

RECOGNITION AND SUPPORT FOR GRANDPARENT CARERS

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1 Problem Definition

As of the 30th of June, 2024, 44,900 children were living in out-of-home care in Australia (AIHW, 2025). With kinship care mandated as the preferred placement in Australia, 39.5% of these children were placed with a grandparent or grandparents (AIHW, 2025). However, despite the increasing number of formal and informal grandparent caregivers, they are often marginalised and overlooked in systems, services, and policy frameworks (Blundell et al., 2024). As such, grandparent carers are more susceptible to social isolation, financial burden and financial abuse (Blundell et al., 2024). Consequently, Council on the Ageing (COTA) has witnessed the devastating impacts invisibility and systemic neglect can have on grandparent carers' physical, mental and financial well-being. COTA thereby commissioned the consultancy team to highlight the complex, intersectional and systemic issues faced by grandparent carers. In doing so, this report seeks to illuminate these challenges, identify structural gaps, and provide evidence-based recommendations to advocate for strengthening recognition, resources, and policy support for grandparent-led families.

2 Consultancy Approach

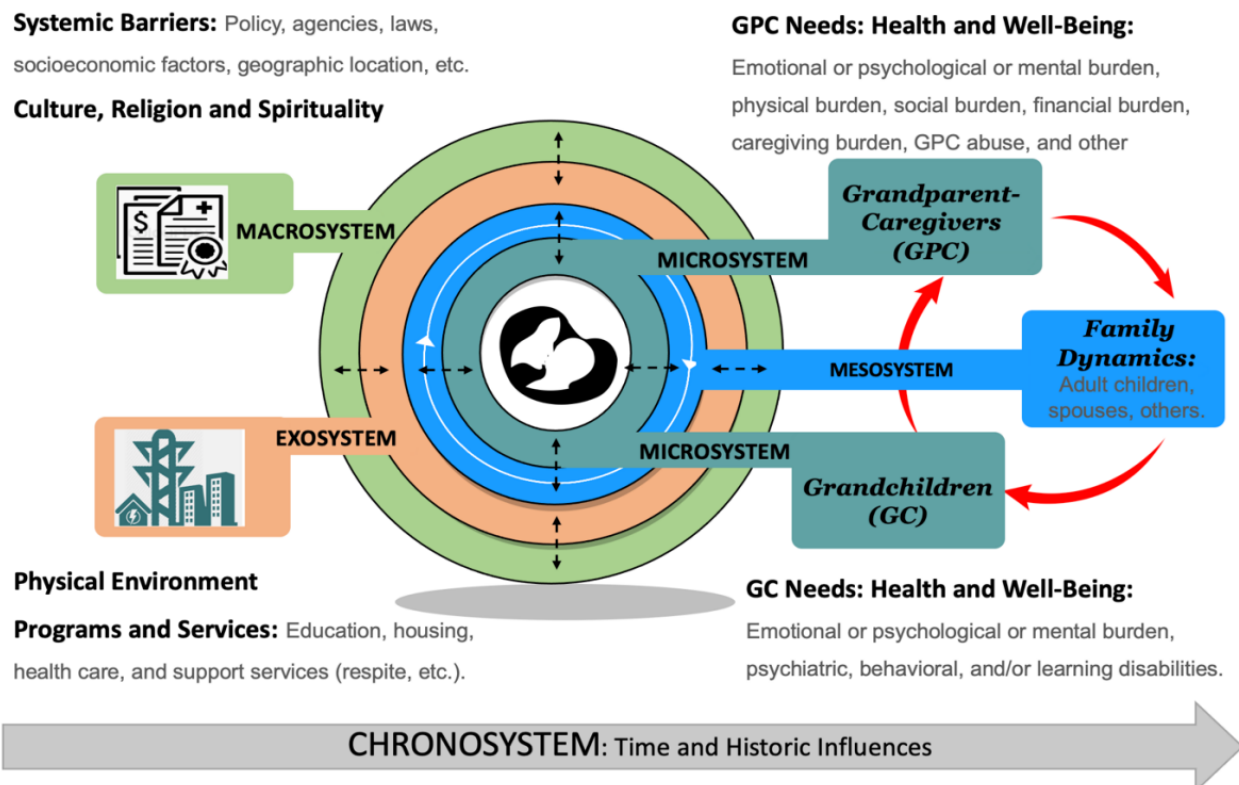
To identify the systemic challenges faced by informal and formal grandparent carers, the consultancy team completed a comprehensive and critical review of literature, policy, and legislation. As such, databases utilised included: Advanced Google Scholar, Australian Bureau of Statistics, APA PsychINFO (via EBSCOhost), QUT online library search and the Analysis and Policy Observatory (APO). Some of the search terms used included: "grandparent carers" OR "grandparents raising grandchildren" OR "informal grandparent carers" OR "formal grandparent carers" AND "policy", "systemic barriers", "reasons for caregiving", "caregiving motivations", "support", "visibility". Results included ranged from 2000 to 2025.

3 Review of Evidence

Bronfenbrenner's (1974, 1977) socioecological model (Figure 1) was adopted to conceptualise the **complex and interconnected systemic barriers** impacting Grandparent carer experiences in Australia. The model shows how different layers of a person's surroundings, from their immediate family to the policies of government, work together to shape their daily experiences and opportunities. For this report, the **microsystem, mesosystem, exosystem, and macrosystem** were reviewed to examine the systemic neglect and limited visibility of both formal and informal grandparent caregivers (Matovu et al., 2024).

Figure 1

Perceived Needs of Primary Grandparent-Caregivers



Note. From A Global Perspective on Intersecting Social and Systemic Barriers Experienced by Grandparent-Caregivers: A Qualitative Systematic Review. From *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*, by Matovu et al., 2024.

3.1 Microsystem

The microsystem refers to the immediate environment and the relationships directly impacting the grandparents' health and well-being. For grandparent carers, this includes the immediate caregiving relationship with their grandchildren, family dynamics with the children's biological parents and financial, mental, physical and social burden of caregiving (Matovu et al., 2024).

Prominent Impacts on Grandparent Carers

Financial Burden

One of the biggest issues reported by grandparent carers is financial burden. The financial burden from becoming primary caregivers, especially in informal care settings, often results in little to no respite for carers, meaning an accumulation of stress over time. Consequences of this include worsened physical and mental health and diminished self-worth (du Preez et al., 2015). Financial hardship experienced by grandparent carers is also associated with higher rates of poverty homelessness (Kiraly, 2019). In particular a common issues amongst grandparent carers is many report having to sell their home, access their superannuation early in order to afford the cost of raising grandchildren, are forced to rely on pension payments or work reduced hours (Purcal et al, 2014; Xu et al., 2022). Further socioeconomic disadvantages are also associated with grandparent carers with many reporting being unable to afford to take care of their own health due to both lack of money and time (Blundel et al, 2024).

Mental, Physical and Social Burden

This transition is compounded by the behavioural and emotional challenges children bring because of prior trauma (Kiraly & Farmer, 2020). In informal arrangements, where no legal orders are in place, grandparents often bear the responsibility of managing contact with biological parents, further straining family dynamics and in some cases increasing the risk of family violence. The stressors of caregiving are compounded by financial burdens, social isolation, and the toll on carers' physical and mental health (du Preez et al., 2015). These challenges are particularly acute for Aboriginal and Torres Strait Islander (ASTI) and culturally and linguistically diverse (CALD) grandparents, who are more likely to be involved with informal care arrangements face additional barriers such as mistrust of authorities, language difficulties, and intergenerational trauma (Fernandes et al., 2021; McPherson et al., 2025).

What's Needed?

Research suggests COTA should **advocate for formal recognition of informal grandparent carers** so they can access existing caregiver subsidies, health concessions, and respite services. **Partnering with financial counsellors, legal aid, and culturally safe organisations** would create coordinated, trauma-informed supports that ease both financial strain and mental-health pressures. By **linking economic relief with culturally safe family services**, COTA can address the interconnected financial, physical, and social burdens faced by carers, particularly Aboriginal and Torres Strait Islander and CALD grandparents.

3.2 Mesosystem

The mesosystem refers to the interactions between different microsystems and how this directly impacts the individual. In the context of grandparent carers, these interactions are most visible in the relationship between families and schools, support services and Child safety.

Prominent Impacts on Grandparent carers

Inadequate Cross-system Communication

While little research exists regarding grandparent carers and interactions with systems, there are some apparent issues. One of the main issues from the mesosystem context is communication between the Department of Child Safety and families. Kinship carers, such as grandparents, report feeling abandoned by Child Safety due to a lack of visitation or check-in and a failure to share information with carers when children are first placed with them (McPherson et al, 2022). In addition to Child Safety, further complications arise for informal grandparent carers and the ability to communicate with schools if they are not recognised as the legal guardian of the child. **Communication gaps** between carers and support services present significant barriers to access, with many carers **describing systems as confusing, disrespectful, or challenging to navigate** (COTA, 2003). Evidence shows that case management and peer support groups improve carers' mental health and caregiving mastery. However, poor service coordination and limited awareness leave many carers without these supports (McLaughlin et al., 2016). **The literature states the importance of holistic service provision, especially for services such as respite**, but the lack of coordination between carers and providers undermines this goal (Gair et al., 2019).

What's Needed?

Research indicates how the broader web of institutional interactions profoundly shapes the well-being of grandparent carers. The burden of care, combined with financial hardship, social isolation, and lack of communication, creates a cycle of disadvantage that diminishes carers' health and limits their access to support. Therefore, addressing these challenges requires solutions that address policy, service access, and practice. **COTA should advocate for culturally safe and holistic interdisciplinary supports that meet the needs of both carers and children in their care.**

3.3 Exosystem

The exosystem refers to the external social structures and settings (e.g., programs and services) that directly influence grandparent carers' mental and physical well-being (Bronfenbrenner, 1994).

Prominent Impacts on Grandparent carers

Invisibility of Informal Grandparent Carers In Programs and Services

As of 2025, there is no concrete data on the amount of informal grandparent carers in Australia. However, it is estimated that there are three times as many children in informal relative arrangements compared to statutory (government involved) relative arrangements (Parliament of Australia, 2015). Many financial services are inaccessible to informal grandparent carers. This is because informal grandparent carer arrangements may not have legal documentation regarding their caregiving status. Hence, they are **unable to access a large number of legal, medical and financial services** (Australian Law Reform Commission, 2011). Unfortunately, this is perpetuated by a **lack of clarity around the definition of 'informal grandparent carers'**. As a result, informal grandparent carers can be excluded from policies, creating serious barriers to vital services that are essential for an adequate quality of life.

For example, the **Family Tax Benefit** is an Australian Government payment designed to help families with the cost living such as food, clothing and school expenses (Services Australia, 2024). To meet the eligibility requirement for this benefit, the caregiver must be a primary carer, which excludes all informal grandparent carers as they do not possess the legal documentation to show they are primary carers. The absence of formal documentation prevents many grandparent carers from receiving a wide range of other government support schemes like the Family Tax Benefit, further exacerbating their financial stress. The process of obtaining the status as a primary caregiver is long and expensive, with the initial application alone ranging from \$410 - \$810 (Legal Aid Queensland, 2025). **Financial strain has been reported as one of the highest contributors towards grandparent stress** (Lee, Hendrix and Lee, 2016).

What's Needed?

Research suggests that **Government policies should recognise the vital role informal and formal grandparent carers** play in raising children. Consequently, **COTA should advocate for the government to make grandparent carers eligible for key government payments such as the Family Tax Benefit**. In doing so, it would promote fairness between parent carers and grandparent carers, make legal processes less bureaucratic, and ensure that grandparent carers are treated with the dignity and respect they deserve.

Exosystem Continued

Inadequate Housing Support

Grandparents who become primary caregivers often have to move or adapt their homes to ensure safety and stability for themselves and their grandchildren. However, due to **financial barriers**, not all grandparent carers can implement these changes, leading to unsustainable accommodations (Australian Human Rights Commission, 2007). Although there are government accommodations that the majority of grandparent carers meet the criteria for, as of 2024, **Queenslanders are waiting almost two-and-a-half years on the social housing register** (Queensland Council of Social Service, 2024). These housing challenges illustrate how public housing policies directly influence the well-being of grandparent carers by creating **stress, overcrowding and unstable living conditions**.

What's Needed?

The research suggests the government should allocate funding for grandparent carers through targeted social housing policies. This can ensure the vulnerable population is not left living in an unsuitable environment. For example, **COTA should advocate for specific subsidised family units to be explicitly allocated for grandparent carers. This would reduce wait time on housing registers, ease financial stress and reduce instability.**

Inaccessibility to Medical and Allied Health Services

Grandparent carers often face challenges in accessing medical and allied health services for their grandchildren. Without formal guardianship of their grandchildren, grandparents are **unable to register them for Medicare, access repeat prescriptions, provide legal consent for their participation in mental health services or make emergency medical decisions on their behalf**. This contributes to grandparent-carer stress as the lack of legal authority creates barriers to their grandchild's healthcare, which in turn increases their emotional strain (Ross, Kang and Cron, 2017). These challenges highlight the invisibility of grandparent carers within the legal system and the profound impact this has on their well-being.

What's Needed?

To improve visibility and access to medical services, a more straightforward and more efficient process should be created for grandparent carers to gain legal authority to access Medicare, medications and make healthcare decisions on behalf of their grandchildren. By having this streamlined approach, it would reduce costs and wait times which would alleviate the emotional stress grandparent carers experience when trying to access these

3.4 Macrosystem

The Macrosystem illustrates how broader systemic, social and economic structures shape the accessibility and adequacy of supports given to grandparent carers (Bronfenbrenner, 2000; Matovu et al, 2024).

Prominent Impacts on Grandparent carers

Legal and Policy Development

Grandparent carers are **largely unrecognised within legislative and policy frameworks, which limit service access and resources** (Blundell et al., 2024a; Matovu et al., 2024; Kiraly, 2020). Grandparent carers, especially those in informal arrangements, often lack legal recognition and ambiguous legal status when interacting with Family Court and Child Protection orders (Blundell et al., 2024; du Preez et al., 2017; McPherson et al., 2022). **Ambiguity around legal status (e.g., securing custody or guardianship), immigration laws and unreliable access to legal services** create barriers to key decision-making. As such, grandparents are prevented from utilising services essential to performing their caregiving responsibilities (du Preez et al., 2017). Australian grandparents have particularly expressed significant challenges when navigating complex social and legal systems (du Preez et al, 2017; Backhouse and Graham, 2013). For many, the **systems are “unjust”, providing little monetary support and recognition of grandparent carers**, whilst providing resources to foster carers with no familial relation (Backhouse and Graham, 2013; McPherson et al., 2022; Fitzpatrick, M., 2003). Legislative practices also vary widely across Australian states and territory jurisdictions, with **informal arrangements often excluded from state reimbursement** (Blundell et al., 2024; Senate Community Affairs References Committee, 2014). Inconsistencies in policy frameworks create pressure on grandparents to formalise their access to benefits. Conversely, **formal pathways are often avoided due to uncertainty, a lack of knowledge, fear of family violence, or concern about increased scrutiny and intrusive oversight** (Fitzpatrick, 2003).

What's Needed?

Research recommends an **amendment of family and child protection laws to explicitly recognise grandparents' caregiving rights within family law and child protection acts**. Clearer procedures should be designed for informal care, including **streamlined custodial /guardianship pathways and fast-tracked specialist legal aid services**. Policy design should **ensure informal care arrangements can be evidenced for Commonwealth entitlements without formalisation. Confidential pathways, safety planning and family mediation supports** would also allow grandparent carers to access benefits without exacerbating family violence.

Macrosystem Continued

Intersectionality and Public System Fragmentation

Intersectional challenges and public system fragmentation create service access barriers for grandparents in informal care arrangements (Blundell et al., 2024; McLean et al., 2020). Intersectional social categories such as **age, gender, socioeconomic status, disability, and cultural and linguistic diversity** present significant challenges due to overlapping systems of **discrimination and disadvantage** (Kiraly, 2020; McLean et al., 2020). For instance, many grandparents in informal care arrangements live outside metropolitan areas creating **geographical barriers to service access** (Blundell et al., 2024; Kiraly, 2020). Children raised by grandparents commonly display mental health challenges due to exposure to parental substance misuse, abuse, neglect and removal (Backhouse & Graham, 2009; Bentum et al., 2025). Interactions with **child protection agencies and governing authorities pose risks of re-traumatization for many Indigenous families** (Blundell et al., 2024; McPherson et al., 2022). Intergenerational trauma carried by Indigenous Australians underpins an enduring distrust of public systems, compounded by a **lack of cultural safety** and persistent language barriers (McPherson et al., 2025). Formal documentation and proof of identity are commonly missing due to the historical forceful removal of children, lack of rural or remote services and complexities in traditional naming and family structures (Kiraly, 2020). This can make it difficult to access services, supports and meet eligibility requirements for formal care.

Grandparent carers collectively report mistrust, disappointment and alienation from public system services (Bentum et al., 2025; Fitzpatrick, M. 2003; Matovu et al., 2025). While services aim towards quality care (e.g., child welfare, education, health, housing, financial and legal services), many are perceived as controlling, disconnected and lacking coordination. (Blundell et al., 2024; Fitzpatrick, M., 2003). Fragmented services and prolonged delays produce contradictory requirements and administrative barriers, meaning many informal carers cannot gain formal recognition (Matovu et al., 2025). Without recognition, many cannot access services and supports, which disproportionately burdens their capacity to provide equitable and adequate care (Blundell et al., 2024; Matovu et al., 2024).

What's Needed?

Research suggests care co-ordination services and a **central point of contact would help grandfamilies navigate and connect to appropriate services**. A holistic service design should address several needs for this demographic (e.g., financial, health, legal, emotional support/mental health and trauma-informed education). **Culturally appropriate services for First Nations families, ideally with indigenous-led programs and targeted outreach programs, should be delivered to indigenous and remote communities. Flexible eligibility processes** would assist with formalisation processes. **Alternative documentation**, such as statutory declarations or school enrolment records are easier to access and would ensure carers can demonstrate eligibility and avoid lengthy court processes.





3.5 Key Systemic Barriers

Absence of Formal Recognition

A central theme is the lack of formal recognition, which reverberates through policy, health, and social support systems, eroding the well-being of grandparents and their ability to sustain care.

Fragmented Communication Between Services

Grandparent carers face significant barriers due to poor cross-system communication. Limited coordination between child safety, schools, and support services leads to confusion, exclusion from decision-making, and reduced access to essential resources.

Financial Insecurity and Housing Instability

Many grandparent carers experience chronic financial stress, often exacerbated by ineligibility for government supports and long wait times for housing. This undermines their ability to provide stable care environments.

Invisibility of Informal Carers

Informal grandparent carers are often excluded from data collection, policy frameworks, and service eligibility due to unclear legal definitions, leaving them without access to medical, legal, and financial supports.

Cultural and Systemic Barriers for Aboriginal and Torres Strait Islander and CALD Carers

Aboriginal and Torres Strait Islander and culturally and linguistically diverse carers face compounded disadvantage due to systemic mistrust, language barriers, and intergenerational trauma, often without culturally safe services.

Legal Ambiguity and Bureaucratic Burden

Navigating legal systems can be complex and costly for grandparent carers, particularly in informal arrangements. Inconsistent legislation across states creates uncertainty and deters carers from seeking formal recognition.

Lack of Centralised Support Structures

The absence of a single point of contact or care coordination hub forces carers to navigate fragmented systems alone, increasing stress and reducing service engagement.

4 Evidence-Based Recommendations

Please Note: Recommendations are presented in order of greatest anticipated impact, reflecting the common themes identified in the evidence review.

Establish a nationally consistent legal definition and recognition of informal and formal grandparent carers.

R1 Studies by APS (2014) and Blundell et al. (2024) reveal that the absence of a federal definition and inconsistent legal recognition across states limits grandparent carers, particularly informal carers' ability to access financial, legal, and social services. Therefore, it is recommended that a nationally consistent legal definition be adopted.

Promote culturally safe and trauma-informed programs for First Nations, CALD and non-indigenous carers.

R2 Evidence from McPherson et al. (2025) and Fernandes et al. (2021) shows that Indigenous carers face compounded disadvantage from intergenerational trauma, systemic mistrust and geographical barriers. Kiraly & Farmer (2020), and du Preez et al. (2015) further illustrate that Grandparents collectively experience grief, isolation, family violence, and worsening health when transitioning to full-time caregiving. It is recommended that Indigenous-led, culturally safe financial counselling, legal aid and outreach programs be prioritised to build trust and engagement with CALD and First Nation families. Trauma-informed services should be integrated across all programs to foster safety and trust, while enabling providers to deliver effective and compassionate care.

Implement care coordination services for interdisciplinary case management and as centralised points of contact.

R3 The review of evidence, particularly Blundell et al. (2024) and COTA (2003), highlights that fragmented services and long delays create barriers to accessing support. McLaughlin et al. (2016) supports these findings, showing that interdisciplinary case management and support services improve carers' mental health and caregiving abilities. It is recommended that coordinated case management be embedded across health, legal, and community services, ensuring a holistic service design whilst helping carers navigate services.

Amend the eligibility criteria for financial support to include informal carers.

R4 Research by the Australian Law Reform Commission (2011) and Kiraly (2019) shows that informal carers are often excluded from government payments such as the Family Tax Benefit due to a lack of documentation. Therefore, financial support eligibility should be broadened to include informal carers explicitly.

Expand access to respite care and mental health services.

R5 Evidence from Purcal et al. (2014) and Blundell et al. (2024) suggests that carers experience financial hardship, limited respite, and cumulative stress, leading to poorer physical and mental health outcomes. Accordingly, accessible respite and counselling services should be prioritised to sustain carers' wellbeing and caregiving capacity.

Evidence-Based Recommendations Continued

Develop peer-led support groups for grandparent carers.

R6

Studies by COTA (2003) and McLaughlin et al. (2016) indicate that peer-led support groups enhance empowerment, reduce stigma, and improve service engagement. Therefore, peer-support initiatives should be expanded to increase carer confidence and connectedness.

Allocate targeted social housing to grandparent carers.

R7

The evidence, particularly Queensland Council of Social Service (2024), demonstrates that long housing waitlists and financial constraints create unsustainable living arrangements. It is recommended that targeted social housing allocations be made available to grandparent carers.

Streamline legal authority processes for healthcare access.

R8

The review of evidence, particularly Ross, Kang & Cron (2017), highlights that lack of legal guardianship prevents access to Medicare and healthcare decision-making. It is recommended that streamlined legal processes be developed to ensure carers can access essential healthcare services for their grandchildren.

Reform federal and state legislation to provide parity with foster carers.

R9

Studies by Backhouse & Graham (2013) and the Senate Community Affairs References Committee (2014) indicate that grandparent carers receive less financial recognition than foster carers despite similar responsibilities. It is recommended that legislation be amended to ensure parity of support.

Launch public awareness campaigns to improve recognition of grandparent carers.

R10

The literature, including Matovu et al. (2024), suggests that dominant cultural norms marginalise grandparent carers and reduce their visibility. Therefore, it is recommended that public awareness campaigns be developed to challenge stigma and promote recognition.

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6 Appendix

Key Journal Articles

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RESEARCH

Family Relations
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Identifying the service and social policy needs, gaps, barriers and enablers for grandparent carers

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Abstract

Objective: The goal of this research was to map and identify service and social policy needs, gaps, barriers, and enablers for Western Australian custodial grandparent carers.

Background: Grandparents are increasingly providing custodial kinship care for their grandchildren, yet there is substantial inconsistency in policy frameworks, systems, and services that offer support to grandfamilies across Australia.

Method: This mixed-methods research project synthesized micro- to macro-level data, including grandparent carer respondents to an online survey, qualitative interviews with stakeholder organization representatives, focus groups with key agency frontline staff, and service, social policy, and legislative mapping.

Findings: Current focused and generic services do not meet the complex needs of many grandparent carers and their families, particularly informal grandparent carers and those with diverse, intersectional needs.

Conclusion: Grandparent carers are an often hidden and marginalized population, with many struggling within a complex policy and service delivery framework that may encompass multiple sectors. There are service, policy, and legislative gaps, particularly for informal grandparent carers and those who may already be experiencing intersectional disadvantage.

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6 Appendix

Key Journal Articles



GrandFamilies: The Contemporary Journal of Research, Practice and Policy

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Article 6

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A Global Perspective on Intersecting Social and Systemic Barriers Experienced by Grandparent-Caregivers: A Qualitative Systematic Review

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