

Raising a child with the Orphan's Benefit and the Unsupported Child's Benefit

A Survey of Caregivers

The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

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2023 OB/UCB Survey

Snapshot



Most OB UCB caregivers were family/whānau:

46% OB, 54% UCB
grandparents/great-grandparents

25% OB, 26% UCB
aunt or uncle/great-aunt or uncle

89%

of caregivers found caregiving personally rewarding, while

63%

of caregivers reported caregiving could be stressful

54%

state personal income is enough or more than enough to meet needs



5%

decrease since 2021

51%

state UCB benefit is enough to meet their needs

52%

state OB benefit is enough to meet their needs

91% were aware of School and Year Start Up Payment



61% felt this was enough to cover costs

63% were aware of the Extraordinary Care Fund



17%

decrease since 2019

48% of caregivers needed support with child's mental and emotional health

46% of caregivers needed support with education and schooling

44% of caregivers needed support with responding to child's behaviour

Executive Summary

Background

A telephone survey of n=1037 Orphan's Benefit (OB) and Unsupported Child's Benefit (UCB) caregivers was conducted to **gain insight into the experiences of these caregivers and understand how Oranga Tamariki can support these caregivers in their important role**. While MSD manages the payments, Oranga Tamariki has the responsibility for driving policy changes about how all caregivers of children are being supported.

Oranga Tamariki can support these caregivers by identifying key factors for stress for these caregivers and helping to facilitate support systems to mitigate this, both financially and with regards to health and wellbeing of both caregiver and children in OB/UCB care.

Key Findings

For many respondents (89%) caregiving is perceived as a rewarding experience. However, while overall wellbeing of the children in OB and UCB care is perceived as good, very good, or excellent (90%) there are some flags regarding the wellbeing of caregivers, particularly in terms of financial stressors and accessing robust support systems. The following findings should be taken into account when considering how to best support OB/UCB caregivers:

There are opportunities to support OB/UCB caregivers better.

Across the data we see a picture of both financial and emotional stresses experienced by a group of caregivers with unique support needs. Findings suggest that connecting caregivers with targeted support for children's mental and emotional health, ensuring adequate financial resources, promoting positive caregiver experiences, and focusing on child well-being and community engagement may be ways to help support OB/UCB caregivers better.

Experiences appear to be influenced by many factors including ethnicity of caregiver, relationship to the child, and income level.

Over half of the survey sample were Māori, most were kin caregivers with the highest proportion being grandparents/ great-grandparents. Analysis of these subgroups identified differences in their financial means, stress levels, awareness, and usage of support. Those with lower income levels were facing significantly higher levels of financial stress.

Respondents who were Māori had comparatively lower incomes and a lower awareness of and application for grants resulting in Māori respondents being less likely to state that financial support reduces their stress. Pacific respondents experienced higher financial need, required more support, and had a lower awareness of grants. Conversely, the group who were not Māori or Pacific had a higher income and were more likely to state their income was 'enough'. However, they were more likely to state that being a caregiver is stressful, possibly due to a higher representation of non-kin caregivers among this group of respondents.

Across all income and benefit sources, there are many OB/UCB caregivers that are finding it hard to meet the needs of the children in their care.

This year sees a slight decrease in caregivers feeling their income is enough to meet their needs, with half of respondents feeling their OB or UCB benefit was not enough, and close

to a third needing to request further financial help to cover the costs of caring. Eighty percent of respondents mentioned needing to use their own income to cover the costs of care; for those on lower incomes this was difficult, and many had to turn to family/friends, borrow, or delve into their own savings/retirement funds.

Financial supports are making a difference; however, stress is still evident.

Eighty percent of respondents agreed that the financial supports they received enabled them to continue to care for the child. However, mirroring the statement that many caregivers are using their own income, respondents did not appear to agree that the financial support lowered their financial stress indicating that while respondents appreciate that these forms of financial support assist them hugely, caregiving still comes with additional financial burden.

For the financial supports to make a difference, there needs to be an understanding regarding eligibility for financial support and the supports need to be enough to cover costs.

While most respondents were aware of the School and Year Start Up Payment, there was an indication that, for some, this wasn't enough of a contribution towards the actual costs of items such as uniform, school devices, and school fees were areas where caregivers felt they weren't able to completely cover costs. Awareness of the Extraordinary Care Fund Grant has decreased over time and, of those aware, nearly two thirds had not applied for it, with the main reason being they felt they were ineligible.

The range of support for emotional and mental health needs required by OB/UCB caregivers indicates that many of the children in OB/UCB care come with extra support needs and these needs aren't always being met.

Almost half of respondents identified they needed support with the child's emotional and mental health, schooling, and behaviour and half of these caregivers indicated they could not access support for these.

Background

Introduction

Oranga Tamariki – The Ministry for Children (Oranga Tamariki) and the Ministry of Social Development (MSD) provide support to caregivers in the care system who care for children and young people who cannot be cared for by their parents. The Orphan's Benefit (OB) and Unsupported Child's Benefit (UCB) offer financial assistance to caregivers when the child's parent cannot provide a home. These caregivers are often relatives, whānau, or family friends. While MSD manages the payments, Oranga Tamariki has responsibility for driving policy changes about how OB/UCB caregivers of children are being supported.

Eligible caregivers receiving the OB or UCB are also entitled to receive a weekly clothing allowance, an annual Birthday Allowance and Holiday Allowance, an Establishment Grant (when they enter into an OB/UCB care arrangement) an annual School and Year Start Up payment (on application), and are able to apply to the Extraordinary Care Fund (a contestable fund with no guarantee of funding) where they are experiencing difficulties in a particularly area or showing promise.

In 2019, Oranga Tamariki commissioned a benchmark survey to gather information about OB and UCB caregivers; this survey was repeated in 2021 and 2023. This report presents the results of the 2023 survey and, where applicable, compares this to previous years. The objective of this survey is **to gain insight into the experiences of OB and UCB caregivers and understand how Oranga Tamariki can continue to support these caregivers in their important role.**

Methodology

A 20-minute telephone survey was conducted to gather information from OB and UCB caregivers. Contact details were drawn from the Ministry of Social Development database. All OB recipients and a stratified¹ sample of UCB recipients were invited to participate in the survey. A total of 1037 responses were collected, comprised of 78 OB and 959 UCB recipients, resulting in a response rate of 32%. This response rate is lower than in the reported figure for 2021 (55%) as the 2021 figure did not include all attempted phone contacts.

The survey was conducted in two stages:

- Caregivers were sent a pre-notification letter and information sheet from Oranga Tamariki which introduced the upcoming survey and offered the opportunity to opt out if desired. These materials were sent between the 5th and 11th of April 2023.
- Phone interviews were conducted by Symphony Research using computer-assisted-telephone-interviewing (CATI). Multiple callbacks were made to each telephone

¹ Stratified sampling involves dividing subjects into subgroups by characteristics that they share (e.g. ethnicity, age, region). Once divided the subgroup is randomly sampled.

number, ensuring maximum participation. The interviews were carried out between the 15th of April 2023 and the 2nd of June 2023.

Full details regarding the methodology are provided in Appendix Two.

Data weighting

The survey responses were weighted to ensure that the sample was representative of the population of OB/UCB caregivers in the Oranga Tamariki caregiver database based on their ethnicity. For OB caregivers, weighting was applied by Māori and non-Māori (Pacific, New Zealand European, and Other). For UCB caregivers, responses were weighted by Māori, Pacific and Other. These classifications are based on self-reported data from questions within the survey.

Notes about the report

- The word ‘caregiver’ is used for ease of reference throughout the report to refer to all carers receiving the OB or UCB.
- The word ‘child’ is used to refer to children and young people who are raised by these caregivers.
- ‘Māori’ refers to all caregivers who selected Māori as the sole ethnic identity or any one of their ethnic identities in the phone survey. The same approach was used to define Māori children.
- For OB, ‘non-Māori’ refers to all caregivers who have not selected ‘Māori’ for any of their ethnic identities. The same approach has been applied to children. The small number of responses from Pacific people means that reporting for this subgroup is not possible.
- For UCB, the term:
 - ‘Pacific’ is used to refer to all caregivers who did not select “Māori” and selected any of the following: Samoan, Cook Island Māori, Niuean, Tokelauan, and Tongan as their sole ethnic identity or any one of their ethnic identities. This approach was also used for defining Pacific children.
 - ‘Other’ is used throughout this report to refer to all ethnicities other than Māori or Pacific. This term excludes any caregiver who specified Māori or Pacific as one of their ethnic identifiers. This approach has been applied to classifying the ethnicity of children to ‘Other’.
- The above approach of classification was employed to assign weights to each response. It is important to note that this approach might not have accounted for individuals identifying with multiple ethnic groups. Respondents had the option to indicate more than one ethnic group in the survey; further information is available in the data tables in appendix four of this report. Further data can be requested by emailing research@ot.govt.nz.
- The percentages in the tables and graphs use weighted data to ensure the survey results are representative of the population.
- The percentages identified in the tables and graphs may not add to 100%. This is due to rounding or because respondents were able to give more than one answer to some questions.

Statistical testing

Statistically significant differences are commented on in this report. Statistical testing is used to determine whether a difference represents a true difference and is not due to random variation.

- Unless otherwise stated, all references to significant differences refer to the difference between the reported result of a particular subgroup and the reported result(s) of the remaining subgroup(s). Where no commentary about statistical significance is included, it can be assumed that differences are not statistically significant.
- Subgroup analyses of caregivers receiving the OB or the UCB used chi-squared test to explore the relationship between their responses.
- Statistically significant differences at the 95% confidence level are presented.

Subgroup analysis

Subgroup analysis of caregivers receiving the OB or the UCB in this report focuses primarily on differences by:

- Ethnicity:
 - OB caregivers: Māori versus non-Māori
 - UCB caregivers: Māori, Pacific and Other
- Income groups:
 - Low income: with weekly income after tax up to \$700
 - Moderate income: with weekly income after tax above \$700 and up to \$1,300
 - High income: with weekly income after tax above \$1,300
- Relationship of the caregiver to the child:
 - Kin/whānau caregivers: 'grandparent or great-grandparent', 'aunt or uncle or great-aunt or uncle', 'niece or nephew', 'cousin', 'brother or sister', and 'whāngai'
 - Non-kin caregivers: 'foster caregiver', 'friends and community'
 - Some other relationship

Children in OB/UCB Placement

Most children in OB or UCB care were school-aged.

The survey data showed that nearly all (96%) of children in OB care and 87% of children in UCB care were aged over 5. Forty-seven percent of children in OB care were aged between 5 and 13, compared to 55% of children in UCB care in this age group. See Table 1.

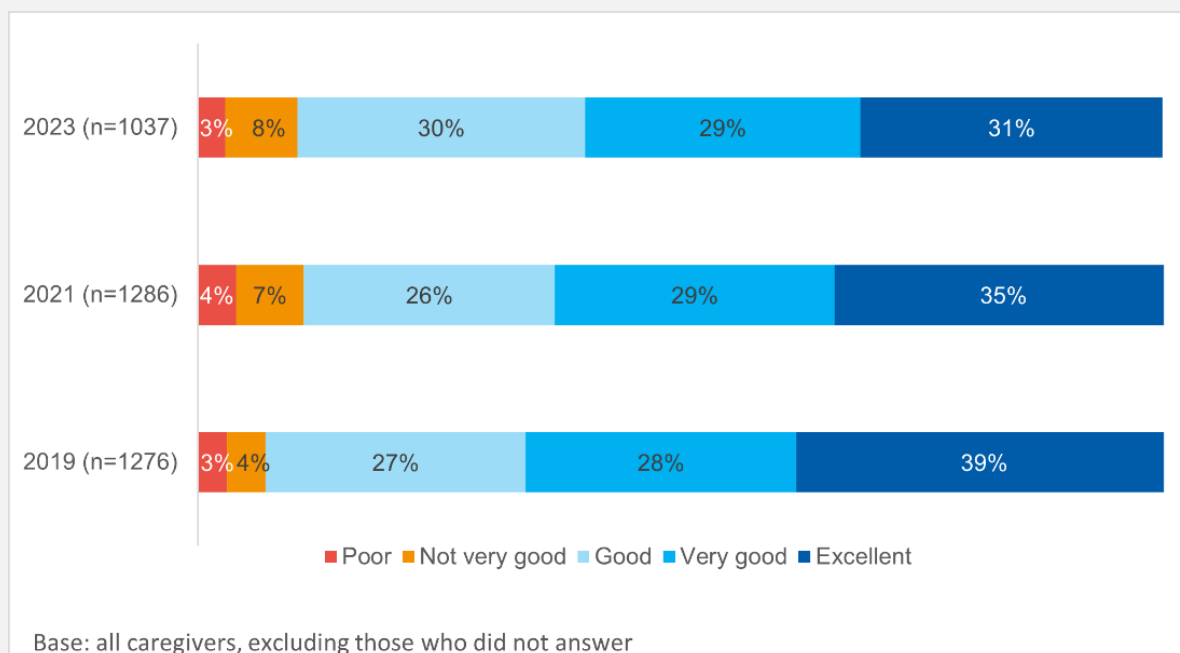
Table 1. What is the age of the child?

Child's age	OB (n=78)	UCB (n=959)
Under 5	4%	13%
5-13	47%	55%
14 and over	49%	32%

Consistent with previous years, most children were viewed by caregivers as having good wellbeing with a high level of participation in activities.

As shown in Figure 1, 90 percent of respondents rated the overall wellbeing of the child in their care as 'good,' 'very good,' or 'excellent' over the past 12 months. It is important to note that this rating is a subjective view from caregivers and does not provide context behind why they have rated in this way. This result remains consistent with the findings from 2021 (90%) and 2019 (94%).

Figure 1. In the last 12 months would you say [CHILD]'s wellbeing was poor, not very good, good, very good, or excellent?

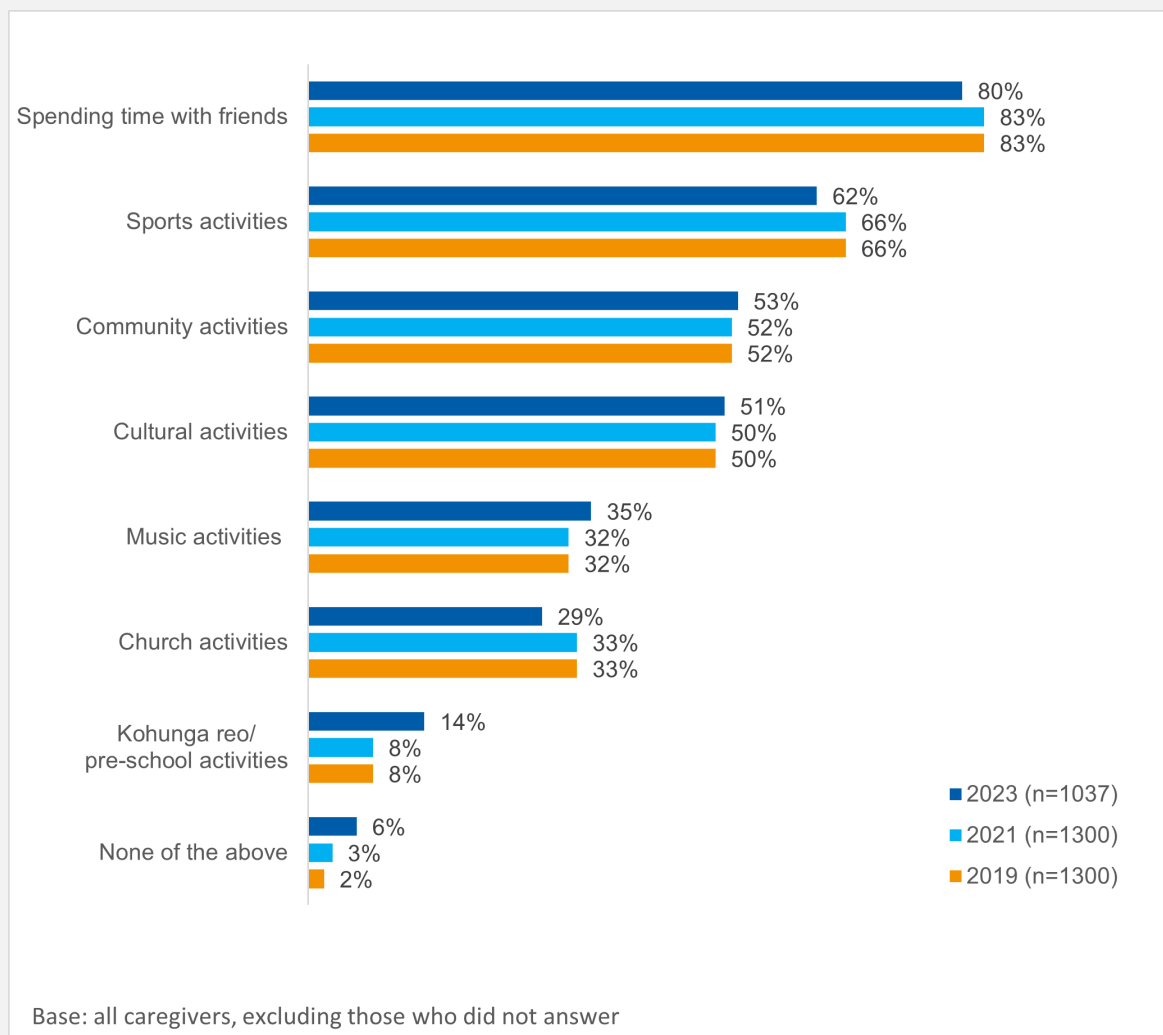


All respondents were asked what activities outside of the home the nominated child has been involved in over the last 12 months. Caregivers could give multiple responses.

The most common activity is spending time with friends, with 80% of children engaging in this. Sixty-two percent of children participate in sports, and around half participate in community (53%) and cultural (51%) activities. Six percent of children did not participate in any of the named activities.

These findings align closely with the results from both 2021 and 2019, indicating a consistent pattern in the child's extracurricular engagements over time. See Figure 2.

Figure 2. In the last 12 months, which of these activities has [CHILD] been involved in outside the home?²



² Multiple responses allowed

OB/UCB Caregivers

Around half of OB and UCB caregivers identified as Māori.

Among the surveyed OB caregivers, 46% identified as Māori, with the rest classified as non-Māori. See Table 2. In the UCB group, just over half (52%) of respondents identified as Māori, with 10% of respondents in the Pacific ethnicity grouping. Just under two thirds (64%) of UCB respondents were NZ European or another ethnicity. See Table 3.

Table 2. OB Caregiver ethnicity

Caregiver ethnicity	OB (n=78)
Māori	46%
Non-Māori	54%

Table 3. UCB Caregiver ethnicity

Caregiver ethnicity	UCB (n=959)
Māori	52%
Pacific	10%
NZ European & other	64%

Most OB and UCB caregivers are family/whānau.

The highest proportion of the surveyed OB and UCB caregivers were grandparents/great-grandparents (46% and 54%, respectively) or an aunt/uncle relationship (25% and 26%, respectively). Within the OB group, this was followed by 16% who were the brother/sister of the child, compared to 3% within the UCB group. Within the UCB group, 10% of caregivers were non-kin, either foster (5%) or friends/community members (5%). See Table 4.

Table 4. Which of the following best describes your relationship with (CHILD'S NAME) when they came to live with you?

Relationship	OB (n=78)	UCB (n=959)
Grandparent or great-grandparent	46%	54%
Aunt or Uncle or Great-Aunt or Uncle	25%	26%
Brother or sister	16%	3%
Niece or Nephew	3%	1%
Cousin	2%	1%
Whāngai	1%	3%
Child always known respondent as mother or father	3%	1%
Non kin (foster caregiver)	0%	5%
Non kin (friends/ community)	3%	5%
Some other relationship	1%	1%

Most nominated children had been with their caregivers for more than a year prior to being surveyed.

Amongst this year’s survey sample, the highest proportion of children in both groups had been in the care of their caregivers for more than six years; this was higher among UCB caregivers (47%) compared to OB caregivers (40%). This was followed by 26% of children in UCB care and 22% of children in OB care who had been with their caregiver between three to six years. Only 2% UCB caregivers and 1% of OB caregivers have had the child in their care for less than six months. See Table 5.

Table 5. And, how long has [CHILD] been in your care?

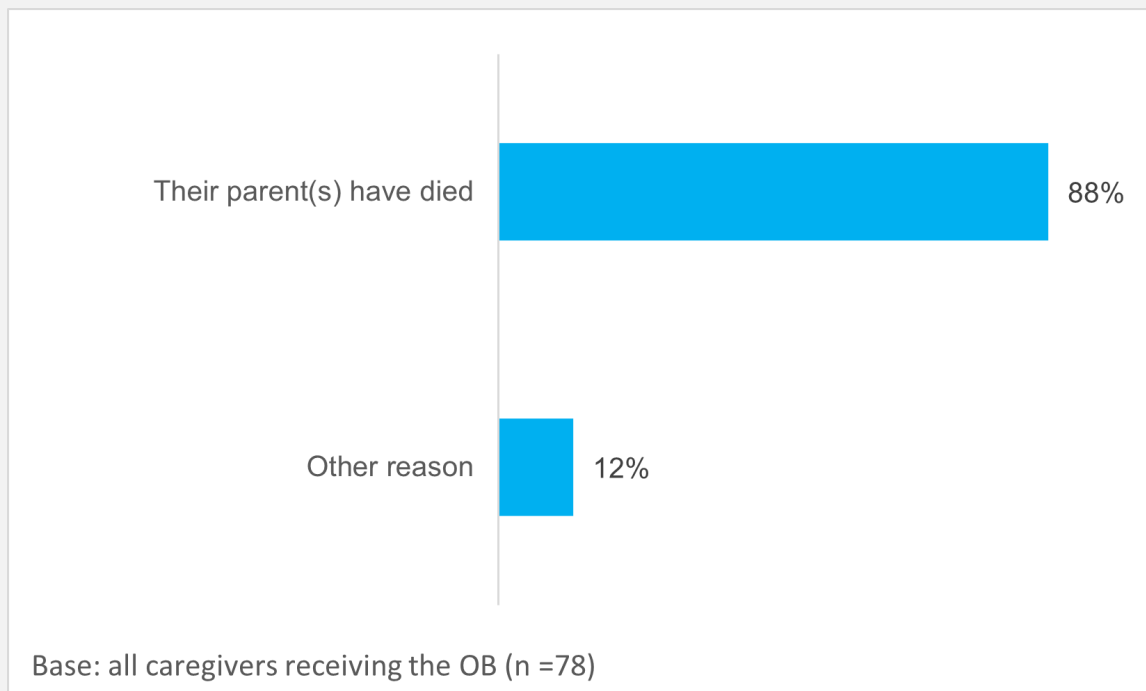
Length of care	OB (n=78)	UCB (n=959)
Less than 6 months	1%	2%
6 months to a year	12%	7%
1-3 years	22%	18%
3-6 years	22%	26%
More than 6 years	40%	47%
Don't know	3%	1%

OB/UCB Placements

Most children have come into OB care as their parents have died.

As shown in Figure 3, death of a parent(s) was the main reason behind the OB placement (88%) for the nominated children. Twelve percent of the children have come into the caregiver's care for other reasons.

Figure 3. We understand that children are not always able to live with their parents for different reasons. Are you able to please tell me the main reason why [CHILD] came into your care?

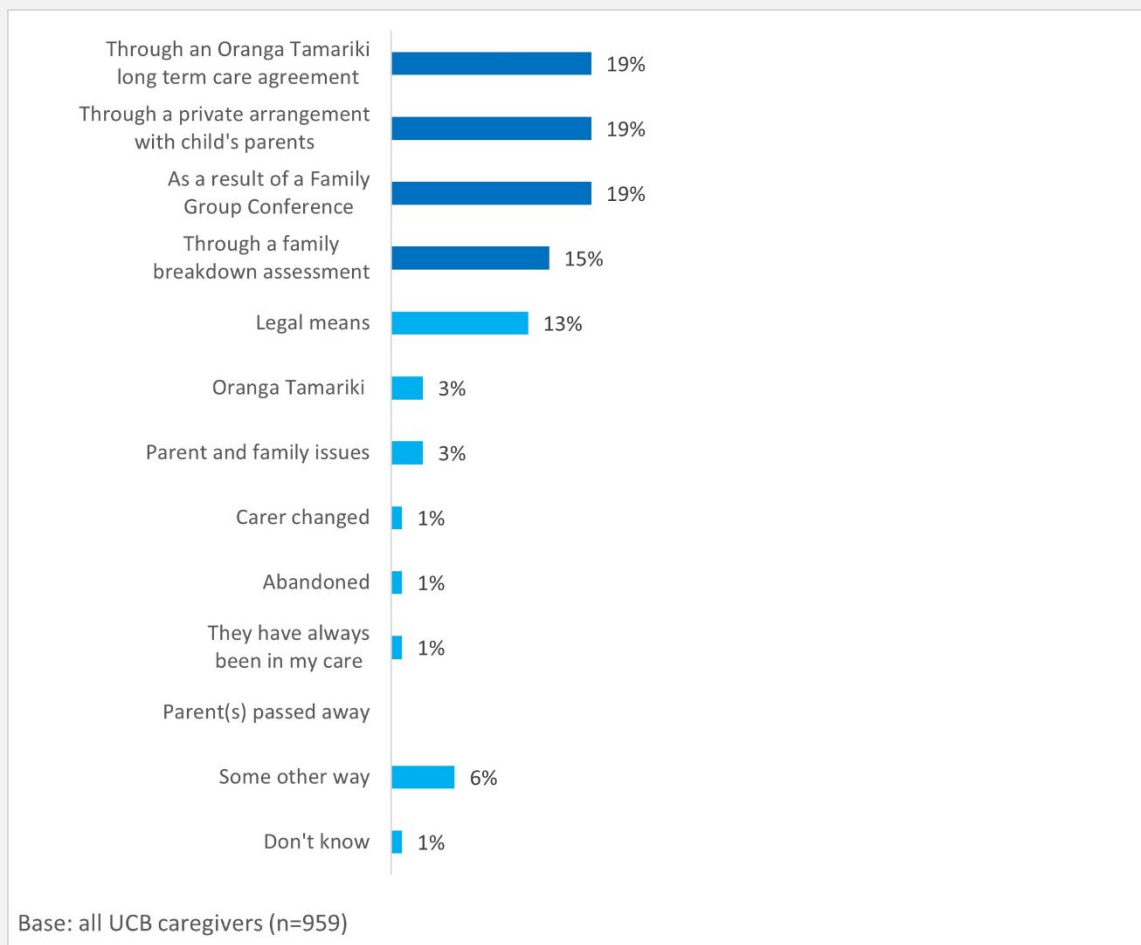


The processes for a child entering UCB care are varied.

Respondents were asked what process led to becoming the UCB caregiver for the child. Nineteen percent reported an Oranga Tamariki long-term care agreement, 19% mentioned a private agreement with the child’s parents, 19% through a Family Group Conference, and a further 15% through a Family Breakdown Assessment. These options were provided to respondents as a prompted-list.

Additionally, if respondents felt their process was not represented in the prompted-list, they were able to provide free-text responses, with some frequently mentioned pathways including ‘legal means’, ‘Oranga Tamariki’, and ‘parent and family issues’. See Figure 4.

Figure 4. What process led to you becoming the caregiver for the child and receiving the UCB?

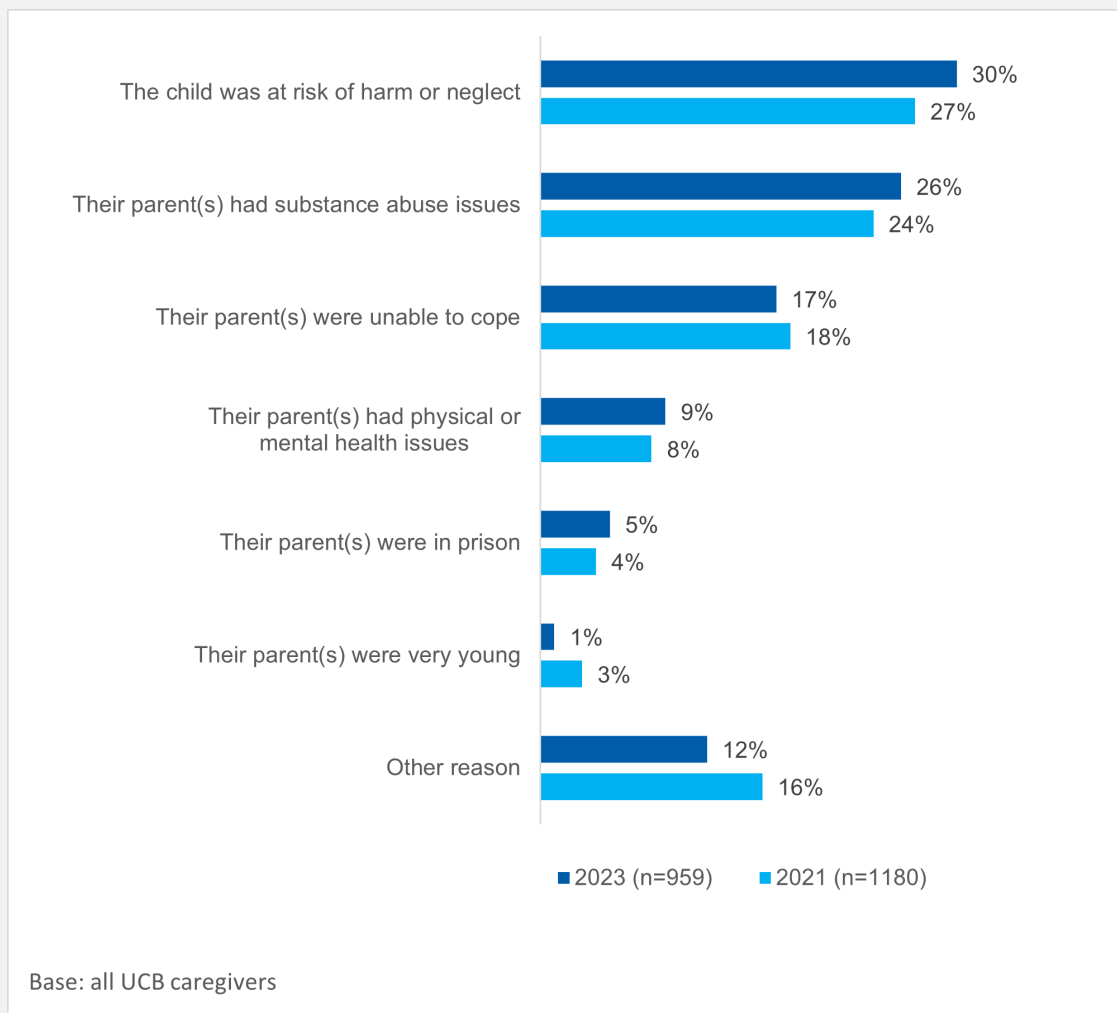


Over half of children came into UCB care due to risk of harm or neglect or substance abuse issues.

The most mentioned reason for children coming into UCB care is due to the child being at risk of harm or neglect (30%). Substance use issues among parents constitutes the second most common reason at 26%. Additionally, 17% of children came into the care of their UCB caregiver due to parents’ inability to cope, while 9% were attributed to parental physical or mental health issues. A smaller percentage, 5%, was linked to parents being in prison, and 1% due to parents being very young. Twelve percent mentioned other reasons for the child entering their care.

While not directly comparable due to a change in question prompting, these results are similar to 2021 results. See Figure 5, overleaf.

Figure 5. We understand that children are not always able to live with their parents for different reasons. Are you able to please tell me the main reason why [CHILD'S NAME] came into your care.?



Caregiver Wellbeing

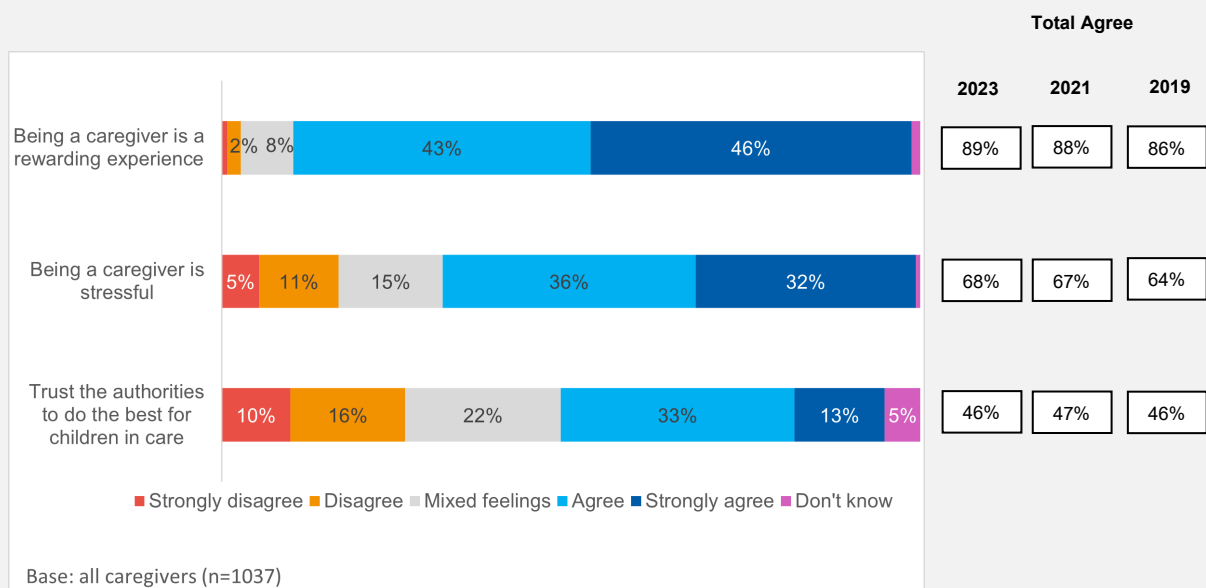
While caregiving is a rewarding experience it is also acknowledged as being stressful.

Surveyed caregivers were asked about their perspectives regarding caregiving. Eighty-nine percent of respondents expressed agreement that being a caregiver was a personally rewarding experience. This percentage aligns with the findings from both 2021 (88%) and 2019 (86%).

However, 68% of respondents reported that being a caregiver can be stressful. This figure remains consistent with the results from both 2021 (67%) and 2019 (64%), suggesting a persistent acknowledgment of the potential stress associated with caregiving among respondents.

In 2023, 26% of respondents disagreed with the notion that authorities were doing their best for children in care. While not shown on the chart below, this percentage is a slight increase compared to 2021 (20%) and 2019 (21%). However, these differences were not statistically significant.

Figure 6. Now we'd like to know your views on being a caregiver. For each statement, please use the same scale as before, where 1 is strongly disagree and 5 is strongly agree.



Caregiver Financial Wellbeing

There were a range of income levels amongst caregivers, with a slight decrease in caregivers agreeing their income is enough to meet their needs.

Caregivers were asked about their weekly income (after tax) as shown in Table 6. Among the surveyed OB caregivers, 21% reported their weekly income as up to \$500, while 15% of the surveyed UCB caregivers fell into this income bracket. Twenty-one percent of OB respondents and 19% of UCB respondents earn between \$500 and \$700 a week, while 29% and 24% of OB and UCB respondents (respectively) earn between \$700 and \$1,000 per week.

Interestingly, 21% of UCB respondents earn over \$1,300 per week, compared to 11% of OB respondents. See Table 6.

Table 6. What is your combined weekly income after tax? (Also includes Q7, annual income).³

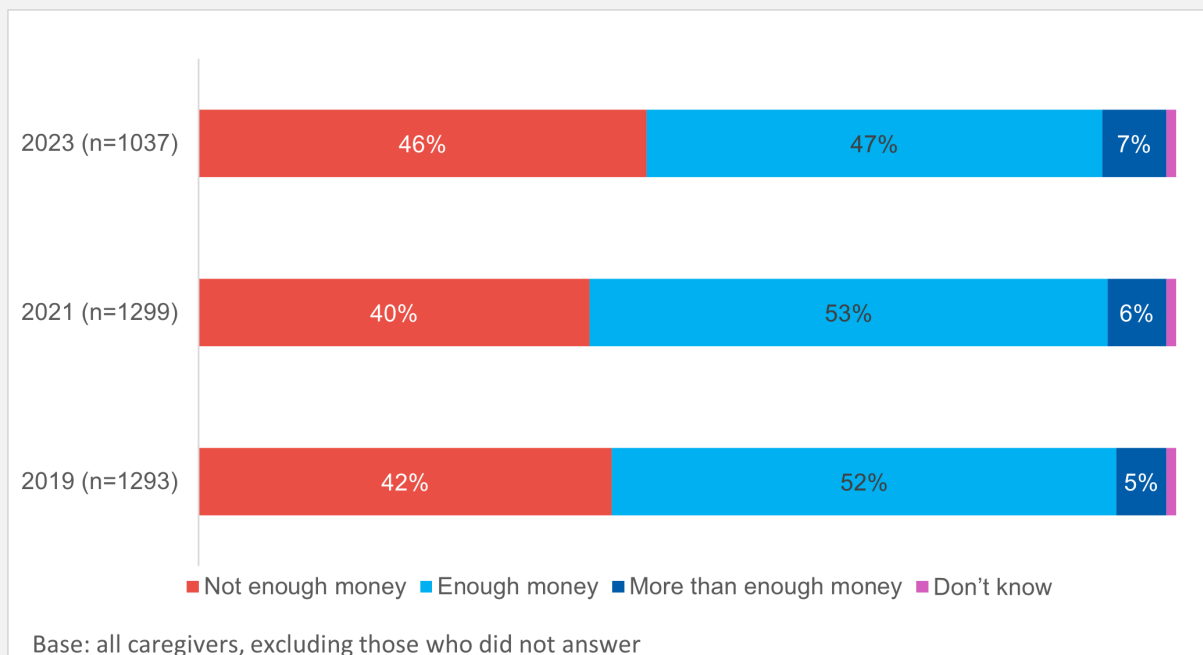
Weekly income (after tax)	OB (n=78)	UCB (n=959)
Up to \$500	21%	15%
Over \$500 and up to \$700	21%	19%
Over \$700 and up to \$1,000	29%	24%
Over \$1,000 and up to \$1,300	16%	15%
Over \$1,300	11%	21%
Don't know	3%	3%

Caregivers were asked if their total income is adequate for meeting their daily needs for things like accommodation, food, clothing, and other necessities. Fifty-four percent of respondents said they had enough or more than enough money to meet these everyday needs, a slight decrease from 59% in 2021 and 57% in 2019. Close to half (46%) of respondents in 2023 felt they did not have enough money to meet their needs. See Figure 7, overleaf. This sits within a general increase in cost of living for New Zealand households, with an average increase in household living costs of 7.2 per cent⁴.

³ Note: Results are not compared to previous years as annual income was used in 2019 and 2022

⁴ [Household living costs increase 7.2 percent | Stats NZ](#)

Figure 7. We would like to understand how well your total income meets your everyday needs for things like accommodation, food, clothing, and other necessities. Would you say it is...



Almost half of both OB and UCB caregivers felt the OB/UCB was not enough to cover the costs of caring, and close to a third were requesting extra assistance from Work and Income, indicating further financial support was needed.

Caregivers were asked if the OB/UCB is enough to cover the costs of caring for the child. In 2023, 52% of OB respondents said the money was enough or more than enough money to cover the costs of care. While this is a shift in response compared to 2021 (58%) and 2019 (45%), this is not a statistically significant difference⁵. See Figure 8. Fifty-one percent of UCB respondents said that the money was enough or more than enough money to cover the costs of care, consistent with 2021 (49%) and 2019 (47%) results. See Figure 9, overleaf.

⁵ F-statistic: 0.4072 on 1 and 1 Degree of Freedom, p-value >0.05.

Figure 8. OB: We would like to understand if the [Orphan’s Benefit] you get for looking after [CHILD] is enough to pay for the costs of caring for them. Would you say the benefit is...

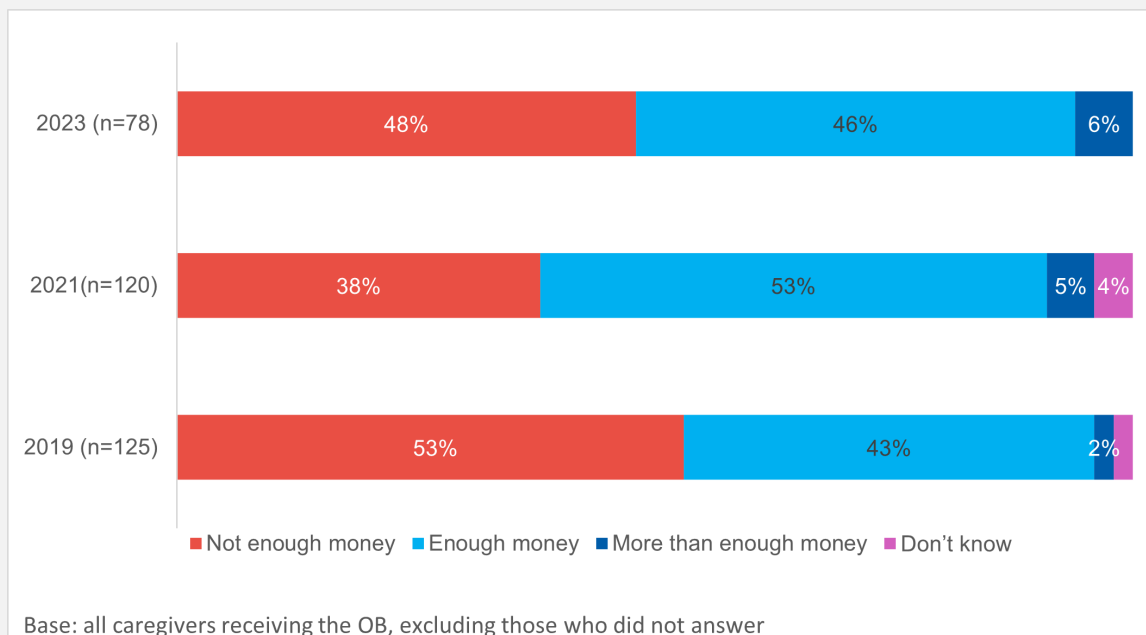
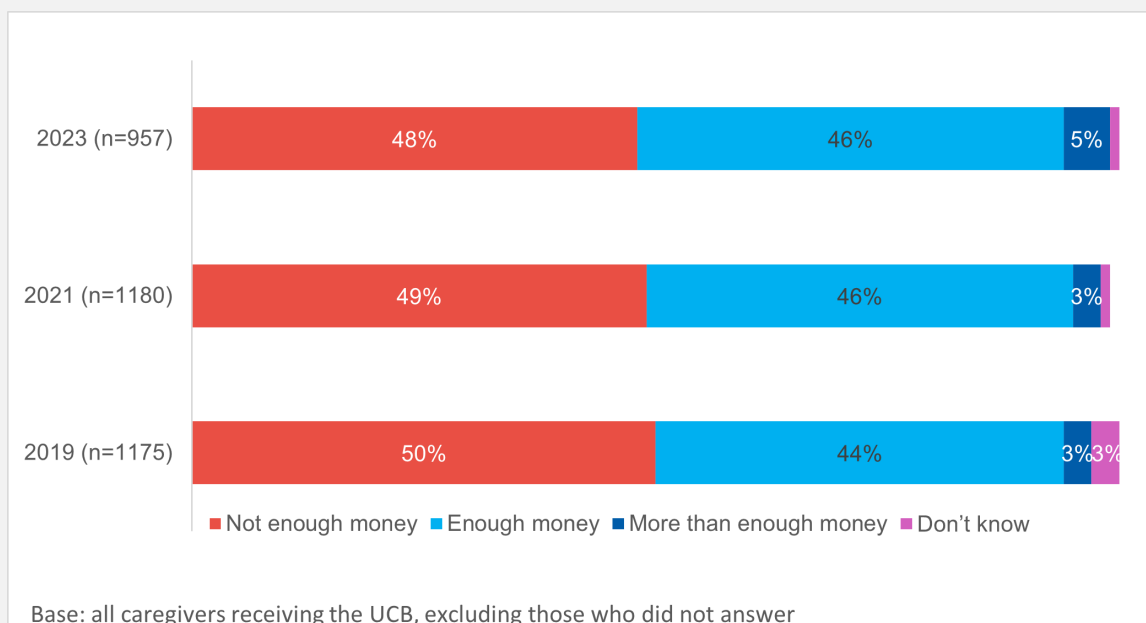
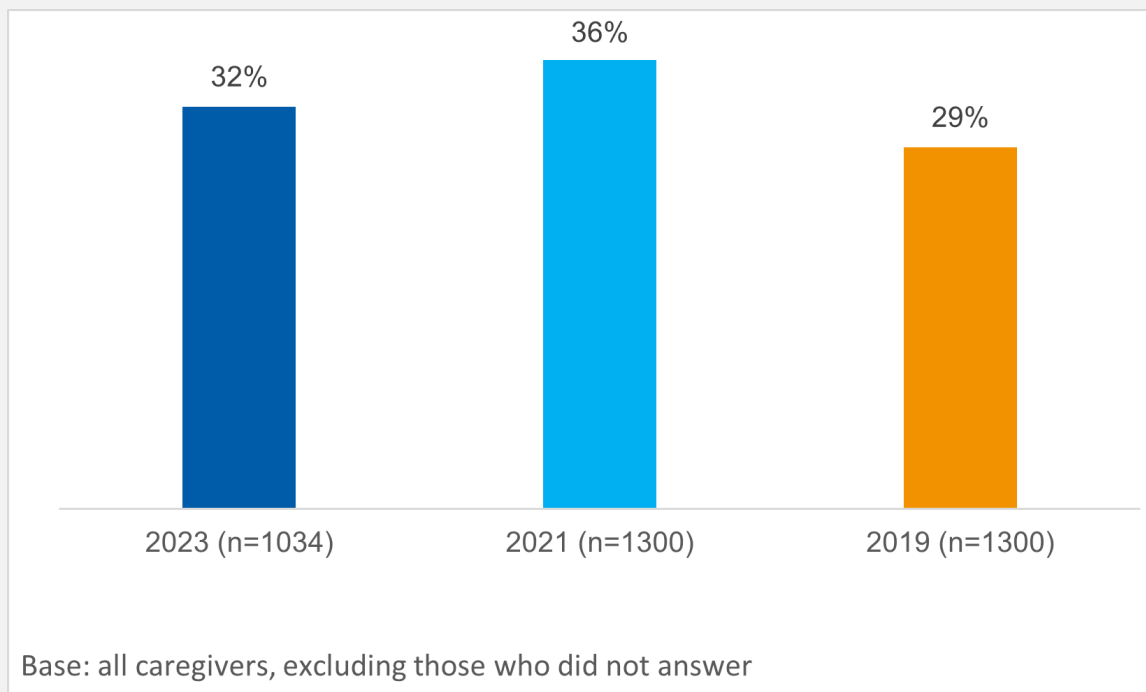


Figure 9. We would like to understand if the [Unsupported Child’s Benefit] you get for looking after [CHILD] is enough to pay for the costs of caring for them. Would you say the benefit is...



Caregivers were asked if, over the past six months, they had asked Work and Income for extra money to help cover the costs of caring for the child. Thirty-two percent of respondents had asked for further financial support from Work and Income, consistent with 2021 (36%) and 2019 (29%). See Figure 10.

Figure 10. Over the past 6 months, have you asked Work and Income for extra help to cover the costs of caring for [CHILD'S NAME]?



Most caregivers used their own money to help cover the costs of care.

Caregivers were asked whether they have had to personally use their own money to add to what they get from the Ministry of Social Development to cover the costs of raising the child. Approximately, 80% of OB or UCB respondents said they have added at least 'a little' of their personal income to cover the costs of care, consistent with 2021. See Figures 11 and 12, below.

Figure 11. OB: Over the past 6 months, have you personally had to use your own money to add to what you get from Work and Income to cover the costs of caring for [CHILD'S NAME]?

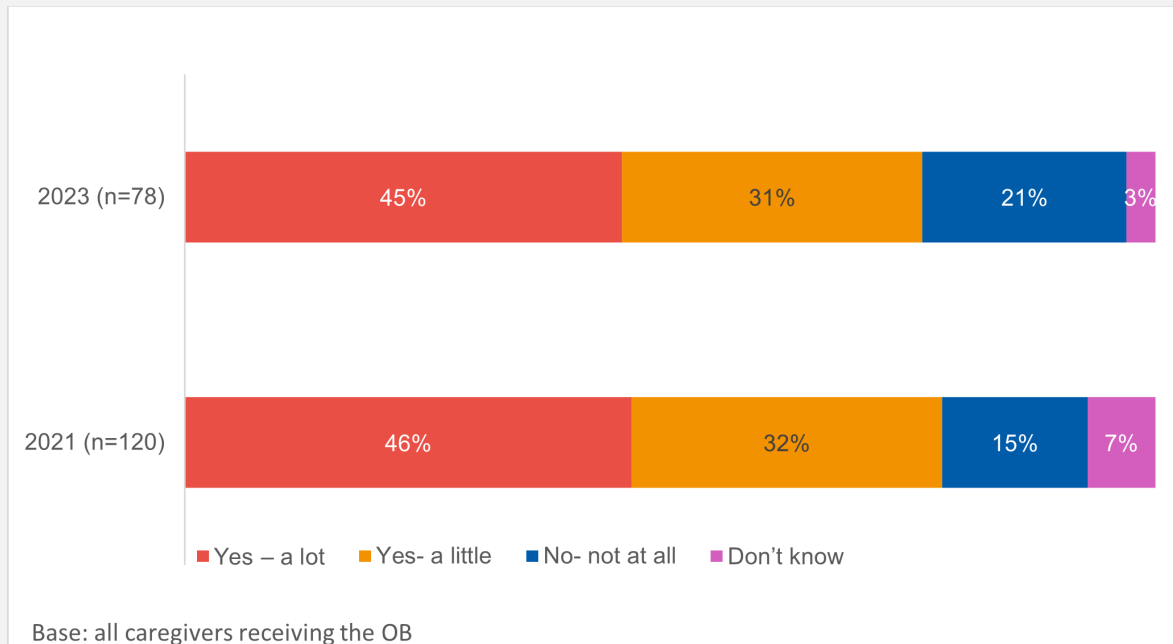
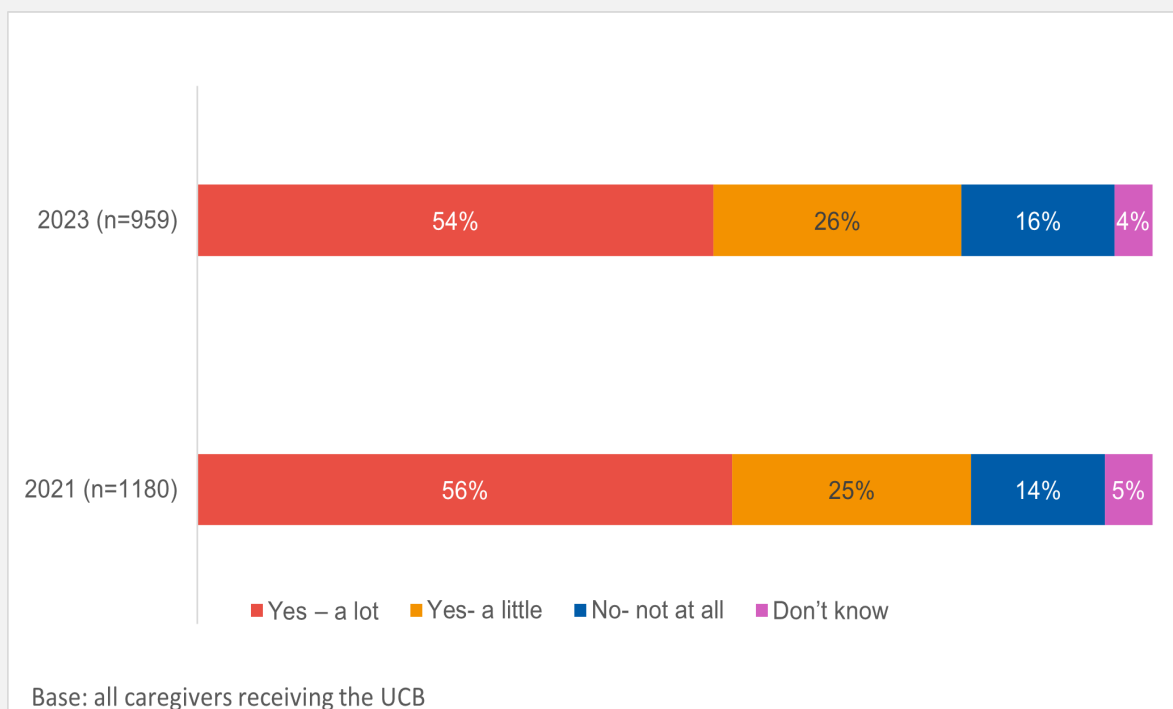


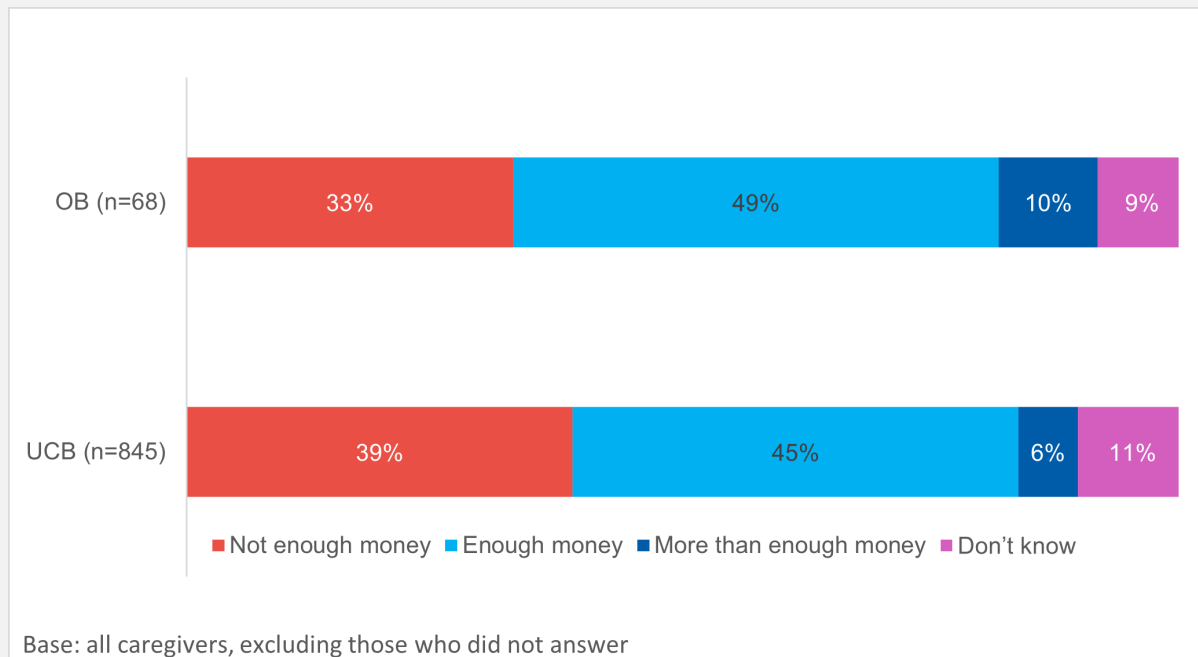
Figure 12. UCB: Over the past 6 months, have you personally had to use your own money to add to what you get from Work and Income to cover the costs of caring for [CHILD'S NAME]?



More than a third of OB and UCB caregivers felt the initial grant was not enough and used their own money for additional items not covered by the initial grant, such as clothing, blankets, and furniture.

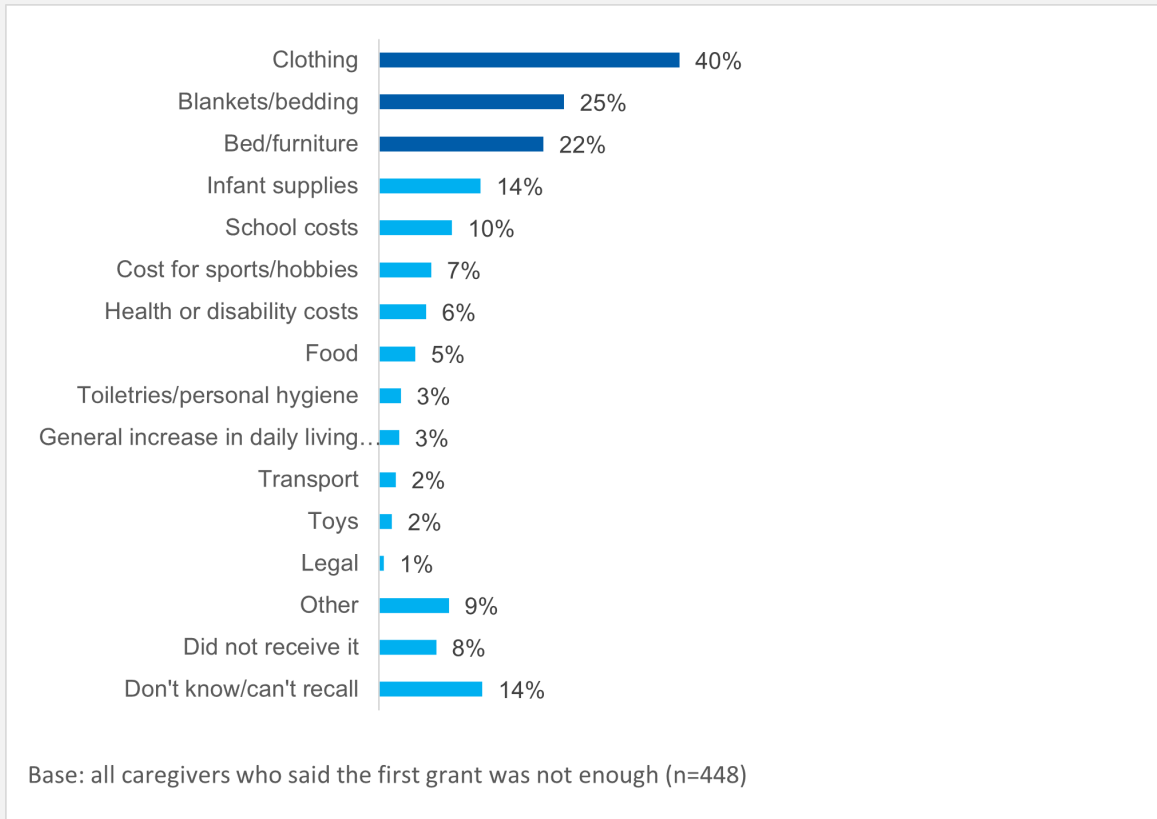
Caregivers receive a \$350 establishment grant when they first take on the care of the child. In 2023, caregivers were asked for the first time if they thought the grant was enough. Fifty-nine percent of OB respondents said the grant was enough or more than enough, compared to 51% among UCB respondents. A third of OB respondents felt the grant was not enough, while 39% of UCB respondents felt this. See Figure 13.

Figure 13. You would have received a grant when you first took on the care of the child. Would you say this was:



The top three additional items mentioned by caregivers that they felt the grant was not enough to cover were clothing (40%), blankets/bedding (25%) and beds/furniture (22%). Eight percent of respondents mentioned that they had not received the grant at all. See Figure 14.

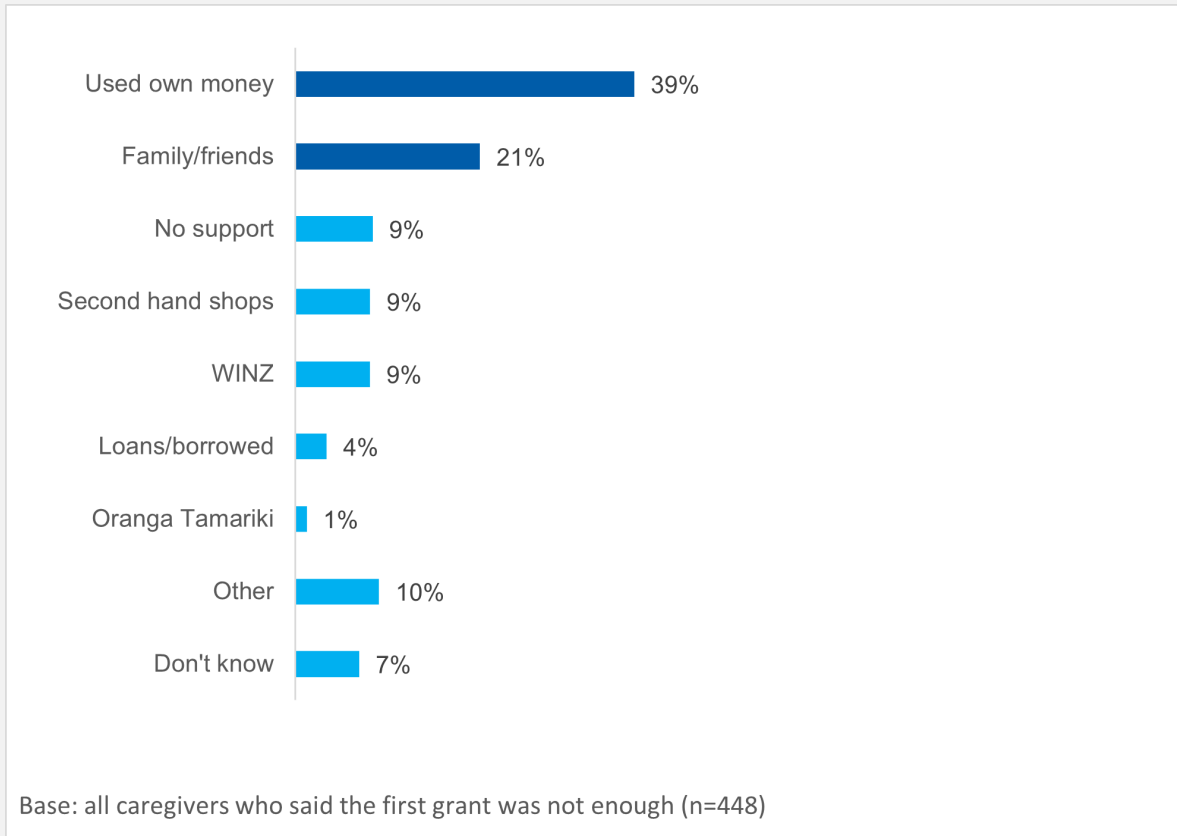
Figure 14. What additional items do you feel were not covered by this payment?⁶



⁶ Recorded verbatim and post coded. Multiple responses allowed.

As shown in Figure 15, for these additional items not covered by the first grant, 39% of respondents said that they used their own money to get these items, while 21% said they went to their family and friends for more support. Of particular concern, is the 4% (n=16) of respondents who stated they took out a loan or borrowed money.

Figure 15. Where did you go to get more support for these items?⁷



Free text responses indicate the sheer number of items caregivers felt were required when taking on a child, with stress and concern evident in the comments given and, for many, there was emphasis on the fact the child came with nothing:

“A lot of extra clothing for him because up until a year ago he was sh****ng his pants at least three times a day. I've had to drive him to all kinds of councillors and psychologists, he has broken so much stuff and the cost of replacing that stuff, some of it has been covered PCSS⁸ they did not cover all of it.” – UCB Caregiver

“Clothing, beds, blankets, shoes. Personal stuff like brushes, toothbrushes. They came with nothing, not even school stuff” – UCB Caregiver

⁷ Recorded verbatim and post coded. Multiple responses allowed.

⁸ Permanent Caregiver Support Service

Income has a significant effect on the financial burden of caregiving.

There were statistically significant⁹ differences in how caregivers perceived the adequacy of the OB/UCB to cover the costs of care, depending on their income group¹⁰. Caregivers with higher income levels were more inclined to report that the OB/UCB was sufficient to cover the expenses associated with caregiving. This suggests that caregivers with higher incomes may have felt more financially secure and less burdened by the costs of caring for the child compared to caregivers with lower incomes.

This observation is further supported by the findings that a larger proportion of caregivers with lower income levels reported seeking additional help from Work and Income to cover the costs of care. This indicates that caregivers with lower incomes may face financial challenges that exceed the support provided by the benefit, leading them to seek additional assistance. Circumstance plays a large role in determining the fit of financial support, as evidenced in the following comment:

“From a Māori perspective we flew whānau down to Dunedin. We see things more collectively. It takes more than one person to raise a child. We had to change our lives to accommodate her very quickly. Within two weeks OT asked us to take her on. The payment was insufficient for us during our stage of life and there was no factoring in our circumstances, it probably should have been tailored to the needs of the whānau. I don't want to beat up on the department, it was a policy about the money that they would have given at the time. We did not care, we were thinking about the love for the child at the time. It was a focus of Māoridom and our Māori world view.” – UCB Caregiver

The differences by income group highlights the potential financial challenges faced by caregivers with limited resources and the need for targeted support to ensure adequate coverage of caregiving expenses across all income groups.

Figures 16 and 17 overleaf display the ratings for the OB/UCB being enough to meet needs by income groups.

⁹ Statistically significant at the 90% confidence level (p-value <0.1).

¹⁰ The income groups are categorized as: “low income” (weekly income up to \$700); “medium income” (weekly income above \$700) and up to \$1,300; “high income” (weekly income above \$1,300). These categories were designated for analysis purposes only.

Figure 16. We would like to understand if the [Orphan’s Benefit OR Unsupported Child’s Benefit] you get for looking after [CHILD’S NAME] is enough to pay for the costs of caring for them. Would you say the benefit is...

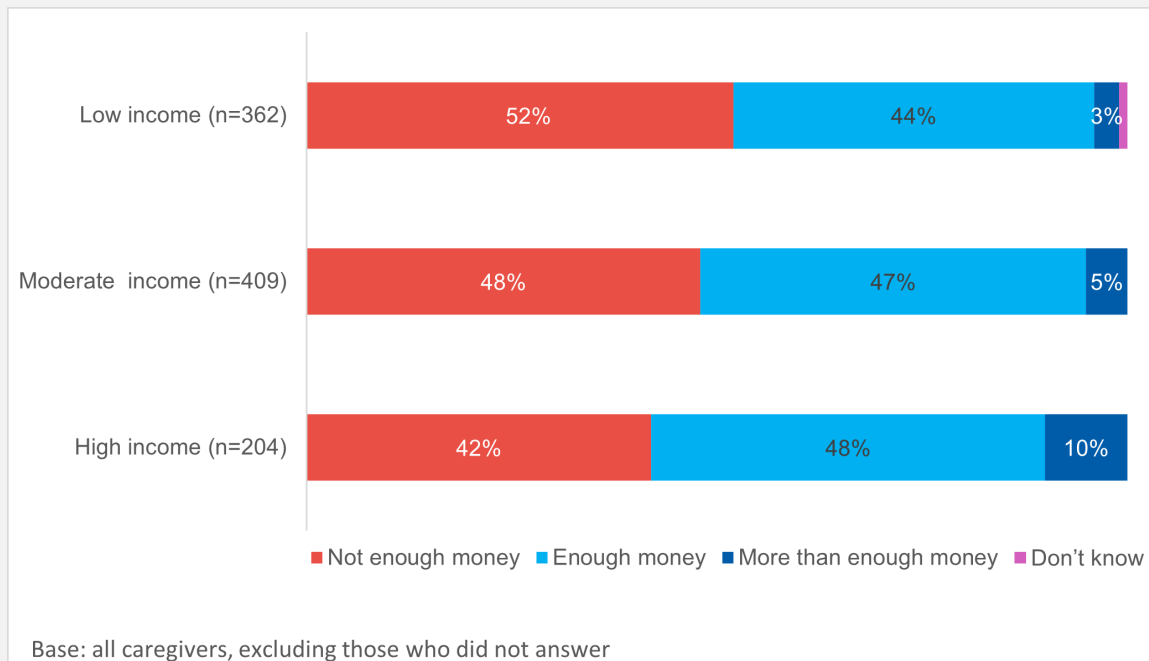
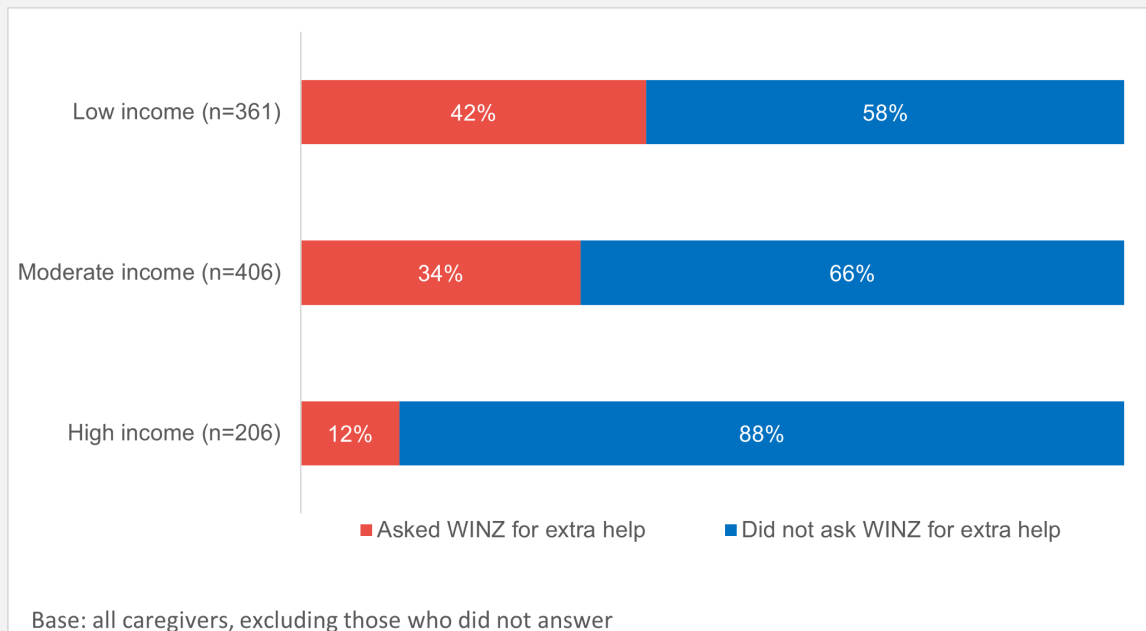


Figure 17. Over the past 6 months, have you asked Work and Income for extra help to cover the costs of caring for [CHILD’S NAME]? For example, extra financial help could mean food grants, emergency dental treatment, or money borrowed for appliances, clothing and bills.



Section 6: Impact of Financial Support

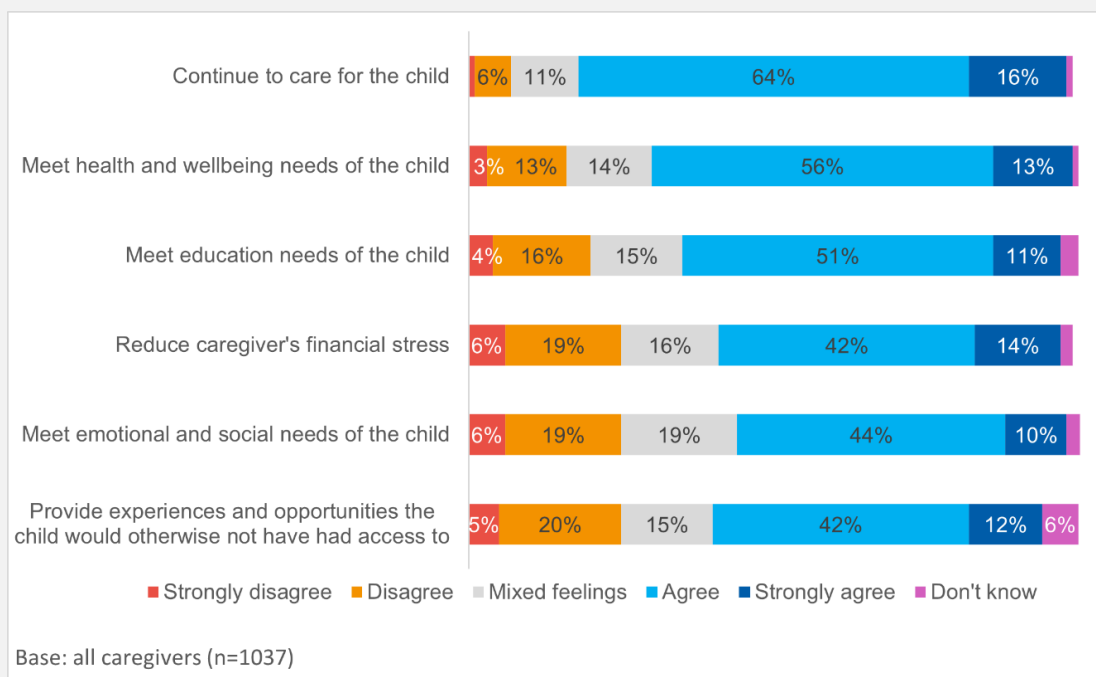
Financial supports are making a difference for caregivers and the child in their care, which varies depending on the support needs.

Caregivers were surveyed about the impact of various financial supports, including the OB/UCB and additional payments, on their ability to care for the child and meet their needs. Figure 18 shows that:

- Eighty percent of caregivers agreed that the financial supports they received enabled them to continue caring for the child.
- Sixty-nine percent of caregivers reported that the financial supports allowed the child's health and wellbeing needs to be met.
- Sixty-two percent of caregivers mentioned that the financial supports aided in meeting the child's education needs.
- Lower levels of agreeance situated around relief from financial stresses, emotional and social needs, and experiences and opportunities, with around 55% of respondents agreeing that the financial support they received enabled these aspects.

Taken together, these findings illustrate the positive effects of financial supports on caregivers and the children in their care, with the highest levels of agreeance noted for continuation of care.

Figure 18. For each statement I read out, please tell me whether you strongly agree, agree, have mixed feelings, disagree, or strongly disagree. The financial assistance I have received has allowed me to...



Section 7: Awareness and Access of Support Grants

Most caregivers are aware of the School and Year Start-up Payment.

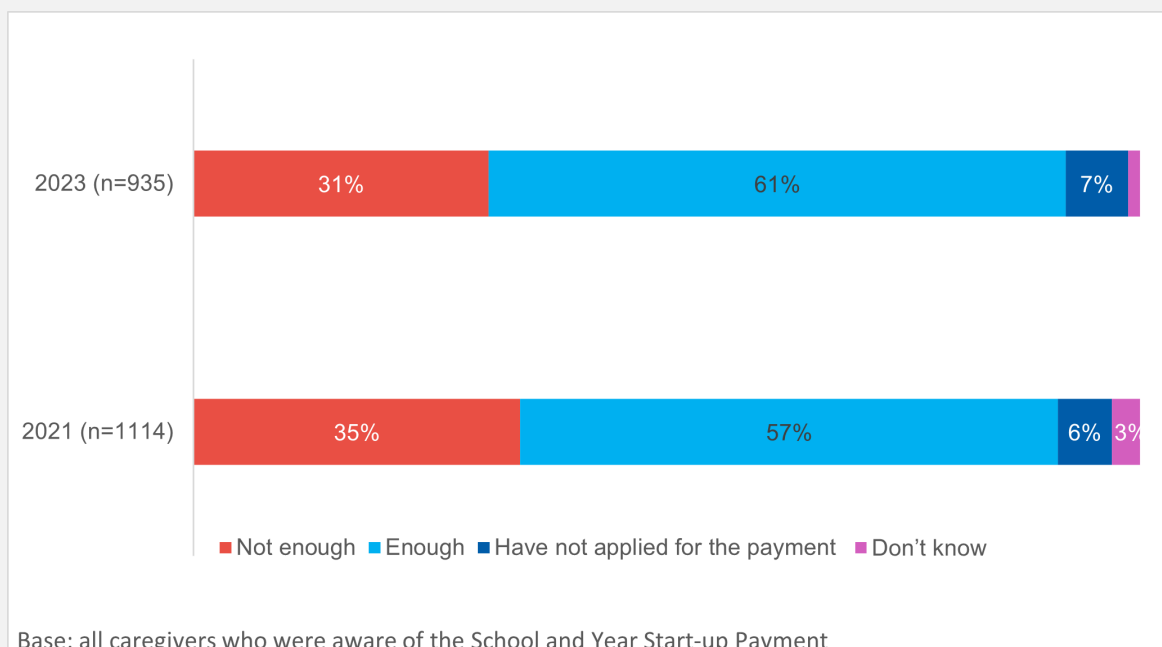
At the beginning of each school year, caregivers can apply for a one-off School and Year Start-up Payment. This payment is to help OB/UCB caregivers with pre-school or school related costs, such as school uniforms, school fees, stationery and the costs of activities (e.g., sport, music lessons etc). Each year, the Ministry of Social Development sends a reminder letter about the School and Year Start-up Payment to the caregivers.

In 2023, 91% of respondents were aware of the School and Year Start-up Payment, on par with 2021 (89%) and 2019 (90%).

Almost a third of caregivers felt the School and Year Start-up Payment was not enough, citing costs such as uniform, school devices, and school fees left unmet.

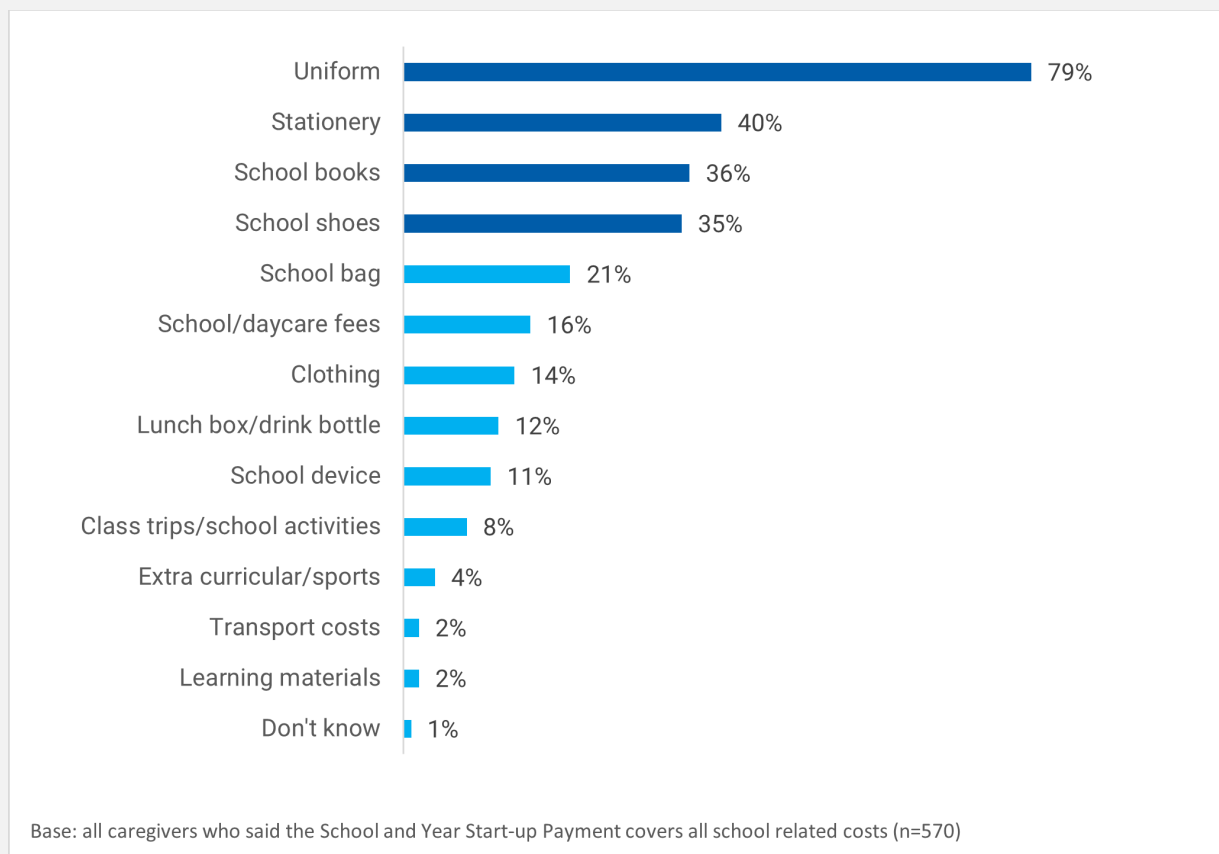
Caregivers who were aware of the School and Year Start-up Payment were asked whether they thought the payment was enough to cover the necessary costs. Figure 19 shows that 61% of respondents felt that the payment was 'enough', a slight (not statistically significant) increase from 2021, while 31% felt it was not enough.

Figure 19. Is the 'School and Year Start Up Payment' enough to meet the school related costs of the child in your care?



Caregivers who considered the School and Year Start-up Payment to be sufficient were asked about what they used the payment to cover. Uniform was the highest mention, with 79% of respondents indicating this was what they used the payment for. This was followed by stationery (40%), schoolbooks (36%), and school shoes (35%). Lower-level mentions included aspects such as school bag (21%), school or day-care fees (16%), and extra clothing (14%). See Figure 20.

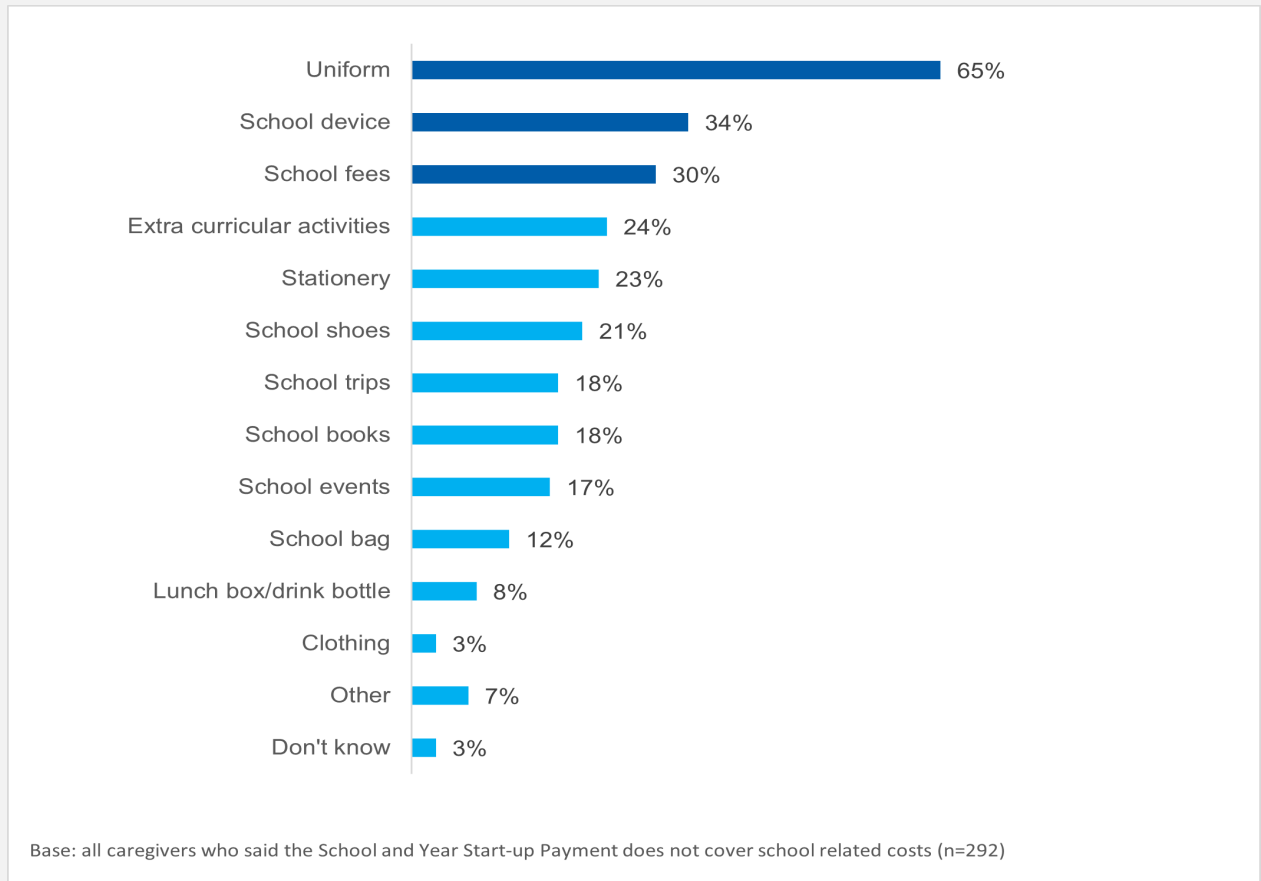
Figure 20. What types of school related costs did you use the payment for?¹¹



¹¹ Multiple responses allowed

Caregivers who felt that the School and Year Start-up Payment was not enough were asked about the specific additional costs that they felt were not covered. Figure 21 shows most respondents (65%) stated that the payment did not cover uniform costs, while 34% expressed that the payment was inadequate for covering the costs of school devices. A further 30% of respondents mentioned that the payment did not cover school fees.

Figure 21. What additional school related costs does the payment NOT cover?¹²



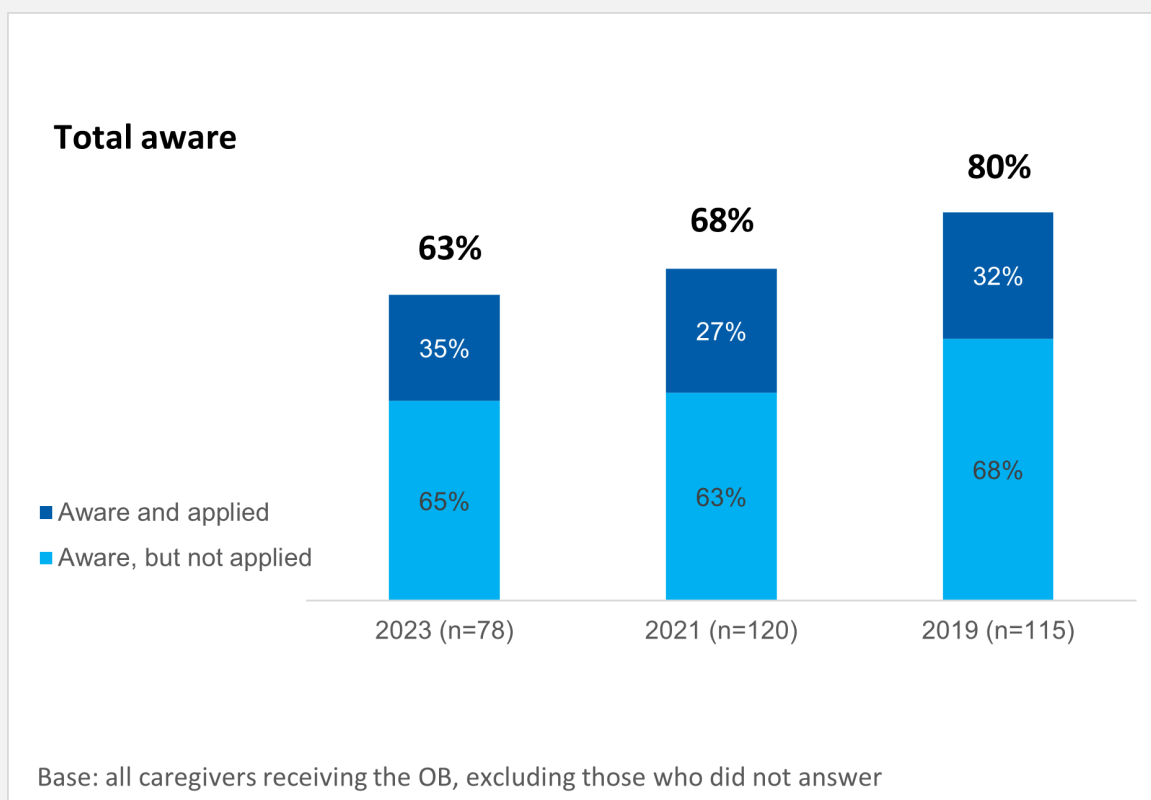
¹² Multiple responses allowed

While awareness of the Extraordinary Care Fund has decreased over time, the number applying to the fund has remained relatively consistent.

An 'Extraordinary Care Fund Grant' is for a child showing promise through high achievement for a particular skill or talent, or a child who experiences difficulties impacting their development.

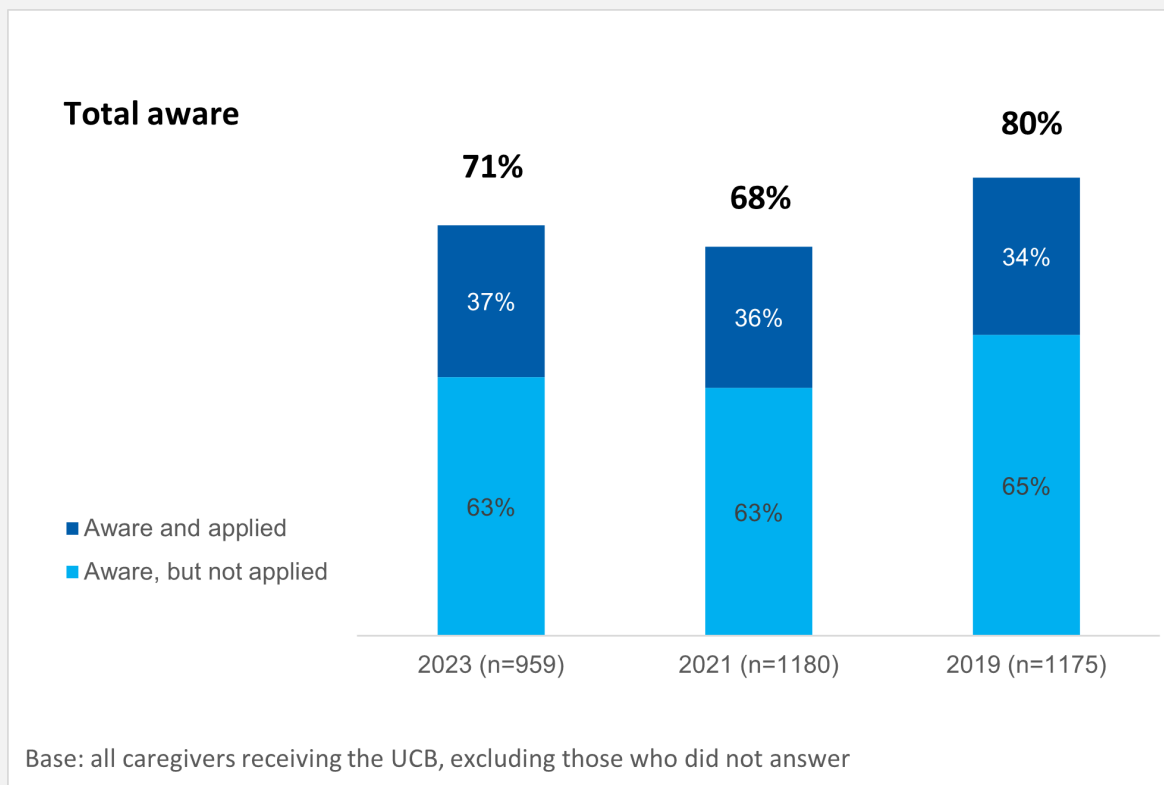
Sixty-three percent of the surveyed OB caregivers were aware of the Extraordinary Care Fund in 2023, a decrease over time from 80% in 2019. Of those who were aware of the fund, 35% had applied for it, an 8-percentage point increase from 2021. See Figure 22.

Figure 22. OB: Before today, were you aware of the 'Extraordinary Care Fund grant'? Q16. Have you ever applied, or tried to apply, for the 'Extraordinary Care Fund Grant'



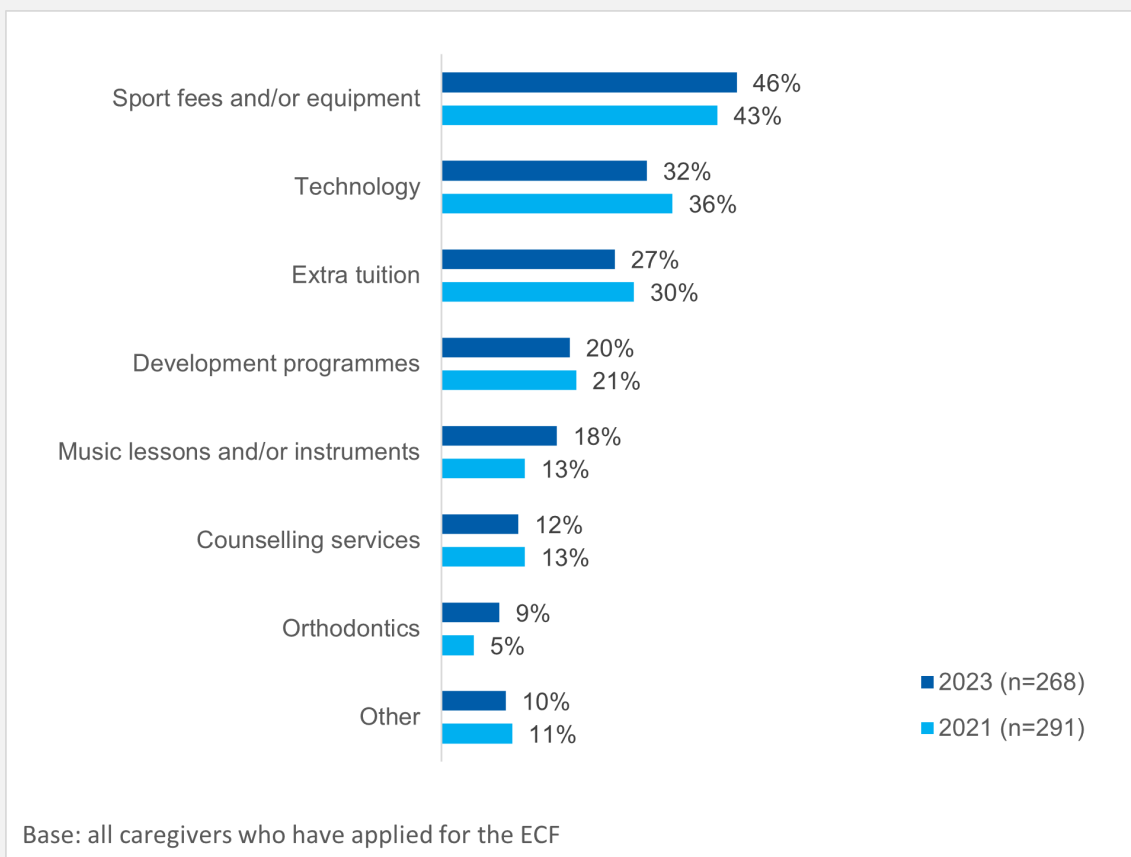
Seventy-one percent of the surveyed UCB caregivers were aware of the Extraordinary Care Fund in 2023, a slight increase from 2021. Of these, 37% had applied for the fund, similar to 2021. See Figure 23.

Figure 23. UCB: Before today, were you aware of the ‘Extraordinary Care Fund grant’? Q16. Have you ever applied, or tried to apply, for the ‘Extraordinary Care Fund Grant’



The surveys conducted in both 2021 and 2023 revealed that sports (46%), technology (32%), and extra tuition (27%) were the most common costs for which caregivers applied for assistance under the Extraordinary Care Fund. See Figure 24, overleaf.

Figure 24. Please tell me whether the things I read out are costs that you applied for under the Extraordinary Care Fund.¹³



The most common reason caregivers did not apply for the Extraordinary Care Fund Grant was they believed they were ineligible.

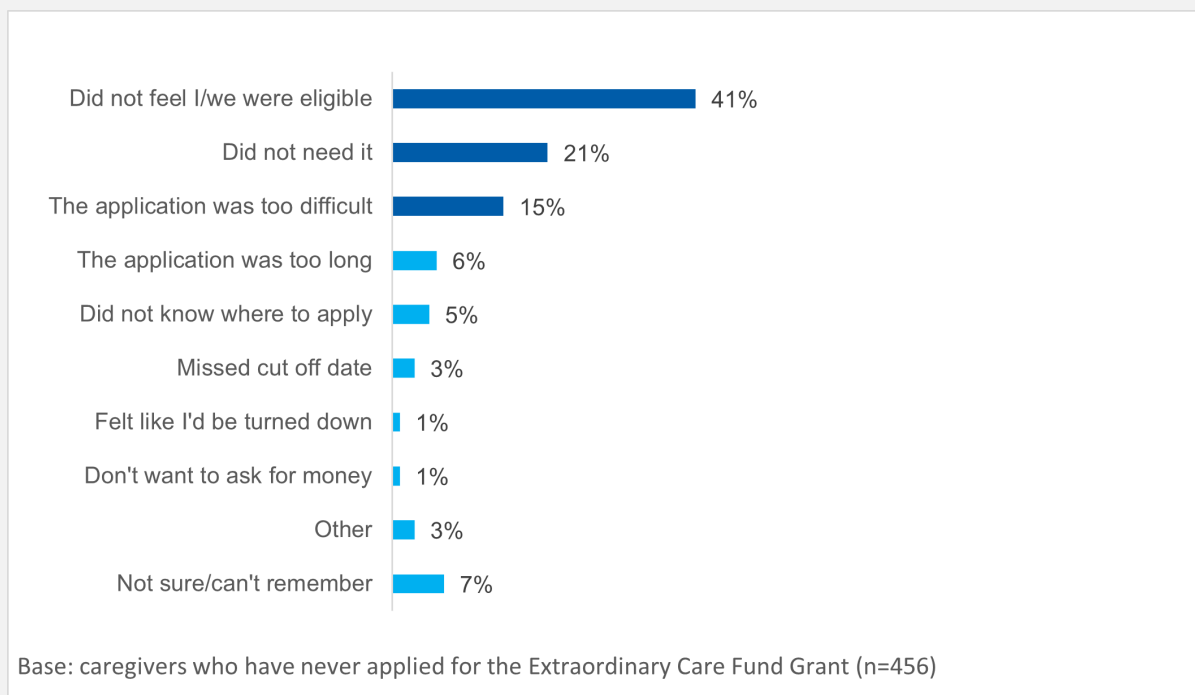
Caregivers who did not apply for the Extraordinary Care Fund Grant provided various reasons for their decision. The top three reasons shown in Figure 25, were as follows:

1. Ineligibility: 41% of respondents believed that they were ineligible to apply for the grant. This may suggest that there may have been a lack of awareness or understanding regarding the eligibility criteria or requirements for the fund.
2. Did not need the grant: 21% of respondents did not apply for the grant as they did not need it.
3. Difficulty of the application process: 15% of respondents found the application process too difficult.

These findings highlight some of the barriers and perceptions that deterred caregivers from applying for the Extraordinary Care Fund Grant. Addressing concerns around eligibility and providing clearer information about the application process may increase participation and access to the grant for those in need.

¹³ Multiple responses allowed

Figure 25. Could you tell me a little bit more about why you did not apply for the ‘Extraordinary Care Fund Grant’?¹⁴



While only a small proportion mentioned they didn't want to ask for money (1%) or felt they would be turned down (1%) the free text comments surrounding this emphasises that there is sometimes a sense of hesitancy in terms of reaching out for extra funding.

“When I have previously asked for things I have always been knocked back” – UCB Caregiver

“I felt I was being greedy by asking.” – UCB Caregiver

“It's embarrassing” – UCB Caregiver

“A lot of papers and feels for me that I'm asking for something, I've saved up my money to use my money before asking for that money.” – UCB Caregiver

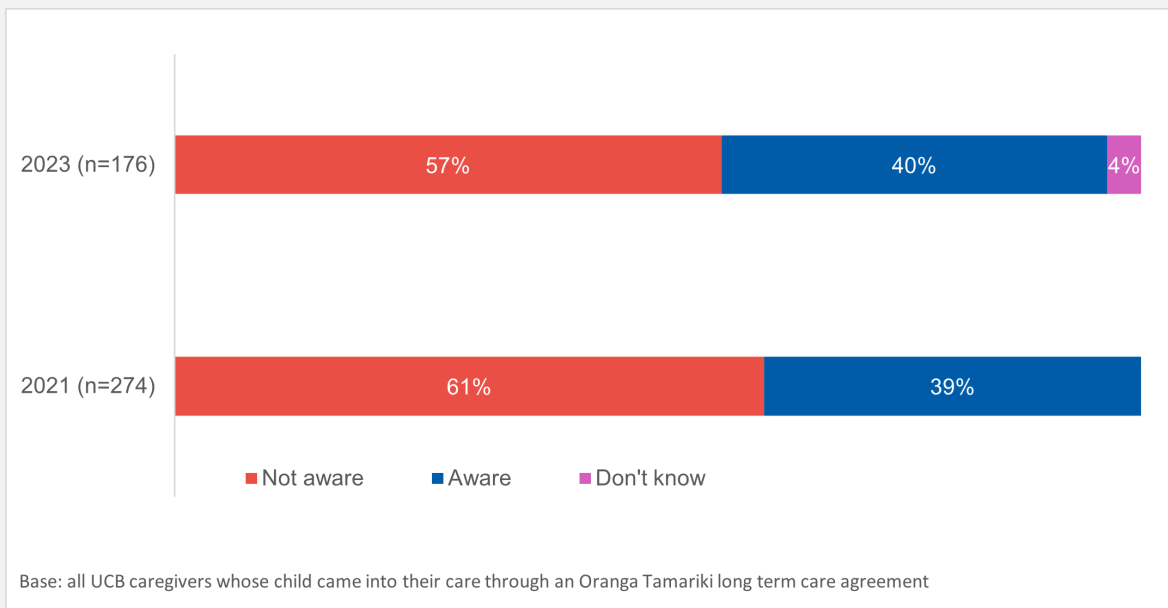
¹⁴ Multiple responses allowed

Awareness of the Permanent Caregiver Support Service (PCSS) is low, with social workers and Oranga Tamariki being the main source of awareness.

The permanent caregiver support service provides permanent caregivers and tamariki with support after their care becomes permanent and custody orders in favour of the chief executive are discharged. Caregivers whose child came into their care through an Oranga Tamariki long term care arrangement were asked if they were aware of this service.

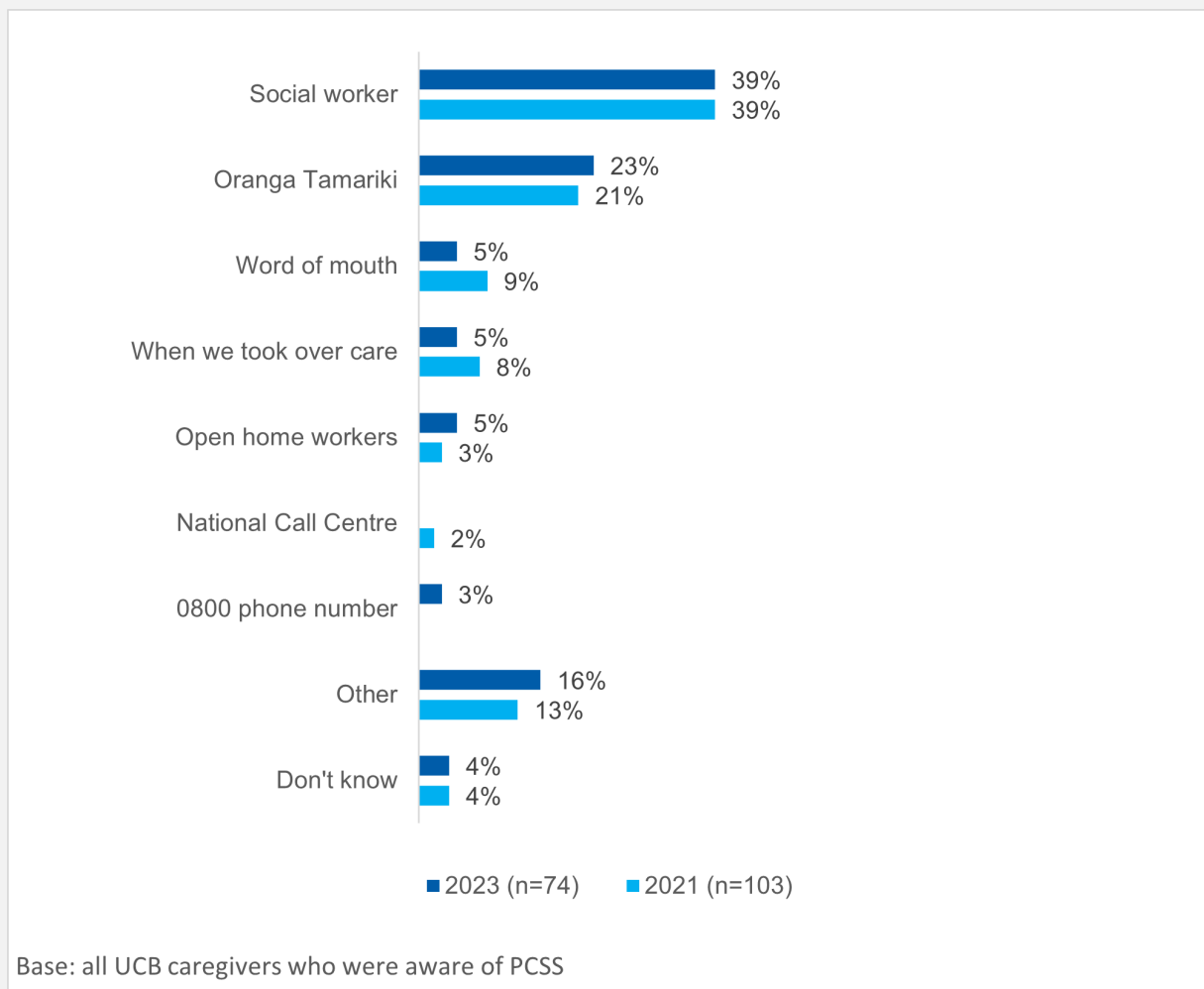
In 2023, 40% of these caregivers were aware of the PCSS which is similar to the findings from the 2021 survey, where 39% of respondents were aware of the service. See Figure 26.

Figure 26. Caregivers who are permanently caring for children who have been in Oranga Tamariki care can request support from the Permanent Caregiver Support Service (PCSS). Before now, were you aware of this service?



Among the caregivers who were aware of the PCSS, 39% stated that they heard about the service from a social worker, and another 23% heard about it through Oranga Tamariki. See Figure 27.

Figure 27. How did you first hear about the Permanent Caregiver Support Service?



Section 8: Support Needs and Support Provided

There is a range of non-financial support needs required by OB UCB caregivers; more than half of caregivers are not receiving support in these areas.

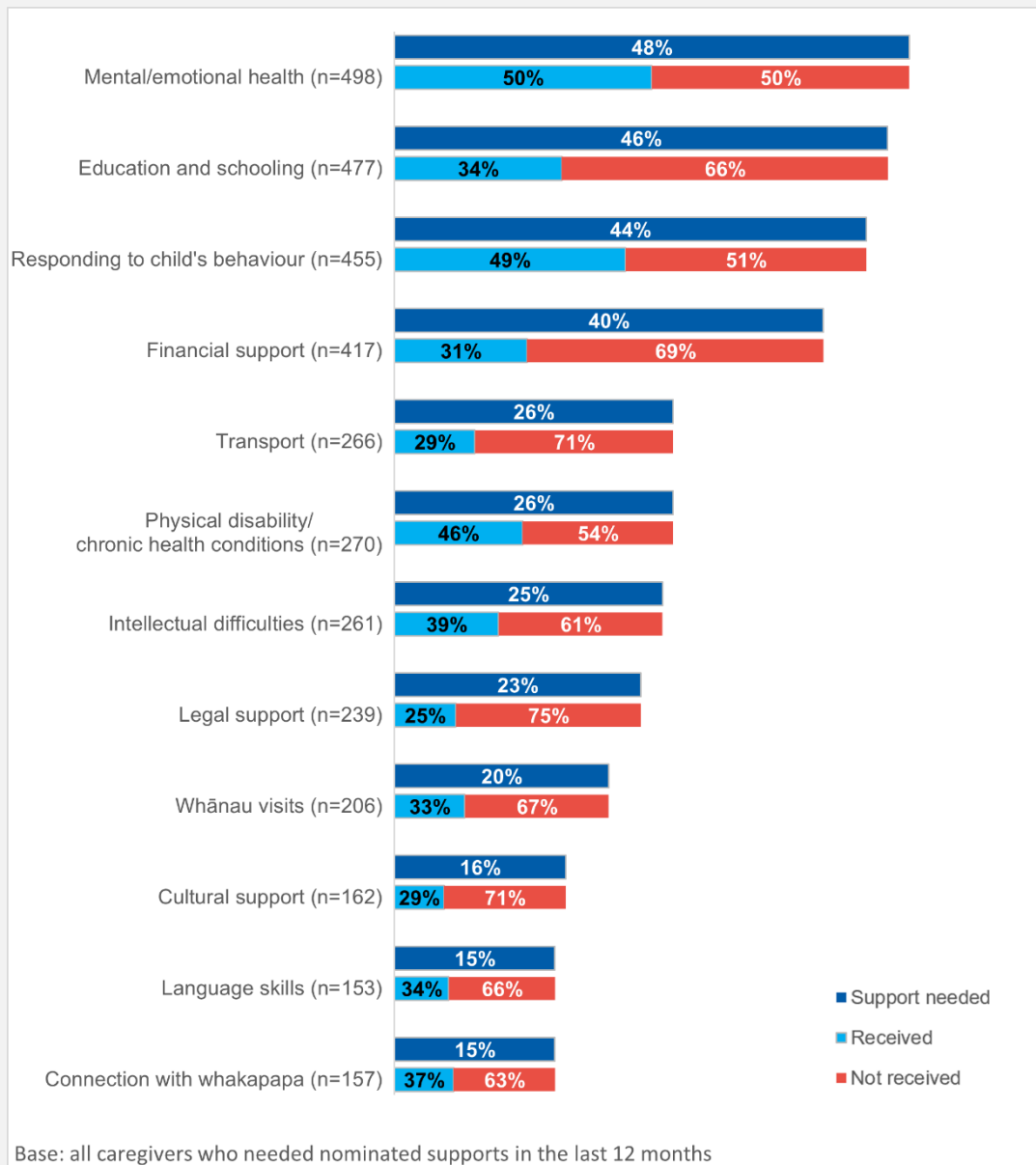
Respondents were asked about the types of support they needed over the past 12 months. They were provided with a list of 12 possible types of support and had the opportunity to mention any other types of support they required. Results shown in Figure 28 (overleaf) indicated the following:

- Forty-eight percent of respondents expressed a need for assistance with the child's mental and emotional health.
- Education and schooling support was cited as a common need by 46% of respondents.
- Responding to the child's behaviour was mentioned as a support need by 44% of respondents.
- Financial support was identified as a need by 40% of respondents.
- A quarter of respondents mentioned transport, physical disabilities, and intellectual difficulties as areas requiring support.

In addition to these needs, caregivers responding to this survey also mentioned other types of support they required. The specific details of these additional support needs are included in figure 28, overleaf.

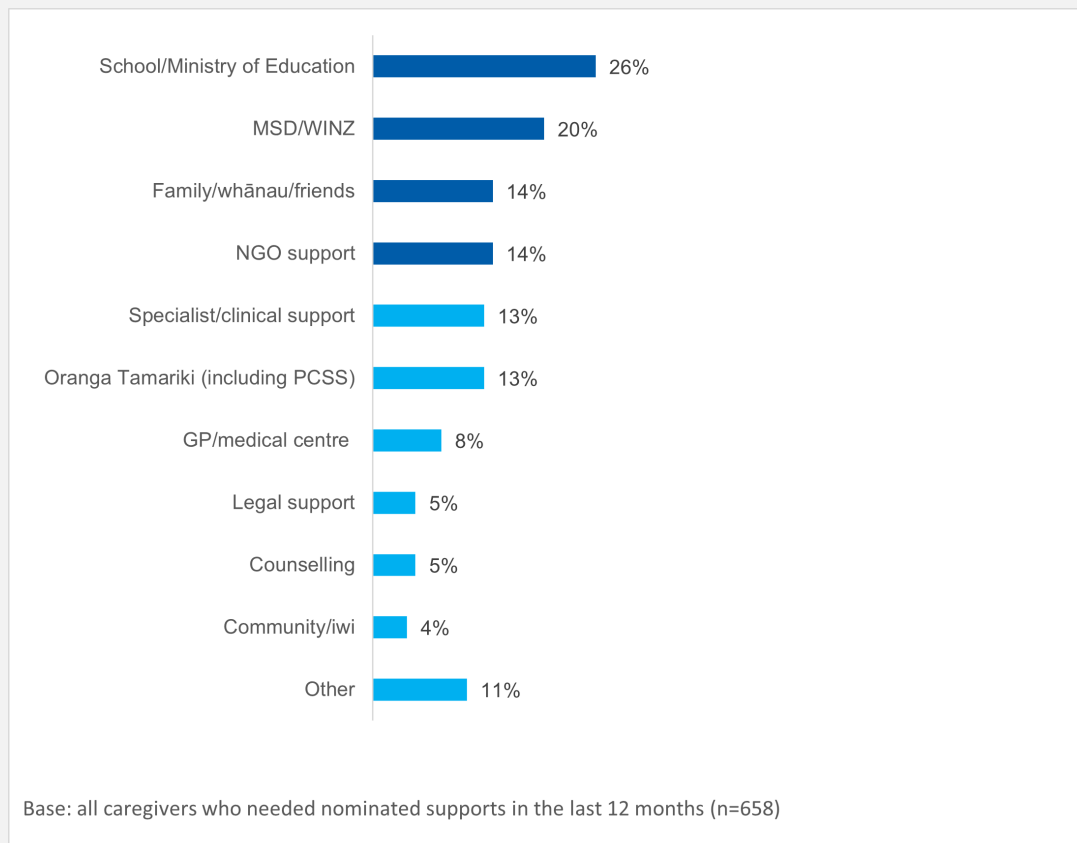
The surveyed caregivers who reported needing support in these areas were asked whether they received the assistance they required. It was found that more than half of the respondents did not receive the necessary support across various areas. This highlights the potential gaps in support services, indicating that additional efforts may be required to ensure that caregivers receive the support they need across various domains.

Figure 28. In the last 12 months, have you needed support with any of the following for [child's name]? Please answer yes or no for each. Which of the following did you receive support for?



In terms of where caregivers got the support from, twenty-six percent of respondents said support was received from school/Ministry of Education, while 20% received support from Ministry of Social Development/Work and Income. This was followed by family/ whānau or friends, or NGO support (14% each). Specialist/clinical support was also mentioned (13%) and a further 13% specifically identified Oranga Tamariki as providing support. See Figure 29.

Figure 29. Where did you go for support?¹⁵



¹⁵ Recorded verbatim and post coded. Multiple responses allowed.

Free text responses, while mostly focused on practical areas of accessing support such as school, government agencies, family/friends, and NGOs, also painted a picture of a cohort of caregivers caring for children who have relatively high support needs and the impact this has on the caregiver:

“My doctor who referred me to Mental health for children and ACC for counselling services. Children who come into the care of Grandparents have come in from traumatic circumstances so there is a lot of behavioural problems that comes with them. It can take years to work with them . It is a long term process. So, respite care is very important. In OT you get respite care but we don't. I think it is very important to get respite care for us!” – OB Caregiver

“She has a disability Advisor. She has a disability allowance. MOH give respite. They did an assessment on her, we had a behavioural psychologist and she is also under MOH on spectrum.” – UCB Caregiver

“I had to buy a new car and borrowed off my mother due to flood damage for financial support to help take grandson to school, I cashed out my Kiwisaver which leaves me 0 to retire on but my grandson came first. I was working full time but gave up my job, quite different being a grandparent picking up the pieces of what your children stuff up, because its interfered with my whole life. It's has been changed. Almost had a nervous breakdown last year around Christmas and my doctor has prescribed me with antidepressants because of the financial stress and very little support of grandparents raising grandchildren we need to be recognized more because there is a lot of us out there” – UCB Caregiver

Section 9: Supporting Caregivers Better

Across the data we see a picture of both financial and emotional stresses experienced by a group of caregivers with unique support needs. The following section uses analytical techniques to identify areas whereby targeted strategies could be used to ensure caregivers and their tamariki are supported, their stresses reduced, and wellbeing improved.

Overall, the findings suggest that providing targeted support for mental and emotional health, addressing behavioural challenges, ensuring adequate financial resources, promoting positive caregiver experiences, and focusing on child well-being and community engagement may help reduce caregiver stress. It is crucial to regularly assess and improve the support services provided to caregivers, considering the specific needs and circumstances of different ethnic groups.

The findings also demonstrate differences by ethnicity in the perceived impact of the UCB and additional payments on meeting health and wellbeing needs, as well as the perceived stress levels experienced by caregivers across different ethnic groups. Additionally, we see differences in terms of relationship of caregiver (non-kin/ kin) with regards to awareness of the grant, the perceived impact of financial assistance, and the assessment of the child's wellbeing. This underscores the importance of considering the specific needs and circumstances of different caregiver-child relationships when providing support and assistance to ensure equitable access to resources and to promote positive outcomes for the child.

The results from a regression analysis and subgroup analysis that support the above findings are provided in more detail below.

Support needs, financial aspects, caregiver perceptions, child wellbeing, and ethnicity are factors that may contribute to varying levels of stress amongst caregivers

A regression analysis¹⁶ was carried out to identify possible drivers of caregiver stress. Details of this approach are contained in Appendix Two. The results of the regression analysis indicated the following potential drivers of caregiver stress, including:

- Support needed in the last 12 months with the mental and emotional health of the child.

¹⁶ Regression analysis is a statistical process for analysing the relationship between two or more variables. It helps to understand the importance or impact of a 'driver' (the independent variable) by measuring its contribution to explaining variance in another variable (the dependent variable). The dependent variable in this analysis was Question Q24_2 in the survey which prompts respondents to rate their agreeance with the statement "being a caregiver is stressful". Independent variables were derived from other questions in the survey. These independent variables were entered into the model one at a time, based on the significance of the score statistic that improved the overall model fit the most. The process stopped when no more variables could significantly enhance the model fit. See more details in Appendix Three.

- Have applied, or tried to apply, for the Extraordinary Care Fund Grant.
- Being a caregiver is a personally rewarding experience.
- Support needed in the last 12 months with responding to the behaviour of the child.
- The child has been involved in community activities in the last 12 months.
- The caregiver is Samoan.
- The child is Māori.
- Whether the Benefits are enough money to cover the costs of caring for the child.
- The overall wellbeing of the child.
- The School and Year Start Up Payment was used to cover the cost of school uniform.
- Have received financial support in the last 12 months.
- The School and Year Start Up Payment was used to cover the cost of stationary.

It is important to interpret these findings with caution, as the variable included in the model explains only 13% of the variance in caregiver stress. This suggests that there are other unmeasured factors influencing caregiver stress that were not included in the model. With this, it is integral to also consider additional variables or factors that could contribute to caregiver stress. Further research and exploration of these unmeasured factors are warranted to gain a comprehensive understanding of the complexities surrounding caregiver stress. By acknowledging the limitations of the current model, future research can delve deeper into these unexplored factors and provide a more holistic understanding of caregiver stress and effective support strategies.

While the variance explained may seem modest, the findings may reveal some practical implications on understanding the stress among caregivers and provide some guidance for potential support strategies. The findings have been grouped into several themes:

Support Needs:

The analysis shows that respondents who require support for the child's mental and emotional health and behavioural challenges appear to be more likely to experience higher levels of stress. Providing caregivers with access to appropriate support services may help address these needs effectively.

Financial Aspects:

Caregivers who perceive the benefits as insufficient to cover the costs of caring for the child may experience higher levels of stress. This highlights the importance of ensuring that the financial support provided adequately meets the expenses associated with caregiving.

Caregiver Perception and Experience:

Caregivers who find being a caregiver personally rewarding may experience lower levels of stress. Encouraging positive caregiver experiences, providing recognition and support, and highlighting the meaningful impact of caregiving may help promote a sense of fulfilment and reduce stress levels.

Child Well-being and Activities:

Caregivers whose child is involved in community activities outside the home may experience lower levels of stress. Focusing on the overall well-being of the child may contribute to reducing caregiver stress.

Ethnicity:

Ethnicity presented as a factor in this analysis; particularly differences were noted for Samoan or Māori respondents, compared to other ethnic groups. These findings suggest the crucial importance for conducting further research and subgroup analysis based on ethnicity. This can help us better understand the unique challenges and stressors faced by different ethnic groups in caregiving roles. Subgroup analysis was performed to understand in greater detail the different experiences by ethnicity.

Subgroup analysis by ethnicity and relationship indicate differences in income, awareness and application of grants and the effects of this on stress levels.

Subgroup analysis was conducted to identify statistically significant differences by ethnicity and relationship to the child and observe general patterns and differences in responses. The differences identified are summarised below, the detailed results and relevant charts from the analysis have been included in Appendix Five. Any differences between subgroups are discussed by showing the result compared to that of another subgroup. The following discussion looks primarily at the UCB sample of the survey responses as there was sufficient sample size to conduct subgroup analysis.

The subgroup analysis has been compiled as follows:

- A comparison between Māori UCB caregivers and Pacific UCB caregivers or 'other' (UCB caregivers who are not Māori or Pacific).
- A comparison between Pacific UCB caregivers and Māori UCB caregivers or 'other' (UCB caregivers who are not Māori or Pacific).
- A comparison between UCB caregivers who identified as an 'other' ethnicity (including NZ European and 'other') and Pacific UCB caregivers and Māori UCB caregivers.
- A comparison between non-kin UCB caregivers and kin UCB caregivers.

Māori caregivers had a comparatively lower income, with lower awareness and application for grants, meaning there was less chance this cohort would agree that financial support reduced stress.

Overall, the surveyed Māori caregivers receiving the UCB had comparatively lower incomes and were less likely to be aware of and apply for grants compared to other ethnicities. This contributed to a lower agreeance with financial support reducing stress.

Some key findings include:

- Māori respondents primarily consisted of kin caregivers (92%), with 52% being grandparents/great grandparents and 32% being aunts/uncles.
- Māori respondents had lower incomes than those of 'other' ethnicity, with 18% earning less than \$500 per week.
- A higher proportion of Māori respondents felt their income was insufficient to meet their needs (50% compared to 'other', 36%).
- They were more likely to seek support from family and friends (25% compared to 'other', 16%).
- They also reported higher support needs in areas like finances (42% compared to 'other', 34%), transport (30% compared to 'other', 16%), and cultural support (19% compared to 'other', 10%).

- Māori respondents were more likely to mention that they had approached Work and Income for extra help (38% compared to 'other' 20%), and a higher proportion stated that the initial grant was not enough money (42% compared to 'other', 33%).
- Significantly fewer Māori respondents (50%) reported that the UCB and additional payments had reduced their financial stress, compared to Pacific (59%) and 'other' respondents (63%).

Pacific caregivers experienced higher financial need, required more support, and had a lower awareness of and application for grants.

Sixty-seven UCB respondents identified Pacific ethnicity as a single ethnicity or any one of their ethnic identities, accounting for 6% of the survey sample¹⁷. Pacific caregivers experienced higher financial need, required more support, and had a lower awareness and application of grants. This resulted in a greater reliance on personal resources and increased financial burden.

Some key findings include:

- Majority (98%) of the surveyed Pacific caregivers were kin caregivers, with 44% being grandparents/great grandparents and 46% being aunts/uncles.
- Pacific respondents had lower incomes, with 24% earning less than \$500 per week. Close to two thirds (63%) of them indicated that their income was insufficient for daily needs (compared to Māori, 50% and 'other', 36%).
- A significant 43% of Pacific respondents sought extra assistance from Work and Income, double that of those who identified as an 'other' ethnicity (20%), and 44% considered the initial grant insufficient.
- Pacific respondents reported adding "a lot" of their own money to cover caregiving costs, indicating a substantial financial burden.
- Pacific respondents mentioned higher support needs in education (65% compared to Māori, 49% and 'other', 41%), financial support (57% compared to Māori, 42% and 'other', 34%), and transport (44% compared to Māori, 30% and 'other', 16%).
- Thirty one per cent of Pacific respondents disagreed that UCB and additional payments met the education needs of the child in their care (compared to Māori, 18% and 'other', 19%).

Caregivers who had an ethnicity other than Māori or Pacific had a higher income and felt their income was 'enough' to meet their needs however a higher proportion of these caregivers reported greater stress levels.

Among the UCB respondents, 38% (392 caregivers) were classified as an 'other' ethnicity, comprising New Zealand European (87%), Indian (1%), and other (14%).

Overall, 'other' ethnicity UCB respondents had a higher proportion of non-kin caregivers. They generally reported higher incomes and financial satisfaction compared to Māori and Pacific respondents. However, they also reported higher stress levels, potentially attributed to the presence of non-kin caregivers among them.

Some key findings include:

¹⁷ The OB sample size was too small for subgroup analysis, the following differences are observed for Pacific respondents receiving the UCB.

- ‘Other’ ethnicity UCB respondents had a higher proportion of non-kin caregivers (17%) compared to Māori (6%) and Pacific (2%) respondents.
- A greater proportion (24%) of ‘other’ respondents came to be UCB caregivers through an Oranga Tamariki Long Term Care Agreement (compared to 16% Māori and 7% Pacific) and through legal means (15% compared to Māori, 11% and Pacific, 7%).
- Over a quarter of ‘other’ respondents had incomes over \$1,300 per week, and more reported that their income and the UCB benefit was “enough money” to meet their daily needs compared to Māori and Pacific respondents.
- ‘These respondents reported a higher need for child mental and emotional health support (67% compared to Māori, 48% and Pacific, 46%), and more had identified Oranga Tamariki as providing support (20%) than Māori (10%) and Pacific (5%) respondents.
- A larger proportion of ‘other’ respondents (75%) agreed that the UCB and additional payments met the health and wellbeing needs of the child, compared to Māori (66%) and Pacific (59%) respondents.
- Interestingly, ‘other’ respondents (76%) were more likely report that being a caregiver can be stressful, compared to Pacific caregivers (63%) and Māori caregivers (64%), possibly due to a higher representation of non-kin caregivers. Among non-kin caregivers responding to this survey, 75% reported experiencing stress, indicating the nature of the caregiver-child relationship, particularly when it involves non-kin caregivers, may contribute to elevated stress levels.

Differences observed between kin and non-kin caregivers identified that the relationship between the child and caregiver may have an impact on perceptions and experiences.

Nine percent (96 caregivers) of the survey sample identified as being non-kin caregivers, while 88% (911 caregivers) were kin/whānau caregivers: 53% grandparents, 26% aunts/uncles, and 9% other whānau members. Of interest was how this relationship impacted on experiences and support needed as a caregiver.

Some key findings include:

- On average, 54% of respondents who identified as being kin caregivers indicated that the OB or UCB was enough money to cover the costs of caring, compared to 45% non-kin caregivers and 33% with other relationships.
- Survey data revealed that respondents who are kin to the child were more likely to be unaware of the Extraordinary Care Fund Grant compared to respondents identified as non-kin or having another relationship to the child.
- Statistical testing identified a higher proportion of respondents who are kin to the child (36% on average) had asked Work and Income for extra assistance, than non-kin caregivers (21%).
- A higher percentage of UCB caregivers who identified as kin to the child (55%) reported that the financial support provided experiences and opportunities that the child would not have otherwise had access to. This proportion was higher compared to caregivers identified as non-kin (43%) or having other relationships (29%) to the child.

Concluding Comments

The purpose of the survey is to gain insight into the experiences of OB and UCB caregivers and understand how Oranga Tamariki can support these caregivers. Findings indicate that their experiences are influenced by many factors, including ethnicity of the caregiver, relationship to the child, and income levels. Through understanding how these experiences differ, we can begin to consider how best to provide tailored and targeted supports to meet the needs of both caregivers and the children in their care.

While financial supports currently provided are sufficient for some, many caregivers are still experiencing financial stress and finding it difficult to meet the needs of children in their care. Uptake of targeted support such as the Extraordinary Grant Fund is variable, as is awareness. For these financial supports to reach further, there needs to be an increase in awareness in terms of availability and eligibility.

The range of support needs of OB/UCB caregivers indicates that many of the children in OB/UCB care have extra support needs and these needs aren't always being met.

Findings suggest that connecting caregivers with targeted support for children's mental and emotional health, ensuring adequate financial resources, promoting positive caregiver experiences, and focusing on child well-being and community engagement may be ways to help support OB/UCB caregivers and the children they care for better.

Appendices

Appendix One: OB and UCB Benefits and Associated Legislation

The OB and UCB

The Orphan's Benefit (OB) and Unsupported Child's Benefit (UCB) are benefits paid by MSD to caregivers for the care of a child. Caregivers' income does not affect entitlement to the OB or the UCB. These caregivers are required to be a New Zealand citizen or permanent resident aged 18 or older. For OB the caregiver needs to be caring for a child whose:

- natural or adopted parent(s) or stepparent(s) have died
- parent(s) can't be found, or
- parent(s) can't look after them because of a long-term health condition or incapacity.

For the Unsupported Child's Benefit (UCB) the caregiver needs to be caring for a child who parents cannot care for them because of a family breakdown.¹⁸ Some children are referred by Oranga Tamariki, and it may have been agreed at a Family Group Conference, hui, or cultural service meeting, that there has been a family breakdown.

Where Oranga Tamariki plays a role in the child's welfare, the Ministry of Social Development assesses the evidence, including evidence provided by Oranga Tamariki to determine whether a family breakdown assessment is needed.

Where a child is not currently in the care of Oranga Tamariki, caregivers can directly apply to the Ministry of Social Development for financial support. A family breakdown assessment is required to determine if the eligibility criteria are met. Barnardos New Zealand carries out assessments for the Ministry of Social Development as to why a child cannot live with their parents. Parents and others, such as teachers, social workers, children, and caregivers, may be included to help in the assessment.

The Barnardos assessment is to gain an understanding of the family situation. They make recommendations on whether a family breakdown has occurred and to what extent the child is unable to live with their parent(s). Using these recommendations along with other evidence, the Ministry of Social Development makes the decision on who meets eligibility for receiving the Unsupported Child's Benefit.

Legislation related to the care of children

Oranga Tamariki and the Ministry of Social Development work within various Acts and legislation for children living with caregivers, which include the:

- Social Security Act 2018, specifically Subpart 5 – Orphan's Benefit s43, s44, s45, and Subpart 6 – Unsupported Child's Benefit s46, s47, s48.

¹⁸ The Ministry of Social Development. (2019). Website: <https://www.workandincome.govt.nz/products/a-z-benefits/unsupported-childs-benefit.html#null>

- <http://www.legislation.govt.nz/act/public/2018/0032/latest/whole.html>

 - Oranga Tamariki Act 1989 (Children's and Young People's Well-being Act 1989), specifically Part 2 - Family Group Conferences s20-s38.
<http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html>
 - Care of Children (COCA) Act 2004
<http://www.legislation.govt.nz/act/public/2004/0090/latest/whole.html>
 - Child Support Act 1991.
<http://www.legislation.govt.nz/act/public/1991/0142/latest/whole.html>
 - Income Tax Act 2007.
<http://www.legislation.govt.nz/act/public/2007/0097/latest/whole.html>

Appendix Two: Methodology

Sampling frame

The sampling frame for this survey was derived from the operational database of caregivers receiving the Orphan's Benefit (OB) and Unsupported Child's Benefit (UCB) from the Ministry of Social Development (MSD). The MSD database provided contact details for the eligible caregivers, enabling us to conduct pre-notification letters and phone interviews for survey participation.

Caregivers who had no contact details recorded were excluded from the survey. After these exclusions, the final sample frame comprised 13,206 caregivers, with 258 receiving the OB and 12,948 receiving the UCB, who were considered eligible for participation in the survey.

Sample selection

For the OB caregivers, all eligible recipients were invited to participate in the survey through mailed letters, followed by phone interviews conducted by the research team. In the case of UCB caregivers, a stratified sampling approach was employed based on ethnicity. A total of 2,935 UCB caregivers were selected for the survey and sent pre-notification letters. Subsequently, they were contacted by phone interviewers to encourage their participation in the survey.

Strata	Number selected	Selection approach taken
OB	258	Census approach
UCB - Māori	1,531	Random sample without replacement
UCB - Pacific	203	Random sample without replacement
UCB - Other	1,201	Random sample without replacement
Total	3,193	

Data collection

A 20-minute telephone survey was conducted to gather information from OB and UCB caregivers. Contact details were drawn from the Ministry of Social Development database.

The survey was conducted in two stages:

1. Caregivers were sent a pre-notification letter and information sheet from Oranga Tamariki which introduced the upcoming survey and offered the opportunity to opt out if desired. These materials were dispatched between the 5th and 11th of April 2023.
2. Phone interviews were conducted by Symphony Research using computer-assisted-telephone-interviewing (CATI). Multiple callbacks were made to each telephone number, ensuring maximum participation. The interviews were carried out between the 15th of April 2023 and the 2nd of June 2023.

No incentive to encourage participation was used for the phone survey.

Response rate

A total of 1,037 phone interviews were conducted, with 78 interviews from OB caregivers and 959 from UCB caregivers, resulting in an overall response rate of 32%.¹⁹

Strata	Sample	Responses
OB	258	78
UCB	2,925	959
Total	3,193	1,037

Representativeness of responses

The proportion of survey respondents was compared to the population of all eligible caregivers based on ethnicity, as shown in Table A1 and A2.

Table A1: Ethnicity of OB respondents

Ethnicity	Response breakdown (n=78)		Whole population breakdown (n=251)	Difference (% points)
	Count	Percentage		
Māori	39	50%	46%	+4%
Non-Māori	39	50%	54%	-4%

Table A2: Ethnicity of UCB respondents

Ethnicity	Response breakdown (n=959)		Whole population breakdown (n=12,948)	Difference (% points)
	Count	Percentage		
Māori	490	51%	52%	-1%
Pacific	54	6%	7%	-1%
Other	415	43%	41%	+2%

Weighting

The survey responses were weighted at the analysis stage to ensure that the survey responses represented each population of caregivers. For OB caregivers, weighting was by Māori and non-Māori (Pacific, New Zealand European, and Other). For UCB caregivers, responses were weighted by Māori, Pacific and Other. Table A3 shows the unweighted and weighted profiles of caregivers.

¹⁹ This is based on all attempted contacts, including invalid phone numbers.

Table A3: Weighting scheme

Subgroup used in weight scheme	Unweighted (n=1,037)	Weighted (n=1,037)
OB - Māori	39	36
OB - non-Māori	39	42
UCB - Māori	490	499
UCB - Pacific	54	67
UCB -Other	415	392

Margin of error

The survey results for OB and UCB caregivers are subject to an estimated maximum margin of error of plus or minus 3% at the 95% confidence level, based on the participation of 1,037 caregivers in the phone interview.

Non-sampling error

Non-sampling errors, arising from systematic and random causes, were carefully considered during the survey to minimise their impact. Measures such as pre-testing, piloting, and interviewer training were implemented to address potential sources of bias and errors. Weighting was used to compensate for non-response bias and enhance representativeness.

Notable survey limitations

The small population size of OB caregivers limits subgroup analysis. While a stratified sample of UCB caregivers was surveyed, the findings may not exactly represent the total population due to potential issues related to coverage, non-response, and sample variation. The risks to representativeness were minimised by weighting the population by the ethnicity of caregivers as described above. This report is based on caregiver-reported information, and this should be taken into account when reading the report. One child was the focus of each caregiver interview. This potentially introduces a bias into the research as caregivers with more than one eligible child may respond for the more challenging of these children. In addition, the sampling unit for the survey was the caregiver consequently children cared for by these caregivers do not have an equal chance of representation. Hence, child related findings may not be representative of all those children who qualify their caregiver for the OB or UCB.

Regression analysis for understanding drivers for OB/UCB caregiver stress

To investigate potential factors influencing caregiver stress among recipients of the OB and UCB, a regression analysis was conducted. Regression analysis is a statistical process for analysing the relationship between two or more variables. It helps to understand the importance or impact of a 'driver' (the independent variable) by measuring its contribution to explaining variance in another variable (the dependent variable). For this project we used multiple linear regression with a forward stepwise approach. The dependent variable is Q24_2: "please use the same scale as before, where 1 is strongly disagree and 5 is strong agree - Being a caregiver is stressful". The independent variables come from other questions in the survey. These independent variables were entered into the model one at a time,

based on the significance of the score statistic that improved the overall model fit the most. The process stopped when no more variables could significantly enhance the model fit. The missing values in the variables were replaced with the median value of the entire feature column.

The results of the regression analysis indicated the following potential drivers of caregiver stress, including:

- Support needed in the last 12 months with the mental and emotional health of the child
- Have applied, or tried to apply, for the Extraordinary Care Fund Grant
- Being a caregiver is a personally rewarding experience
- Support needed in the last 12 months with responding to the behaviour of the child
- The child has been involved in community activities in the last 12 months
- The caregiver is Samoan
- The child is Māori
- Whether the Benefits are enough money to cover the costs of caring for the child
- The overall wellbeing of the child
- The School and Year Start Up Payment was used to cover the cost of school uniform
- Have received financial support in the last 12 months
- The School and Year Start Up Payment was used to cover the cost of stationary

The results of the regression analysis indicated that the variables included in the model accounted for 13% of the variance in caregiver stress. Other unmeasured factors not accounted for in the model could also influence caregiver stress. It is essential to recognise the limitations of the regression model, as it does not guarantee the exclusion of irrelevant variables or ensure the selection of the best predictors of caregiver stress. Therefore, it is important to interpret the findings with caution and consider other potential factors not included in the model that may contribute to caregiver stress. Further research may be warranted to gain a comprehensive understanding of the complexities surrounding caregiver stress.

Appendix Three: Questionnaire

Introduction:

(GREETING BASED ON SAMPLE ETHNICITY VARIABLE. IF MĀORI: Kia ora/ COOK IS: Kia orana / TONGA: Mālō e lelei /FIJI: Ni sa bula/NIUE: Fakaalofa lahi atu / SAMOAN: Talofa lava/TOKELAU: Malo ni)/Good morning/afternoon/evening. May I please speak with (FROM SAMPLE: CAREGIVER NAME).

I'm calling about a letter you were sent from Oranga Tamariki about a survey to find out your views on the (FROM SAMPLE: Orphan's Benefit/ Unsupported Child's Benefit) and your experiences as a caregiver.

My name isfrom Symphony Research, a research company.

Do you remember getting sent a letter about this survey?

IF DON'T REMEMBER LETTER GO TO 'A'.

IF REMEMBER LETTER GO TO 'B'.

A: That's okay. I can explain what you need to know. Is now a convenient time to talk?

B: Great. Is now a convenient time to talk?

ASK ALL: First, can I just check, are you currently the main caregiver?

IF YES, CONTINUE.

Our survey is about the (FROM SAMPLE: Orphan's Benefit/ Unsupported Child's Benefit), and we'd like to talk with you about your opinions of the support you get.

IF ANOTHER PERSON IN HOUSEHOLD IS MAIN CAREGIVER, ASK TO SPEAK TO THEM AND RE-INTRODUCE.

IF CHILD NO LONGER LIVES WITH THEM, CLOSE NQ CHILD.

There are no right or wrong answers. We're just interested in what you think. Everything you say is confidential. Only Symphony Research and researchers at Oranga Tamariki will have access to your individual answers. The survey will take about 15 minutes depending on your answers.

Taking part is voluntary and it won't affect any payments you get from Work and Income. If you are willing to do the survey, I can talk to you now or arrange a time to call you back.

Are you willing to take part in the survey?

YES, CONTINUE OR ARRANGE TIME TO CALL BACK.

NO, THANK RESPONDENT AND TERMINATE INTERVIEW, CLOSE REF.

Thank you for agreeing to take part. Just to let you know, our calls are recorded for training purposes.

DO NOT PAUSE. CONTINUE TO NEXT SCREEN UNLESS RESPONDENT ASKS ABOUT RECORDING.

IF NECESSARY: The recording is used to check that I have carried out the survey correctly.

IF NECESSARY: All recordings are stored securely and can only be accessed by authorised staff.

You may get the (Orphan's Benefit/Unsupported Child's Benefit) for more than one child, but we need to ask you questions about just one child for this survey. For the purposes of this survey, please answer the questions for one child. To make this easier, we can use the child's name through the survey, would you like to do this?

1	Yes – ask and record child's name	Use child's name in text substitution
2	No	Use 'the child' instead of child's name in text substitution

Section A: Relationship with child

1. Which of the following best describes your relationship with (CHILD'S NAME) when they came to live with you?

1	Grandparent or great-grandparent	
2	Aunt or Uncle or Great-Aunt or Uncle	
3	Niece or Nephew	
4	Cousin	
5	Brother or sister	
6	Whāngai	
7	Some other relationship (specify)	<i>Other, specify</i>
8	Do not read: Child ALWAYS known respondent as mother or father	
9	Do not read: Don't know	

2. And, how long has (CHILD'S NAME) been in your care?
DO NOT READ OUT. CODE CLOSEST

1	Less than 6 months	
2	6 months to a year	
3	1-3 years	
4	3-6 years	
5	More than 6 years	
6	Don't know	

3. (*Ask UCB caregivers only | OB skip to Q4*) What process led to you becoming the caregiver for the child and receiving the UCB?
(*READ UNTIL ANSWER GIVEN*)

1	Through a private agreement with the child's parent(s)	
---	--	--

2	As a result of a Family Group Conference	
3	Through an Oranga Tamariki long term care agreement (previously called "Home for Life")	
4	Through a Family Breakdown Assessment	
5	Some other way (please specify)	<i>Other, specify</i>
6	DO NOT READ: Don't know	
7	DO NOT READ: They have always been in my care	

4. We understand that children are not always able to live with their parents for different reasons. Are you able to please tell me the main reason why [CHILD'S NAME] came into your care.
(DO NOT READ OUT, CODE ONE ONLY)

1	Their parent(s) were unable to cope	
2	Their parent(s) were very young	
3	Their parent(s) were in prison	
4	Their parent(s) had substance abuse issues	
5	The parent had physical or mental health issues	
6	The child was at risk of harm or neglect	
7	Or some other reason (specify)	<i>Other, specify</i>

5. (OB caregivers only. UCB caregivers skip to Q6)
We understand that children are not always able to live with their parents for different reasons. Are you able to please tell me the main reason why [CHILD'S NAME] came into your care.
(DO NOT READ OUT. CODE ONE ONLY.)

1	Their parent(s) have died	
2	Their parent(s) can't be found	
3	Their parent(s) can't care for them because they have a long-term health condition or disability	
4	Other reason	<i>Other, specify</i>

Section B: Financial Support

Now I have some questions about your income to help us understand some of the costs and challenges that caregivers experience. Remember, everything you say is confidential. Your answers will not affect any payments you're getting.

6. This question is about your weekly income from all sources. This includes all money you get such as salary or wages, self-employed income, child support payments, or

money from the Government. Please only include income for you and your partner, if you have one. What is your combined weekly income after tax?

1	Up to \$500	Go to Q8
2	Over \$500 and up to \$700	
3	Over \$700 and up to \$1,000	
4	Over \$1,000 and up to \$1,300	
5	Over \$1,300	
6	DO NOT READ: Don't know	Ask Q7
7	DO NOT READ: Refused	Go to Q8

7. It may be easier for you to answer about your annual income. Are you able to tell me your combined income in the last 12 months before tax or before anything else was taken out?

1	\$30,000 or less	
2	More than \$30,000 and up to \$43,000	
3	More than \$43,000 and up to \$65,000	
4	More than \$65,000 and up to \$90,000	
5	More than \$90,000	
6	DO NOT READ: Don't know	
7	DO NOT READ: Refused	

8. We would like to understand how well your total income meets your everyday needs for things like accommodation, food, clothing and other necessities. Would you say it is...

1	More than enough money	Reverse codes 1-3 for 50% of sample
2	Enough money	
3	Not enough money	
4	DO NOT READ: Don't know	
5	DO NOT READ: Refused	

9. Now thinking about the [Orphans benefit OR Unsupported Child's Benefit]. We would like to understand if the [Orphan's Benefit OR Unsupported Child's Benefit] you get for looking after [CHILD'S NAME] is enough to pay for the costs of caring for them. Would you say the benefit is...

1	More than enough money	Reverse codes 1-3 for 50% of sample
2	Enough money	
3	Not enough money	
4	DO NOT READ: Don't know	
5	DO NOT READ: Refused	

10. Over the past 6 months, have you asked Work and Income for extra help to cover the costs of caring for [CHILD'S NAME]? For example, extra financial help could mean food grants, emergency dental treatment, or money borrowed for appliances, clothing and bills.

1	Yes	
2	No	
3	DO NOT READ: Refused/ don't know	

11. Over the past 6 months, have you personally had to use your own money to add to what you get from Work and Income to cover the costs of caring for [CHILD'S NAME]? **IF YES:** Would you say you've had to do this a lot, or a little?

1	Yes – a lot	
2	Yes- a little	
3	No- not at all	
4	DO NOT READ: Don't know	

12. You would have received a grant when you first took on the care of the child. Would you say this was:

1	More than enough money	Skip to Q15
2	Enough money	Skip to Q15
3	Not enough money	
4	DO NOT READ: Don't know	
5	DO NOT READ: Refused	Skip to Q15

13. What additional items do you feel were not covered by this payment?

	Record text
1	

14. Where did you go to get more support for these items?

	Record text
1	

15. An 'Extraordinary Care Fund Grant' can be applied for through Work and Income. This Grant is for a child showing promise through high achievement for a particular skill or talent, or a child who experiences difficulties impacting their development. Before today, were you aware of the 'Extraordinary Care Fund grant'?

1	Yes	
2	No	Skip to Q18
3	DO NOT READ OUT: Refused/ don't know	Skip to Q18

16. Have you ever applied, or tried to apply, for the 'Extraordinary Care Fund Grant'

1	Yes	Skip to Q18
2	No	

3	DO NOT READ OUT: Refused/ don't know	
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17. Could you tell me a little bit more about why you did not apply for the 'Extraordinary Care Fund Grant'?
DO NOT READ OUT. CODE CLOSEST.

1	Did not know where to apply	
2	The application was too difficult	
3	Did not feel I/we were eligible	
4	The application was too long	
5	Other, please specify	Specify
6	Not sure/ Can't remember	Exclusive

18. (Skip if 2 or 3 at Q16) Please tell me whether the things I read out are costs that you applied for under the Extraordinary Care Fund. Just answer yes or no for each.
Read out: Select all that apply

1	Sport fees and/or equipment	
2	Music lessons and/or instruments	
3	Technology	
4	Counselling services	
5	Development programmes	
6	Extra tuition	
7	Orthodontics (e.g. braces)	
8	Other (please specify)	Specify

19. You can apply to work and income for a 'School and Year Start Up Payment'. This one-off payment is to help with pre-school or school costs at the beginning of each year. Before today were you aware of this payment?

1	Yes	Read Q20
2	No	Skip to Q23
3	DO NOT READ OUT: Refused/ don't know	Skip to Q23

20. Is the 'School and Year Start Up Payment' enough to meet the school related costs of the child in your care?

1	Yes	Ask Q21
2	No	Skip to Q22
3	Have not applied for the payment	Skip to Q23
4	Don't know	Skip to Q23

21. What types of school related costs did you use the payment for?
DO NOT READ OUT. CODE CLOSEST. MULTIPLE RESPONSE ALLOWED

1	Uniform	
2	Stationery	
3	School shoes	
4	School books	

5	School device	
6	School bag	
7	Lunch box/ drink bottle	
8	Other, please specify	Specify
9	Don't know	Exclusive

22. SKIP IF YES AT Q20. What additional school related costs does the payment NOT cover?

DO NOT READ OUT. CODE CLOSEST. MULTIPLE RESPONSE ALLOWED

1	Uniform	
2	Stationery	
3	School shoes	
4	School books	
5	School device	
6	School bag	
7	Lunch box/ drink bottle	
8	School trips	
9	School fees	
10	School events (swimming sports/ athletics day etc.)	
11	Extra curricular activities (sports, music, tutoring etc.)	
12	Other, please specify	Specify
13	Don't know	Exclusive

23. We'd like to ask a few questions about how the financial supports including the OB/UCB and additional payments have made a difference for you and the child you care for. For each statement I read out, please tell me whether you strongly agree, agree, have mixed feelings, disagree, or strongly disagree.

Read statement and, if necessary, ask 'how much do you agree or disagree' (RANDOMISE STATEMENTS)

	Strongly disagree	Disagree	Mixed feelings	Agree	Strongly agree	(DO NOT READ OUT) Don't know
The financial assistance I have received enables me to meet the health and wellbeing needs of the child	1	2	3	4	5	6

The financial assistance I have received enables me to meet the education needs of the child	1	2	3	4	5	6
The financial assistance I have received has reduced my financial stress	1	2	3	4	5	6
The financial assistance I have received has allowed me to meet the emotional and social needs of the child	1	2	3	4	5	6
The financial assistance I have received has provided experiences and opportunities that the child would otherwise not have had access to	1	2	3	4	5	6
The financial assistance I have received allows me to continue to care for the child	1	2	3	4	5	6

Section C: Views about being a caregiver

24. Now we'd like to know your views on being a caregiver. For each statement, please use the same scale as before, where 1 is strongly disagree and 5 is strongly agree. Read statement and, if necessary, ask 'how much do you agree or disagree'

	Strongly disagree	Disagree	Mixed feelings	Agree	Strongly agree	(DO NOT READ OUT) Don't know
--	-------------------	----------	----------------	-------	----------------	---------------------------------

Being a caregiver is a personally rewarding experience for you	1	2	3	4	5	6
Being a caregiver is stressful	1	2	3	4	5	6
You trust the authorities to do the best for children and young people in their care	1	2	3	4	5	6

Section D: Support and services

25. It's understandable that people may need support when caring for children. In the last 12 months, have you needed support with any of the following for [child's name]? Please answer yes or no for each. Have you needed help for...

1	Their education and schooling	
2	Responding to their behaviour	
3	Their mental and emotional health	
4	Any physical disability or chronic health conditions	
5	Any intellectual difficulties	
6	Transport	
7	Language skills	
8	Cultural support	
9	Legal support	
10	Support for whānau visits	(UCB only)
11	Connection with whakapapa	
12	Financial support	
13	Help for something else	Other, specify
14	None of the above	Exclusive. Skip to Q28

26. Which of the following did you receive support for? (Only show those selected at Q25)

1	Their education and schooling	
2	Responding to their behaviour	
3	Their mental and emotional health	
4	Any physical disability or chronic health conditions	
5	Any intellectual difficulties	

6	Transport	
7	Language skills	
8	Cultural support	
9	Legal support	
10	Support for whānau visits	(UCB only)
11	Connection with whakapapa	
12	Financial support	
13	Help for something else	Other, specify
	None of the above	Exclusive. Skip to Q27

27. Where did you go to get support?

	Record text
1	

28. ASK IF Q3= 3

Caregivers who are permanently caring for children who have been in Oranga Tamariki care can request support from the Permanent Caregiver Support Service (PCSS). Before now, were you aware of this service?

1	Yes	
2	No	Skip to Q30
3	Don't know	Skip to Q30

29. How did you first hear about the Permanent Caregiver Support Service?
READ ONLY IF CLARIFICATION NEEDED. CODE ALL THAT APPLY

1	National Call Centre	
2	Open home workers	
3	Social worker	
4	0800 phone number	
5	Some other way (please specify)	Other, specify
6	Don't know	

Section E: Child's Need and Wellbeing

30. We would like to ask a few questions about the child in your care so we can understand more about your experiences with caregiving. In the last 12 months, would you say [child's name] wellbeing was poor, not very good, good, very good, or excellent?

1	Poor	
2	Not very good	
3	Good	
4	Very good	
5	Excellent	

31. In the last 12 months, which of these activities has (child's name/ the child you care for) been involved in outside the home?

1	Spending time with friends	
2	Sports activities	
3	Music activities	
4	Church activities	
5	Community activities	
6	Cultural activities	Specify
7	Kohunga reo/ pre-school activities	Ask if child under 5
8	DO NOT READ OUT: None of the above	Exclusive
9	DO NOT READ OUT Don't know	

Section E: Child's demographics

32. The next couple of questions are about the child. What is the age of the child?
DO NOT READ OUT. CODE CLOSEST.

1	0 – 1 year old (0- 12 months)	
2	1 – 2 years old (12 – 24 months)	
3	3-4 years old	
4	4-5 years old	
5	5 – 10 years old	
6	11 – 13 years old	
7	14 – 15 years old	
8	16 – 18 years old	
9	Refused	

33. Which ethnic group, or groups, does (CHILD'S NAME) belong to? You can say more than one. **READ. CODE ALL THAT APPLY**

1	Māori	Ask Q34
2	Samoa	Skip to Q35
3	Cook Island Māori	Skip to Q35
4	Tongan	Skip to Q35
5	Niuean	Skip to Q35
6	Chinese	Skip to Q35
7	Indian	Skip to Q35
8	New Zealand European	Skip to Q35
9	Other (please specify)	Other, specify. Skip to Q35
10	DO NOT READ: Don't know	Skip to Q35
11	DO NOT READ: Prefer not to say	Skip to Q35

34. What are the name(s) of [CHILD'S NAME/ the child you care for]'s iwi (tribe/tribes)?
CODE ALL MENTIONED. IF 'OTHER' USED CAREFULLY CHECK SPELLING WITH RESPONDENT.

1	Drop down list of iwi	Drop down list
2	Other, specify	Other, specify
3	DO NOT READ: Don't know	

Section E: Caregiver demographics

These next questions are about yourself to check we've interviewed a range of people.

35. Which ethnic group, or groups, do you belong to? You can say more than one.

READ. CODE ALL THAT APPLY

1	Māori	Ask Q36
2	Samoan	Skip to Q37
3	Cook Island Māori	Skip to Q37
4	Tongan	Skip to Q37
5	Niuean	Skip to Q37
6	Chinese	Skip to Q37
7	Indian	Skip to Q37
8	New Zealand European	Skip to Q37
9	Other (please specify)	Other, specify Skip to Q37
10	DO NOT READ: Don't know	Skip to Q37
11	DO NOT READ: Prefer not to say	Skip to Q37

36. What are the name(s) of your iwi (tribe/tribes)?

CODE ALL MENTIONED. IF 'OTHER' USED CAREFULLY CHECK SPELLING WITH RESPONDENT.

1	Drop down list of iwi	Drop down list
2	Other, specify	Other, specify
3	DO NOT READ: Don't know	

37. Oranga Tamariki may do more research on caregivers getting the (Orphan's Benefit/ Unsupported Child's Benefit). Are you happy for us to give Oranga Tamariki researchers your name so that they can invite you to consider taking part in future research? Everything you have said today and your identity will be kept confidential.

1	Yes	
2	No	

38. Oranga Tamariki researchers would like to join your survey responses to data held by the Ministry of Social Development. Are you happy for your name to be linked to your survey responses and made available to Oranga Tamariki researchers?

1	Yes	
2	No	

39. (If no or DK at Q15, Q19, or Q28) You indicated you weren't aware of some of the support payments available. Would you like to have more information on these emailed to you?

1	Yes	Record email
2	No	

THANK AND CLOSE.

Thank you very much (**Māori:** Kia ora rawa atu/ **Samoan:** Fa'afetai / **Tongan:** Malo 'aupito/
Cook Island: Meitaki ma'ata / **Niuean:** Fakaaue lahi) for taking part in this interview. We really value the time you have made for this survey and your feedback. The survey results will be shared in a report published on the Oranga Tamariki website.

Appendix Four: Data Tables

The following appendix details some of the key data tables contained or referenced in this report. If further data is needed, please request this by emailing: research@ot.govt.nz.

Table A4: Which ethnic group, or groups, do you belong to? You can say more than one. (Q35)

Base: All respondents (excluding missing values and those who did not answer)

	TOTAL
Unweighted count	1037
Weighted count	1037
Weighted %	
Māori	52%
Samoan	5%
Cook Island Māori	4%
Tongan	2%
Niuean	1%
Chinese	1%
Indian	1%
New Zealand European	51%
Other	11%
Don't know	0%
Prefer not to say	0%
SUM	1.26

Table A5: Which ethnic group, or groups, does (CHILD'S NAME) belong to? You can say more than one. (Q33)

Base: All respondents (excluding missing values and those who did not answer)

Note: child ethnicity data is not weighted

	TOTAL
Unweighted count	1037
Unweighted %	
Māori	69%
Samoan	7%
Cook Island Māori	7%
Tongan	4%
Niuean	2%
Chinese	1%
Indian	2%
New Zealand European	48%
Other	11%
Don't know	0%
Prefer not to say	0%
SUM	1.51

Q23: how the financial supports including the OB/UCB and additional payments have made a difference for you and the child you care for?

Base: All respondents (excluding missing values and those who did not answer)

Table A6: The financial assistance I have received enables me to meet the health and wellbeing needs of the child

	TOTAL	OB MĀORI	OB NON- MĀORI	UCB MĀORI	UCB PACIFIC	UCB OTHER
Unweighted count	1037	39	39	490	54	415
Weighted count	1037	36	42	499	67	392
Weighted %						
Strongly disagree	3%	0%	10%	2%	7%	2%
Disagree	13%	13%	8%	14%	24%	10%
Mixed feelings	14%	15%	13%	16%	9%	13%
Agree	56%	59%	49%	53%	46%	63%
Strongly agree	13%	10%	18%	13%	13%	12%
Don't know	1%	3%	3%	2%	0%	1%
SUM	1	1	1	1	1	1

Table A7: The financial assistance I have received enables me to meet the education needs of the child

	TOTAL	OB MĀORI	OB NON- MĀORI	UCB MĀORI	UCB PACIFIC	UCB OTHER
Unweighted count	1037	39	39	490	54	415
Weighted count	1037	36	42	499	67	392
Weighted %						
Strongly disagree	4%	3%	8%	4%	9%	2%
Disagree	16%	15%	13%	14%	22%	17%
Mixed feelings	15%	13%	10%	17%	7%	14%
Agree	51%	56%	59%	49%	48%	53%
Strongly agree	11%	10%	5%	12%	11%	12%
Don't know	3%	3%	5%	4%	2%	1%
SUM	1	1	1	1	1	1

Table A8: The financial assistance I have received has reduced my financial stress

	TOTAL	OB MĀORI	OB NON- MĀORI	UCB MĀORI	UCB PACIFIC	UCB OTHER
Unweighted count	1037	39	39	490	54	415
Weighted count	1037	36	42	499	67	392
Weighted %						
Strongly disagree	6%	8%	10%	7%	7%	4%
Disagree	19%	21%	13%	21%	22%	17%
Mixed feelings	16%	21%	8%	19%	11%	15%
Agree	42%	44%	54%	38%	48%	46%
Strongly agree	14%	8%	8%	12%	11%	17%
Don't know	2%	0%	8%	3%	0%	1%
SUM	1	1	1	1	1	1

Table A9: The financial assistance I have received has allowed me to meet the emotional and social needs of the child

	TOTAL	OB MĀORI	OB NON- MĀORI	UCB MĀORI	UCB PACIFIC	UCB OTHER
Unweighted count	1037	39	39	490	54	415
Weighted count	1037	36	42	499	67	392
Weighted %						
Strongly disagree	6%	3%	5%	8%	6%	4%
Disagree	19%	28%	15%	17%	17%	20%
Mixed feelings	19%	15%	21%	21%	26%	16%
Agree	44%	44%	44%	40%	43%	49%
Strongly agree	10%	8%	5%	11%	7%	9%
Don't know	3%	3%	10%	3%	2%	2%
SUM	1	1	1	1	1	1

Table A10: The financial assistance I have received has provided experiences and opportunities that the child would otherwise not have had access to

	TOTAL	OB MĀORI	OB NON- MĀORI	UCB MĀORI	UCB PACIFIC	UCB OTHER
Unweighted count	1037	39	39	490	54	415
Weighted count	1037	36	42	499	67	392
Weighted %						
Strongly disagree	5%	8%	8%	6%	0%	5%
Disagree	20%	10%	18%	17%	19%	25%
Mixed feelings	15%	5%	13%	17%	20%	13%
Agree	42%	64%	41%	43%	44%	39%
Strongly agree	12%	10%	8%	11%	7%	13%
Don't know	6%	3%	13%	6%	9%	5%
SUM	1	1	1	1	1	1

Table A11: The financial assistance I have received allows me to continue to care for the child

	TOTAL	OB MĀORI	OB NON- MĀORI	UCB MĀORI	UCB PACIFIC	UCB OTHER
Unweighted count	1037	39	39	490	54	415
Weighted count	1037	36	42	499	67	392
Weighted %						
Strongly disagree	1%	0%	0%	1%	2%	1%
Disagree	6%	3%	5%	5%	15%	6%
Mixed feelings	11%	5%	10%	14%	9%	9%
Agree	64%	74%	56%	63%	59%	67%
Strongly agree	16%	18%	21%	17%	15%	16%
Don't know	1%	0%	8%	1%	0%	1%
SUM	1	1	1	1	1	1

Q24: Your views on being a caregiver

Base: All respondents (excluding missing values and those who did not answer)

Table A12: Being a caregiver is personally rewarding experience for you

	TOTAL	OB MĀORI	OB NON- MĀORI	UCB MĀORI	UCB PACIFIC	UCB OTHER
Unweighted count	1037	39	39	490	54	415
Weighted count	1037	36	42	499	67	392
Weighted %						
Strongly disagree	1%	0%	0%	0%	6%	1%
Disagree	2%	0%	0%	2%	2%	3%
Mixed feelings	8%	0%	8%	8%	4%	9%
Agree	43%	46%	46%	41%	41%	44%
Strongly agree	46%	51%	46%	48%	46%	42%
Don't know	1%	3%	0%	1%	2%	1%
SUM	1	1	1	1	1	1

Table A13: Being a caregiver is stressful

	TOTAL	OB MĀORI	OB NON- MĀORI	UCB MĀORI	UCB PACIFIC	UCB OTHER
Unweighted count	1037	39	39	490	54	415
Weighted count	1037	36	42	499	67	392
Weighted %						
Strongly disagree	5%	3%	3%	7%	11%	3%
Disagree	11%	23%	21%	12%	15%	8%
Mixed feelings	15%	18%	15%	17%	9%	13%
Agree	36%	31%	26%	33%	41%	41%
Strongly agree	32%	23%	33%	31%	22%	35%
Don't know	1%	3%	3%	0%	2%	0%
SUM	1	1	1	1	1	1

Table A14: You trust the authorities to do the best for children and young people in their care

	TOTAL	OB MĀORI	OB NON- MĀORI	UCB MĀORI	UCB PACIFIC	UCB OTHER
Unweighted count	1037	39	39	490	54	415
Weighted count	1037	36	42	499	67	392
Weighted %						
Strongly disagree	10%	5%	3%	12%	7%	8%
Disagree	16%	18%	10%	17%	15%	17%
Mixed feelings	22%	18%	15%	22%	20%	25%
Agree	33%	38%	46%	30%	35%	36%
Strongly agree	13%	21%	21%	14%	17%	10%
Don't know	5%	0%	5%	6%	6%	5%
SUM	1	1	1	1	1	1

Appendix Five: Subgroup Analysis

Subgroup Analysis: Māori respondents

Of the Māori caregivers, 92% were kin, including 52% who were grandparents/great grandparents, and 32% who were aunts/uncles. Eight percent of Māori caregivers were non-kin caregivers, compared to 20% of those who reported 'other' ethnicities.

Māori respondents had a lower income relative to those who were an 'other' ethnicity; 18% of Māori respondents recorded their income as being less than \$500 per week, compared to 9% of 'other'. In the higher income bracket, 17% of Māori respondents reported their income as over \$1300 per week, compared to 26% of 'other'. Subsequently, we see a higher proportion of Māori indicating that their income is 'not enough' to meet their needs compared to the 'other' category (50%, compared to other, 36%). This is further reflected in a higher proportion of Māori feeling that the UCB is 'not enough' (51% compared to other, 43%).

When asked where they went for support for items not covered by the grant, Māori were more likely to reach out to their family/friends than other ethnicities (25% compared to Other, 16%), with a lower income contributing to a lesser likelihood of using their own money (33% compared to other, 48%).

There was a notably higher proportion of Māori respondents who needed support with certain areas compared to those of 'other' ethnicity. These areas included financial support (42% compared to Other 34%), transport (30% compared to Other 16%), and cultural support (19% compared to Other 10%).

Māori respondents mentioned their primary sources of support were Ministry of Social Development/Work and Income (22%) and school/Ministry of Education (21%). Additionally, a higher proportion (18%) of Māori respondents received support from family/ whānau or friends, compared to 'other' ethnicity (7%).

Significance testing identified that a larger proportion of UCB Māori caregivers (31%) reported being unaware of the Extraordinary Care Fund Grant compared to caregivers identified as 'Other' ethnicity (24%). There was also a lower level of application for this grant observed amongst Māori respondents (32% compared to other, 45%) who were aware of it.

Māori respondents were more likely to mention they had approached Work and Income for extra help (38% compared to other, 20%) and a higher proportion stated that the initial grant was not enough money (42% compared to other, 33%). Significance testing indicated that a lower percentage of Māori caregivers (50%) reported that the UCB and additional payments had reduced their financial stress, compared to both Pacific caregivers (59%) and caregivers of 'other' ethnicities (63%).

These findings suggest potential disparities in awareness of financial support and the impact among different ethnic groups of UCB caregivers. The lower awareness among UCB Māori caregivers and the relatively lower reported reduction in financial stress among this group highlight the need for targeted efforts to address these disparities and ensure equitable access to information and support.

Subgroup Analysis: Pacific Respondents

Sixty-seven UCB respondents identified Pacific ethnicity as a single ethnicity or any one of their ethnic identities, accounting for 6% of the survey sample²⁰. Pacific caregivers experienced higher financial need, required more support, and had a lower awareness and application of grants. This resulted in a greater reliance on personal resources and increased financial burden.

Most of these respondents (98%) were kin to the child, with 44% being grandparents/ great grandparents and 46% being aunts/uncles. Only 2% of Pacific were non-kin caregivers, compared to 20% seen in 'other' ethnicities.

There was a notably lower proportion of Pacific children who had come into the care of their UCB caregiver through an Oranga Tamariki Long Term Care Agreement (7% compared to Māori, 16% and other, 13%) and a higher proportion who had come through a Family Breakdown Assessment (26% compared to Māori 16% and Other 13%) with just over a quarter (26%) of Pacific respondents mentioning this was due to the child's parents not being able to cope (compared to Māori, 18% and other, 14%).

In a similar pattern to Māori respondents, Pacific respondents had a relatively lower income with close to a quarter (24%) earning less than \$500 per week, compared to 18% of Māori and 9% who identified as an 'other' ethnicity, and had less representation in the highest income brackets. Close to two thirds (63%) of Pacific respondents indicated that their income was not enough money to meet their daily needs (compared to Māori, 50% and Other, 36%) a response pattern repeated with 59% indicating the UCB was not enough to meet their needs. Forty-three percent of Pacific respondents had asked Work and Income for extra assistance, double that of those who identified as an 'other' ethnicity (20%) and 44% mentioned that the initial grant they received was 'not enough' money (compared to Other, 33%), a statistically significant result.

When asked where they turned to for extra support for items that were not covered by the grant payment, while their highest mention was to use their own money (36%), Pacific respondents showed a higher likelihood of applying for loans/borrowing money, with 8% of Pacific respondents mentioning this; more than double Māori respondents (4%) and four times greater than 'other' respondents (2%).

Pacific caregivers reported a higher need for support in various areas, including education and schooling (65% compared to Māori 49% and Other 41%), financial support (57% compared to Māori, 42% and Other, 34%), transport (44% compared to Māori, 30% and Other, 16%), and physical disability or chronic health conditions (41% compared to Māori, 28% and Other, 23%).

While the proportion of Pacific caregivers reporting they received the support needed is largely similar to other ethnic groups, only 27% of Pacific respondents said that they received support with physical disability or chronic health conditions, compared to Māori (46%) and 'other' (49%) respondents.

Like Māori respondents, the primary source of support for Pacific caregivers were school/Ministry of Education (28%), Ministry of Social Development/Work and Income (28%),

²⁰ The OB sample size was too small for subgroup analysis, the following differences are observed for Pacific respondents receiving the UCB.

and family/ whānau or friends (18%). Interestingly, only 5% identified Oranga Tamariki as providing support, which was lower than Māori (10%) and 'other' (20%) respondents.

Fifty-two percent of Pacific respondents indicated that the School and Year Start Up Grant was not enough to meet their needs (compared to 59% of Māori and 63% of 'other'). There were significant differences between ethnicities in terms of using the caregiver's own money to supplement what they receive to cover the costs of caring for the child. A higher proportion of Pacific caregivers reported adding "a lot" of their own money to cover the costs, compared to Māori caregivers and caregivers identified as 'Other' ethnicity. This suggests that Pacific caregivers may bear a greater financial burden in meeting the expenses associated with caring for the child, bearing in mind the lower incomes experienced by the group. This is further reflected in a larger proportion of Pacific respondents (31%) disagreeing that the UCB and additional payments have enabled them to meet the education needs of the child (compared to Māori, 18% and other, 19%). This suggests that Pacific caregivers may face more challenges in using the payments to adequately address the health and wellbeing needs of the child in their care.

Overall, the data indicates potential disparities in the experiences and financial challenges faced by Pacific caregivers compared to other ethnic groups. Targeted support, culturally appropriate resources, and additional assistance may be necessary to ensure equitable access to financial support and resources for all caregivers, including Pacific caregivers. However, the small sample size for Pacific caregivers emphasises the need for further research and investigation to understand their specific needs and challenges more comprehensively.

Subgroup Analysis: 'Other' respondents

Among the UCB respondents, 38% (392 caregivers) were classified as an 'other' ethnicity, comprising New Zealand European (87%), Indian (1%), and other (14%).

Overall, 'other' ethnicity UCB respondents had a higher proportion of non-kin caregivers. They generally reported higher incomes and financial satisfaction compared to Māori and Pacific respondents. However, they also reported higher stress levels, potentially attributed to the presence of non-kin caregivers among them.

This ethnicity categorisation has a higher proportion of respondents who identified as 'non-kin' UCB caregivers (17% compared to Māori, 6% and Pacific 2%), comprised of 9% who identified as non-kin foster caregivers and 8% as friends/ community members.

A greater proportion (24%) of 'other' respondents came to be UCB caregivers through an Oranga Tamariki Long Term Care Agreement (compared to 16% Māori and 7% Pacific) and through legal means (15% compared to Māori, 11% and Pacific, 7%).

Just over a quarter of 'other' respondents had an income over \$1300 per week, compared to 17% and 13% of Māori and Pacific respondents (respectively) with a correspondingly higher proportion reporting that both their income and the UCB benefit was 'enough money' to meet their needs compared to Māori and Pacific respondents. Fifty-four percent of those who were an 'other' ethnicity indicated their income was 'enough' compared to 43% of Māori and 33% of Pacific respondents and 51% percent identified that the UCB was 'enough' compared to 44% of Māori and 37% of Pacific respondents. When costs weren't completely covered by the grant available, respondents from an 'other' ethnicity were more likely to use their own money to cover these (48% compared to Māori, 33% and Pacific, 36%).

Respondents with 'other' ethnicity reported a higher need for support in the last 12 months for the child's mental and emotional health (67% compared to Māori, 48% and Pacific, 46%), and 20% specifically identified Oranga Tamariki as providing support; higher than Māori (10%) and Pacific (5%) respondents.

Statistical testing identified that a larger proportion of caregivers who identified as an 'other' ethnicity (75%) agreed that the UCB and additional payments have enabled them to meet the health and wellbeing needs of the child, compared to Māori caregivers (66%) and Pacific caregivers (59%).

Interestingly, a larger proportion of UCB caregivers who identified as an 'other' ethnicity (76%) reported that being a caregiver can be stressful, compared to Pacific caregivers (63%) and Māori caregivers (64%). This observation may be attributed to a higher representation of "non-kin" caregivers within the 'other' ethnicity caregivers. Among the caregivers who are not biologically related to the child in their care, 75% reported experiencing stress, which is higher compared to caregivers who are kin to the child (67% on average). This suggests that the nature of the caregiver-child relationship, particularly when it involves non-kin caregivers, may contribute to elevated stress levels. Further exploration of the specific challenges faced by non-kin caregivers within the 'other' ethnicity category could provide valuable insights for developing targeted support and resources to address their unique needs and mitigate stress levels.

Subgroup Analysis: Kin and Non Kin Caregivers

Nine percent (96 caregivers) of the survey sample identified as being non-kin caregivers, while 88% (911 caregivers) were kin/whānau caregivers: 53% grandparents, 26% aunts/uncles, and 9% other whānau members. Of interest was how this relationship impacted on experiences and support needed as a caregiver.

On average, 54% of respondents who identified as being kin caregivers indicated that the OB or UCB was enough money to cover the costs of caring, higher than non-kin caregivers (46%) and caregivers with other relationship to the child (33%).

According to the survey data, there were significant differences in the awareness of the Extraordinary Care Fund Grant based on the relationship of the caregiver to the child. Caregivers who are kin to the child were more likely to be unaware of the grant compared to caregivers identified as non-kin or having another relationship to the child.

Statistical testing identified a higher proportion of caregivers who are kin to the child (36% on average) had asked Work and Income for extra assistance, than non-kin caregivers (21%). This suggests that kin caregivers may face greater financial challenges and rely more on external support to meet the child's needs and further indicates potential disparities in the financial challenges faced by Māori and Pacific caregivers, given that there is a higher representation of kin caregivers within these ethnic groups.

A higher percentage of UCB caregivers who identified as kin to the child (55%) reported that the financial support provided experiences and opportunities that the child would not have otherwise had access to. This proportion was higher compared to caregivers identified as non-kin (43%) or having other relationships (29%) to the child.

These findings suggest that the relationship between the caregiver and the child may have an impact on various factors, such as awareness of the grant, the perceived impact of financial assistance, and the assessment of the child's wellbeing.

Figure A1: Awareness of the Extraordinary Care Fund Grant by ethnicity

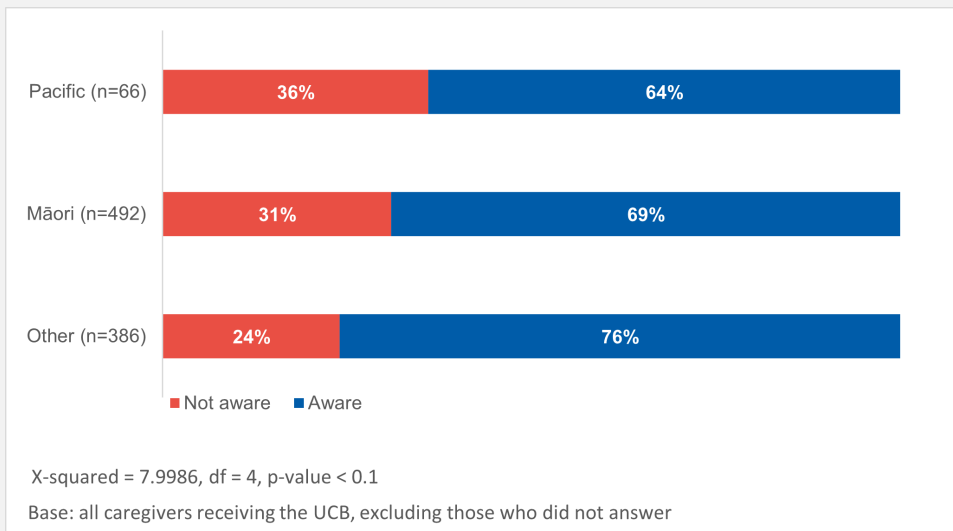


Figure A2: Awareness of the Extraordinary Care Fund Grant by relationship to the child

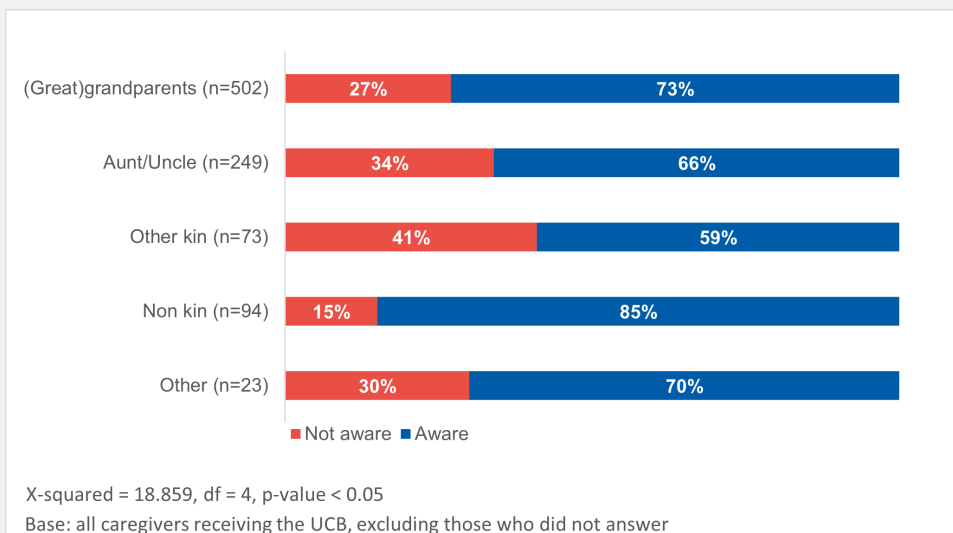


Figure A3: The financial assistance meets the child's education needs by ethnicity

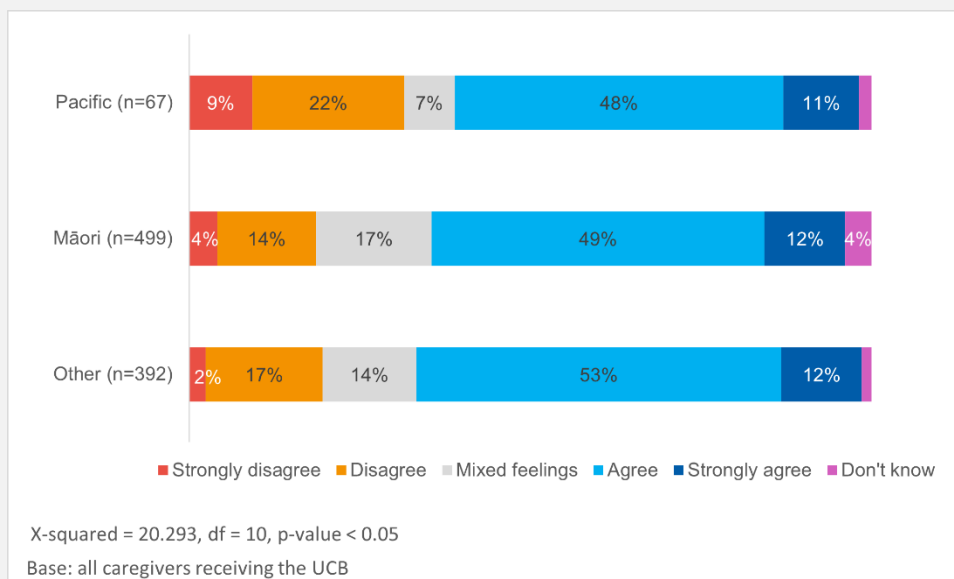


Figure A4: The financial assistance meets the child's health and wellbeing needs by ethnicity

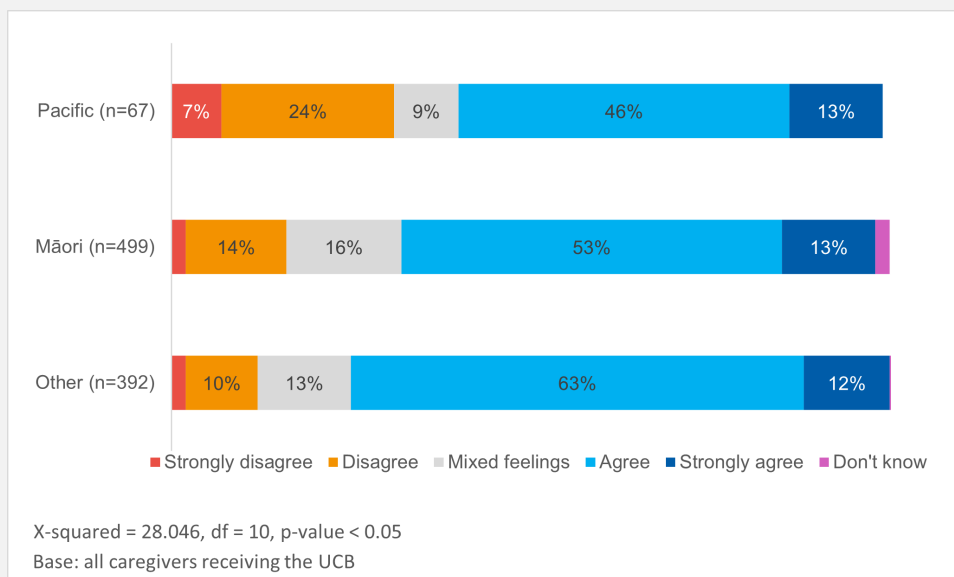


Figure A5: The financial assistance reduces financial stress by ethnicity

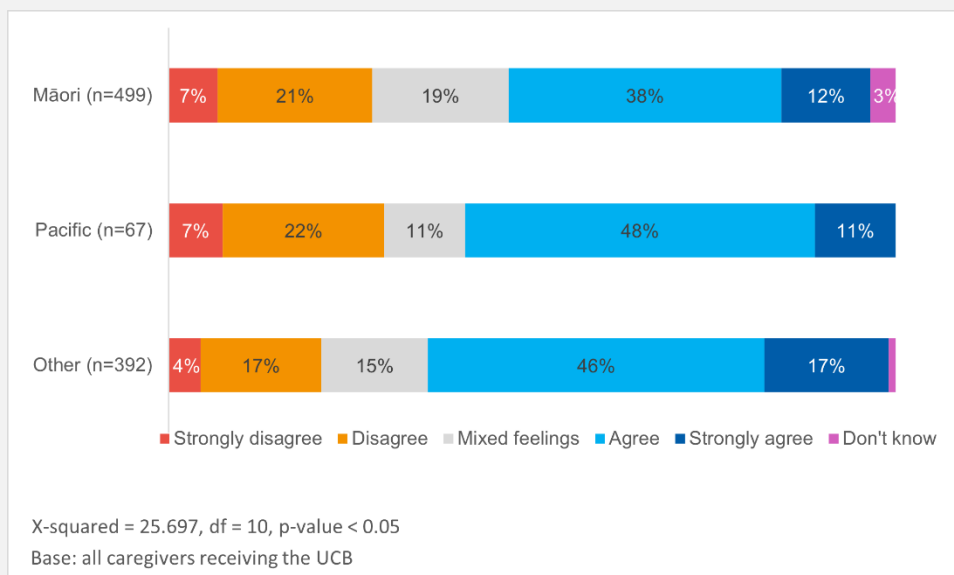


Figure A6: The financial assistance provides experiences and opportunities for the child by relationship

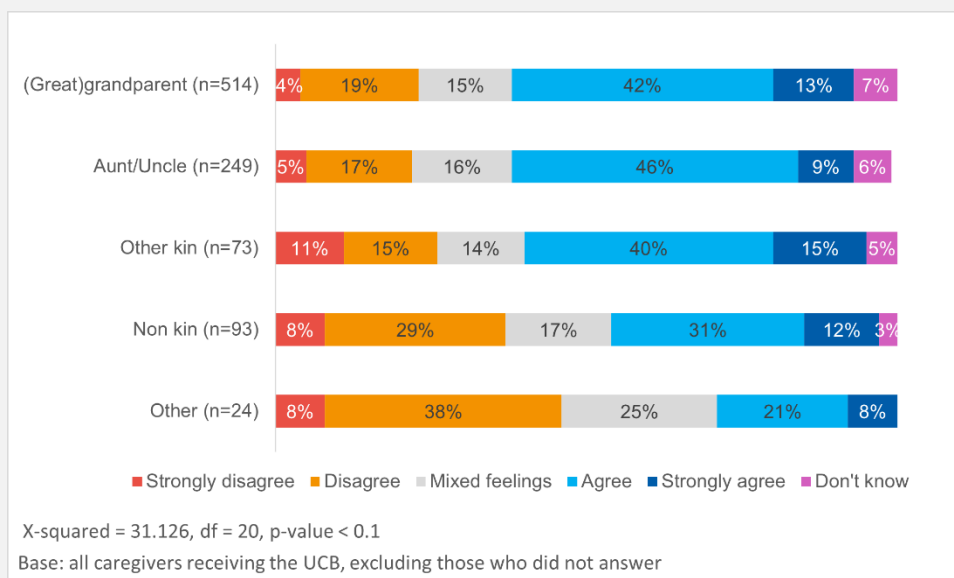


Figure A7: Caregivers asked for extra help to cover the costs of caring by ethnicity

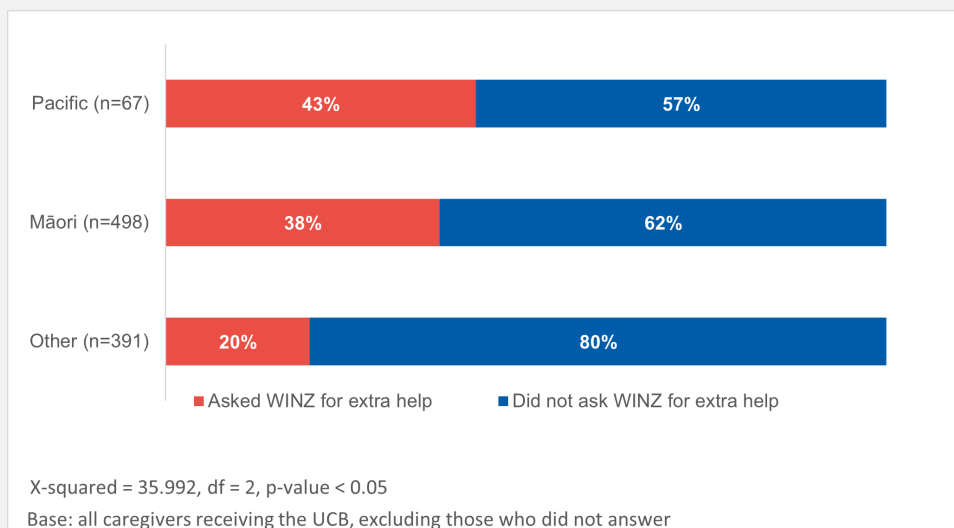


Figure A8: Caregivers asked for extra help to cover the costs of caring by relationship to the child

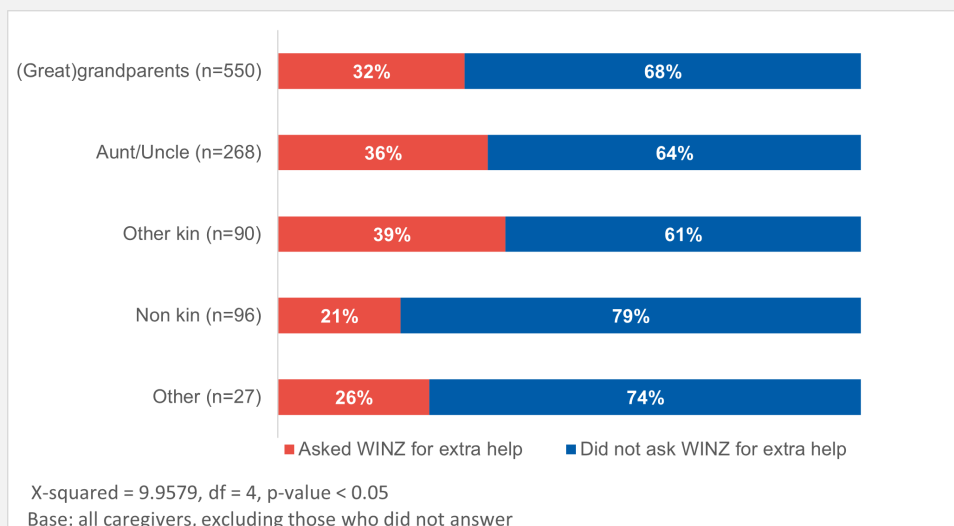


Figure A9: Whether added own money to help cover costs by ethnicity

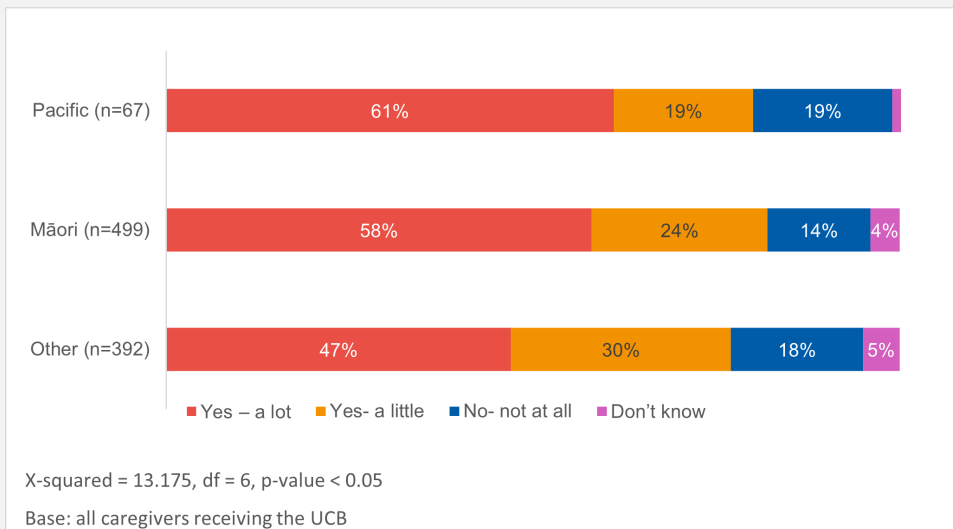


Figure A10: Caregiving is stressful by ethnicity

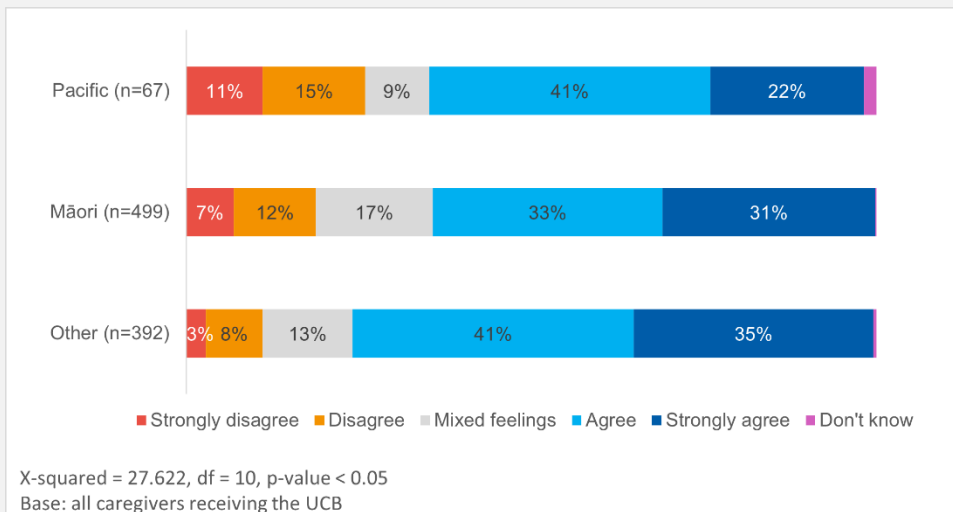


Figure A11: Caregiving is stressful by relationship to the child

