Children and Young Persons and their Families Act. 1989. Section 13b.
- Crotty, M (1996). *Phenomenology in Nursing Research*. Churchill Livingstone. Melbourne.
- Crumbly, J. Little, R (1997). *Relatives Raising Children: An Overview of Kinship Care*. Child Welfare League of America Inc. Washington.

- Davidson, C & Tolich, M (1999). *Starting Fieldwork: An Introduction to Qualitative Research in New Zealand*. Oxford University Press. New Zealand.
- Fitzpatrick, M & Reeve, P. (2003). *Grandparents Raising Grandchildren: A new class of disadvantaged Australian*. Family Matters, No66. Australian Institute of Family Studies.
- Garbarino, J. (1982). *Children and Families in the Social Environment*. Aldine Publishing Company. Hawthorne, New York.
- Gibson, P. (2003). *Barriers, Lessons Learned and Helpful Hints: Grandmother Caregivers talk about Service Utilisation*. Journal of Gerontological Social Work. Vol 39. (4) pp.55-72.
- Giorgi, A. (1985). *Phenomenology and Psychological Research*. Duquesne University Press, Pittsburgh.
- Gladstone, J & Brown, R. (2007). *Grandparents and Social Workers' Experience with the Child Welfare System: A case for mutual resources*. Child and Youth Services Review. Issue 11, pp.1439 - 1453.
- Grandparents Raising Grandchildren Charitable Trust. November 2010 Newsletter. Retrieved on 08-12-10 from www.raisinggrandchildren.org.nz
- Harris, D. (1987). *Justifying State Welfare - The new right meets the old left*. Basil Blackwell Ltd, New York.
- Halfon, N, Inkelas, M & Wood, D. (1995). *Non-Financial Barriers to Care for Children and Youth*. Annual Review of Public Health. Vol 16, pp.447 - 472.

- Hayslip, B & Kaminski, P. (2005). *Grandparents Raising Their Grandchildren: A Review of Literature and Suggestions for Practice*. *The Gerontologist* . Vol 45.No2, pp.262-269.
- Kolomer, S. (2000). *Kinship and Foster Care and Its Impact on Grandmother Caregivers*. *Journal of Gerontological Social Work*, 33: 3, p.97.
- Kvale, S. (1996). *Inter-Views*. Sage Publications. Thousand Oaks, California.
- Landry-Meyer, L. (1999). *Research into Action: Recommended Intervention Strategies for Grandparent Caregivers*. *Family Relations* 1999. 48, pp.381 – 389.
- Landry-Meyer, L. (1999). *Research into Action: Recommended Intervention Strategies for Grandparent Caregivers*. *Family Relations* Vol 48 (October 1999), pp 381-389.
- Landry-Meyer, L and Newman, B (2004). *An Exploration of the Grandparent Caregiver Role*. *Journal of Family Issues*. 25, pp.1005 - 1025.
- Loney, M. (1986). *Greed - The New Right and the Welfare State*. Pluto Press, London.
- May, K. (1991). *Interview Techniques in Qualitative Research: Concerns and Challenges*. *Qualitative Nursing Research*. Sage. London.
- McCallion, P. Janicki, M. Grant-Griffing, L. Kolomer, S. (2000). *Grandparent Caregivers: Service Needs and Service Provision Issues*. *Journal of Gerontological Social Work*. 33, pp.57-84.

- Mason Report: (1992). *Report of the Ministerial Review Team to the Minister of Social Welfare*. Wellington, New Zealand.
- Minford, P. (1984). *State Expenditure: A study in waste*. Economic Affairs, April / June 1984.
- Minkler, M. (1999). *Intergenerational Households Headed by Grandparents*. Journal of Aging Studies. Vol 13. No2, pp.199-218.
- Minkler, M. Fuller-Thompson, E & Miller, D. (1997). *A Profile of Grandparents Raising Grandchildren in the U.S.* Archives of Family Medicine. Vol 6. No5.
- Minkler, M. Driver, D. Roe, K and Bedeian, K. (1993). *Community Interventions to Support Grandparent Caregivers*. The Gerontologist. The Gerontological Society of America. Vol 33. No6, pp. 807-811.
- Omery, A. (1983). *Phenomenology: A Method for Nursing Research*. Advances in Nursing Science (5)(2), pp.49-62.
- Pardek, J. (1996). *Social Work Practice: An Ecological Approach*. Auburn House, Greenwood Publishing, Westport.
- Peters, J. (2005). *True Ambivalence: Child Welfare Worker's Thoughts, Feelings and Beliefs about Kinship Foster Care*. Child and Youth Services Review. 27, pp.595-614.
- Pitcher, D. (2002). *Placement with grandparents: the issues for grandparents who care for grandchildren*. Adoption and Fostering. Volume 26. No1. 2002. pp

- Puao-Te-Ata-Tu (1988). *Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare*. Wellington, New Zealand.
- Schwartz, A. (2002). *Societal Value and the Funding of Kinship Care*. Social Services Review. September 2002. University of Chicago.
- Spence, N. (2004). *Kinship Care in Australia*. Child Abuse Review. Vol 13. Pp.263-276. Published online in Wiley Interscience (www.interscience.wiley.com)
- Tolich, M., & Davidson, C. (1999). *Starting Fieldwork: An Introduction to Qualitative Research in New Zealand*. Auckland: Oxford University Press.
- The New Zealand Herald. 7th December, 2010.
- Van Zuuren, F., Wertz, F & Mook, B. (1987). *Advances in Qualitative Psychology: themes and variation*. North America: Swets & Zeitlinger.
- Waldrop, D & Weber, J. (2005). *From Grandparent to Caregiver' an essay in 'Social Work Diagnosis in Contemporary Practice*. Oxford University Press, US.
- Worrall, J. (1996). *Because We're Family: A Study of Kinship Care of Children in New Zealand*. Masters Thesis, Massey University.
- Worrall, J. (2005). *Grandparents and other Relatives Raising Kin Children in Aotearoa / New Zealand*. Published by the Grandparents Raising Grandchildren Charitable Trust.

Worrall, J. (2009). *When Grandparents Take Custody - Changing Intergenerational relationships - The New Zealand Experience*. *Journal of Intergenerational Relationships*. (7) pp.259-273.