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# RESPITE CRISIS: NO SUPPORT FOR GRANDCARERS

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**Position Purpose:** To develop resources and systems to enhance the rights of people caring for their grandchildren, with a particular focus on building capacity to provide respite services, and engage with all available service providers.



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## Grandparents For Grandchildren

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This project also had substantial input from many people working and volunteering in the social services sector who provided advice, data, and insight into the systematic workings of providing support for many South Australian families and children. Thank you all for your time—and not just for this project.

Finally, I would like to express my heartfelt gratitude and respect to the families who shared their experiences with me during the journey of this project. Thank you for your contributions and your unquestionable devotion to your family.

*Ashleigh Lauritsen  
GFGSA Project Officer*

## Foreword

While all Grandcarers are Grandparents, not all Grandparents are Grandcarers. Grandparents do traditional grandparenting; while Grandcarers are the primary or full time carers of their Grandchildren. Two entirely different roles and responsibilities.

This project addresses the elephant in the room. We are all aware of the steadily increasing number of children not living in their parental homes for a plethora of unfortunate reasons and being cared for by others. The minority is being cared for under the government child protection system primarily by foster carers; but the majority is in the full time care of their grandparents and other kin. Whilst the minority receives financial and other support, including access to various respite services, the majority does not. These Grandcarers play a critical role in the bigger child protection picture by keeping at risk children out of the foster care system; thereby saving the government millions of dollars annually; keeping the children within their extended families; and providing a stable and secure platform for the child's development and future life opportunities.

Grandcarers are parents second time round. And like foster carers they need financial assistance and access to other support systems such as respite. They are doing the same job.

I congratulate and sincerely thank Ashleigh for all the time and effort, and passion, she has dedicated to this project and while I urge you to support her recommendations in whatever capacity you can, I ask you to understand, acknowledge and appreciate the contents of this report and the plight confronting Grandcarers on a daily basis.

I also acknowledge and thank my team of dedicated volunteers at Grandparents For Grandchildren, without whom we would not be here to deliver this critical message.

*Peter Biber  
CEO*

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## 1 Executive Summary

There has been a growing recognition of grandcarers and the children they represent in recent years. The Australian Institute of Health and Welfare's release of Child Protection Australia's 2016-2017 statistics revealed that 47% children in out-of-home-care were placed in relative/kinship care, of this 52% were placed with grandparents. These grandfamilies are uniquely exposed to multiple vulnerabilities including emotional and physical trauma, disability and economic disadvantage. These vulnerabilities coupled with a societal dependence on their abilities to care for children, have identified them as a key demographic in need of assistance, especially in the area of respite.

Respite can come in many forms but share a common value; to act as an early intervention measure to prevent placement breakdowns. In the case of disability, the caring breakdown would logically result in that person seeking more Government assistance and possibly hospitalisation, the same can also be applied to children being cared for entering the foster care system and experiencing compounded trauma.

Grandparents For Grandchildren (GFGSA) was established in 2005 to address a growing need for grandcarers in South Australia to be identified and their role supported. It was also a way to support the children in their care by giving their carers access to more resources and information to better prepare and support themselves. GFGSA remains active at the time of writing this report and continues to function as a non-for-profit staffed by volunteers whose key focus is on the welfare of the child by providing early intervention assistance and advocacy for grandparents on personal and systematic levels. This report was commissioned by GFGSA using funding attained through a grant from the South Australian Department of Human Services (formerly DCSI) and was researched in conjunction with GFGSA.

The project's official purpose is: "to develop resources and systems to enhance the rights of people caring for their grandchildren, with a particular focus on building capacity to provide respite services and engage with available service providers." The project therefore, had the following objectives:

- Identifying and investigating the resources and barriers affecting grandcarers accessing respite, this includes interviewing grandcarers about their experiences
- Engaging with service providers and building a working background knowledge of respite capacity and service
- Working with GFGSA to propose and implement resources and systems to assist grandcarers with accessing respite.

The limitations of the research of this report are as follows: this report is South Australian based, and therefore many of the qualitative systems and experiences discussed are primarily local reflections. Grandcarers are in general, reluctant to take part in surveys and prefer instead to offer information and experiences through interviews. Much of the collective understandings gathered in this report are the result of many client stories shared over the course of this report's research-period which took place primarily within the GFGSA office and through their Mobile Outreach Service (MOS). Using a holistic approach to gathering and using research this project has also aimed to establish collaborative ties between GFGSA and other organisations, as well as build respite service capacity for GFGSA with inclusivity and sustainability at its core.

## 2 Introduction

### 2.1 Grandcarers

Grandparents caring for their grandchildren is an integral dynamic of most families, and with more Australian families having both parents working coupled with a growing ageing population, multi-generational households are becoming more common<sup>1</sup>. It is therefore important to this report to define exactly what a 'Grandcarer' is and how their position differs from what a more traditional grandparent role is. For Centrelink, in order to access the Child Care Subsidy, certain criteria must be met by grandcarers in order to be identified as one<sup>2</sup>. While there are various ways grandcarers can prove this, they do not require formalisation in the form of Court Orders to apply or be successful for payments. The criteria are:

- being the grandparent or great grandparent of the child
- having 65% or more care of the child
- making the day to day decisions about the child's care, welfare and development.

GFGSA uses similar criteria for Grandcarer assessment but also takes into account grandcarers who co-parent and live with single-parents and 'sentinel' grandcarers as both requiring service and support. 'Sentinel' grandcarers are characterised by GFGSA as:

*'Grandparents who watch over the children, the parents are often unpredictable and volatile, there's often domestic violence and/or drug abuse. Sentinel grandparents make sure the children are being*

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<sup>1</sup> Liu E. and Easthope H. (2012, February) *Multi-generation households in Australian cities, AHURI Final Report No.181*. Melbourne: Australian Housing and Urban Research Institute.

<sup>2</sup> Department of Human Services, Centrelink. (2018, September 27). *Support for grandparent carers*. Retrieved from <https://www.humanservices.gov.au/individuals/services/centrelink/family-tax-benefit/what-other-services-are-available/support-grandparent-carers> viewed on 12 Jan 2019.

*fed, going to school, taking their medication, and they're keeping track of abuse and neglect and are often the ones reporting to child protection services, waiting for someone to legally intervene'.*

This report will be focused on Centrelink's definition of grandcarers but will touch on subjects still relevant to other types of grandparent-families. In an inquiry the Australian Human Rights Commission made into grandparents who take primary responsibility for raising their grandchildren they identified three main groups of care arrangements for grandcarers<sup>3</sup>:

- **Formal (statutory) care** – includes grandparent carers who are raising grandchildren as a result of orders from the Australian Family Court or Federal Magistrates Court or a state or territory Children's Court, Youth Court or Magistrates Court
- **Informal care** – includes those grandparents who do not have a federal, state or territory order in place. Typically, their arrangements have been made through private family negotiations. They may or may not be known to state or territory child protection authorities
- **Kinship care** – the most common type of home-based out-of-home care which is defined as: "Overnight care for children aged 0-17 years, where the state or territory makes a financial payment or where a financial payment has been offered but has been declined by the carer. Kinship placements are most often with grandparents. They may fall into either category of "formal care" or "informal care", depending on whether the arrangement arises as a result of a formal process."

Most literature surrounding grandcaring arrangements has identified that due to limited data<sup>4</sup> and lack of clarification between grandparents who 'babysit' and grandparents who care full-time for

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<sup>3</sup> Australian Human Rights Commission (2014). *Inquiry into Grandparents who take primary responsibility for raising their grandchildren*. Australian Human Rights Commission Submission to the Senate Standing Committees on Community Affairs. Sydney: Australian Human Rights Commission, p.5.

<sup>4</sup> Australian Human Rights Commission (2014). *Inquiry into Grandparents who take primary responsibility for raising their grandchildren*. Australian Human Rights Commission Submission to the Senate Standing Committees on Community Affairs. Sydney: Australian Human Rights Commission, p.6.

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children, it has been difficult to fully ascertain the exact number of grandcarers in Australia as well as what type of care arrangement they fall under<sup>5</sup>. Although those who are registered kinship carers are represented in most data, it is estimated that many of these grandcarers are in fact under informal caring arrangements<sup>6</sup>. The majority of Grandcarer clients at GFGSA are classified as informal carers and given that informal carers have very little eligibility to access resources, it is not unusual that they would be the largest client group coming into contact with support services.

Informal care arrangements generally occur between family members, however, during interviews with Grandcarer clients at GFGSA, there were several cases of grandcarers having contact with child protection services and still remaining informal carers<sup>7</sup>. Furthermore, there are many grandcarers who do not seek to formalise their caring arrangements at all. There are many varying and complex reasons given for this, however there have been several that commonly reoccur:

- Grandcarers cannot afford to go through Family Court for parenting orders and many do not qualify for legal aid<sup>8</sup>
- Fearing the family tension it could cause and repercussions from volatile and violent parents if they were to have their parenting payments cut<sup>9</sup>

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<sup>5</sup> Australian Bureau of Statistics (2018, May 5). *2900.0 - Census of Population and Housing: Understanding the Census and Census Data, Australia, 2016*. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2900.0~2016~Main%20Features~Grandparent%20Families~10154>, viewed on 3 January 2019.

<sup>6</sup> raisingchildren.net.au (2017, October 1) *Supporting grandparent and kinship carers: a guide for service providers*. Australian Government Department of Social Services. Pg. 6, viewed on 3 January 2019.

<sup>7</sup> Pike, L. [Alexandrina Council]. (2018, November 29). *We Hear You 2 - Blood is Thicker than Water* [Video file]. Retrieved from [https://www.youtube.com/watch?v=eC\\_H\\_AJ6dhk&fbclid=IwAR0383ooXWNsSyRg5rth91NkVnGs3EguA8qwHM3nIjoYFu7MMuS-OCT2eAQ](https://www.youtube.com/watch?v=eC_H_AJ6dhk&fbclid=IwAR0383ooXWNsSyRg5rth91NkVnGs3EguA8qwHM3nIjoYFu7MMuS-OCT2eAQ), viewed on 3 January 2019.

<sup>8</sup> Brennan, D., Cass, B., Flaxman, S., Hill, T., Jenkins, B., McHugh, M., Purcal, C., & Valentine, K. (2013), *Grandparents raising grandchildren: Towards recognition, respect and reward* (SPRC Report 14/13). Social Policy Research Centre, University of New South Wales, p 93. Retrieved from <https://www.sprc.unsw.edu.au/research/publications/sprc-report-series/>, viewed on 3 January 2019.

<sup>9</sup> The Department of Human Services (Department) noted that it is normal practice for the department to contact the person receiving a payment upon receipt of an application for alternate payment: see Mr M. McNeil, Director, Families Division, *Committee Hansard*, Canberra, 20 June 2014, p25.



- The potential trauma the process could have for their grandchildren as well as the risk of having them taken away (it is important to note that several Aboriginal GFGSA clients in particular have this fear, as Aboriginal and Torres Strait Islander children are over-represented in child protection and out-of-home care<sup>10</sup>)
- Feeling ashamed to ask for assistance because of the perception that they have failed in their responsibilities to control or influence members of their family to fit traditional family roles, such as their own children
- They have tried to formalise their caring arrangements or become foster carers (as opposed to kinship carers) to their grandchildren but have no reliable systematic avenue available to them to do so.

Informal care arrangements are riddled with disadvantage and ineligibility. Grandcarers, and the children in their care, often face systematic exclusion from resources including childcare hours and respite services. The Federal Department of Human Services, through Centrelink, offers the most consistent support for grandcarers, with caring arrangements not always needing to be formalised in order to qualify for parenting payments. However, when compared to payments foster carers receive, the amount is significantly lower and with fewer added on benefits such as ongoing case support, foster children receiving priority in educational and recreational programs, and incidental payments<sup>11</sup>. There is also no legal protection offered to informal grandcarers in the case of parents ‘taking back’ children. Legally a parent can demand the return of their child regardless of caring negligence, violent criminal convictions or the child’s wishes. If grandcarers fail to comply they themselves can face criminal charges.

From an early intervention standpoint, the identification, assessment and formalisation of grandfamilies (of all kinship families) is an effective method of providing accessibility and encouraging standards of care for children without parents as primary carers. Particularly where

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<sup>10</sup> CFCA Resource Sheet, Published by the Australian Institute of Family Studies, January 2019.

<sup>11</sup> SA.GOV.AU - Carer support payments, <https://www.sa.gov.au/topics/care-and-support/foster-care/support-and-services/financial-help-and-concessions> viewed on 3 January 2019.

strong kinship values are practised such as Aboriginal and Torres Strait Islander families, by maintaining ongoing communication between services, advocates and families, systematic levels of support can be built with the stability and protection of the child at its centre. Grandcarers and other Kinship carers already exist, but when there is no recognition of the rights of kinship carers there can be no recognition of the rights of the children they represent.

### 2.2 Out-of-home care

‘Out-of-home care’ is the term used when children are removed from parents who are incapable of providing adequate care or when alternative accommodation is needed during times of family conflict <sup>12</sup>. This intervention is considered a last resort but often becomes a permanent arrangement between carers and The Department of Child Protection. In Australia, statutory child protection falls under state and territory governments’ responsibility, however, there are a number of government and non-government organisations that share a common duty of care towards the protection of children. This includes practices such as the mandatory reporting of suspected child abuse and early intervention practices such as GFGSA’s work with grandparents protecting grandchildren.

The types of out-of-home-care can be as follows:

- **Residential care:** Placement in a residential building whose purpose is to provide placements for children and where there are paid staff
- **Family group homes:** Homes for children provided by a department or community-sector agency that have live-in, non-salaried carers, who are reimbursed and/or subsidized for providing care

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<sup>12</sup> Australian Institute of Health and Welfare 2018. Child protection Australia 2016–17. Child welfare series no. 68. Cat. no. CWS 63. Canberra: AIHW. p3.

- **Home-based care:** Placement in the home of a carer who is reimbursed (or who has been offered but declined reimbursement) for expenses for the care of the child. This is broken down into 4 subcategories: relative/kinship care; foster care; third-party parental care; and other home-based out-of-home care
- **Independent living:** Includes private board and lead tenant households
- **Other:** Includes placements that are not otherwise classified, and unknown placement types. These include boarding schools, hospitals, hotels/motels and the defence forces.

According to 'Child Protection Australia 2016-17' statistics from the Australian Institute of Health and Welfare, the vast majority of children (93%) in out-of-home care at 30 June 2017 was in home-based care—47% were in relative/kinship care, 38% in foster care, 7% in third-party parental care, and 1% in other types of home-based care. With more than half (52%) of children in relative/kinship placements being with grandparents. At 30 June 2016, it was 48% of children in relative/kinship placements being with grandparents. Before 2016 grandparent carers were not differentiated from other kinship carer statistics, therefore it is only recently that trends have been able to be plotted to mark the rise of statutory Grandcarer and kinship carer households and comparing them to foster carer households (Figure 1.1).

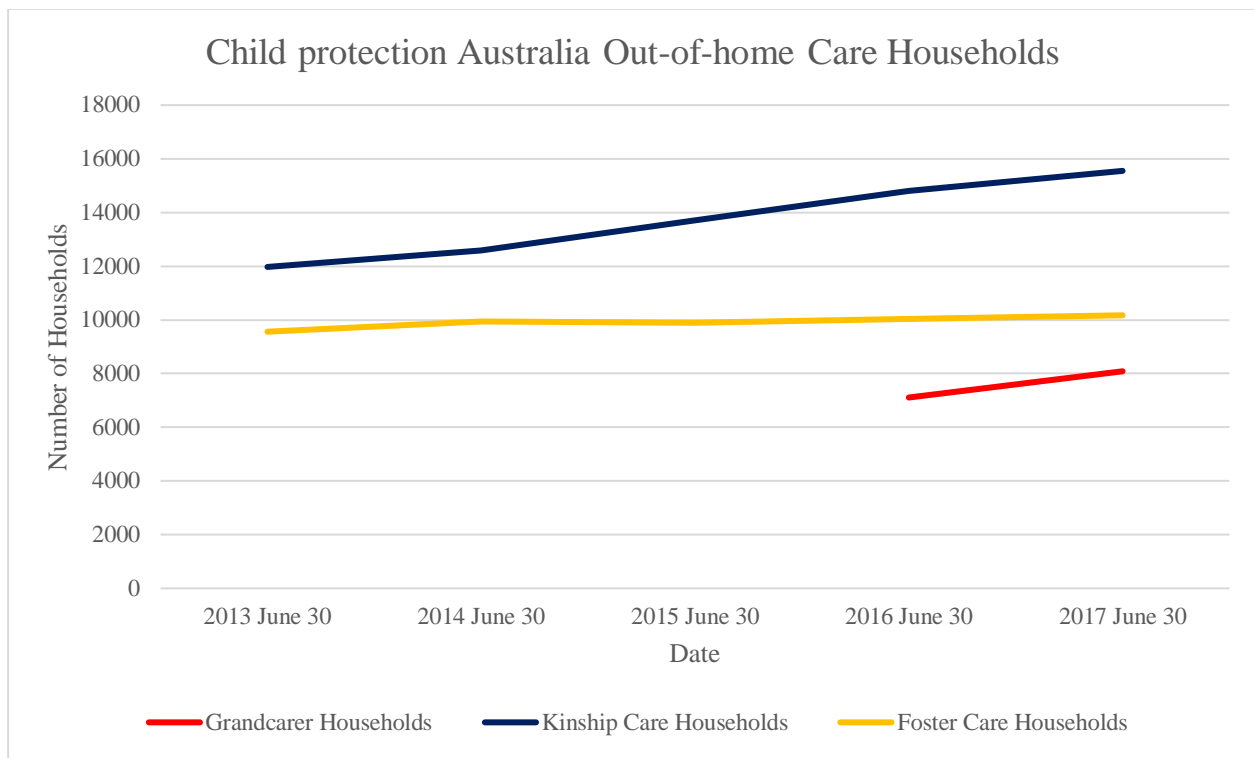


Figure 1.1: Out-of-home care households in Australia

Source: AIHW Child Protection Collection 2017, 2016, 2015, 2014 & 2013

This data reflects a significant rise in kinship carer and Grandcarer households and a gradual rise in foster-care households. It is also key to note that these statistics don't take into account informal kinship care so the projected number of Grandcarer households, and households where grandparents co-parent with parents but still provide the majority of care, are projected to be much higher. Grandparents from CALD, Aboriginal and Torres Strait Islander communities are also less likely to formalise their full-time carer status as the cultural pressure of caring for kin without 'government involvement' is especially strong. As the numbers of children in out-of-home care, life expectancy, and population increases in Australia it is very likely that the number of grandcarers will increase as well.

There are a number of different financial support systems available to foster and kinship carer families in Australia. As well as parenting payments through Centrelink, the most common payment for children who are officially placed in out-of-home-care is Carer Support Payments. Carer Support Payments are managed and granted at a state-level, these payments (which may

include respite hours) are usually sourced through the child's Social Worker who made the original child placement. Many informal Carers (and Carers who are unaware that these resources exist or are available) simply miss out on any of this support. Under this umbrella of benefits, there is also usually a Placement Start-Up Payment, to help with transitions into placement usually at the precipice of family breakdown, an Education Grant, and Special Needs testing (usually through a Complexity Assessment Tool Assessment). While Foster Carers automatically receive these supports through their placement processes, Grandcarers often don't receive any if at all, especially if their caring is informal<sup>13</sup>.

### 2.3 Respite

Essentially, respite provides carers and the person they care for with a short break. This allows carers to maintain a balance between caring for others and caring for themselves and helps to strengthen a care-based relationship and promote its health. In the context of out-of-home-care respite can also be used to prevent placement breakdown which can, unfortunately, occur when families don't receive adequate support<sup>14</sup>. Respite can also be maximised and doubled up with other supports, e.g. respite in the form of a child with a disability attending a special class, a carer being able to make time to have a medical check-up, etc. There are times where a family is particularly vulnerable when it comes to a placement breakdown: the transition period of a placement where both carer and child are adjusting to new circumstances, during a family or medical emergency, and before a child can qualify to attend kindergarten or begin schooling are common examples.

There are different types of respite, usually these are entirely dependent on which organisation offers which service, however, there are some common ones:

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<sup>13</sup> Government of South Australia (2017) *Carer Support Payments: Carer Handbook*. Department for Child Protection, July 2017.

<sup>14</sup> AdoptUSKids. (2008). *TAKING A BREAK Creating Foster, Adoptive, and Kinship Respite Care in Your Community*.

- **In-home respite** – respite which occurs in the carers home, and where the carer can choose to remain present. In-home respite can be a more appropriate option when family members need someone to help them with basic household and personal care tasks
- **Emergency/Urgent respite** – respite that can be arranged quickly and with flexibility, a common example would be when the carer has a medical or a family emergency and needs the children in their care to be watched, sometimes overnight. This allows the carer to focus on resolving the emergency while the child remains safe
- **Recreational respite** – this can come in many forms and when planned correctly, it is regularly occurring but spaced out over time. Recreational respite can be camps, weekend sleepovers, school retreats, day centres and more
- **Residential respite** – residential respite is a short stay in a facility with staff specialising in the care. This option is most commonly utilised by families living with a severe disability.

In Australia, respite is often contextualised as something for those with a disability and many of the services offered through organisations can be subsidised through the National Disability Insurance Scheme (NDIS). However, while children who have experienced trauma can emit the same behavioural symptoms as children with a quantifiable disability such as autism, they are often assessed as not qualifying for access to NDIS funding. Likewise, respite services tailor themselves toward caring for older people, however grandcarers also often do not qualify for that either and many lack the personal funds to even pay for childcare let alone their own support. Grandfamilies once again fall through the cracks when it comes to eligibility for subsidised support.

Respite services in Australia are varied and over the course of this report, interviews were conducted with service providers and stakeholders. Including but not limited to representatives from Carer Support, Department of Human Services, Family Focus SA, and Hessel Group. Several believed that kinship caring families, especially those with difficult placements should be within

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their scope of care and if they had the appropriate funding for it, they would be. Most respite services at their core are limited by the eligibility of people who apply for their services to access financial aid for those services. Nearly every interviewee expressed a willingness to expand capacity to be more flexible, but are strictly limited by their organisation's funding. The expansion of services into more rural parts of Australia is of particular interest to these service providers.

This report investigates respite-building capacity in the context of what one organisation can accomplish on three levels:

- 1) systemic advocacy and emergency respite
- 2) service collaboration to produce recreational respite
- 3) building a community respite model

### 3 Grandcarers Camp: Creating positive short-term impacts

#### 3.1 Puddle Jumpers Incorporated and camps

Puddle Jumpers Incorporated ('PJs') is an Adelaide-based, non-profit, non-government organisation that works to meet the social development needs of society's most vulnerable children and young people<sup>15</sup>. Although priority is primarily given to children not living with their birth parents, they also offer resources in the form of their Free Food Nights that are open to any disadvantaged family. PJs provide camps for children in out-of-home care, both boys and girls from birth to 15 years (children under 5 must be accompanied by a parent or carer). Through these camps, they offer activities and programs aimed at building resilience in children through the forms of mentorship, social inclusion, and self-reflection. PJs has had camps with grandcarers attending along with the grandchildren, however, children remain the targeted recipients of camps in general with their carers staying home and having a form of weekend/recreational respite.

Camps have been identified as a form of weekend/recreational respite for carers of all kinds and because of their flexible and reasonably low-cost models, camps are a popular respite choice for families and services. The benefits they offer to children in terms of healthy social development and community inclusion adds to their continued popularity. In the context of disability, they can offer appropriately trained and experienced staff as well as modify program structures to suit children with high needs<sup>16</sup>, particularly through their 'buddy' system. For children in out-of-home who often suffer from a disability or behavioral issues as a result of trauma, practical modelling such as this is all the more important to their development and ongoing placement stability:

*'As children grow up and develop their own friends and interests they become*

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<sup>15</sup> Puddle Jumpers. (2019) *What We Do*. Retrieved from <https://www.puddlejumpers.org.au/what-we-do/> viewed on 3 January 2019.

<sup>16</sup> Shelton, K.J. and Witt, P.A. (2009) *Therapeutic Camps as Respite Care Providers: Benefits for Families of Children with Disabilities*, p22.



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*increasingly independent of their families/carers. Social activities like outings with friends, sleep-overs and camps provide families/carers with naturally occurring breaks.*

*This is frequently not the case for people with disability where the need for ongoing care can place undue pressure on families/carers. It also means that the person with a disability may miss out on social activities and outings. <sup>17</sup>*

PJs puts on 10 to 12 camps per annum however, this amount is likely to increase as PJs CEO and founder Melanie Tate often receives the reward of grants and donations for her programs<sup>18</sup> and uses it frequently to increase camp capacity. In an interview with Melanie Tate she also elaborated on the details of the camps' program structures, they have about 20 to 30 children per camp and they adopt a 'buddy system' with volunteers, most of which were/are children from out-of-home care themselves. By having a 1:1 ratio of children to mentors they are able to meet the often diverse needs of the children attending the camps. Each camp takes about \$5000 to run, which is about \$100-\$160 per child, most of the funding is from donations from sponsors but also from the campers themselves. If the child has been referred from an agency, then that agency will be billed for the costs of the camp's attendee. Those in foster care can have an invoice sent to their case worker and can be paid for by the Department of Child Protection. Some people are on a 'pay what you can' system and are able to attend for free if sufficient funds are raised overall.

This funding model is similar to that of other popular camp organisations in South Australia. Edmund Rice Camps (SA) Incorporated provides camps and developmental activities for underprivileged children aged 8 to 15 and have similar fees and agency billing<sup>19</sup>. Edmund Rice charges \$100 for a Weekend Camp (per participant per camp) for similar services. Toc H SA runs camps for children 7 to 10 years old and subsidises costs through public appeals and sponsorship

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<sup>17</sup> The Dept for Communities and Social Inclusion, Government of South Australia (July 2013) *Disability information*. Disability Information Service, p1.

<sup>18</sup> Puddle Jumpers Media and News. (2019) *Awards & Public Recognition*. Retrieved from <https://www.puddlejumpers.org.au/media-and-news/> viewed on 3 January 2019.

<sup>19</sup> Edmund Rice Camps SA. (2019) *Refer a Participant or Family*. Retrieved from <https://www.edmundricecampssa.org/refer-a-participant-or-family.html>

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arrangements with a nominal fee per child (either \$60 or \$40 depending on the length of the camp) charged to the referring agency<sup>20</sup>. Flexibility in funding sources is a necessity for camp organisations, through community arrangements, most receive discounts in campground hire as well as having most of their staff—and all of their mentors—as volunteers. Due to these qualities, camp organisations are able to offer their services to vulnerable low socio-economic groups such as families with children in out-of-home care.

Despite low-cost and flexibility, this model has one potential problem: due to their success and affordability they are in high demand which can affect capacity. This high demand can also mean that families with formalised care and an agency offering to subsidise payments are priority participants for camps. Informal grandcarers and other kinship carers may be overlooked. PJs works around this issue using public donations and crowdfunding in order to supplement the funding necessary to run camps and be inclusive. However, this system is ultimately unreliable for informal carers and may not be the standard across organisations. Increasing consistent funding systems for organisations and carers to access respite would directly increase capacity for programs such as camps and allow more children to access their services.

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<sup>20</sup> Toc H South Australia. (2019) *Youth Camps: Refer a Child*. Retrieved from <https://www.tochsa.org/camp-referral>

### 3.2 Collaboration between services

Collaboration between organisations working in the community sector is common and well placed to meet client and organisation needs. Collaboration here meaning: *“...a means of producing something joined and new, from the interactions of people or organisations, their knowledge and resources...”<sup>21</sup>*. Many individuals who come into contact with the social service sector engage with multiple organisations and most often through referrals between services. Therefore, a collaboration which allows mutual clients access to complementary services can make for a more effective support structure for that client, particularly for families with complex needs. Throughout this project, multiple interviews with workers in the community services sector confirmed the significant role collaboration has on practice, being also supported in the literature: *“the best outcome for families involved in a siloed service system is that multiple service providers meet their needs”<sup>22</sup>*.

For the purposes of this project, a collaborative venture was explored with PJs and GFGSA to investigate and test its potential and ongoing viability for future collaborative ventures. After initial contacts and meetings, it was proposed that PJs would run a camp for GFGSA Grandcarer clients and the children in their care in exchange for GFGSA funding the camp. For \$5000, GFGSA sponsored 10 families to attend with 17 children (with an age range of 2 to 14 years old) and 15 grandcarers making for a total of 32 participants on a Friday to Sunday camp (see Appendix 1 for camp budget details). The families had a range of care arrangements in place with formal and informal grandcarers attending and most living either in or around Adelaide with one participant family coming from Whyalla.

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<sup>21</sup> Australian Research Alliance for Children and Youth. (2009). *What is collaboration? (Fact Sheet 1)*. Retrieved from [https://www.aracy.org.au/publications-resources/command/download\\_file/id/289/filename/Advancing\\_Collaboration\\_Practice\\_-\\_Fact\\_Sheet\\_1\\_-\\_What\\_is\\_collaboration.pdf](https://www.aracy.org.au/publications-resources/command/download_file/id/289/filename/Advancing_Collaboration_Practice_-_Fact_Sheet_1_-_What_is_collaboration.pdf) viewed on 4 January 2019.

<sup>22</sup> McDonald, M and Rosier K (2011) *Interagency collaboration*. Retrieved from <https://aifs.gov.au/cfca/sites/default/files/publication-documents/bp21a.pdf> p6 viewed on 4 January 2019.

The camp was held at the Douglas Scrub Girl Guides Campsite at McLaren Vale from the 31 August to 2 September 2018. The camp conducted two separate programs, one tailored around the children's experiences with their mentors and the other for the grandcarers and their program coordinator (see Appendix 2 for camp activity schedule). This program structure was used for a variety of reasons, some of which were:

- Many of the grandcarers and grandchildren felt uncomfortable being 'too far away' from each other and were protective of each other, therefore the first day had grandcarers and children together frequently until they 'warmed up' to the camp's volunteers and were able to comfortably spend time apart from each other—albeit while continuing to share rooms at night
- The children were split into teams to help manage activity rotation and keep age groups and siblings together for activities
- The focus for the grandcarers was respite and relaxation, therefore activities like arts and crafts and meditation were incorporated into their schedules, as well as allowing generous amounts of sleeping times (all activities were voluntary and several grandparents opted out of some activities)
- Many meals were taken with grandcarers, children and volunteers sharing the dining room to allow for families to come together regularly. This was encouraged in order to set boundaries for children and allow grandcarers to focus on themselves during the day
- Children were given many physical activities during the day and many 'back-up' activities involving arts and crafts in case of poor weather
- 'Ripple Time' is a self-reflecting meditative activity towards bedtime where camp participants were able to share what—and who—they were grateful for. This was a popular activity for all camp participants and an effective strategy to prepare the children for bed.

In the lead up to this camp, materials for advertisements were composed (see Appendix 3 for promotional flyer), posted on social media sites and emailed out through the GFGSA client database. This had two effects: one not unexpectedly, that people contacted GFGSA and PJs for more information and/or to register their interest for the camp; and two quite unexpectedly, that other organisations and groups got into contact to offer resources for the camp. Food for the camp was acquired through Foodbank<sup>23</sup> an organisation that offers food and basic necessities like toiletries at heavily discounted prices and GFGSA donated food acquired from OzHarvest<sup>24</sup> another food-based organisation that collects excess food from local shops.

GFGSA were also contacted by Chooks SA<sup>25</sup>, an organization that gives talks encouraging women to support each other and themselves and a local quilting group, Orange Tree Quilters<sup>26</sup>. Orange Tree Quilters sewed and donated personalized quilts for each of the children who attended the camp to take home with them. This could be an indicator of the interest many community organisations have for collaborating and combining resources and services for fellow community members, as well as an example of social media as an effective promotional and collaborative tool. GFGSA now has an ongoing relationship with the Orange Tree Quilters and for Christmas 2018, they donated handmade Christmas stockings and quilts for GFGSA's annual Christmas hampers which were distributed to Grandcarer clients across the State.

### 3.3 Outcomes and impacts

GFGSA successfully funded 15 grandcarers and the 17 grandchildren in their care to attend a PJs' weekend camp as a form of respite. At the end of the camp, a questionnaire was distributed to participants (grandcarers and children) asking them to evaluate the camp. There were 27 respondents who participated in this evaluation which comprised of 52% male and 48% female

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<sup>23</sup> Foodbank (2015) Retrieved from <https://www.foodbank.org.au/> viewed on 5 January 2019.

<sup>24</sup> OzHarvest (2019) Retrieved from <https://www.ozharvest.org/> viewed on 5 January 2019.

<sup>25</sup> Chooks SA (2017) Retrieved from <http://www.chookssa.com/> viewed on 5 January 2019.

<sup>26</sup> Scraps, S (8 April 2016). *Orange Tree Quilters* Retrieved from <https://susies-scrap.com/2016/04/08/orange-tree-quilters/> viewed on 5 January 2019.

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participants, with 15 grandcarers and 17 children. The largest age group was >15 years old with 33%; 9 to 10 years were the second largest group at 30%; with 78% of respondents indicating that this was their first PJs' camp. Overall, participants indicated that the camp was a positive experience most notably:

- 89% of respondents indicated they attended the camp to 'have fun'; with 67% indicating they attended to 'make new friends'
- Respondents indicated the volunteers on camp 'were friendly' (96%), 'were helpful' (93%), indicating volunteers equally 'joined in with activities', 'were fun' and 'made me feel like they cared' (89%)
- Respondents indicated positive impressions of their security on camp, stating they equally 'felt comfortable' and 'knew where to go if they needed help' (85%), and equally 'felt safe' and 'liked the other participants on camp' (81%)
- When asked if they would 'like to come back to a Puddle Jumpers Camp again', 93% of respondents indicated 'Yes', with 4% indicating 'Maybe' and 0% indicating 'No'.

Several members of GFGSA staff also volunteered on the camp and spent time with the grandcarers, and while they reported that the grandcarers expressed the sentiments of the evaluation's outcomes, most were torn between feeling 'refreshed' and 'tired' at the experience. All were grateful and expressed an interest in having their grandchildren attend more camps, however, some indicated that they would prefer to stay at home if they do.

Approximately four months later several interviews were conducted with the Grandcarer camp participants to assess potential long-term impacts of the respite-camp model. The participants again reflected positively on the experience and expressed desires for their grandchildren to be able to attend again. When asked about what they enjoyed most about the camp, many answers had shifted from 'camp activities' and 'the volunteers' to 'the people we met' and the 'friendships made'. Many grandcarers also expressed a desire to meet again with the other grandcarers they had met at camp, and several had already reached out to each other via social media to do so. Several grandcarers had also used social media to create a closed Facebook group to connect and

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communicate with each other, with grandmothers and grandfathers eager to keep up friendships post-camp. It was also reported that grandcarers were ‘excited’ to have peers who ‘understood’ and who they could ‘trouble-shoot’ with.

The grandchildren also experienced benefits from these ongoing relationships. Two boys around the same age had learned that they lived close-by to each other and were taking in turns having sleepovers at each other’s house. Both sets of grandcarers felt that this was a positive outcome as the young boys had struggled with isolation from their peers in the past and the arrangement allowed the grandcarers themselves a regular form of respite. Another Grandcarer shared that their grandchild had joined the PJs MinTies program—which offers leadership training to 14 to 16-year-olds in becoming a future mentor for younger children who attend camps and focuses on skills like behaviour management and communication. Another Grandcarer reported that they were now using camps as a ‘positive reward system’ for their grandchild to encourage pro-social behaviour and academic focus, and as they had just received ‘very positive’ feedback from their school regarding grades, they had applied for a Christmas camp.

Overall the most long-lasting positive impacts from the Grandcarers Camp were the relationships made. Although other avenues of resources and potential respite opportunities were shared throughout the advertisement and application phases of the camp such as applying to other camp programs, PJs Family Food Nights etc. What became the most effective catalyst of positive change for Grandcarer families and ongoing engagement were relationships with peers. While several grandcarers already engaged with respite services, those who did not (or did and found there were issues) reported that they preferred support that was ‘flexible’, ‘local’, ‘reliable’, ‘transparent’ and ‘cost-effective’. Particularly those with children with high needs. Most felt that these needs were automatically met when children were able to engage with each other while being supervised by adults they trusted.

*“It was just like—the kids—they could be normal kids with each other. And I could finally relax and we could all just be normal for a change. Just be a family.”*

Quote from a Grandcarer at the camp.

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At its core, respite is used to strengthen carers and those they care for, ideally helping to maintain stable placements for those with a disability and/or those in out-of-home care. In regard to providing positive initial outputs and long-term impacts overall, the grandcarers camp succeeded in being a source of respite. While this may be an ideal form of respite for every 6 to 12 months, there still remains threats to its sustainability and scalability for GFGSA clients which include:

- **Location.** Camps run by PJs and other camp groups are usually facilitated and run within Adelaide and its immediate surrounding areas, not particularly practical for rural South Australian GFGSA clients. And while a special case, one Grandcarer family attending camp travelled by plane, this journey cannot be undertaken by everyone
- **Cost.** Although funding was effectively used for the camp, GFGSA is a non-profit organisation that relies on volunteers, successful grant applications and donations to run their programs and services. As grandcarers most in need of respite typically feature more vulnerable characteristics such as financial instability, informal carer status and grandchildren with high needs, it is unlikely they can sustainably fund themselves for their families to attend camp indefinitely and this would be subject to successful grants and donations
- **Capacity.** As noted previously, camps such as these with mentorship at its core are very popular. Camp mentors and staff are also volunteers and camp organisations need ongoing revenue to at least foot the costs of food and renting campgrounds. Therefore, it is imperative that they run camps prioritising reliably funded clients, for example, foster-children with Social Workers, that are able to subsidise payments by the Department of Child Protection
- **Regularity.** As noted before, camp spots are not necessarily guaranteed therefore a family may not be able to attend camp twice a year or even once a year. Many carers—many parents—need more regular ‘breaks’, especially when coping with an unexpected placement of one or more children or when said child/ren requires specialised attention in cases of trauma and/or disability. The respite-camp model therefore becomes more of a treat rather than a reliable form of support for grandfamilies.



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GFGSA welcomed collaboration with PJs and other groups such as The Orange Tree Quilters to come together for these grandfamilies and is open to securing more funding for future potential camps. Evidence suggested that overall, this model was successful and had positive outcomes for participants. Its ability to act as a catalyst for sparking sustainable, motivated relationships was a particularly powerful impact.

## 4 The Village Program: Building a local support network model

### 4.1 Models of support

A component of this research was to focus on the building of respite capacity for grandcarers, how this could be done and with what resources. A model for a program was designed in conjunction with this research to test and evaluate its effectiveness for support. After the joint GFGSA-PJs Grandcarers Camp, the concept of organically developed and supported relationships came into the frame as a strong foundation upon which to build respite capacity. Internationally, many models of respite involve families with similar backgrounds and experience. The Mockingbird Family Model (MFM) from Seattle, Washington & Washington, D.C. has been implemented in the past quite successfully<sup>27</sup>. The MFM brings together families from a single neighbourhood and offers them unlimited respite care, training and support in exchange for being willing to become a community for each other. After building these partnerships between each other, families then build an umbrella of holistic support for the children in their care while in the context of keeping families in touch with cultural practices and local opportunities.

Children thrive within a supportive and safe community, particularly those from a fractured or unstable family environment. Grandcarers and local community members are perfectly placed to deliver care and early intervention for these children, particularly if they are able to coordinate with each other to provide holistic support plans and networks. For the purposes of respite capacity building for GFGSA, The Village Program was proposed and implemented. Through The Village Program, GFGSA works in bringing together these families within their local community, connecting them to support networks and opportunities, and creating a safe space for these families to grow with support from their community, GFGSA and each other. The goal of The Village Program is long-term care and stability for children facilitated through their carers and family.

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<sup>27</sup> AdoptUSKids, 2008, *TAKING A BREAK Creating Foster, Adoptive, and Kinship Respite Care in Your Community*.

When looking at successful long-term models of support for families, several elements begin to emerge:

- Families need to be involved in their construction, particularly CALD, Aboriginal and Torres Strait Islander communities<sup>28</sup>
- Flexibility is key. It needs to be designed to fit the community and the specific needs of carers
- Costings need to be low or non-existent, the quickest and most effective way to screen for need is via referrals from organisations
- Durability is important. Participants interacting with the model need to trust that it will remain in place over time
- Relationships and the emotional support provided by them are crucial when the support network model is built around families, particularly families with vulnerable children

By implementing all of these elements into the Village support model, it provides a level of practicality and provides opportunities for stability and growth in families, making positive outcomes more likely. Scotland's *Tenth Kilbrandon Lecture*<sup>29</sup> focused on public health and the sociological effects that come into play early on in a person's life such as the importance of consistency and relationships in a community context:

*"Developing the assets that local communities have, which sustain and create health, will contribute to Antonovsky's concept of coherence. I would go further. I am a doctor; I have to talk about health but I would argue here that what we are talking about is not about health improvement. It is something more significant. It is life improvement. Health is just something that emerges from a fair and civilized society, where everyone looks after each other."*

Sir Harry Burns, Chief Medical Officer for Scotland

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<sup>28</sup> Victorian Council of Social Service, Walk alongside: Co-designing social initiatives with people experiencing vulnerabilities, VCOSS, July 2015

<sup>29</sup> H. Burns. The Tenth Kilbrandon Lecture (2012) *Kilbrandon's Vision Healthier Lives: Better Futures*. The Scottish Government.

By re-contextualising respite as something regular and localised with a focus on community development and integration with services and resources, it stands to become a more comprehensive model of support. Especially from Grandcarer families who are more at-risk of not having those relationships. Social isolation is also common amongst grandcarers and grandparents in general, therefore making it harder to ask for the help that is often available to other carers of children e.g. babysitting, carpooling, going out for a coffee etc. By connecting them to other individuals with similar problems and interests they can develop relationships to establish stable and long-term solutions to these issues.

The Village Program essentially functions as a part-support group part-information and training session made up of local Grandcarer members that meets regularly. Through the program, members are offered multi-dimensional layers of support including: the healing aspects of a support group<sup>30</sup>, practical problem solving in the form of grandcarers trouble-shooting problems with service members of their community, a forum where requests for resources can be made and investigated, and a platform where local services and programs can be organised and offered direct to members.

### 4.2 Pre-existing Respite Services and Eligibility

Respite service in Australia has been traditionally focused on people with disability and older people<sup>31</sup>, therefore much of the criteria surrounding the eligibility of accessing respite services create systematic 'cracks'. Informal grandcarers and the children in their care fall short in how their need for respite is characterized. There is a presumption that they are coming into their placement healthy, happy and financially sound. In reality there is often a family breakdown of

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<sup>30</sup> A. Francis. *'I get up, because I know I can go to my group today': Examining the Healing Power of Relationship in Support Groups* (2013) Department of Social Work and Human Services James Cook University, Douglas, Townsville QLD 4811, Australia

<sup>31</sup> Hamilton, M., Giuntoli, G., Johnson, K., Kayess, R., & Fisher, K. R. (2016). *Transitioning Australian Respite* (SPRC Report 04/16). Sydney: Social Policy Research Centre, UNSW Australia.

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some kind and it is often the children's behavior that is effected the most. Financially, grandfamilies are also vulnerable often being at a stage of life where they are 'asset rich but cash poor' which can have implications for eligibility. Despite the fact they may own a home, their super or retirement fund was not planned with the costs of child-rearing in mind. Being second-time parents was not envisaged.

In consultation with multiple childcare-focused respite service stakeholders, including members from the Hessel Group, Puddle Jumpers, Playgroup SA and TimeforKids, several systems became apparent:

- Foster children sponsored by their status of being under the Guardianship of the Minister are able to access these services for respite and recreational reasons
- Stakeholders were aware of many carers who needed respite but expressed limitations in capacity due to lack of funding
- Stakeholders were open to and have utilised collaborations and mergers to increase their capacity. (At the time of one interview, TimeForKids had just finalised its merger with Relationships SA),
- Allowances are occasionally made for carers, but reliable respite pathways for informal carers don't exist, even in cases of emergency.

As discussed above, foster carers/children generally have more access to respite services funded through the Department for Child Protection. This is mainly due to the wide range of statutory protections that they fall under as outlined in the South Australia Children and Young People (Safety) Act 2017 where they have representation. However, there are no pathways or enforced responsibilities for the State when it comes to formalising informal kinship carers and their children<sup>32</sup>. Herein lies the systematic vulnerability that informal grandcarers face as they once

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<sup>32</sup> *South Australia: Children and Young People (Safety) Act 2017*. Version: 22.10.2018. Published under the Legislation Revision and Publication Act 2002.

again fall through the cracks. Grandfamilies do not fall under the State's responsibility to offer support as the children are technically no longer 'at-risk', Furthermore, for carers as a whole falling under Federal jurisdiction, 'carer' is mostly defined as someone caring for someone else with a disability or who is elderly. Grandfamilies as a whole therefore receive no formal acknowledgement and with that, no protections.

### 4.3 Implementation: Working with Community

Using South Australian GFGSA client data, a map detailing Grandcarer locations was produced and analysed for concentrations of Grandcarer clients. Using that map, 14 potential Village locations were identified and proposed (see Appendix 4 for Potential Village locations). Of these areas, community and neighborhood centers were chosen to act as potential hosts for the program. Metropolitan and rural areas are included on this map; however, it was decided that as GFGSA is based in the Adelaide City Centre it would be a more effective use of resources to launch a pilot program in either the North or South Adelaide. Around the time of conception of this model a member of the Woodcroft/Morphett Vale Neighborhood Centre made contact with GFGSA extending an invitation to use their facilities to help service the grandcarers of their area and surrounding suburbs as they had been identified by the Centre itself as being vulnerable members of the community.

After a stakeholder meeting it was agreed that GFGSA and Woodcroft/Morphett Vale Neighborhood Centre would collaborate on a pilot program for a GFGSA Woodcroft/Morphett Vale Village. The program would run out of the Neighborhood Centre's facilities and GFGSA would facilitate the program structure including group discussions and arranging for guest speakers and workshops. Both GFGSA and the Neighborhood Centre have been regularly advertising relevant information to the group about local programs, resources and services. The program's pilot has been active since January 25 2018 and consists of once-a-month standard Village meetings and activities run alongside the program for members to pick and choose their family's involvement. The group is averaging 15 members attending a month and has a closed social media group and newsletter available to the grandcarers.

The inputs for the running of this program have so far been GFGSA volunteer staff time and the use of a Neighborhood Centre's room free of charge as well as their volunteer staff time. A number of information sessions have been run and are planned including:

- A tour of the Neighborhood Centre and of its library facilities, most of the grandcarers had never been there before and were not aware of the no-cost low-cost resources available there, particularly for children
- An intensive group discussion about modern childcare practices, child mental health and the information services available to grandcarers including the KidsHelpline
- An information session about Will and Estate planning given by Williams Barristers and Solicitors that focused around protecting family stability and setting up networks of support around their grandchildren's futures
- A digital training session focused on accessing government services such as Centrelink and managing personal health through the MyHealth Record in conjunction with a Centrelink Grandparent Advisor
- An activity day with grandcarers and their grandchildren participating in library interactive play with building and artistic components, such as STEM and design activities.

As well as the programs mentioned above, there are other programs ready to be integrated into the Village such as financial counselling, healthy eating for children, a grandcarers picnic day, and digital literacy sessions. Each integration takes into account available resources and Grandcarer interest. All are tailored by the community, for the community. Other initial outputs are the building of social cohesion between the grandcarers (more members are meeting outside of the regular group meetings) and breaking down the barriers to accessing knowledge and services. For example, there are several grandcarers who struggle with technology and building a workable knowledge around it in order to know when children are safe using it. These are issues unique to the age as grandcarers when raising their own children years ago did so in a very different world, not just technologically. By creating a safe space for grandcarers to be both informed and

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supported is crucial for building resilience and confidence which they can apply directly to their placements.

It is too early to observe the long-term impacts this kind of support model will have on grandcarers and the children in their care. A re-evaluation in a year or even six months' time should provide stakeholders with the data necessary to make adjustments to the program. However, expansion of the GFGSA Village Program is on the horizon. Its flexible no-cost low-cost design coupled with a community passion to come together to offer support to children and families have made it appealing to other South Australian areas. With a small amount of funding, a website and a more reliable outreach specifically for Village Program uses, would enable this program to cement itself for families as a staple of support for their out-of-home placements, while providing the community and stakeholders with a low-cost support structure capable of generating respite holistically and preventing placement breakdowns.



## 5 Conclusion

Respite is a valuable support structure for vulnerable families and a cost-effective way to keep placements strong and stable. In the cases of Grandcarer families which already provide connections to culture and family, respite can also be used as a way of connecting families with communities. Children in out-of-home care are more at risk than any other child, physically and psychologically, therefore having strong support structures and healthy relationships with both adults and children their own age is extremely important in shaping how that child becomes an adult. A child should not have to miss out on those resources because of an informal care status or a lack of transparency of services.

The best overall respite model for organisations to adopt for carers is one that incorporates at least three different types of respite:

- **Recreational events**
- **Emergency respite**
- **Community support**

Community Support like the GFGSA Village Program can be used as an all-round reliable form of support with respite and specific support woven into its structure to act as an early intervention for carers experiencing overwhelming feelings of burnout. Recreational Events like camps and sleepovers, allows families to focus on fun and strengthening relationships for healthy child development and to give carers planned respite times. Emergency Respite is ideally never used but is always there just in case. Trips to the hospital and family tragedies should not be leaving carers with a choice to be powerless in their own lives or being negligent of the children in their care. Not being able to attend a funeral or to not have access to their own healthcare is degrading and unhealthy for carers, which can lead to placement breakdowns.

The number of children going into out-of-home care is growing and although a major focus of child protection services has been the retention of foster carers, capacity has not increased enough to

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meet the demand. Kinship carers and in particular grandcarers, are a growing demographic of carers despite no focus being placed on their retention. Not everyone is willing to commit to full-time childcare for a child despite many having an interest in helping to protect children. Grandcarers on the other hand are ready to commit at a moment's notice to raise their grandchildren. One of the greatest threats to that placement though is a lack of preparation and flexibility. The care of the child takes priority over employment, personal health, and relationships. It would therefore make sense for a strategy that focuses on the recruitment of partial-carers rather than full-time foster care, to act as a support for grandcarers to encourage them continue their placements.

Through systems and structures such as GFGSA resources, staff, grants and collaborations, respite capacity was able to be created or increased. With a working framework of implementation and resources, this capacity can eventually be expanded upon. Having an emergency respite fund available for GFGSA client use for example has now become a new avenue of pursuit for grant funding as has the running of the GFGSA Village Program as a service extension. Through engagement with service providers and in consultation with Grandcarer clients, a working background of knowledge has been outlined in this report as well as areas of improvement and great need. More importantly, it focuses on the fact that support and respite capacity can be built on multiple levels and whether it is through community, organisation or state, the care of children—and the protection of those who do—is everyone's business.

## 6 Recommendations

### Recommendation 1

The Child Protection Act is updated to acknowledge informal kinship care and statutory responsibilities are put in place to transmission children into the care of family members, with measures to properly train carers and allow them access to the same financial and respite resources as foster carers as they are undertaking the same responsibilities but with the added benefit of keeping them within the family.

### Recommendation 2

That States undertake a review of their legal systems to enable grandcarers to more easily access the ability to formalise their full-time carer status that does not create a massive financial burden on them. This application can be contested by parents however exceptions should be made with circumstances involving volatile or violent parents who could potentially put the grandcarers or the children at risk.

### Recommendation 3

That State services receive training regarding the vulnerabilities grandcarers face and that placements with family members are always preferential. With particular regard to Aboriginal and Torres Strait Islander grandparents as family is also a connection to culture.

### Recommendation 4

That more small grants be made available for collaboration projects as organisations have clients who they know have a need that services can fill.

### Recommendation 5

That either on a State or Federal level, a more flexible emergency respite fund be created. One that can be accessed quickly by organisations representing clients to vouch for them in terms of need. It would then be the responsibility of those organisations to provide client information and follow-ups.

**Recommendation 6**

That all policies and procedures surrounding grandcarers and their interests take into account, always, that any aid they seek is for the children in their care. The voice of the child should always be sought during practice; however, many who have been through trauma rely on their grandparents to represent their interests and at the very least, provide a background of information about that child to contextualise their experiences.

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## 8 Appendixes

### Appendix 1

#### GFGSA CAMP COSTS REPORT 31 Aug to 2 Sep 2018 (Correct as at 17 Sep 2018)

Item	Cost	Average Cost
Food & Catering	\$414.87	\$6.01
Fuel and transport	\$196	
Camp Manager phone	\$30	
Campsite Hire	\$4,566	\$66.17
Activities expenses	\$96	
Volunteer IN KIND		
Art Workshop	IN KIND	
Wellbeing Workshop	IN KIND	
Gopher batteries	399.99	
Camp shirts	604.78	
<b>Total</b>	<b>\$6,307.21</b>	<b>\$91.41</b>

Number of pers attending






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	Adults	Children	Remarks
<b>GFGSA Clients</b>	<b>18</b>	<b>17</b>	<b>Adult numbers include 3 GFGSA staff that were accommodated and fed.</b>
Puddle Jumpers Staff			
CEO + 1	2		Mel Tate + 1
Camp Management	3		El, Markus & Sue
Group Leaders	6		
Mentors	20		
Catering	3		El, Jo + 1
<b>TOTAL</b>	<b>52</b>	<b>17</b>	

## GRANDCARERS RESPITE PROJECT

### Appendix 2






Day 1- Friday					
Time	Yellow Team	Blue Team	Red Team	Green Team	Grandparents
3.00pm	Families Meeting Buses & Departing from Puddle Jumpers				
4.00pm	Families arrive at Douglas Scrub				
	<ul style="list-style-type: none"> <li>Greet families, show them their dorm/beds, toilets</li> <li>Getting to know you chats</li> </ul>				
4.45pm	Camp Group Norms				
	<ul style="list-style-type: none"> <li>Camp roles, Name Tags, Visitors</li> <li>Communication Box and time capsule</li> <li>Fire Safety &amp; Campsite orientation</li> <li>Give out Family Bags &amp; Wash hands for dinner, sitting down for dinner</li> </ul>				
5.30	Getting to know you in Teams				
	<ul style="list-style-type: none"> <li>Team Name</li> <li>Team T-Shirts</li> </ul> Getting to know you	<ul style="list-style-type: none"> <li>Team Name</li> <li>Team T-Shirts</li> </ul> Getting to know you	<ul style="list-style-type: none"> <li>Team Name</li> <li>Team T-Shirts</li> </ul> Getting to know you	<ul style="list-style-type: none"> <li>Team Name</li> <li>Team T-Shirts</li> </ul> Getting to know you	Camp Manager Conversation with GP <ul style="list-style-type: none"> <li>Team Name</li> <li>Team T-Shirts</li> </ul>
6.30pm	DINNER				
7:30pm	Night Walk				
	(volunteers to grab torches and make sure children have warm clothes and closed in shoes?)				
8:30pm	Brushing Teeth, Toilets, washing faces, into PJ's				
8:45pm	Ripple Time				
9:30pm	Bedtime for all the children (Older children may stay up and play board games/card games while people settling)				

Day 2 – Saturday AM					
Time	Activity				
	Yellow Team 	Blue Team 	Red Team 	Green Team 	Grandparents 
7.30 am	Rise & Shine (if campers are up earlier - mentors need to be up with them)				
8.00 am	Breakfast & writing mail notes & Time capsule announcement				
8.30 am	Getting ready for Morning Activities outside (sun cream on, hats on, jackets, jumpers, shoes) **** IF WET WEATER Indoor games & activities **** (#insert activities)				
9.00 am	Coloured Corners & Red Rover		Bowling/connect 4, butter making		Art Class – run by Adelaide Central School of Art (Alex Beckinsale)
	Bowling/ connect 4, & butter making		Coloured Corners & Red Rover		
10.00 am	Cake decorating	Cake decorating	Cake decorating	Cake decorating	<u>Morning Tea to be brought over to the group.</u>
10.30 am	Morning Tea				
11 am	Rock climbing wall and ball sports (soccer, football...)				
12.00pm	Cooking Hamburgers Lunch & writing mail notes & time capsule				
	Pamper Salon ?Hairdressers? Footspas? Handmasssge and polish? Facemasks? Makeup? & Clothing				

.....Contd



Day 2 – Saturday PM					
1.00pm	Welly boot wanging	Ripple stones and grandparents placemats	Parachute Games OR Team Games –(I like, chair challenge, survivors, step in)	Tim tam balls & Tart/caramel slice	LUNCH for GPs  DISC Personalities?
	Tim tam balls & Tart/caramel slice	Welly boot wanging	Ripple stones and grandparents placemats	Parachute Games OR Team Games –(I like, chair challenge, survivors, stepping in)	
	Parachute Games OR Team Games (Fruit Salad, what's the time, ball game, I like)	Tim tam balls & Tart/caramel slice	Welly boot wanging	Ripple stones and grandparents placemats	
	Ripple stones and grandparents placemats	Parachute Games OR Team Games (Fruit Salad, what's the time, ball game, I like)	Tim tam balls & Tart/caramel slice	Welly boot wanging	
2.00 pm	***Family Portraits to start – families will be selected one at a time for photos*** Making Boomerangs & AFTERNOON TEA				Cake Decorating & C/up Cake Decorating?
2.30 pm	Board and Card Games / Showers & Item for Decorating the tables for dinner (for GP area too) <i>Team meeting start (45mins in total) – ALL TEAMS TOGETHER – Leadership team to relieve for meetings</i>				
3.00 pm	All children in pamper salon (Foot spas, hair, make up, nail painting, thank you cards, certificates)				Wellbeing workshop run by Kersten from Creative Gems Time tbc
4pm	Leadership Team Meeting (30mins) Camp Scavenger Hunt				Coffee Mug decorating & Colouring in Mindful sheets
4.30 pm	Animal footprints and bug catching		Orienteering course in teams with compasses		
5.30 pm	Set up and decorate grandparents area for dinner / all over red rover or other outdoor games				Plate Smashing? Grandparents must leave room / be out for a walk etc.
6 pm	Dinner				Dinner (Candle Lit)
7 pm	Brushing Teeth, Toilets, washing faces, into PJ's				
8.30 pm	Ripple Time				

9 pm	Bedtime for all children (Older children may stay up and play board games/card games while people settling)				
Day 3 – Sunday					
Time	Activity				
	 Yellow Team	 Blue Team	 Red Team	 Green Team	 Grandparents
7.30	Rise & Shine (if campers are up earlier then Mentors need to be up with them)				
8	Breakfast & writing mail notes & time capsule				
8.30	Writing notes & T-shirt Signing... (vols to start stripping beds and make sure dorms are packed up)				
9	Rock climbing wall, ball sports				Decorating Family Pots
10.30	Morning Tea – making pancake art (outside and inside)				Morning Tea
11am	Adventure trail				Collages "what has my camp experience been?"
12	Final close of Time Capsule & with our buddies/grandparents writing a wish and planting in family pots				
12.30	Lunch & Evaluations & BANNER PAINTING				
1	Final pack up of items from dorms, craft items collecting, lost property parade				
1.20	Certificates & Trophies Presented				
1.50	Good bye Circle				
3.00	Families / Campers depart Campsite				

Appendix 3



# Grandcarers Camp

Proudly Presented By:



## 31st August — 2nd September 2018

This year Puddle Jumpers and Grandparents For Grandchildren SA Inc. would like to invite you and the children in your care, **at NO cost to you**, to our first ever joint Grandcarers Camp!

**Spots are filling up fast so be sure to confirm your attendance with GFGSA ASAP!**

Each camp aims to: Develop self-esteem & self-worth, develop & strengthen relationships, maintain & enhance your knowledge & skills in caring, in a safe & supported environment. But most importantly, providing you with the respite that you deserve, with the knowledge that your children are in the right hands.

Activities conducted include: Swimming, bike riding, team sports & challenges, crafts & more: for age groups 5 to 17 years of age.

Below: Christmas Carer's Camp 2016



Above: Douglas Scrub Campsite is located at McLaren Vale, just a short drive from Adelaide. Douglas Scrub Campsite is visited by hundreds of children from across the state, and is owned by Girl Guides South Australia.

The local environment is a rare and truly unique piece of heritage bushland with the opportunity to view animals and plants in their native environment.

**Placements for Families for this camp is through GFGSA Inc.**  
**For more information about the event please contact us at:**  
**Email: [frank@gfgsa.com.au](mailto:frank@gfgsa.com.au)**  
**Or call us on: (08) 8212 1937**

Appendix 4

**ZeeMaps**  
We map your lists



**1. Barossa Valley, Tanunda**  
Tanunda, South Australia, 5352

Description: Possible Village location



**2. City of Salisbury**  
12 James Street  
Salisbury, South Australia, 5108

Description: Contacts:  
Dorothy Beer, Relationships Australia

Sue Leckie  
Team Leader Social Participation & Diversity  
Community Health & Wellbeing  
D: 08 8406 8566 | M: 0412 367 779  
E: sleckie@salisbury.sa.gov.au

Vesna Haracic  
Manager Community Health & Wellbeing  
Community Health & Wellbeing  
D: 08 8406 8520 | M: 0401 984 769  
E: vharacic@salisbury.sa.gov.au



**3. Mt Barker**  
Mount Barker, South Australia, 5251

Description: Possible Village location



**4. Mt Gambier**  
Mount Gambier, South Australia, 5290

Description: Possible Village location

**5. Murray Bridge**

The Rural City of Murray Bridge, South Australia

Description: Possible Village location

**6. Nunkuwarrin Yunti**

17 Beach Road  
Christies Beach, South Australia, 5165

Description: Possible Village location

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**7. Ocean View College Children's Centre**  
126 Henderson Avenue  
Pooraka, South Australia,  
5095



**8. Ocean View College Children's Centre**  
23 Gedville Road  
Taperoo, South Australia,  
5017

Description: <http://www.oceanview.sa.edu.au/Childrens-Centre.html>

Description: <http://www.oceanview.sa.edu.au/Childrens-Centre.html>

Grandparent as carer groups

Grandparent as carer groups



**9. Peterborough**  
Peterborough, South  
Australia, 5422

Description: Possible  
Village location



**10. Pooraka Farm Community Centre Inc.**  
126 Henderson Avenue  
Pooraka, South Australia,  
5095

Description: Possible  
Village location



**11. Port Augusta**  
Port Augusta City Council,  
South Australia

Description: Possible  
Village location



**12. Victor Harbor Library**  
1 Bay Road  
Victor Harbor, South  
Australia, 5211

Description: Possible  
Village location



**13. Whyalla**  
Whyalla, South Australia,  
5600

Description: Possible  
Village location



**14. Woodcroft / Morphett Vale Neighbourhood Centre**  
175 Bains Road  
Morphett Vale, South  
Australia, 5162

Description: Keven Cocks  
0423 828 248

Lucy Richardson, Community Development Officer

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