**The Poor Relations? Children and Informal Kinship Carers Speak Out**

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Brief Summary

  

# IMPLICATIONS FOR POLICY AND PRACTICE

*It’s better [living here] than living with my mum...I’ve always felt closer to my grandparents...I’ve always had a better relationship with them than my parents.* (17 year old living with grandparents)

*I love it. I love having a really big family…It’s just there’s always something going on and things like that.* (14 year old living with aunt)

*There must be thousands of people in the same position as me…and I think that is down to finance that successive governments have never ever wanted to acknowledge this* ***underclass of caring*** *that is going on. I can't tell you how hard it's been...and the eternal phrase ‘But this is a private arrangement’.* (Grandmother bringing up 14 year old)

In this chapter, we summarize the main findings from the study and consider what can be done to improve the situation of informal kinship carers and the children who live with them. In doing so, we want to draw particular attention first to the significance of bereavement and loss in understanding informal kinship care and second that assistance at the key stage of the initial transition into kin care is likely to have long-term benefits.

The main findings

The informal kinship carers

We know from the first part of this study (Nandy *et al.* 2011) that in the UK in 2001 more than 173,000 children were being brought up by relatives and the great majority (95%, 164,196) of these kinship carers were not formal kinship foster carers. The census re-analysis also showed that most kinship carers live in poverty. In this second part of the research, the interviews with 80 informal kinship carers and 80 children and young people aged 8 to 18, shone a light on their lives and provided solid evidence about how children in this situation progress. Most of the carers (61.25%) we interviewed were grandparents, a fifth were aunts and uncles, 12.5% were friends of the family (or more distant relatives), and 6.25% were sibling carers.

We found that many informal kinship carers lived in grinding poverty, which wore them down and reduced their quality of life. Yet, this was often a ***consequence*** of caring for the kinship children - many had given up good jobs to take the children (see also Gautier and Wellard 2012) or in the case of retired carers, had only their pensions to live on. In addition, more than 70% of the carers had a longstanding health condition or disability. This was true for few (14%) carers under the age of 40, but for as many as 83% of those aged 40 and over.

What was more unexpected was that over a third (37%) of the carers’ lives were restricted by pain (affecting all types of carers, except siblings) and that as many as two-thirds of the carers were clinically depressed on the measure we used, although only a small proportion (27%) had been diagnosed as such. This finding supports previous research (Minkler *et al.* 1997; Hughes *et al.* 2007) which found that grandparent kinship carers were more likely to be depressed and have poorer heath than those without this caring responsibility. Importantly, in our study, carers were statistically significantly more often depressed when the child's parent had died, when they experienced chronic pain or when their social networks were small. This suggests that increased support might have major benefits for kinship carers’ emotional health, which in turn is likely to be beneficial for the children.

There has been insufficient recognition of the significance and impact of bereavement for kinship carers, especially when their care is informal. Almost a third of the children in the study had moved to their kinship carers because a parent had died, a reason less often reported in studies of formal kinship placements, where the incidence of parental death ranges between 4% and 13% (Aldgate and McIntosh 2006; Farmer and Moyers 2008; Hunt *et al.* 2008). As a result, when the child moved in, many carers were still grieving for the loss of the child's parent, who was usually their own adult child, sibling or, in the case of sibling carers, their parent. The children’s ability to move through the process of grieving for their parent’s death was likely to be affected by how far their carers had been able to do so, as well as by their own developmental stage.

Most carers were under significant strain bringing up the kinship children on low incomes, often when they themselves were unwell. Some had serious problems with the children’s parents who could be unreliable over contact, abusive and threatening, pose a risk to the children or try to undermine the kin arrangements. Research reviews on drug/alcohol misusing parents (e.g. Patton 2003; Carlini-Marlatt 2005; Grandparents Plus and Adfam 2006; Mentor 2010) have identified a ‘missing generation’ of parents who are unable to parent because of their addiction. In this study, 67% of parents had problems with substances and were incapable of parenting, but most were not missing from the children’s lives. Indeed, their very presence created many difficulties for the carers and children, such as children being exposed to their alcohol-dependent or drug-taking lifestyles or witnessing conflict between their parents and carers. Children were sometimes also affected by the impact of a parent’s local reputation and by the continuing experience of rejection when parents broke promises to visit, continued to care for their sibling/s or ignored them when passing on the street. Absent or deceased parents were also psychologically present for some children and social isolation could intensify these feelings.

Carers bringing up teenagers sometimes faced difficulties, as the young people chafed against the restrictions imposed on them, especially when they had experienced few boundaries whilst living with their parents. Other carers were worn down by children whose emotional and behavioural difficulties would have challenged even the most experienced foster carers. Carers spoke with desperation about their struggles to meet the children’s needs, the battles they fought to get help and about their feelings of having lost their own lives and sense of themselves.

The children’s progress

The standardized measures of wellbeing completed by the children and carers provide good evidence of children’s progress in kinship care. A remarkable finding is that most children were securely attached to their kinship carers, in spite of the adversities and maltreatment they had experienced with their parents. Most children also felt confident in the knowledge that they had a family for life and could stay with kin as long as they wanted - something that is more rarely experienced by children in non-kin foster care. Levels of self-esteem (84%) were also similar to those in the general population (Piers and Herzberg 2002) and most children were making satisfactory educational progress. Many children had high educational aspirations with half planning to go to college and almost two-fifths aiming for university.

However, a group of children had significant mental health problems. Just over a third (34%) had emotional and behavioural difficulties that were in the abnormal range, as scored by their carer on the Strengths and Difficulties Questionnaire (Goodman 1997). This is higher than the 26% in Hunt and Waterhouse’s (2012) sample of 76 kinship children aged 3-18, as would be expected since the young people in our study were older. Overall, we found that the greatest area of difficulty for the children was in their ability to express and manage their emotions, where 39% scored in the abnormal range. This meant, for example, that they had many fears, were easily scared or were often unhappy. However, it should be noted that the proportion of children with behavioural and emotional difficulties was lower than that reported for children who are looked after.

We do not know exactly why kinship children had these heightened levels of anxiety but a number of aspects of their situation might have a bearing on this. Children with higher levels of anxiety and depression statistically significantly more often than others, had had more than one change of primary carer and had previously lived with other relatives. Importantly and perhaps connected with this, they were also less securely attached to their kinship carer. In addition, they were more often experiencing difficult face to face contact with their parents - where, for example, there was conflict between their carers and parents - and often had small networks of family and friends.

A considerable number of children worried that their carers, especially those who were unwell, might die, leaving them without a home. The children did not feel able to broach this sensitive subject with their carers, but a third had already experienced the death of a parent and the older age and poor health of some carers meant such worries were not unfounded. Other children felt unable to raise the subject of why their parents could not care for them and wanted to know more about the exact circumstances of their move. Indeed, more kinship children had low scores on the communication sub-scale of the attachment measure than have been found in general population samples (IPPA-R: Armsden and Greenberg 1987).

Overall the weight of evidence, on the measures we used for the kinship children, showed that they were, in the main, faring significantly better than those looked after in non-kin foster care (Meltzer *et al.* 2003; Ford *et al.* 2007) but, as we would expect given their previous adversities, were functioning less well than children in the general population.

Services and support

It is generally thought that kinship carers receive support from the extended family. Although most of the kin carers did have family and friends who they could turn to for support, it is important to note that one in five carers said that they had no family members they could rely on and one in six could not count on any friends. Many said that they felt *‘friendless’* and, since the children had moved in, had become socially isolated. This was likely to have negative consequences for their emotional health. Their marriages and partnerships had also come under pressure with the arrival of the children.

Carers had often approached voluntary organisations for advice and were satisfied with the help they had received. Nevertheless, many carers were unaware of the range of voluntary organisations available or that those that supported parents might be able to help them too. The majority also found the assistance provided by GPs, teachers and other professionals helpful. However, this was not true of Children’s Services (see also e.g. Wellard and Wheatley 2010; Aziz *et al.* 2012).

We had expected that the informal kinship carers would largely be unknown to Children’s Services. We were therefore surprised to find that, since taking on the child, most carers (71%) *had* contacted Children’s Services to ask for help. However, carers had rarely received the assistance they sought and were occasionally told that if they could not manage alone, the children would have to be fostered or adopted. Whilst these sometimes harsh attitudes are likely to be underpinned by attempts to contain costs, there appeared to be a ‘silo’ mentality whereby kinship carers were expected to manage without assistance. Those carers who had been refused assistance rarely asked for help again. In addition, a few carers had not approached Children’s Services, fearing that they would be deemed unsuitable to care for the children because of their health, age or ethnicity.

When kin carers stepped in quickly to care for children (frequently in the midst of a crisis), Children’s Services viewed these as private arrangements and turned down later requests for help, often apparently without any assessment of need. Yet from the carers’ accounts, most of the children had been neglected and/or abused by their parents. In some cases, social workers had asked kin carers to take the children and orchestrated the move, but still claimed that the care arrangement had been made privately.

On the few occasions when Children’s Services had provided more long-term help, it was greatly appreciated. However, support from Children’s Services or voluntary organisations was usually only short-term and had not gone far enough to resolve the difficulties that the carers and children faced. It was therefore not surprising to find that as many as 90% of the carers said that they needed more support.

Before considering what could be done to ensure that more informal kin carers and children have access to the services they need, we consider in more depth what the interviews revealed about the needs of the children and their carers.

The psycho-social needs of children in kinship care and their implications

1. Bereavement

Given our findings about the high proportion of children who had lost one or both parents, carers need to be signposted to bereavement services for themselves and the children by: hospitals; the police; registrars who record deaths; Children’s Services; solicitors; GPs and other professionals. As we have seen, carer depression was significantly related to parental death. Sometimes carers had particular difficulties in coping with the death of the child’s parent and were experiencing a prolonged grief reaction (Melhem *et al.* 2011). Carers’ ability to resolve their grief can affect whether children do so and children’s overall functioning (Sandler *et al.* 2010). We found that hospitals had referred some *children* to bereavement services, which was greatly appreciated, but that the carers themselves had rarely received such help.

Sometimes children had lingering fears of repeated loss and abandonment many years after a parent died. Children need permission to grieve and to be given clear, honest, and accurate information about their late parents. Such open communication allows them to manage loss and develop normally (Furman 1974). For some children it might be helpful to have the opportunity to talk to another relative or a counsellor about the parent they have lost if the carer finds it difficult to do so (Stokes 2004 and 2007).

2. Understanding why they lived with kin and help in coping with parental rejection

A considerable group of children had unanswered questions about the past, including why they were living with kin and not with their parent/s or how their parents had died, whilst some had questions about fathers who were unknown to them. Just under half of the carers did not talk openly about the children’s parents and the past. Moreover, as we have seen, some kinship children chose not to talk to their carers about their late parents and their own earlier lives to avoid upsetting them.

Carers would benefit from advice on how to talk sensitively to children about their past and their parents’ problems (see e.g. The Grandparents Association 2010). It can be difficult for a relative or friend to explain to children why they are not living with their parents, since kin may have strong feelings about the reasons and feel responsible for these difficulties (Crumbley and Little 1997). This is the kind of information that carers require at the *outset* of caring and which would assist in children’s transition into kinship care, as well as in later adjustment. In addition, given the extent of overt and ongoing rejection the children experienced from their parents, some carers would benefit from advice about how to help children deal with this. A few children needed Life Story Work.

3. Knowing about contingency plans

Since many children worried about the possibility of their carers dying and about where they would then go, there is a need for clearer contingency plans to be made by kin carers whenever possible, which are fully discussed with children in order to reassure them. Fewer than half of our carers had made such plans. Yet a Spanish study, on the transition into adulthood of children in kinship care, found that almost 40% of the young people had experienced the death of at least one of their grandparent carers (del Valle *et al.* 2011).

It would also assist if professionals such as GPs and solicitors encouraged carers to make and share contingency plans.[[1]](#footnote-1) At the same time, we recognize that some carers, especially those who are socially isolated, will not be able make any such plans - a matter which deeply troubled some carers. In these instances, the carers might be helped by talking the matter over with a social worker, who could offer some reassurance about how the children would be cared for if they could no longer live within the extended family.

4. Maintaining sibling links

More than half (54%) of the children, who had been living with siblings, were separated from at least part of their sibling group when they moved into kinship care (see also Aziz *et al.* 2012). For example, siblings were sometimes placed with different parts of the extended family. This was a significant loss for them and a number of children said they very much wanted to see their brothers and sisters and feared losing contact with them. The importance of contact between siblings needs to be recognised when they have to be separated. Arrangements for contact with siblings should to be considered at the outset of kin arrangements.

5. Dealing with bullying and stigma

There is a common assumption that kinship care is perceived by children as less stigmatising than other forms of substitute care (see e.g. Messing 2006), but more than a third (36%) of the children reported spiteful remarks because they were being brought up by relatives or friends and not their parents and a few had been repeatedly bullied (see also Hislop *et al.* 2004; Aldgate and McIntosh 2006). Anxiety that personal information would be used against them caused many to exercise tight control over the number of friends they told about their situation. Only 14% of the children said that they were completely open with others about their circumstances.

It would be useful if children had the opportunity to receive advice on how to manage information about where they live including, where appropriate, developing a cover story (see e.g. Fahlberg 2004) and they need to be encouraged to speak out about bullying. A few children, whose parents’ reputation (for example, as drugs users or prostitutes) was being used against them by other children, might have benefited from a change of school.

6. Help for children with serious emotional and behavioural difficulties

The carer-rated SDQ showed that a third of the children had serious emotional and behavioural difficulties. They presented particular challenges for kin carers, who had neither been prepared nor trained to cope with such troubled and sometimes angry children. Many carers struggled valiantly to bring order to their fragmented lives.

Proper assessment and more assistance for children with serious emotional and behavioural difficulties are called for, as are advice and support for their kinship carers. Carers need information about how to source help when needed, for example from CAMHS or school counsellors.

The needs of specific groups of kinship carers

There is a tendency to treat kinship carers as if they were a homogenous group, but of course they are not. We identified three groups of carers who require particular attention. They are young kinship carers (sibling carers and young aunts); carers with severe health problems or disability; and carers who have multiple caring responsibilities, especially those supporting the children’s parents.

Young kinship carers, including sibling carers

One group of kinship carers who were particularly disadvantaged were sibling carers and young aunts (who were aged 22-32 in this study). They had many needs and few resources and provided care at a high cost to their own wellbeing. Although our census re-analysis had shown that the second largest (38%) group of kinship carers in the UK are sibling carers (households where a sibling was the only adult in residence), they proved hard to find and involve in the study. Most of those we interviewed were bringing up brothers or sisters because their mother - or in the case of young aunts, sister - had died. They took on the care of children who were often only a few years younger than themselves and at a time when they and the children were grieving. The carers had been at the start of their own young lives and sacrificed their future prospects through giving up studying at university or successful careers and their freedom to spend time with their friends. This ‘time-disordered’ accelerated transition into parenthood (Roe *et al.* 1994; Pinson-Millburn *et al.* 1996) meant that young kin carers often found it difficult to make new friends or find a partner, since they were out of step with other young people their age - yet some blamed themselves for this situation. None had prior experience of bring up children and some felt trapped and lonely. All the young kinship carers scored as depressed on the standardised measure we used and were rated by the researcher as experiencing significant stress more often than the other carers.

Furthermore, the young kinship carers more often lived in overcrowded conditions than other carers and were poorer (see also Roth *et al.* 2011), partly because they were often caring for more than one child. Most were managing on a very low weekly income (less than £200 a week) and worried a great deal about how to make ends meet:

*I worry about money every day. There’s not been a week since my mum died that I’ve not worried about, had to worry about money…We’re just surviving, that’s the only way I can describe it…the fridge is always empty.* (Sibling bringing up 16 year old)

There is a particular injustice that young people on the brink of their own adult lives should be left to bring up their brothers, sisters, nephews and nieces with no help at all from the state. One difficulty is that there is no central point of contact for young kinship carers and they are unlikely to be in touch with organisations for kinship carers which have ‘grandparent’ in their title (Grandparents Plus and the Grandparents Association). Family Rights Group has played a seminal role in identifying siblings as a group in need of more help (Roth *et al.* 2011).

More could be done to ensure that young kinship carers are aware of the services and organisations which could assist them, for example by making information available to them through GPs and Further Education colleges. A virtual support group on the internet and/or a helpline which is widely advertised could be useful to some. Mentoring projects where volunteers befriend and assist young kinship carers would be particularly helpful, especially as they had not parented before (Roth *et al.* 2011). There is also a need for Children's Services to consider how best to meet their needs, when they are approached. In two cases in the study, although Children's Services were initially wary of a sibling taking on his or her brothers and sisters, they later provided a good package of assistance.

Carers with serious health problems or disabilities

A second group of kinship families who deserve special attention are those where carers have very serious health problems and become dependent on the help of the kinship child. They were mostly grandmothers. Some children had mutually satisfying relationships with these carers and did not regret the limitations their caring responsibilities placed on spending time with their friends. Others were less sanguine and felt more keenly the disadvantages of having limited peer contact. When they are involved, Children’s Services should consider these children as children in need. Social workers who prepare court reports for private law orders should also consider whether these children need to be linked to Young Carers’ groups or would benefit from the involvement of volunteers or mentors to support them. For some children the provision of finance for activity groups or social activities to ensure they do not miss out too much on peer relationships would be helpful, especially when they live in isolated areas or feel they cannot leave the carer unattended. There is also a need for more help in relation to carers’ health difficulties, depression, and pain from GPs and Adult Social Care services. Social workers should consider referral to Adult Social Care Services for kin carers with disabilities and should be in a position to advise about disability or other benefits or to refer on to others who can provide this advice.

Carers with multiple caring responsibilities (those who combined caring for the kinship child with caring for others, particularly the child’s parent)

It was common for the kinship carers to be caring for others as well as the kinship child, including their partners or their own elderly parents (see also Pitcher 1999 and 2002; Wellard and Wheatley 2010). However, the situations which caused most distress were those where kinship carers (mostly grandparents and a few aunts) were still very involved in supporting - or in other ways dealing with - the parents of the kinship child, particularly when parents had alcohol or drugs misuse problems. Many of the grandparents concerned had been trying to deal with their children’s substance misuse and attendant difficulties for many years. Some were worn down by these parents’ demands and unpredictability, but very few appeared to be getting support in dealing with them. When these parents lived nearby, the kinship children too were exposed to the parents’ problems.

Carers in these circumstances need specialist help and advice about coping with the situation and would benefit from knowledge about organisations that specialise in this area, such as Addaction, Adfam, and PADA (Parents against Drug Abuse). GPs, Children's Services, and other professionals can play a crucial role in signposting carers to appropriate national and local support organisations.

Recommendations

Policy on kinship care is developing rapidly in the four countries of the UK and for this reason, we have not discussed the separate policy issues for each country. However, it is important to mention that in 2007 the Scottish Government published a strategy for children living in kinship care and foster care (Scottish Government and COSLA 2007) and funded an innovative three-year project with Citizens Advice Bureau in Scotland to provide advice to kinship carers, whatever their legal status (Dryburgh 2010). Subsequent funding has been given to Children 1st to provide an advice service until 2014. Similarly, the Welsh Government accepted a recommendation from the Assembly’s Children and Young People Committee that grandparents and other kinship carers should be included in the delivery of parenting programmes in Wales (National Assembly for Wales 2012). In Northern Ireland Minimum Kinship Care Standards which were introduced in 2012 (DHSSPS 2012) specify the requirements which Health and Social Care Trusts have to meet when placing a looked after child in a kinship care arrangement and clarify the level of service that the children and families can expect to receive. However, these relate only to looked after children in kinship care.

Whilst the rate of change in the four countries is variable, it is important to note that the messages from the children and kinship carers in each country were the same. For all the carers, the greatest area of difficulty was lack of financial support. This added immensely to their burden and made all aspects of their lives much more difficult.

For Government

***Whole system change- a national allowance and amending the definition of children in need***

Systems in the UK to deal with kinship carers have developed in a fragmented and piecemeal way, leading to the current complex and wholly unjust situation. As our study shows, providing kinship care is a crucial service to the community - a welcome example of society caring for its own - but it pushes carers into poverty. The backgrounds of the children who are in the ‘looked after’ system and cared for by kinship foster carers are very similar to those where carers are on private law orders or no orders at all. Chance dictates whether kin carers are supported financially or otherwise. As a result, whether kinship carers receive help in cash or kind in the UK is *not related to children’s needs* *or to the financial situation of the carers* (see also e.g. Hunt 2003; Hunt and Waterhouse 2012). Whole system change is therefore needed so that assistance is related to need.

Some countries, such as Spain, now provide an allowance for all kinship carers and this is clearly what is required to ensure that all kinship carers have enough money to bring up the children they care for. This would offer a much more equitable way of providing financial support than exists at present and would probably enable more relatives and friends to take on this role.

The guidance on kinship care in England states that local authority policies on kinship care should be premised on the principle that support should be based on the needs of the child rather than their legal status. However, it is worrying that 42% of the family and friends policies recently published by English local authorities do not refer to this principle (Roth *et al.* 2012). This would suggest that the introduction of an amendment to the definition of children in need to include children being cared for by family members or friends, as suggested by Aziz and colleagues (2012), would be useful.

***Make allowances attached to court orders more equitable*** At present, there is considerable variation as to whether allowances are paid when private law orders are made*.* Only just over a fifth of the carers in the study with a Residence Order received an allowance, whilst an allowance was paid to most of the small number of carers with a Special Guardianship Order (eight out of the nine).[[2]](#footnote-2) The current discretionary system for providing financial allowances attached to private law orders needs to be completely overhauled.

***Provide more support for flexible working***

Support for flexible working might have enabled more kinship carers of working age to retain their jobs when the children came to live with them.

***Easier access to better information*** *-* ***the development of an information network***

Given the real lack of information available to our kin carers when they took on the children - and also later when problems arose - governments should back a national information campaign in each UK country. The campaign would focus on raising awareness and providing information on the needs of children in kinship care and their carers, and services that can help to meet these needs. The campaign would include: the development of a resource pack for kinship carers, a national kinship care helpline and an on-line information exchange for kinship carers. The need for this has been further heightened by changes to legal aid in England and Wales, making access to independent legal advice difficult to afford.

*Resource packs*

The national resource packs for each UK country should be made widely available, for example in doctors’ surgeries, Children’s Services departments, CAFCASS (**Children and Family Court Advisory and Support Service)** and solicitors’ offices, chemists, post offices, Citizens Advice Bureaux and on the websites of government departments, local authorities or Health and Social Care Trusts and voluntary organisations. There also needs to be an expectation that Children’s Services departments, as part of their initial response, will give or send the resource pack to any kinship carer who contacts them to ask for support, rather than simply turn them away.

The resource pack should include a user-friendly description of the options and orders which exist; the available financial help (including the Guardian’s Allowance, allowances connected to legal orders, other payments which statutory child welfare agencies and voluntary organisations can make and an explanation of how to get child benefit transferred rapidly); as well as sources of advice and support from both statutory and voluntary agencies. Information about specialist voluntary organisations such as bereavement charities or services for families affected by drug and alcohol misuse should also be included, as should advice on meeting children’s emotional needs. In addition, it would be useful if the resource advised kinship carers to make contingency plans early on whenever possible, in case they are no longer able to provide care, and to share the content of these plans with the children. Carers also need ideas on making and maintaining friendships alongside their kin caring responsibilities, including information about child-sitting services, support groups and respite care. Carers should also be encouraged to seek help from GPs or counsellors if they have persistent low mood or depression.

The national resource packs should be developed with kinship carers and draw on the available research and on the experience of voluntary organisations, some of which already provide on-line and other resources. A number of organisations have already pulled together some of the essential information including, for example, Family Rights Group, Grandparents Plus and the Grandparents Association. In addition, the Citizens Advice Bureau has produced an on-line Advice Guide for kinship care in Scotland, setting out some key facts and signposting carers to services offering more detailed advice (www.adviceguide.org.uk), whilst the Child Poverty Action Group (Scotland) has published detailed information on benefits for kinship carers in their handbook for children living away from their parents (Gillies 2012).

***Update and implement the statutory guidance in England***

It is very important that local authorities in England implement the requirement in the statutory guidance to ensure that kinship carers have access to information about services and advice about independent organisations. At present the quality and availability of such information is very variable. The English government ‘Guidance for Family and Friends Care’ (DfE 2011) would benefit from being updated to include the importance of all local authorities providing information about bereavement services for children and carers (such as Winston’s Wish and Cruse); the need to make and share contingency plans with children and should provide information about Guardian’s Allowances. These are payable to people who are bringing up children whose parents have died, or in certain circumstances where only one parent has died. A number of kin carers in the study who were entitled to a Guardian’s Allowance did not know of its existence, even though some had been in touch with Children’s Services.

In addition, many local authority policies on family and friends care need to go further in identifying the range of services available, particularly in relation to children’s psychological needs. A recent study, for example, found that nearly two thirds of local authorities did not mention CAMHS support in their policies and more than half did not identify sources of independent advice (Roth *et al.* 2012).

***Consider how kinship social work practice can be quality assured***

The government in England might want to consider how pressure can best be applied on local authorities to implement the statutory guidance, including on authorities that have yet not published a kinship policy in defiance of the guidance (see also e.g. Hunt and Waterhouse 2012; Roth *et al.* 2012). The latter study found that 45% of local authorities had not published a family and friends care policy. League tables or scorecards for local authorities in relation to the quality and coverage of their published kinship policies might assist and would allow authorities to learn from those with the best developed and thought through policies.

In addition, it is very important that kinship care is included as part of inspections of social work practice by the various care and social services inspectorates in the four countries, so that practice with kin carers is subject to quality control mechanisms, including for example the quality of the experiences of kinship children where support is requested.

***Ensure kinship care is included on the curriculum of social work training programmes.***

There is a considerable need for more professional, post-qualifying and in-service training on kinship care, especially as children’s social workers are generally not attuned to the needs of older carers and receive little training on ageing, health or bereavement. Training in ways of working with family networks or systems (Greeff 2001; Ziminski 2005) and in mediation would be useful (see e.g. O’Brien 2000), as would further development of approaches that build on kin families’ strengths and working in partnership with them (Doolan *et al.* 2004).

FOR organisations providing information and training for children’s Services

Organisations which share knowledge and develop best practice such as: the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO); Centre for Excellence for Looked After Children in Scotland (CELCIS); the Institute for Research and Innovation in Social Services (IRISS), the Social Care Institute for Excellence (SCIE); Research in Practice and Making Research Count, need to embed research findings on kinship care into their change programmes. In the light of the evidence from this study, there is a pressing need for social work practitioners and their managers to be made more aware of the extent of disadvantage and poverty amongst kinship carers (especially those who receive no allowances), the benefits of kinship care for children and the pivotal position of Children’s Services in ensuring that the support needs of kinship carers and children are met. Social workers need to be aware of the psycho-social needs of kinship carers and children and the opportunity they have to make a real impact on children’s lives and lessen strain on kin carers, by ensuring that the carers and children are provided with or put in touch with the services they need*.*

For Children’s Services

**Never say ‘No’**

There is a long legacy of reluctance to help family members to do what many think should be done out of a sense of kinship affection and obligation (O’Brien 2000). Only a quarter (23%) of the carers who approached Children’s Services received the help they had requested. Ways need to be found to counteract the tendency for workers and team managers to refuse kin carers help irrespective of the children’s needs, which is shown in this and other studies (see e.g. Farmer and Moyers 2008; Hunt *et al.* 2008, Hunt and Waterhouse 2012, Wellard and Wheatley 2010). A culture change is needed throughout Children’s Services to ensure that this no longer happens, with leadership taken at the top to ensure buy-in at all levels of the organisation, underpinned by recognition of the major contribution of kinship care as a permanence option for children. Since change in practice is generally brought about by senior managers taking responsibility for making things happen, the introduction of a network of senior management champions (perhaps including the involvement of Associations of Directors of Children’s Services/Social Services /Social Work) would be likely to be beneficial.

Many of the children in this study should have been offered services for children in need and workers need to be reminded that their obligations to assist children are not extinguished when cared for by kin. Kinship carers also need to know more about how to challenge a refusal to help the children in their care. It would be useful if local authorities/Health and Social Care Trusts were required to suggest appropriate onward referral for carers and their children if they are unable to help. The national resource pack recommended above and updated local resources are important to make this possible.

**Assistance with the transition to kinship care**

Carers stressed that advice and help should be available at the very beginning of kinship arrangements so that they could consider the whole range of options and find out what services were available. Many had instead had to search and search for help and battle with services to get assistance. Carers said that if Children’s Services provided help to them at the time of the initial transition, this might forestall later problems:

*[It is important] to give the right support, the right advice* ***in the beginning*** *so that people don’t have to go through what we’ve been through. [It would] make the transition a lot easier. Because you feel like you’re punished in a way and yet you’ve done the work that [Children’s Services] would be doing for that child.* (Grandmother bringing up 9 year old)

*Social Services…didn’t give you the full picture - they didn’t tell you what your options were and what they entailed...and we’ve had to fight tooth and nail with them mostly over financial things. I had to sell my car and we were in arrears, we were under eviction notice before I got any financial help*. (Grandmother bringing up 15 year old)

Local authorities in Great Britain, and Health and Social Care Trusts in Northern Ireland, should complete a scoping exercise to compile a full database of voluntary and other provision in their local areas and this, together with information about national provision, should be made readily accessible to all kinship carers. Their websites and leaflets should also provide information about local services for kinship carers, such as induction and carer support groups. Carers suggested that information about kinship care should be advertised along the lines of recruitment advertisements for foster carers. When Children's Services are involved in any way in planning or arranging kinship care, or later in undertaking assessments for private orders, social workers have an opportunity to provide key information to carers.

Social workers can also play an important role in brokering support, by facilitating discussions within the wider family about what help individuals might be prepared to offer, such as help with contact or the provision of occasional care. This could prompt relatives to offer the carer support with the kinship arrangement, which might otherwise not be forthcoming. Family Group Conferences provide one useful forum for putting this into practice and consideration could be given to contingency plans in these meetings. At the same time, if a Family Group Conference is the setting where decisions about who will care are actually made, the realities of the caring task and details of the support that is or is not available should be transparent.

**Provide induction/information sessions**

There would be considerable benefit if Children’s Services ran regular induction sessions to all (new) kinship carers with whom they have any contact, preferably at the outset of the arrangement. These could be along the lines of the routine introduction sessions run for people considering becoming foster carers or adopters. These occasional sessions would provide the transition information just discussed. They could also function as advice sessions for ongoing kinship arrangements of all types, as well as providing the opportunity for kinship carers to meet others in a similar situation. Alternatively, this service could be commissioned from voluntary organisations since they command trust from kinship carers (Wellard 2011).

**Provide services, including support groups, respite care and assistance with contact**

Children’s Services need to consider how they can best facilitate support groups for kinship carers, either directly or by supporting voluntary organisations to do so (see section on voluntary organisations). In addition, some carers needed respite care services. Others needed help and advice on managing contact that was unreliable or harmful for the children or advice on helping children deal with the absence of contact. Support for kinship carers in relation to contact should be brought into line with that available for looked after children, especially as it has been found that in kin care there is more contact, much of which is problematic (see e.g. Farmer and Moyers 2008; Hunt *et al.* 2008, Ashley *et al.* 2011). In this study, problematic contact was statistically associated with children having emotional and behavioural difficulties.

When kinship care arrangements are first made, carers should where possible be given advice which would help them prepare for potential contact difficulties. The Family Rights Group (Ashley *et al.* 2011) suggests that carers, parents, and where appropriate, children should draw up a contact agreement, which spells out where, when and how often contact will take place and what will happen if either party is unable to keep to the agreement. Our study suggests that contact with separated siblings should also be addressed from the outset (see also Kiraly *et al.* 2012).

Importantly, children need to be consulted and assisted to ensure that they have contact with which they feel comfortable. This includes helping them to deal with family conflict, changing parental circumstances and with re-contacting parents after absence (Kiraly and Humphreys 2011). Hardly any of the families in our study had had assistance with contact and a few might have benefited from using a local contact centre (DfE 2011). Sometimes it might assist if another family member (such as a grandparent when the child is living with an aunt) could take responsibility for contact arrangements (Farmer and Moyers 2008). Carers also need to have someone they can consult when contact becomes difficult, such as a specialist kinship worker, access to peer mentoring or on-line groups (Ashley *et al.* 2011).

For Universal Services

Kinship carers turned for help first to universal services, such as GPs, teachers and solicitors. It is therefore very important that these professionals are attuned to the needs of kinship carers.

**Solicitors**: Early independent legal advice is important to ensure that kinship carers are well informed about the financial as well as legal options available. Solicitors need to have the most up-to-date information not only about legal orders, but also about the financial allowances which they can attract, and be able to advise carers how to argue for this help. However, we found that some carers had been advised against securing a legal order because the children were satisfied with their living arrangements and were of an age to ‘vote with their feet.’ These carers had missed out on holding parental responsibility, on the opportunity to apply for an allowance linked to a legal order or on becoming a kinship foster carer. Certainly, when applying for a Special Guardianship Order, in the countries where these apply, carers should be advised at the outset to request an assessment of need (which covers financial and support needs).

Solicitors also have an opportunity to signpost kin carers to services. A national resource pack (see above) would assist them in this and they could remind kin carers about the importance of making and sharing contingency plans with children. However, access to advice services is insufficient unless advisers are sufficiently well informed about the issues. In England and Wales, specialist solicitors, for example those who are members of the Law Society Children Panel, should reach these standards, but other solicitors may not. Kinship carers need information to ensure that they seek advice from solicitors who have the relevant expertise.

However, the abolition of legal aid for private family disputes in England and Wales (LASPO 2012) from April 2013 will mean that many kinship carers will no longer be entitled to legal aid. This may deter kinship carers from applying for private law orders and will remove a key source of independent advice from them, unless they can afford to pay privately for a solicitor. Steps need to be taken to mitigate the impact of this on kinship carers, including local authorities paying these legal costs. Consideration should be given to introducing a legal aid fixed fee in those countries affected, in order to allow free advice and representation for kinship carers to obtain orders that will bring permanence for children.

**GPs and health professionals:** GPs too play a very important part and some were providing kinship carers with much needed emotional support or had referred children to CAMHS. However, 40% of the kin carers in the study who were suffering from depression had not been diagnosed or treated. It would be helpful if GPs, health visitors and practice nurses were alerted to the needs of kinship carers so that when carers visit their doctor or bring in the children, they are asked how they are managing the children and about their mood and health needs. A good number of carers would have benefited from treatment for depression, advice on how to access bereavement services and more generic counselling. Some appeared to need better pain management. In addition, health professionals need to be aware that support to carers around the time of the children’s moves is especially important, as research suggests that if the transition into kinship care is well managed, carers’ health may be less badly affected (Baker and Silverstein 2008; Musil *et al.* 2010).

**Child and Adolescent Mental Health Services (CAMHS)** Fewer than half of the children with serious emotional and behavioural difficulties (on the SDQ measure) had been seen by CAMHS (see also Hunt and Waterhouse 2012). In addition, some of the children needed help to deal with their anger about what had happened to them, with their experiences of parental indifference or rejection and with their longings for parents who were out of their lives or dead. Their carers too needed advice on how best to support the children with these issues. Intervening early with children with mental health problems has been shown not only to reduce health costs but also to realise larger savings, such as improved educational outcomes and reduced unemployment and crime (CAMHS 2008).

There is a strong argument for CAMHS to make the children of kinship carers a priority group for support, as is the case already in some health authorities. CAMHS teams have to give looked after children priority and kinship care should be included as part of this remit. Often a small amount of assistance might help to shift kinship families towards more helpful ways of communicating or understanding each other. In addition, CAMHS workers might benefit from training on the findings of research on kinship care.

**Teachers:** All the children of school age had contact with teachers and many had benefited from excellent pastoral care, help from school counsellors and mentors and additional help with their schoolwork. Schools need to be vigilant about bullying and aware that children being brought up by kin may be targeted. There is also a need to ensure that opportunities are regularly pursued to teach children about (and normalise) the variety of family forms that children live in.

We suggest that every school should have a designated teacher to champion the needs of the children in kinship care, as is already required for looked after children (Children and Young Person's Act 2008). Our findings from the first phase of this study - the analysis of the census data (Nandy *et al.* 2011) - show that teachers are likely to come across far more children living in kinship care, than children in any other type of substitute care.

For Voluntary Organisations

The voluntary sector plays a vital role in assisting kinship carers, given that Children’s Services are not providing adequate support for kinship carers, the reluctance of some kinship carers to access support from statutory services and their greater trust in voluntary agencies. However, kinship carers first need to know about the voluntary agencies available. Many carers were unaware of the range of existing organisations and this was particularly an issue at the start of kinship care arrangements. Two-thirds of grandparent carers had not heard about Grandparents Plus and half did not know of the Grandparents Association; whilst half of all the carers had not heard of the Family Rights Group.

Voluntary agencies might want to be proactive and contact local authorities/Health and Social Care Trusts to ensure that their organisation is known to social workers and included in the local authority/Health and Social Care Trust’s database of local (and national) resources for kinship carers. It might also be useful if voluntary organisations which provide support for parents made it clear that their services are also available to kinship carers. The telephone help lines already provided by some agencies may also need to promote their services more widely to all types of kinship carer.

Some voluntary agencies organise kinship carer support groups, although the majority are attended mostly by grandparents. There is considerable room for these to expand and to reach out to other kinds of kinship carers. Attendance at carer support groups would provide much-needed contact with other kinship carers - especially at the start of kin arrangements - and the opportunity to share ideas and advice on managing the children, dealing with difficult contact and getting their own needs met (Pitcher 2002). Such groups are routinely provided for non-kin foster carers, who appreciate the individual support provided by other carers between sessions (see e.g. Farmer *et al.* 2004; Sinclair 2005). For those with limited mobility and for young kinship carers, virtual support groups on the internet are likely to be helpful.

Kinship carers who are under severe strain would benefit from respite care, either in the form of occasional days or weekends with another carer (or with other family members) or a support worker or volunteer to take the child out regularly. In addition, child-sitting, activities for the child or holiday programs would provide carers with much needed time to recover from the stress they experience. Consideration needs to be given to whether voluntary agencies might be best placed to increase their respite and other services to meet these needs. In addition, buddying or mentoring systems are needed and could play a very important part in assisting new kinship carers, especially young kinship carers (Roth *et al.* 2011) or those with particular difficulties[[3]](#footnote-3).

Conclusion

The census findings (Nandy *et al*. 2011), combined with the interviews and measures with the large sample of carers and children reported on here, provide an authoritative account of the circumstances in the UK of informal kinship carers and the children they bring up. The findings are a cause for real concern about the parlous state of many informal kin carers, whilst overall providing good news about the children.

This study provides clear evidence of the poverty of many informal kin carers and reliable information about their high rates of long-term illness, disability, pain and depression, the difficulties they often have in managing contact with parents and the proportion of kinship children with very disturbed behaviour or emotional problems who are not receiving appropriate help. In spite of this, the research shows that many kin children have good outcomes.

A number of the findings are relatively new or under-explored in the UK, for example about the extent of bereavement, about carers’ health, the needs of sub-groups of carers such as young kinship carers, the psycho-social needs of the children and young people, the high levels of anxiety amongst the children and how far they and the carers received the services they needed. In a climate of austerity, there are well-founded fears that cuts to welfare benefits and legal aid may increase the disadvantages they face even further.

If the children and young people in the study with severe emotional and behavioural problems had been placed with non-kin foster carers, their placements would have been at high risk of breakdown, with detrimental consequences for the children. Research has shown that kin carers continue to care for children long beyond the point at which non-kin foster carers give up (Cuddeback 2004; Farmer and Moyers 2008; Winokur 2009). Informal kinship carers make a major contribution to providing children with security and stability and save the state from the considerable costs of foster or residential placements.

The high commitment of the informal kinship carers was key to the children feeling secure and stable and making good progress, but was often achieved at the expense of the kin carers’ own wellbeing and sometimes emotional health. It is a matter of concern that carers’ attempts to get services for needy children were sometimes summarily dismissed by statutory services, adding to the strain they were under. Government Guidance (DfE 2011) in England emphasises the principle that support should be based on the needs of the child rather than their legal status. There is clearly a long road to travel before the current complex system delivers what children and their kinship carers need rather than what follows from the happenstance of their legal status.

Yet all the signs are, that a little assistance would go a long way in helping kinship carers parent these children, in mitigating the strain on them and in assisting in the recovery of the kinship children from abuse, neglect, parental addiction and mental illness. All of us have a responsibility to ensure that carers who are contributing so much to children’s stability and security receive the help they need. These families should remain ‘the poor relations’ no longer.

1. This is important in any kinship care arrangement. It is also worth noting that at present, carers with Residence Orders cannot appoint a legal guardian in the event of their death, but those with Special Guardianship Orders can. [↑](#footnote-ref-1)
2. A broadly similar pattern was observed in Hunt and Waterhouse’s study (2012) where 88% of the kin carers with SGOs received an allowance compared to 46% with Residence Orders. [↑](#footnote-ref-2)
3. A group of organisations are piloting a peer parenting support system for grandparents called The Relative Experience project. [↑](#footnote-ref-3)