Strengthening Support for Unpaid or Informal Carers':

A Fair, Consistent and Equitable Strategy for Aotearoa

Introduction

We, Family for Every Child, VOYCE Whakarongo Mai, Grandparents Raising Grandchildren, Foundation for Equity and Research New Zealand and the Children's Rights Alliance Aotearoa New Zealand, welcome the opportunity to provide this joint feedback on the Ministry of Social Development led *Draft Carers' Strategy and Action Plan* (Action Plan) to support unpaid or informal carers in homes and communities across Aotearoa New Zealand.

This submission draws on the findings of *Strengthening Kinship Care in Aotearoa New Zealand* (Family for Every Child, 2025), insights shared by kinship and including the research's NGO partners and voices of informal kinship and whānau carers at the 2025 Grandparents Raising Grandchildren Conference, and perspectives from FERNZ Community Action Groups representing adults and families living with disabilities. This knowledge and lived experience inform our feedback across the Draft Plan's key areas:

- Recognition and Appreciation
- Health and Wellbeing
- Financial Security
- Data and Information

We also acknowledge and support the submissions of IHC and Caring Families Aotearoa, as well as the evidence presented in The Economic Contribution and Sacrifices of Unpaid Family, Whānau and Aiga Carers in New Zealand (Heyes & Grimmond, 2022).

Summary of Recommendations:

If the definition of carers' is broadened to include informal kinship and whānau carers we support the overall direction of the Action Plan and its intent to better recognise and support carers. Overall, the Action Plan needs to embed best-interests and child-rights impact assessments (CRIA) across all actions; resource child participation (including tamariki Māori, Pacific and disabled children) in design, delivery and review. To strengthen the plan further, we present a set of the following 10 key recommendations, summarised below and supported by evidence throughout this submission:

1. Broaden the scope/definition of carers to explicitly include kinship care, matua whāngai and whānau carers (including whāngai/atawhai).
2. If the Action Plan does not broaden its definition/scope to include kinship care, matua whāngai and whānau carers (including whāngai/atawhai), to stand up a separate,

time-bound kinship-care Action Plan with parity of ambition, funding, monitoring and accountability.

3. Promote kinship care, matua whāngai and whānau care (including whāngai/atawhai) as a normal and values-based practice.
4. Government undertakes a Māori-led review of the Care of Children Act 2004 to align with Te Ao Māori approaches to collective care.
5. Carers should be able to access resources and services that meet the needs of those they are caring for.
6. Fully integrate cultural safety and responsiveness into the plan, including improving access to and funding for kaupapa Māori services, and supporting cross-sector coordination to strengthen support for non-statutory kinship carers.
7. Ensure the workforce working with carers have the skills, resources and support to make informed and culturally responsive support to children and their carers.
8. Meaningfully invest in increasing, and improving equitable access to, quality respite care.
9. More equitable access to support services for children in informal kinship care, and further investment to support all caregivers to provide a safe and nurturing environment, including whānau placements.
10. Government investment in strengthening and developing research, data, and evidence on kinship and whānau care in Aotearoa New Zealand.

Kinship care in Aotearoa New Zealand

Family for Every Child's *Strengthening Kinship Care in Aotearoa New Zealand* (2025) confirms that kinship care plays a critical role in ensuring children's safety and wellbeing. **Almost all carers in the study stepped in because of serious concerns about parental capacity**, most commonly mental health challenges, family violence, substance use, and neglect. These issues frequently co-occur, creating complex and harmful environments for children. These findings align with earlier research identifying drug and alcohol addiction, family violence, neglect, family breakdown, and parental incapacity as the primary drivers of kinship care (Gordon, 2016; Matheson, 2024; Taua'i & Yang, 2024 cited in Family for Every Child, 2025), alongside less common reasons such as whāngai aimed at strengthening whānau development and parental death.

Research also shows that **many kinship care arrangements occur without statutory child-protection involvement;** over half of grandparents raising grandchildren in one Aotearoa study had no statutory child protection involvement that led to the children living with them (Gordon, 2016 cited in Family for Every Child, 2025).

Kinship care brings unique challenges. Carers navigate shifting family dynamics, children's heightened support needs, and complex legal and financial systems. Despite their unwavering

commitment to children's wellbeing, **kinship carers often lack access to the services and supports required** to sustain their caregiving role (Family for Every Child, 2025, p. 54).

With an estimated **20,000 children in kinship care**, the absence of intentional, targeted support is a significant and urgent gap. Kinship and whānau carers **need holistic, wraparound assistance** - from peer, family and whānau networks, community organisations to culturally responsive services and government-funded supports. **Prioritising kinship care is essential to upholding children's rights** and ensuring they remain safely connected to their family and whānau (Family for Every Child, 2025, p. 54).

To achieve this, **kinship and whānau carers must be recognised, resourced, and supported**, so they can continue to care, and so the system can truly care for them in return (Family for Every Child, 2025, p. 54).

1. Recognition and Appreciation

The Action Plan talks about recognition, appreciation, culturally safe and relevant services and the need for services which are accessible and easy to navigate.

If the definition of carers' is broadened to include informal kinship and whānau carers we support the current immediate deliverables in this section and have outlined additional recommendations against the key areas below.

1.1 Definition

The issue:

The Action Plan should be better focussed on tamariki in informal/kinship and whānau care. Unless the Plan broadens its scope/definition of carers to explicitly include informal kinship, matua whāngai and whānau carers (including whāngai/atawhai) raising children (or is complemented by a dedicated kinship-care plan), it will fall short of New Zealand's obligations regarding: non-discrimination (Art. 2), best interests (Art. 3), child participation (Art. 12), the right to special protection when deprived of a family environment (Art. 20), identity and culture (Art. 8, 30), health (Art. 24), social security and standard of living (Arts. 26–27), and education (Art. 28).

Kinship and whānau caregiving arrangements are common in Aotearoa New Zealand and its primary role and importance are supported by legislation such as the Oranga Tamariki Act 1989 and the Care of Children Act 2004. However, **many of these caregivers do not identify themselves as "carers", which may limit their access to support and recognition.**

Without **explicit inclusion of kinship and whānau carers** when children are unable to live with their parents, many caregivers raising children within their extended family networks may remain unsupported, despite playing a critical role in children's wellbeing.

Evidence:

We support the findings of *Strengthening Kinship Care in Aotearoa New Zealand* (Family for Every Child, 2025) and recommend to strengthen the immediate deliverable for Recognition and Appreciation b**y broadening the definition of "carer" to explicitly include kinship carers and whānau carers', including whāngai** (Family for Every Child, 2025).

The United Nations General Assembly (2010) Guidelines for the Alternative Care of Children defines kinship care as:

> family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature (p. 6 cited in Family for Every Child, 2025, p. 8).

Kinship and whānau carers may be grandparents, aunts, uncles, cousins, adult siblings, other extended family members or friends of the family known to the child, and arrangements can range from short-term to permanent, with varying levels of parental involvement (Family for Every Child, 2024). Kinship and whānau care arises for many reasons, including parental migration, poverty, violence, abuse, limited availability of services, parental imprisonment, and parental death (Delap & Mann, 2019; Family for Every Child, 2024 cited in Family for Every Child, 2025, p.8).

It is **estimated that between 16,000 and 22,000 children** (between 3.2% and 4.3% of children in Aotearoa New Zealand) may be living in a kinship or whānau care arrangements. Between 62% and 89% of the 21,013 children receiving the Orphan's Benefit or Unsupported Child Benefit were living with their family/whānau in informal or formal kinship care arrangements (Taua'i & Yang, 2024; Yang et al., 2024 cited in Family for Every Child, 2025).[1] This figure is **likely to be higher than these estimates as some kinship carers do not apply for government financial support.**

Several Māori participants in *Strengthening Kinship Care in Aotearoa New Zealand (2025)* referred to **customary practices such as whāngai and atawhai,** with others describing kinship care as whānau care. These practices involve children living with various family members for a range of reasons, including to protect and strengthen the relational and cultural connections within the whānau (McRae & Nikora, 2006; Newman, 2013; Somerville, 2003; Tinirau, 2023 cited in Family for Every Child, 2025). Participants' descriptions reflected the view tha**t tamariki are taonga** - precious and to be nurtured, protected, and cared for by the wider whānau, hapū, and iwi (McRae & Nikora, 2006; Somerville, 2003; Tinirau, 2023 cited in Family for Every Child, 2025). McRae and Nikora (2006) explain that whāngai differs from foster care or adoption in its emphasis on **collective whānau wellbeing**, not solely the wellbeing of the child.

Overall, carers are more likely to be women, sole parents, Māori or Pacific, and living in high-deprivation areas. Sector partners also report that **carers may themselves have experienced trauma, may live with disability, be neurodiverse, have health conditions, or be ageing**, which further shapes their caregiving experiences and support needs.

Promoting kinship care, matua whāngai and whānau care (including whāngai/atawhai) as a normal and values-based practice can help reduce stigma and strengthen social acceptance. It can also build awareness of the complex dynamics of kinship and whānau care and strengthen community and government support for children and their caregiving whānau

[1] The Orphan's Benefit is paid to carers supporting a child or young person whose parents have died or can't be found, or can't look after them because they have a serious long-term health condition or incapacity. The Unsupported Child's Benefit is a benefit paid to carers where the child cannot live with their parents. Both benefits are not means tested.

(Recommendations 2 and 7, *Strengthening Kinship Care in Aotearoa New Zealand*, 2025, p. 57).

Experiences shared by community members **also illustrate how informal carers often provide extensive support without formal recognition**. For example, a member of the Foundation for Equity and Research New Zealand (FERNZ) Wellington Community Action Group shared that they have an informal family carer who assists them *physically when needed being 24hr /7 days available, monitors their medications needed due to a health condition and becoming older and anything else they can no longer do.* They would like them to be *recognised and appreciated for all that they do.*

Another member of the FERNZ Kapiti Community Action Group member similarly shared that they would like their family carer to be recognised and appreciated for the care the provide, including financially:

> *I have a team of paid carers, and I have Mum who provides unpaid care for me. When I was on holiday earlier in the year Mum provided me with carer support (unpaid). Mum provided me with the personal care that allowed me to have a holiday and independence while on holiday. This allowed me to get out and about, engage with community and do some of things I wanted to do.*

Recommendations

Recommendation 1: Broaden the scope/definition of carers to explicitly include kinship care, matua whāngai and whānau carers (including whāngai/atawhai).

Recommendation 2: If the Action Plan does not broaden its definition/scope to include kinship care, matua whāngai and whānau carers (including whāngai/atawhai), to stand up a separate, time-bound kinship-care Action Plan with parity of ambition, funding, monitoring and accountability.

Recommendation: 3: Promote kinship care, matua whāngai and whānau care (including whāngai/atawhai) as a normal and values-based practice.

1.2 Undertake a Māori-led review of the Care of Children Act 2004 to align with Te Ao Māori approaches to collective care.

Issue:

Section 15 of the Care of Children Act 2004 (COCA) defines guardianship as the legal authority to make significant decisions about a child's care, upbringing, and development. Mothers are always guardians and COCA sets out when a father is a guardian. The Court may also order additional guardians to be appointed or in extreme cases, remove guardianship rights. Usually the child's mother and father are joint guardians of the child. The Court may also appoint additional guardians, such as kinship carers.

Many Māori kinship carers in *Strengthening Kinship Care in Aotearoa New Zealand* (Family for Every Child, 2025, pp.49-49) began caring for tamariki without legal orders. **Without recognised guardianship, carers were often unable to access essential services** such

as education and healthcare, prompting many to seek additional guardianship or parenting orders.

> *Especially going to the kindy and schools and that sort of stuff in terms of the consent forms because we didn't have legal documentation to say that he's been adopted. At that time whāngai wasn't commonly known as that's accepted. So, it brought a lot of challenges. … I wasn't the legal parent. So, it was those challenges. That meant that it took a bit longer for him to attend schools. (KC8, p.34)*

> *I tried not to. I didn't really want to ... I thought, no we can do this as whānau. And she's agreed and we'll just carry on. But where we got stuck was in hospital. [Child] needed an operation fairly early on, it was about the age of 2. … I texted [his mother], I couldn't find her. She was nowhere to be found ... And the hospital wouldn't let me sign a consent, even though he was in my care, I was not a 'legal' guardian. At which point I thought, okay ... I'm going to have to get guardianship. (KC7, p.34)*

Participants frequently described **COCA's framework as misaligned with Te Ao Māori and the realities of whānau care.**

Evidence:

Cleland (2023) critiques COCA as a colonial instrument of assimilation, privileging the Western nuclear family model over Māori concepts of collective identity, tino rangatiratanga over kāinga, and relational caregiving through whānau, hapū, and iwi (Family for Every Child, 2025, p. 48).The Western, monocultural constructs embedded in COCA, particularly around parenting and guardianship orders, **fail to reflect the Māori worldview of collective responsibility** of whānau, hapū, and iwi for raising children.

Strengthening Kinship Care in Aotearoa New Zealand (Family for Every Child, 2025) found tha**t Family Courts gave little consideration of whānau-led decision-making processes**, requiring Māori kinship carers to apply for legal orders and justify their caregiving roles through evidence.

Where kinship care arises from whānau-led decisions, carers should be able to provide ongoing care without being subjected to Western, colonial legal frameworks that elevate individual parental rights over collective whānau obligations. Transformational reform of COCA is needed to **decolonise the legislation so it can recognise the full range of kinship care arrangements and uphold tikanga and Te Ao Māori** (Cleland, 2023, cited in Family for Every Child, 2025, pp. 48–49).

Recommendation 4: That the government undertakes a Māori-led review of the Care of Children Act 2004 to align with Te Ao Māori approaches to collective care, ensuring whānau-led decision-making is recognised and supported in law (Recommendation 3, *Strengthening Kinship Care in Aotearoa New Zealand, p. 56).*

1.3 Services are accessible and easy to navigate: Carers are able to access services to meet the needs of those they are caring for.

Issue:

Carers must be able to access services that meet the needs of the children and people they support. We agree with the need to address challenges in accessing information and tailored services - evidence from kinship carers involved in Strengthening Kinship Care in Aotearoa New Zealand (Family for Every Child, 2025), discussions at the Grandparents Raising Grandchildren 2025 conference, and insights from members of the Foundation for Equity and Research New Zealand Community Action Group highlight ongoing challenges in accessing information, navigating systems, and securing appropriate services.

Kinship and whānau caregivers, particularly those outside the statutory care system, often face fragmented support systems, limited access to tailored services, and difficulties navigating complex public systems. These barriers can delay children's access to health, education, disability, and wellbeing supports and place significant additional pressure on caregivers.

Evidence:

Research in *Strengthening Kinship Care in Aotearoa New Zealand* (Family for Every Child, 2025) found that kinship and whānau care provided outside the statutory system was found to have **unique challenges because caregivers have less access to support and services**. The study revealed significant variation in kinship carers' experiences of engaging with, and accessing supports and services for, both children and kinship carers. Many kinship carers accessed services and supports from charities and struggled to navigate publicly provided services (Gordon, 2016; McGiven, 2023; McGiven & Fouché, 2025). The Aotearoa New Zealand kinship care support system was found to be fractured and ad hoc, rather than intentionally designed to support kinship carers to provide the best possible care to children.

This is consistent with insights received by members of FERNZ Community Actions Group members on the **unique needs for those caring for people living with disabilities**. For example, when asked what they thought would help their family carer the most right now, a Wellington Community Action Member said:

> *Assistive devices such as lifting and moving person; looking after the carers wellbeing; financial assistance buying little things that households who don't have disabilities e.g. light switches, sensors and security lights, kitchen utensils. Some Carer education to assist with actual nursing care e.g. the right way to lift a person; the right cleaning products and where to get them. Less stress: Around approval of equipment which can be provided by Enable. Have heard that approval and delivery of a lifting chair could take up to 6 mths. Not knowing when a need will occur means preplanning an approval for assistance is ineffective.*

In addition to this, many carers in the *Strengthening Kinship Care in Aotearoa New Zealand* (Family for Every Child, 2025) study described **difficulties accessing assessments,**

diagnosis and specialist services needed to support child wellbeing. Some had to privately fund services to meet the needs of the children:

> *She was attempting to take her life and stuff like that. And getting ICAMHS and counselling for her was a struggle… We ended up getting counselling through the community house for her, which then got ICAMHS mental health really involved because of what she was saying to them. (KC12, p.25)*

> *…To access that psychiatric care was quite hard. I had to go to quite an effort to and, because the cost involved, you know. There was a huge waiting list here. So, we needed to go private and then it was a real nightmare to try and get that funding. (KC2, p. 25)*

> *We tried through the schools for help but there's no money. ... We paid to go to a psychologist… And then we paid to go to a paediatrician with the report to try and get into a system. And we did get referred. But [daughter] had to be quite proactive to find out because these systems are pretty well hidden. (KC4, p.25)*

Many kinship carers also reported they were **initially unaware of the services** and supports available to them.

> *I just wish that there were supports. I feel like that I'm basically just someone that's had a child and is raising my own child is how I feel. Because there aren't any sort of additional supports there for her. But at the same time, she's not my child, and she has had this whole other experience before living with me full time. (KC15)*

Others described services as **too generic**, failing to acknowledge the unique experiences of children both prior to and entering kinship care:

> *There's just no wrap around supports for us. It's sort of like we're lumped in with everybody else, and yet you're dealing with so many more challenges … They don't understand those challenges that you have. There needs to be a bit more education around that and take away the perception because we don't choose to be in this situation. Well, I mean we did but we didn't. (KC2)*

Nearly all the participants emphasised the **need for easily accessible information** for kinship carers, including around available support services and entitlements for kinship carers:

> *Maybe have like information packs that they get given when they first take on these children, so that you can always go back to them (KC1)*

Kinship carers at the 2025 Grandparents Raising Grandchildren conference also identified several priorities for improving service access, including being treated with respect by support organisations, having access to dedicated Work and Income staff trained to support carers with empathically, timely access to children's mental health services, and government-funded advocates or navigators to help families access available supports

Children in kinship care often have complex support needs due to experiences such as abuse, trauma, disability or neurodiversity. Carers are often deeply committed to meeting these needs but **frequently struggle to access professional help**, diagnostic assessments and pathways (Family for Every Child, 2025). Meeting the **additional needs of children** (such as health, disability, educational, and wellbeing needs) often **impacted on kinship carers**, such as needing to take time off work:

When she was younger, she had really severe asthma, and just constantly getting sick all the time, which really affected my work as well. (KC2, p.25)

As noted in the Caring for Families Aotearoa's submission, obtaining a diagnosis for a child is often only the first step toward accessing support. Many caregivers face long waiting lists for specialist assessments unless they can privately fund services. Even when a diagnosis is eventually obtained, families frequently encounter further barriers due to limited funding for recommended interventions or supports. This **can leave caregivers managing complex needs without adequate guidance or resources**.

For the Action Plan to make a real difference, **diagnosis needs to be linked to funded support**. Providing a diagnosis without any resourcing leaves caregivers to manage on their own and offers little practical benefit.

Recommendation 5: Carers should be able to access services that meet the needs of those they are caring for.

To support this, the Action Plan should prioritise:

- Improving access to clear and accessible information about available services, entitlements and supports for carers
- Strengthening navigation support, including advocates or service navigators to help carers access services across systems
- Improving access to timely diagnostic assessments and specialist services for children with complex needs
- Ensuring diagnoses are linked to funded support
- Designing services that recognise the unique needs of children in kinship and whānau care and provide appropriate wrap around support

1.4 Culturally safe and relevant services

Issue:

The recognition and appreciation section includes **'Cultural Safety' only as a consideration, with a need to more fully integrate this into the plan** given the high proportion of Māori unpaid carers. This prioritisation is consistent with Family for Every Child's key recommendation 5 in *Strengthening Kinship Care in Aotearoa New Zealand* which states the need to "Coordinate cross-sector responses to strengthen support for non-statutory kinship care. This includes funding kaupapa Māori whānau care services and improving access to culturally responsive, wraparound support that reflects the unique needs of children and their kinship whānau, hapū, iwi, and aiga" *p. 57)*.

Evidence:

Several Māori participants in *Strengthening Kinship Care in Aotearoa New Zealand* study **highlighted the need for Māori-led services tailored to Māori whānau**. They emphasised the importance of culturally responsive practice across all professional and support services:

> *Finding a service or support service that is Māori-led, if it's Māori and it's whāngai and that understands what whāngai might look like or maybe their lived experience. (KC8, p.40)*

> *Growing up in a rural community that we live in is majority Māori. Understanding that, you know, our kids are what you call pā kids.. And so the majority of services come from towns or cities, and they come with that perspective of the handbook 101. (KC 14, p.40)*

Several participants described **professionals who worked effectively** with their whānau. These interactions were marked by **whānau-led approaches**, **respect for the mana** of all involved, **clear and compassionate communication**, and the use of **tikanga** to guide the process:

> *We all need someone to talk to. Not necessarily to solve our problems or anything like that, but just somebody friendly, somebody that understands, that will listen and not be judgmental, that would be helpful. (KC3, p.40)*

> *It was clarity of communication and processes he maintained. And it did remind me of, you know, kaumātua on the marae with a strong sense of tikanga that within the marae space, when you've got tikanga prevailing things, things roll, you know, really hard stuff. You know, a joint, a clear joint logic can evolve, and you can get clear, agreed decisions that everybody actually agrees with and goes away feeling, okay the right things been done. (KC7, p.40)*

> *A decolonised approach, for me would be a whānau led process or whānau decision making. … It has to be not just the whānau sometimes, but they have to be part of the decision making, one way or another, and in a way that's, you know, respectful. And yeah, I think too sometimes systems aren't just about the money side of things,like budgets and fees and costs become quite a big part of other systems. But it's at the bottom of the family system because it's not the focus. (P3, p.40)*

Recommendation 6: Fully integrate cultural safety and responsiveness into the plan, including improving access to and funding for kaupapa Māori services and supporting cross-sector coordination to strengthen support for non-statuatory kinship carers.

1.5 Improving workforce capability and capacity

Issues:

Professionals working with kinship and whānau caregivers play a critical role in ensuring children and carers receive appropriate support. However, **many services are not adequately equipped to respond to the unique dynamics of kinship care arrangements**, particularly where caregiving occurs outside formal state systems.

Without a strong understanding of kinship care, trauma, cultural context, and whānau dynamics, professionals may struggle to provide effective support

Evidence:

A key recommendation in Family for Every Child's 2025 research *Strengthening Kinship Care Aotearoa New Zealand was* **the need to strengthen social service workforce capability through targeted training on the unique dynamics of kinship care**, ensuring professionals can provide informed, culturally responsive support to carers and children (Recommendation 4, *p. 56)*.

Participants in Family for Every Child's (2025) shared their lived experience relating to needs around workforce capability. Their voices are weaved through previous sections, to show how effective support requires professionals to be whānau-led and child focussed, uphold the mana of all involved, communicate effectively and respectfully, and embed tikanga in practice when working with whānau. The importance of a strong understanding of trauma and behaviour was also highlighted, and the need to be equipped to work with children who were reluctant to participate in therapeutic support:

Recommendation 7: Ensure the workforce working with carers have the skills, resources and support to make informed and culturally responsive support to children and their carers.

2. Health and Wellbeing

2.1 Respite

Issues:

We strongly agree with the Action Plan's assessment that respite is a critical issue for carers. For many kinship and whānau carers, the **demands of caregiving are both practically and emotionally intensive**, particularly when raising children with complex needs. Without adequate opportunity for rest and recharge, carers own wellbeing can be compromised, which in turn affects their ability to provide stable and nurturing care.

While promoting awareness of respite options is important, there is also **a need to address the availability and accessibility of such services**.

Evidence:

The **importance of respite and self-care was emphasised by kinship and whānau carers** in *Strengthening Kinship Care in Aotearoa New Zealand* (Family for Every Child, 2025). Participants spoke about the emotional and practical pressures associated with raising children and the need to also prioritise their own wellbeing to sustain their caregiving role. One carer explained:

> *It's difficult. It can be very difficult … But it's made me realise that I actually need to put myself first. Because if my cup is empty, than I can't help the kids' cups and I can't help everyone else. (KC12, p.37)*

Another shared:

> *My biggest need would be to protect my mental health, so I'm better able to care for her. Because if I don't protect myself, then I'm not able to care for her and that's what she needs. And by not having that time to myself to recharge and all that, I'm not taking care of myself. It's like when you're on a plane they say put the oxygen make on yourself first, so then you're capable of doing that. That's the same thing. (KC3, p. 38).*

We agree with both IHC and Caring for Families submissions that, while it appears to say the government will immediately promote the idea of respite to carers, it is important to **assess the current level of respite services and options available**.

IHC's submission highlights the **availability of respite options is currently very limited**, largely due to insufficient Carer Support payments. Full-time unpaid carers providing more than four hours of care per day may qualify for Carer Support to fund respite breaks. However, payments are currently $80 per day (approximately $3.33 per hour), while support worker pay equity rates range from $23.50 to $28.35 per hour (IHC submission). This gap makes it difficult for carers to secure appropriate respite.

The Caring for Families submission also notes that informal whānau based **respite is often assumed to be available but may not be realistic**. Whānau members may have their own caregiving or employment responsibilities, lack of understanding of trauma related behaviours, have safety concerns or be unable to absorb the cost of respite care.Their submission also emphasised that respite should be structured, reliable, supported or coordinated through an agency and provided by people trained in developmental trauma. Formal whānau-based respite should be an option, but not the default expectation.

The need for increased equitable access to respite care for informal kinship and whānau carers' was also a strong theme at the 2025 Grandparents Raising Grandchildren conference, attended by approximately 70 carers. Participants reported many **informal carers had little or no access to respite from caring for often children with high and complex needs**. As carers age, the need for rest and opportunities for self-care become increasingly important.

While we support the promotion of respite to carers' and the assessment of what respite services and options are available, we would suggest that the Ministry of Social Development needs to be looking at meaningfully increasing the number and availability of respite. This includes ensuring that respite carers have the knowledge and skills to care for children in kinship care arrangements who often have high and complex needs (Family for Every Child, 2025) Finally, we recommend the **exploration of alternative respite solutions** such as increasing access to fully funded after school care, holidays programmes and camps.

Recommendation 8: Meaningful investment in increasing, and improving equitable access to, quality respite care.

3. Financial Security

Issues:

We support the overall direction of the Action Plan and its intention to better recognise and support carers. However, we believe **clear and persistent inequities between statutory and non-statutory kinship carers remain**.

Across government systems, caregivers are treated very differently depending on whether their caring role is recognised as statutory. This affects children living in informal kinship and whānau care, as well as adults and children who are living with disabilities who rely on informal support by family, whānau and wider kin.

We support Caring Families Aotearoa's view in their submission, non-statutory caregivers often:

1. Provide full-time, long-term care for children with high and complex needs,
2. Manage significant trauma-related behaviours, disability, or medical fragility,
3. Take on care at short notice and for extended periods,
4. Do so with little preparation, minimal financial support, and limited access to services.

Despite undertaking comparable responsibilities, non-statutory (informal) caregivers are often excluded from support routinely available to statutory (Oranga Tamariki) caregivers. Support levels should reflect the child's needs and the demands of the caregiving, rather than the technical classification of the care arrangement.

Evidence:

Research shows that many informal kinship and whānau carers also **experience financial disadvantage**, driven by reduced employment, the need for larger housing, legal costs, and meeting children's health, education, and social needs (Gordon, 2016; Taua'i & Yang, 2024 cited in Family for Every Child, 2025). While carers may access the Unsupported Child's Benefit (UCB) or Orphan's Benefit (OB), carers in the *Strengthening Kinship Care in Aotearoa New Zealand* study carers felt these payments were insufficient to cover the costs of caring,

Financial strain experienced is **particularly acute for lower income caregiving households** (Taua'i & Yang, 2024 cited in Family for Every Child, 2025). **Māori and Pacific carers have lower incomes** and reported that the financial support was insufficient to meet children's needs. They were less likely to apply for additional financial support (Taua'i & Yang, 2024 cited in Family for Every Child, 2025).

Analysis of Aotearoa New Zealand's 2013 census data found that **grandparents raising grandchildren were disproportionately concentrated in lower socioeconomic communities**, with over 40% living in the most deprived areas (deciles 9 and 10). Reflecting international trends, 62% of survey respondents reported changes to their employment status, often reducing or leaving work to meet caregiving responsibilities (Gordon, 2016 cited in Family for Every Child, 2025). Limited financial support contributed to heightened stress and delayed retirement. Participants also described negative experiences with Work and Income New Zealand (WINZ), citing poor treatment by staff and the difficulty of navigating complex systems to access entitlements (Gordon, 2016 cited in Family for Every Child, 2025).

Within Aotearoa New Zealand, **housing costs were reportedly a significant challenge** for kinship carers. High costs often prevent families from securing homes with adequate space for additional children (Gordon, 2016). Many carers reported needing larger housing but were unable to afford it, and described living conditions that were cold, damp, or poorly maintained (Gordon, 2016 cited in Family for Every Child, 2025).

Evidence from research, lived experience and additional submissions on the Draft Carers' Strategy and Action Plan reinforce the need for future policy work to explicitly address inequities in financial support between statutory and non-statutory caregivers**.**

Several kinship carers in the *Strengthening Kinship Care in Aotearoa New Zealand* study (Family for Every Child, 2025) described clear differences between the support received through Oranga Tamariki compared to the Permanent Caregiver Support Service. One caregiver noted:

> *They get money from them as well. And they get all sorts. They get everything plus a social worker from Oranga Tamariki until the stage when a social worker is no longer needed. … Glasses. Like I had to pay $8,500 for [child]'s orthodontal treatment. Plus, the dentist to do the extractions. He hadthree rows of teeth. Whereas all these others are getting it paid for. (KC4, p.36)*

Similarly, a group of kinship carers attending the Grandparents Raising Grandchildren conference in 2025 called for greater parity with Oranga Tamariki caregiver support, including across pocket money, school fees, respite care, medical, dental, clothing allowances and supervised access payments.

The Caring Families Aotearoa submission also highlights the financial pressure on non-statutory caregivers, who often receive lower levels of financial assistance and have less access to funded training, supervision, and wrap-around supports, with many reducing work hours or leaving employment to sustain caregiving responsibilities (Caring Families Aotearoa submission). Similarly, the IHC submission highlights the broader financial impact of caregiving, with 67.3% of children aged 0–14 with an intellectual disability living in households where at least one parent is not in full-time employment (2023 Census as cited in Beltran-Castillon & McLeod, 2026). This reflects the extent to which caregiving responsibilities can limit participation in paid work. To help address this, IHC calls for the Supported Living Payment to be tripled and supports extending it to anyone with significant caring responsibilities, including partners, at rates comparable to the cost of equivalent funded care (Heyes and Grimmond, 2022).

Recommendation 9: More equitable access to support services for children in informal kinship care, and further investment to support all caregivers to provide a safe and nurturing environment, including whānau placements. This includes:

- Reviewing and simplifying the Unsupported Child's Benefit and Orphan's Benefit application process, ensuring payment levels reflect the true costs of care, and establishing kinship care champions in Work and Income offices to support carers in accessing their full entitlements.
- Expanding eligibility for the Permanent Caregiver Support Service to include informal and formal kinship carers, ensuring access to financial and social work support to meet children's additional needs through to age 18.
- Expanding and funding services that support the wellbeing of children and kinship care whānau, including respite care, relational support, supervised contact, and trauma-informed guidance. Services must reflect the complex dynamics of kinship care and be accessible, culturally responsive, and fit for purpose.

(Recommendation 6, *Strengthening Kinship Care in Aotearoa New Zealand, p.57).*

4. Data and Information

Issue:

The draft Action Plan includes a priority area on Data and Information, noting that a strong monitoring and reporting framework will be developed to support implementation and measure progress against the outcomes. **Strengthening the evidence base** is important to ensure policy decisions and support for carers are based on accurate data and lived experience. However, national data on kinship and whānau caregiving arrangements in Aotearoa New Zealand remains limited, particularly for informal carers, leaving **gaps in understanding of the scale, diversity and needs of caregivers and the children** they support.

Improved evidence is particularly needed in relation to kinship and whānau care arrangements, where caregiving roles may occur outside formal systems and therefore remain largely invisible in current administrative data. Without stronger data and research, it is difficult to design targeted policies, allocate resources effectively, or measure whether support systems are improving outcomes for carers and the tamariki they support

Evidence:

Current data systems do not consistently capture the experiences of kinship and whānau carers, or their interactions with government services**.** As a result, there is limited understanding of how different groups of carers experience support systems, what barriers they face, and which approaches are most effective in sustaining caregiving arrangements.

Strengthening research and data collection would improve the ability to:

- Understand what works for different carer groups and how to improve support
- Track progress against the desired outcomes identified in the Carers' Strategy and Action Plan
- Monitor changes to carers' wellbeing over time
- Incorporate carers' lived experiences, strengths, challenges, and needs, in a respectful and mana-enhancing way.

Recommendation 10: Government investment in strengthening and developing research, data, and evidence on kinship and whānau care in Aotearoa New Zealand.

We recommend the government build fit-for-purpose administrative data that disaggregates by care type, ethnicity, disability and region; include clear indicators, baselines, targets and timelines, not just exploratory language. This would build in clear accountability mechanisms, ensuring progress can be tracked through regular evaluation cycles and that

carers experience tangible improvements.

We urge the Ministry of Social Development to Investment is also needed to strengthen and develop research on kinship and whānau care in Aotearoa New Zealand, ensuring that policy and services are informed by a clearer understanding of caregivers experiences and needs. Priority areas for research and data development include:

- Lived experiences of tamariki in kinship and whānau care
- Kaupapa Māori approaches
- Birth parent perspectives and pre-placement relationships,
- Longitudinal outcomes for children in kinship and whānau care
- Differences between informal, formal, and statutory kinship care arrangements
- The effectiveness of support systems available

(Recommendation 1, *Strengthening Kinship Care in Aotearoa New Zealand, p. 56).*

Closing comments

We support the intent of the Draft Carers' Strategy Action Plan and recognise its potential to significantly improve outcomes for carers across Aotearoa. To realise this potential, the Action Plan must broaden its scope/definition of carers to explicitly include informal kinship, matua whāngai and whānau carers (including whāngai/atawhai), or stand up a separate, time-bound kinship-care Action Plan with parity of ambition, funding, monitoring and accountability. Embedding best-interests and child-rights impact assessments (CRIA) across all actions; resource child participation (including tamariki Māori, Pacific and disabled children) in design, delivery and review.

The Action Plan needs to commit to delivering non-discriminatory support (parity) for children in informal kinship/whānau with supports available to statutory caregivers—particularly respite, health/education supports, and financial assistance—and link diagnosis to funded support. The workforce working with carers should have the skills, resources and support to make informed and culturally responsive support to children and their carers.

The Action Plan needs to fully integrate cultural safety and Te Ao Māori approaches: increase access to kaupapa Māori services; support Māori-led system navigation; and review the Care of Children Act 2004 to better recognise whānau-led care and consent realities (e.g., for schooling/health).

The Action Plan could better foreshadow progress by avoiding exploratory language, for example "consider how", "explore" and "identify and consider options" as it weakens accountability and compliance—particularly in areas involving children's rights, where governments have legal and moral obligations under the UN Convention on the Rights of the Child. For example, 'explore' indicates possible future ideas, not planned action or investment.

We urge the Ministry of Social Development to build fit-for-purpose administrative data that disaggregates by care type, ethnicity, disability and region; include clear indicators, baselines, targets and timelines, not just exploratory language. This would build in clear accountability

mechanisms, ensuring progress can be tracked through regular evaluation cycles and that carers experience tangible improvements.

Investment is also needed to strengthen and develop research on kinship and whānau care in Aotearoa New Zealand, ensuring that policy and services are informed by a clearer understanding of caregivers experiences and needs.

Thank you for the opportunity to provide feedback on the *Draft Carers' Strategy and Action Plan*. We wish you well in advancing this important work for carers, whānau, and communities across Aotearoa.

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