



**Grandparents and Whanau/Extended Families Raising Kin Children
in Aotearoa/New Zealand**

A view over time

by Jill Worrall MNZM

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The following extract is the Executive Summary taken from the Research Report 2009.

Executive Summary

New Zealand was a leader in international child welfare legislation reform with the passing of the New Zealand Children Young Persons and their Families Act (1989). This Act mandated the extended family/whanau as the preferred placement for children in need of care and protection, respecting traditional Maori concepts of family responsibility and decision making. However, recent data raises the question of how well the Maori model of collective responsibility translates to European families.

This study was carried out to discover how well New Zealand grandparents and other kin carers had fared over the five years since the last study was undertaken. While much of the statistical data is similar to the 2005 study, two major factors stand out in this study:

- Caregiver resilience and commitment to the grandchildren in spite of huge hurdles and difficulties
- The stability afforded the children that has led to a considerable level of improvement in the children's physical and psychological health

- The joy most carers described in seeing their grandchildren flourish and the loving relationships existing between the children and their grandparents.

Having said that, a ribbon of grief also runs through these stories – grief felt by all those in the kinship circle, the children, the grandparents and the children’s parents. Grief arises out of disappointment that their children and/or grandchildren have gone to prison, death of their own children; death of spouses; broken marriages; lives lost to drugs and alcohol and grief in respect of injuries the children will not recover from, for example, brain injured shaken babies. There is also sorrow and anger that they have to face challenges to their custody in court from their own children and the cost of this – money taken that could be spent on their needy grandchildren.

In this study there is also evidence of financial struggle to make ends meet, stories of grandparents going to bed hungry or losing weight because they are eating less as their growing grandchildren need more and the cost of constantly clothing growing children. Carers show fortitude in the face of poverty, saying “we make do’ or ‘we just push on – tomorrow is another day’.

The affect of age on the caring role is also well evidenced here. Grandparents’ health is likely to be becoming more fragile and issues of mortality are well evidenced. Grandparents tell of lowered energy levels, tiredness and caring for seriously ill spouses and disabled children. While the Care of Children Act (2004) will hopefully make legal proceedings easier for Grandparents seeking guardianship, day-to-day care or access, many respondents are still finding the legal system complex, unfair and financially crippling.

McPherson (2003) comments that demographic changes in age, smaller families, a high rate of marital disruption and higher geographic mobility show that demands for extended family support are at a time when the potential for that is decreasing (McPherson, 2003:162). This research shows that in spite of those demographic influences, families care whether they are single, poor, employed or unemployed, on invalids benefits or having to work harder to support the extra family members. One of the key factors that have emerged in this study is the stability and tenacity of the grandparents, great grandparents and other kin and their dedication to the children.

Consequently the children are beginning to thrive and regain normality in their care. For some children, the care and the love received has given rise to extraordinary achievement against great odds. Although kinship care has its frustrations and is undoubtedly exceedingly demanding for many carers, it is also clear that it can have significant rewards for both the children and those who care for them.

However, there is still much that could be done to improve outcomes for the kin/whanau carers and their kin/whanau children. Recommendations arising out of the study are:

- Professional attitudinal change

- Training for workers in the dynamics of kin/whanau care
- Sensitive assessment processes
- Financial relief
- Respite care provision
- Preparation courses and educational assistance.

The voices of the Grandparent/whanau carers are clear about their needs and deserve recognition.