Mentor

Protecting Children In Scotland From Drugs And Alcohol

Relative Support
A Review of Kinship Care in Scotland

Ben Thurman
Policy & Research Officer

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Executive Summary

Introduction

One in 77 children in Scotland today grows up with friends or relatives. Mentor undertook a review of the current status of support provision to identify areas where kinship carers could be better supported to bring up the children in their care.

Children in kinship care typically experience multiple disadvantages and are likely to have experienced some form of abuse or neglect. Yet despite unique challenges, research demonstrates positive outcomes for children in kinship care.

Between July and October 2013, Mentor spoke to 75 kinship carers with a particular focus in five local authorities, conducting semi-structured focus groups and one-on-one interviews. We also consulted 34 professionals, practitioners and stakeholders.

Key points

- Kinship carers want more training to cope with children's challenging behaviours.
- The majority receive little or no practical support managing complex family situations and ensuring positive child development. Yet kinship carers make huge personal sacrifices around employment, social interactions, family and personal relationships.
- There is wide geographic disparity in support provision; financial support ranged from £40 to £286 per week. Access to core universal services is equally varied.
- Kinship carers want access to information and advocacy around complex issues including finance and specialist services.

Findings

68 out of 75 kinship carers admitted to having some difficulties in managing the 'challenging behaviour' of their child, with problems including bed-wetting, not eating, stealing food, aggression, destruction and communication problems. But only a tiny fraction had accessed information or training to help them cope with complex behavioural needs, and many were completely unaware of attachment disorders.

> *I've one that's quite disturbed. It's an attachment disorder and he takes it out on me. I just thought he was an angry wee boy; I just thought 'terrible two's.' See, we're from a generation that just didn't know. So I didn't take him to see anyone for a long time. But I've been dealing with it for so long now – I just want something done about it.* Carol, Inverclyde

According to one participant, carers "know something's not right, but they don't know what it is". Participants demanded "more training and information about the issues".

'Psychological' or 'therapeutic' support was the most commonly-identified support gap, by both carers and professionals. Yet in four out of the five local authorities we visited a majority of carers had significant trouble accessing specialist support for their children. Many carers were frustrated when trying to access specialist support, complaining that "you have to fight all the way wi' 'em". There is a severe lack of counselling services for all looked after children in Scotland; but the experience of kinship carers in this study is that it is even harder for their children to access universal services, such as Child and Adolescent Mental Health Services (CAMHS) and Additional Support for Learning (ASL).

Half of kinship carers in our research had significant difficulties with parental contact, either because of aggression or resentment, or due to the impact of unpredictable visiting on the child. Carers noted the negative impact on their child of stressful visits or failed promises, and as a result over a quarter of carers had terminated contact completely.

> *Aye, it's best not to have any [parental contact] because they get let down too many times. They're just waiting there at the window for 'em.* Liz, Inverclyde

Furthermore, many kinship carers struggled with explaining the family situation to their child, often avoiding the issue completely, which can have damaging consequences for children who need "a coherent narrative about their lives" in order to fully recover from trauma.

> *I lost my daughter. It's so hard to explain. For years he thought his mum was ill. But when they're older they begin to ask more questions. He accepts it at the moment, but as he gets older he won't. He keeps asking, "Why am I nae going to Mum's?" I can only go on answering that for so long.* Kerry, Aberdeenshire

While some were coping effectively with family dynamics and others benefitted from one-on-one support from social work, the majority of kinship carers receive little or no practical support and advice for managing complex family situations and ensuring positive child development.

Although unanimous that they would do it all again "in a heartbeat", kinship carers in our study made huge personal sacrifices: employment and social interactions; family and personal relationships; and health and finance. In some cases they needed practical, emotional or peer support to cope with the demands of kinship care.

> *It was a struggle. I'd been living in Blackpool for six years. Me and my husband both had full-time jobs. But we had to move back here. Do you know how much sacrifice we made for them? Now I can't work because of the kids and my husband can't find work.* Liz, Inverclyde

Some participants encountered considerable financial difficulty, especially at the beginning of kinship arrangements. In some cases it took years to acquire basic necessities for their child.

> *It happens so quickly really. You don't have a bedroom, clothes, anything. We got absolutely nothing – no preparation, no nothing.* Donald, Falkirk

While most carers received an allowance, the amount varied wildly. Financial hardship was most acute where carers either did not receive an allowance or received a tiny sum due to other income support and pensions, or when they had had to pay large legal fees to acquire a Residency Order. Two participants had got into serious debt since becoming kinship carers.

Although only a small number of carers sought respite from their caring duties, all participants aspired to take their child on a family holiday or to enrol them in after-school or summer clubs. The vast majority were unable to afford such activities for their children.

Finally, kinship carers sought access to information and advocacy about key issues. The majority of carers struggled to understand the complex interaction of income support, pensions and kinship allowances – it is likely that many lose out financially; a large number felt they had been misinformed about the implications of applying for a Residency Order; and many continue to struggle to access specialist services for the children in their care.

> *I've got a residential order now, but it was really hard to find out which section we were on, you know. It was all section-this, section-that. Really I was pushed into residency.* Muriel, Falkirk

Although some local authorities have introduced kinship care teams as a point-of-call, many carers still lack the advice and support to make informed decisions and access the right services for their family.

There was a wide geographic disparity in support provision for kinship carers, with financial support ranging from £40 to £286 per week and varying accessibility to core universal services. Some local authorities have "taken ownership" of kinship care and improved their practice, by introducing kinship care teams, thorough assessments and a 'designated person' for kinship carers. This has had a positive impact on the quality of placements and contentment of carers.

However, statutory and voluntary services for kinship care remain "patchy". Many carers are unsupported due to inconsistent practice across Scotland and the stigma surrounding kinship care, which often deters people from seeking support.

In addition, 'informal' arrangements remain largely neglected: the 'informal' carers we spoke to struggled disproportionately due to a systemic lack of support.

Conclusions

Some kinship carers require practical and financial support to provide the best possible environment for their child; they need specialist support to be more accessible; and they need access to social work for assistance and advocacy in more immediate situations. Some local authorities have already enhanced their service to kinship carers: this should be considered good practice and shared more widely.

Beyond improving and consolidating statutory provision, there is an outstanding need for information, advice and effective strategies for managing challenging behaviour; handling complex family dynamics; and explaining to the child why they are living in kinship care. Professionals identified ‘challenging behaviour’ and ‘parental conflict’ as the two major causes of kinship placements breaking down. If kinship carers are provided with accessible information both to enhance their understanding of these dynamics and to provide effective strategies for coping with them, it will improve the quality of kinship arrangements across Scotland, prevent placements deteriorating and thereby enhance the outcomes of children in kinship care.

Introduction

Background

Anyone that tells you they know all about kinship care doesn't know what they're talking about. EC1

Over the last two decades the number of children in kinship care arrangements in Scotland has grown exponentially, due to a range of factors including the changing nature of family life, a rise in parental substance misuse, an expanding prison population and statutory requirement to give preference to a placement with a family member.[1]

The number of children in the UK growing up with a friend or relative more than doubled between 1991 and 2001;[2] in Scotland, the figure for children formally 'looked after' in kinship care doubled again between 2001 and 2007.[3] Kinship care also increased as a proportion of looked after children: in 2001, one in ten children was formally looked after in kinship care, rising to one in five by 2010.[4] Moreover, with legislative direction to prioritise kinship care, this trend is set to continue.[5]

The prioritisation of kinship care by the Scottish government and local authorities is supported by a body of research that demonstrates positive outcomes for children in kinship care.[6] Elaine Farmer and Sue Moyers observed little difference in the quality or disruption levels of kinship and foster placements, except that kinship arrangements often last longer. They conclude:

Placements with kin generally ensure that children thrive, are well nurtured and remain connected to their roots.[7]

Typically, children in kinship care "have experienced multiple disadvantages [and] are likely to have experienced some form of abuse of neglect".[8] As a result, over a third display 'abnormal behaviour', compared to 10% of the child population.[9] Children in kinship care are also more likely to experience financial hardship (75%) and live in overcrowded conditions (35%); and over half of kinship arrangements are affected by parent-carer conflict, which can be violent and abusive.[10]

Complex behavioural difficulties, complications with parental contact and financial strain also impact the carer: relationships are placed under "severe strain",[11] and the stress of kinship care compounds existing health conditions (kinship carers have much higher rates of long-term illness and disability than the rest of the population).[12]

Despite the unique challenges and the demonstrable effectiveness of kinship care, the "landscape is barren in terms of services and understanding" [SCS]. With one in 77 children in Scotland growing up with friends or relatives[13] – and with numbers continuing to rise – it is necessary to review the current status of support provision and identify areas where kinship carers could be better supported to bring up the children in their care.

Methods

> *It's very easy to think we know best, but we don't. Carers should be the architects of their own solutions.* SCS

In developing interventions to support kinship care, it is vital to access both the views of professionals and the experiences of carers themselves. This research therefore combined consultation with key stakeholders, and focus groups and interviews with kinship carers. Due to the relatively small scale of the study, we also drew upon existing data and research to substantiate our findings and assumptions.

This review is small in scale, and so it should not be interpreted as a comprehensive analysis of the experience of all kinship carers in Scotland. However, we have accessed a wide range of views across a variety of sectors, thus generating a balanced representation of the key issues.

Mentor conducted interviews with 34 professionals, practitioners and stakeholders that engage with kinship care, representing academia, grant-making foundations, local governance, national and local kinship care organisations, policy advisors, and third sector organisations.

We then utilised pre-existing contacts with kinship care support groups in five local authorities to access the views of kinship carers. The five local authorities – Aberdeenshire, East Lothian, Falkirk, Inverclyde and North Ayrshire – were chosen based on our knowledge of social work procedure, in order to generate an accurate representation of practice across Scotland: the sample incorporates urban/rural disparity and the varying levels of commitment to kinship care. In each local authority we conducted semi-structured focus group discussions and one-on-one interviews, comprising a total of 75 kinship carers; and one-on-one interviews with a representative of the social work team.[14]

In addition, through interviews during the consultation process we accessed experiential insight from kinship carers of practice in Edinburgh, Glasgow and West Dumbarton.

Research took place between July and October 2013. None of the participants are personally identified: the names of kinship carers have been changed for readability; professionals and stakeholders remain anonymous, although their organisation is given, often in abbreviated form (see Appendix I for a list of abbreviations).

Geographic Disparity

> *There are horror stories of people who've been kinship carers for years and never received support. I don't know how it became such a postcode lottery.* CIR

> *It's a lucky dip.* Margaret, N. Ayrshire

Many respondents commented on the "patchy" nature of support provision across Scotland [CAS; BL1; CIR]; Children 1st labelled local authority support, "very much piecemeal". Certainly we encountered significant disparity in both statutory and voluntary services across Scotland.

Kinship Care Allowances in the local authorities we visited were wildly inconsistent, ranging from £40 to £286 [CAS; Falkirk; N. Ayrshire]. For some kinship carers, the process of claiming their allowance was fraught with difficulty; others simply did not know that financial support existed. Therefore, many carers remain unsupported financially.

The provision for non-monetary support also varied. In some areas kinship carers were able to access universal services, such as Child and Adolescent Mental Health Services (CAMHS) and Additional Support for Learning (ASL); but many carers struggled to get a consultation and felt discriminated against. In at least one local authority there are no counselling services at all [CAS]. Furthermore, access to support after securing a Residency Order differed across local authorities. Inverclyde provide "exactly the same service as if the child is looked after", and several other local authorities have established kinship care teams with a designated social worker. However, in many local councils kinship carers with Section 11 Orders are "pushed out" [Margaret, Aberdeenshire] and have no access to social work: "so if you really need help, you can't get it" [Donna, E. Lothian].

The 'postcode lottery' is exacerbated by "cold spots" [TSB] in the voluntary sector. Over half of looked after children living in kinship care arrangements in Scotland reside in Glasgow, Edinburgh, Dundee and Aberdeen.[15] As a result the concentration of third sector services therein is much greater, and "it's a struggle away from the big cities" [KCA].[16]

Of greater concern to kinship carers was inconsistency within local areas. In Falkirk, Donald recalled:

> *I didn't know about the kinship allowance. It was years until we got a letter. It came up – what other kinship carers were getting a week – and I thought, it's just no' right.*

Several social workers admitted that support and advice can vary, depending on the team and the worker [EC2; Falkirk]. This causes significant resentment in some quarters, with the Kinship Care Alliance asserting that local authorities are "out to cut cost, not out to provide a service".

Four of the local authorities we visited had kinship care teams with a designated worker for kinship carers. These teams are carrying out more thorough assessments and investigating kin options to prepare the placement before crisis point, which has changed the experience for kinship carers:

> *It's better now 'cos you've got them [kinship care team]. We just got the kids and, 'See ya'.* Margaret, Aberdeenshire

Although some authorities "have really taken ownership" of kinship care [CH1], others drop the child with a relative, do not mention an allowance and never see them again [CAS]. Statutory procedure is hugely variable across Scotland. Muriel in Falkirk surmised: "all local areas should be equal".

Findings: Children in Kinship Care

Challenging Behaviour

> *It cannot be overemphasised that kin-placed children are not 'ordinary'.*[7]

> *He'd seen things that he shouldn't have seen. He was damaged. That's what's missing: support for them.* Janet, Aberdeenshire

Carol, Inverclyde

I've one that's quite disturbed. It's an attachment disorder and he takes it out on me. I just thought he was an angry wee boy; I just thought 'terrible two's'. See, we're from a generation that just didn't know. So I didn't take him to anyone for a long time. But I've been dealing with it for so long now – I just want something done about it.

One of the biggest challenges for kinship carers is "managing behaviour that's off the Richter scale" [ASC]. Children often bear "severe emotional scars due to a legacy of substance abuse, domestic violence, mental health problems, and abuse or neglect".[18] Grandparents Plus revealed that half of kinship children have "serious emotional or behavioural problems"[19] as a result of past experiences. "It's massive," said Kinsfolk Carers. "The vast majority are dealing with this".

68 of 75 kinship carers owned to having some difficulties in managing their child(ren)'s behaviour. Problems included bed-wetting, not eating, stealing food, aggression, destruction and communication problems. "The kid's emotional state – that's the priority," said Irene, North Ayrshire. "Mine's been flung out of school three times this year".

A minority of carers were 'coping' with their child(ren)'s behaviour. Diane, Falkirk, attended a parenting workshop that enabled her to better respond to her grandson's communication difficulties. "Parents do things differently now," she told us. "You have to be aware of that". In North Ayrshire, Caroline took an online parenting course to help her manage her granddaughter's 'anger issues'; and Karen, Aberdeenshire, learnt how to do life story work with her niece.

But these were exceptions: the vast majority were struggling with their child(ren)'s behaviour, and in many cases did not understand it. In the focus group discussion in Falkirk, 'attachment' was raised as an issue and half of the participants thought that their child might have similar emotional difficulties, but had never heard of attachment disorders before. "They know something's not right," explained Kinsfolk Carers, "but they don't know what it is". In North Ayrshire, Irene told us:

Mel, Falkirk

Mine's got a violent streak. That's an attachment disorder. It's because of that attention that he missed. I cannot blame him for it. It's because of his life before.

We need more training and information about the issues. My granddaughter's just starting to get anger issues. We need personal training for every carer, because we've all got different issues.

In Falkirk, attention and obedience are 'big issues' for 90% of kinship carers; yet only a tiny number of carers undertake relevant training and information courses – the sort that foster carers "routinely attend".[20] Because normal approaches to parenting are not always appropriate for children that have been abused or neglected [EC2] kinship carers need – and in many cases are demanding – more information about attachment disorders and effective strategies for managing complex behaviour.

Education & Health Services

[Kinship] children should be regarded as children in need *and supported accordingly.*[21]

Kinship children have special needs – challenging behaviour as a result of trauma. It's the same as any looked after child, so they should have access to CAMHS and support in school. But it's more difficult for kinship carers. E. Lothian

Many of the carers we spoke to were concerned that their child had additional support needs that they could not provide for. Grandparents Plus reported that 37% of children in kinship care have "special educational needs"[22] and many practitioners identified 'psychological support' as 'the biggest need' for children in kinship care [E. Lothian; FAS; KCA; PTC].

Some carers had access to statutory and voluntary services for the wellbeing of their child. In Inverclyde, several carers had experience of CAMHS; and some had received one-on-one work by the kinship care team, which is provided "when there is a need" [Inverclyde]. Despite being short on counselling services, the Inverclyde Council believes it is able to meet the needs of all carers; certainly the focus group was unanimous that their children had no outstanding support needs.

In Falkirk, Sharon's grandson was diagnosed with ADHD at the age of seven. He now has a specialist at school and "someone from the [National] Autistic Society comes and visits."

However, the majority of kinship carers "just don't know what's wrong" and cannot get a professional opinion [FAS]. Kinship carers "are not given status or recognition" [ASC] by medical professionals, and so face difficulties in registering children with General

Doris, East Lothian

I've had him since 2011 and I think he's got autism. He's just not getting tested and the school don't want to know. There's no support. Now they're saying he won't get tested till secondary – it's too late by then. Aidan's got a lot of abandonment issues: he needs support along the way. We had one visit from the social worker and then he disappeared.

Practitioners and getting the required consultations and diagnoses to access universal health and education services. It took Kate in East Lothian four years to get an autism diagnosis for her nephew; in the same group, Doris commented, “You have to fight all the way wi’ ‘em.” In Falkirk, Donald is still fighting:

> *He’s got Asperger’s so it means ten times the work. We’re still waiting for a child psychologist. The trouble is, we don’t get told how to do this.*

Many carers felt frustrated, desperate and alone, when trying to access support for complex behavioural issues and learning difficulties that were beyond their understanding. Action for Sick Children stated that kinship carers “need to know their rights”, but added that it is still a “quantum leap” to assert one’s rights to certain services. “Social work can just pick up the phone and get a consultation,” said the East Lothian social worker, “but kinship carers don’t have this resource”.

There is a severe lack of counselling services for all looked after children in Scotland; but the experience of kinship carers in this study is that it is even harder for their children to access services such as CAMHS and ASL. In 2008, a report on GIRFEC advocated for “specialist support [to be] accessed quickly” by children in kinship care.[23] This remains a real need: kinship carers need social work or independent advocacy and more responsive health and education professionals if they are to access the specialist support that their children need.

Parental Contact

> *Aye, it’s best not to have any [parental contact], because they get let down too many times. They’re just waiting there at the window.* Liz, Inverclyde

Margaret, Aberdeenshire

He’s been shared here and shared there. It’s not good. There’s enough confusion in their lives. I don’t want him to grow up to be one of those messed up kids.

Almost half of the kinship carers we spoke to had encountered significant difficulties with the child’s birth parent, either because of aggression or resentment, or due to the impact of their unpredictable visiting on the child. Other researchers confirm that 54% of kinship carers are in ‘conflict’ with the birth parent(s), but suggest that most are good at managing this dynamic.[24]

There were a range of factors that made parental contact complicated and sometimes untenable:

- **Unreliability:** “Their Mum missed the last birthday and she’ll probably miss this one too.”
- **Persistent Alcohol and Drug Use:** “You just don’t know what Mum’ll be like.”
- **Verbal Abuse:** “I had Mum screaming down the street at me, and I was just trying to get my boy away.”
- **Violence:** “My daughter once had me by the throat.”
- **Undermining:** “The birth mother keeps challenging it and trying to get access.”

The social worker at Inverclyde commented that the parent dynamic is “very variable”.

> *Almost all of the cases in Inverclyde are alcohol and drug related: if the parents are doing fine, the relationship is good; if not, it can be aggressive and stressful.*

Kerry, Aberdeenshire

I’ve lost my daughter. It’s so hard trying to explain. For years he thought his mum was ill. But when they’re older they begin to ask more questions. He accepts it at the moment, but as he gets older he won’t. I’ve been trying to get a social worker through school to help. He keeps asking, “Why am I nae going to Mum’s?” I can only go on answering that for so long.

Stressful visits have a negative impact on children, who react variably with defiant and disruptive behaviour, or by becoming withdrawn and quiet.[25] Carers in our research were most preoccupied about the impact of parental contact on the child. Particularly when alcohol and drugs are still involved, carers decided that “he should nae have to see that” [Sandra, Inverclyde]; and other carers were concerned about the “continuing experience of rejection’” when parents failed on promises to visit.[26] As a result, over a quarter of kinship carers had terminated contact.

Fraught family relationships are both a major concern for kinship carers, who are “uncomfortable supervising contact,” and also a cause of distress for children, who “become anxious and upset” [KFC]. Yet few local authorities offer any support, even in the most acute cases. Inverclyde sometimes facilitates short-term supervised contact to help mend arrangements that break down, but do not have the budget for long-term support. In most other local authorities, “supervised contact disappears when the Section 11 comes in” [Falkirk].

The carer-child-parent relationship can be very complex and often there is a lot of resentment. Several professionals identified the “ecology of relationships” as the primary cause of arrangements breaking down [EC1]. With little existing information, advice or practical assistance, it is an area where kinship care requires further support.

Family & Identity

> *Children need a coherent narrative about their lives if they are to recover from trauma.*[27]

> *Some carers don't tell them why they're living with their Gran because it's too hard [...] If a child has a social worker they might do one-to-one work with them. It's the type of work we make foster carers do with their kids.* Falkirk

A strong family network and sense of identity are central to positive outcomes for kinship children. Buttle UK found that children with complicated family circumstances that they did not understand were more likely to be depressed and anxious; and that children with "unanswered questions" about why they were not with their parents often blame themselves, which impacts their general wellbeing.[28]

It is vital for carers to communicate effectively with the child so that they are able to "integrate painful memories into a coherent story" and recover from past trauma;[29] however, many carers find it difficult to explain to children about their family history, partly because they still harbour strong feelings about the parent themselves. As a result, 45% of carers avoid the topic completely and one in five children are 'troubled' by events that they do not fully understand.[30]

Participants in our study struggled with the task of sharing and presenting the right information to their child. Carers of young children worried that "at some stage you have to tell him: he's not your really daddy. How can I do that?" [Mel, Falkirk]. And those looking after older children noticed, "they start asking questions when they get older. How can I tell them?" [Donna, E. Lothian].

As a result, many carers avoid the issue completely [Falkirk], ultimately to the detriment of the child's wellbeing. Social workers [E. Lothian; Falkirk] worried that this would hinder the child's development and, in some cases, cause problems in the future when children begin to seek answers about their past.

In one case, a child left her kinship home to find her birth parent, accused her carer of stealing her away from her mother, and became involved in drugs. According to the East Lothian social worker, such a reaction is not uncommon among teenagers in kinship arrangements.

While some kinship carers had addressed this complex issue – for example Karen, Aberdeenshire, who had started life story work – and a few had received one-on-one support from social work, many carers were at a loss. Janet in Aberdeenshire complained about a lack of advice and support:

> *Psychologically there's no help at all. I had to tell my eight-year-old grandson about his mum. There's just nae help.*

Findings: Kinship Carers

Personal Sacrifice

I had to change. I was preparing for retirement. We had to reform our whole lives. Mel, Falkirk

Would you do it again? In a heartbeat. Of course you would! When that kid runs up and throws his arms round you, it just makes your day. Margaret, Aberdeenshire

All kinship carers make sacrifices: three in five carers give up work or reduce their hours;[32] carers forego time spent with existing children or grandchildren; personal relationships are sacrificed, with many couples under "severe strain".[33] Kinship care often comes at a time when people are preparing for retirement, have their own health difficulties or other caring responsibilities. Such circumstances add to the strain of looking after a child with complex difficulties. As Doris in East Lothian commented, "It's tiring mentally and there's a lot of stress".

Less than a third of the carers we spoke to were in employment; however several had been in work until becoming a kinship carer. This had significant financial implications for families, who were supporting a child on income support or pensions.[34] But leaving employment also had a social impact [CIR], contributing to a sense of isolation for many carers.[35] One former carer confessed: "I never felt more alone than when I was a kin carer" [KFC].

Liz, Inverclyde

It was a struggle. I'd been living in Blackpool for six years. Me and my husband both had full-time jobs. But we had to move back here. Do people know how much sacrifice we made for them? Now I can't work because the three kids are too young and need looking after, and my husband can't find work.

Carers sacrificed family relationships: many participants 'lost' the time they used to spend with children and grandchildren because "it just takes over your life" [Karen, Aberdeenshire]. And caring responsibilities impact relationships, with one in ten couples experiencing "severe strain"[36] as a result of their care duties. Three relationships had broken down in our study, including Sandra, Inverclyde, who separated from her partner of 15 years:

I split up with my husband. If [the child] hadn't been there, we might have just stuck it out; but because he was there, it wasn't the right environment for a kid.

Kinship care is often complicated by poor health and additional caring responsibilities of kinship carers.[37] In our sample one carer was impeded by disability, while another had additional caring responsibilities and was taking medication for anxiety caused by her

exertions. Old age and deteriorating health can be a considerable cause of concern for kinship carers.

> *You're constantly thinking: Are we going to be here when we're older? How long have we got? If we passed away, what would happen to the child?* Donald, Falkirk

Carol, Inverclyde

I got mine with no clothes, no bed, sheets, blankets... We had nothing. You just build it up as and when you can afford it. It took time to get a bed, chest of drawers, clothes. But now he says, 'This is my house.'

Kinship carers make huge sacrifices: employment, financial security, social interactions, family life, health. Furthermore, they are often "still grieving for the loss of the child's parent"[38] or "preoccupied with [their] impending death" [Inverclyde], which adds to the stress. Although most carers would "do it all over again,"[39] the benefits of looking after kinship children come at a high cost: kinship carers "experience considerable stress [...] and feel isolated and unsupported".[40] Many carers spoke of their isolation before finding peer support groups: for some, these are an effective way of "getting everything off your chest" [Donna, E. Lothian]. But there are surely many more kinship carers without family, social work or peer support, who struggle with the demands of kinship care and continue to feel 'isolated and unsupported.'

Practical & Financial Support

> *You always start in kinship care on the back foot. Everyday is about survival – financial burden, anxiety and worry.* KFC

> *If you have a new-born you can plan. But especially for a Gran that's not got money, it's difficult. You need the practical stuff if you've got no money.* Margaret, Inverclyde

Most kinship carers are on low incomes (four in ten get by on less than £10,000 per year), and a third a lone carers.[41] As a result, many carers struggle without practical and financial support. Participants differed in the importance they placed on money. The Poverty Truth Commission argued:

> *We have to address the level of ongoing poverty. A lot can be alleviated by financial assistance.*

While Children 1st suggested:

> *Money is important, but all the money in the world won't solve the problem.*

Although carers were generally more concerned about the wellbeing of their child than the state of their finances, it was clear that money and practical issues can be significant problems, with several families in serious debt. While some local authorities have improved procedures for supporting carers to secure practical necessities, many still face considerable difficulties in a number of key areas.

1. HOUSING: Edinburgh Council spoke about kinship families in "sardine arrangements" – a third of kinship families live in overcrowded conditions.[42] Several carers reported overcrowding: Donna, East Lothian, slept on the floor for six months; in Aberdeenshire, Karen's 16-year-old daughter shares a room with her sister; and Katy, North Ayrshire, spent months on the sofa. Carers did not identify housing as a major problem, and only brought it up when pressed. However, because kinship care is often "an emergency situation" [Donna, E. Lothian], many families live at least temporarily in overcrowded conditions. Councils need to work with housing to ensure adequate housing for kinship families.

2. START-UP: Over three quarters of carers had considerable difficulty in acquiring the practical necessities for a young child when they were first put into their care. In Aberdeenshire, Margaret recalled: "They just gave us the kids. 10.30pm. No pram, no dummy, no bottle". Donald, Falkirk, faced similar difficulties:

> *It happens so quickly really. You don't have a bedroom, clothes, anything. We got absolutely nothing – no preparation, no nothing.*

For some kinship carers, it took months and even years to acquire basic necessities, such as clothing and furniture. Social workers in Inverclyde and Falkirk have accessed grants for furniture and white goods in the past; but with charitable funding "less viable than before" [Inverclyde] this is increasingly rare. Although all kinship carers in our research faced some challenges – and many faced chronic difficulties in providing for their child – none had received practical start-up support.

Several social workers [Falkirk; N. Ayrshire] and professionals [CH1; FAS; MSS; PTC] supported the idea of start-up grants; although others believed that local authorities would be more effective in providing practical assistance on a case-by-case basis [EC1; Inverclyde].

3. GENERAL FINANCE: According to Edinburgh Council, "the majority face poverty [and] everyone faces losses". Although finance was not the primary concern for most of the carers in our research, it affected all families to some degree and financial hardship was acute in a number of cases.

Most kinship carers received some form of allowance and thought it was "reasonable," while joking that "it's never enough!" [Margaret, Inverclyde]. A number of carers, particularly those on pensions, found it "difficult to budget month for month" [Mel, Falkirk]. Over half of kinship carers in our research could not afford after-school clubs or family holidays; in Aberdeenshire and North Ayrshire, kinship care groups were fundraising to support such activities.

A vocal minority were not paid an allowance and often struggled considerably: two participants had got into in serious debt since becoming kinship carers. Kinsfolk Carers

complained that “it’s always left to the last minute to see if the kinship carer gets by without support.” It took six months for Betty to receive money from Falkirk Council, even though “it’s the first months when you need the money most”; and in Edinburgh one pensioner was without financial support for nine months [KFC]. Two local authorities only paid an allowance once placements had been approved, which placed kinship carers in financial difficulty from the outset.

Several ‘informal’ carers received nothing from the local authority, which caused a great deal of resentment. Others went without for years because “social work never mentioned any money” [Sharon, Falkirk], until discovering that other carers received an allowance: “It’s just no’ right,” said Tommy, North Ayrshire.

In addition, the complex interaction between kinship allowances, and state benefits and pensions caused strife for most carers. It took Mel, Falkirk, “many nights to figure it out” because she received no advice from the local authority; and it is likely that a significant number of carers are losing money due to a lack of understanding about their entitlements. Notably, Janet in Aberdeenshire (see text insert) got into serious debt when a kinship care allowance affected her income support and she ended up losing money and defaulting on payments.

Janet, Aberdeenshire

I went four months wi’ nothing. The system’s wrong. I had to borrow from family and friends. The clothing allowance stopped over the summer and school meals stopped. I couldn’t get a crisis loan.

They told me they were coming to take my furniture! I had to give money that I didn’t have.

Although most carers did not complain loudly about money, it was clear that many struggled to support a child on low incomes. And because of their generally precarious financial situation, many are susceptible to spiralling debt when allowances or benefits are delayed or they have to expend on legal fees or other expenses.[43]

4. RESIDENCY ORDERS: Residency orders present a further complication: the Family Rights Group found that 76% of kinship carers “did not have enough understanding of the legal situation to make an informed decision”.[44] Similarly, many of the carers we spoke to did not fully understand the implications of applying for a ‘Section 11’ and felt ‘blackmailed’ by the social work department.

Muriel, Falkirk, could not grasp the ‘residential order’ she was being encouraged to apply for – “it was all section this, section that” – but applied for a Residency Order on the advice of her social worker. When she found out that she was no longer eligible for an allowance she felt “blackmailed”*.* Similarly Sharon was “pushed into residency” without being advised about its financial implications. And the East Lothian focus group was adamant that social workers had not explained the implications of a Section 11:

They didn't explain it fully. They tell you you're better off with a Residency Order, but they don't tell you that the social worker will stop. Diane, Falkirk

Although some local authorities now assist kinship carers with legal fees, the process for applying for residency still leaves many carers with "substantial debt" if the birth parent challenges the court order.[45] Three carers we spoke to had come under severe financial strain: one case in Inverclyde cost in excess of £5,000. And in Aberdeenshire Angela had serious difficulties:

It put me into financial difficulties trying to clear the court fees. There's not enough information about what Section 11 involves.

Because the majority of carers are on low incomes, income support or state pensions, and because kinship care is unplanned, they often face financial hardship. Although local authorities give out allowances (of differing value), many carers "have to battle" [KFC] to access practical and financial support.

Muriel, Falkirk

I've got a residential order now, but it was really hard to find out which section we were on, you know, It was all section-this, section-that. I got a bit of help for legal costs, but I was never advised about any financial help. Really I was pushed into residency.

You just have to fight all the way wi' 'em. You have to fight to get anything. Diane, E. Lothian

Some local authorities are more consistent in paying allowances to kinship carers and more transparent with Residency Orders; however, in other areas "things get overlooked" [KFC] and kinship carers do not receive support. It is when kinship carers are unable to access basic support needs – kinship allowances, state benefits, legal fees, travel costs for school – that they come into financial difficulty. Not only is there a need for practical support in some cases, particularly in the initial stages of kinship placements; but there is also a need more clarity and transparency so that kinship carers do not suffer hardship, financial or otherwise, due to a lack of information and understanding.

Information & Advocacy

Carers are in a weak position in relation to local authorities, often lacking the information and independent advice needed to make informed decisions and access support.[46]

A major challenge for many of the kinship carers in our study was accessing support that is currently provided by local authorities, due to a lack of information. Participants often had to 'fight' for kinship allowances and specialist support for children with additional needs, because "no-one tells us how to do this" [Donald, Falkirk]. Carers are in a weak

position when interacting with local authorities: lacking information and advice, they are often unable to secure the support they need.[47]

Carol, Inverclyde

At the beginning I felt very alone – I needed to know that support's there.

I had an experience in these school holidays and had to call [the social worker]. I never had to call before, But I feel a lot better knowing that there's support.

Many of the kinship carers we spoke to were frustrated by their inability to access support for their children. In East Lothian, almost half of the carers were having difficulties accessing specialist support for their children, and the focus group concluded that "East Lothian aren't interested" [Diane]. In four out of the five local authorities, a majority of kinship carers complained about not being able to access CAMHS or ASL; and in three local authorities carers faced problems with benefits entitlements and kinship care allowances.

A lot of carers simply do not have information about key issues. In Falkirk, half of the focus group had not heard about 'attachment' and children's resulting support needs, despite it being a prevalent issue for kinship children; in Aberdeenshire, Janet was misinformed about housing benefits; and Donald had cared for his two grandchildren for years before discovering support networks in North Ayrshire:

> *Surely we should be told about these things! I didn't know about the group until two months ago. I've had the kids seven years. Why does no-one tell us these things?*

Kinsfolk Carers identified advice and advocacy as the biggest support gap, because kinship carers are ill-equipped to "get the best deal".

> *A lot are elderly and can't grasp it. But to get the best possible outcomes, somebody needs to grasp it. Individual, independent support is needed more than anything.*

Four of the five social workers we interviewed emphasised the need for a "designated person responsible for kinship care," to advise and assist carers in making key decisions about finance, residency and specialist support. The social worker in East Lothian explained:

> *Social work can just pick up the phone and get a consultation [with CAMHS]. Kinship carers don't have this resource.*

A contact with a direct link to relevant departments in the local authority would greatly enhance the quality of kinship placements, by enabling them to 'get the best deal', Kinship carers "feel left alone" when social work involvement stops,[48] because "if you really need help, you can't get it" [Donna, E. Lothian]. A designated person for kinship care would provide a point of call if the relationship deteriorates – which often happens during teenage years [CAS, Aberdeenshire] – at a later date.

Particularly in Inverclyde, which has an established kinship care team, the 'designated person' is effective in advocating for kinship families: kinship carers responded that they have no unmet needs, and several carers leaned on social work for support after being granted residency.

In other areas, in the absence of social work support, peer support groups were an effective system for sharing information and advice, although they are "not for everyone" [TSB, Inverclyde]. Across the five local authorities kinship carers commented: "it's good to talk to people in the same situation" [Inverclyde]; "here you can come and get things off your chest" [Falkirk]; "you can be honest and take out your frustration" [N. Ayrshire]; and the support group is "all we've got" [E. Lothian].

But despite the positive influence of peer support, these groups are ineffective in helping kinship carers secure the support they need. Carers still need impartial advice and advocacy for accessing a variety of support systems – finance, housing, health, education – for them and their child.

Respite

> *All kinship caregivers need a break from the children they are raising. And children need a break from their caregivers.*[49]

Many professionals [FAS; GIR; KCA; PTC; SCS] emphasised the value of respite for kinship carers:

> *Short breaks give carers a better quality of life – they can reinvigorate a relationship.*
> SCS

Participants made comparisons with foster carers [KCA] and other carers [SCS] who perform similarly challenging caring roles and receive respite breaks. However, very few of the kinship carers we spoke to receive any form of respite. Muriel used to get a respite break every month when she lived in West Lothian; but when her granddaughter's case was transferred to Falkirk that stopped.

> *Now they say if you can't care for 'em, we'll take 'em off you. But you just need a break – everybody needs a break!*

Diane, Falkirk

I've one kid who's got ADHD and dyslexia – he needs a lot more care than your average child – and I've a wee one that's six. My husband's disabled and he's getting worse.

I've been trying to get time off: I need a bit of respite – just to get away. I'm trying, but I'm still waiting. They said they can give me home help, but I don't need home help. I need away. That's the support I need. It'd keep me going.

However, with the exception of Muriel and Diane (see text insert), who had additional and demanding caring duties, very few kinship carers identified 'respite' as something that they required. In Inverclyde, Sandra responded: "I get nothing [because] I don't like

the idea of somebody else having ‘em. It’s better if we can go wi’ ‘em.” Because of the ‘sense of guilt’ among kinship carers, they often would not choose to leave their children with a respite sitter [E. Lothian, Inverclyde].

Kinship carers rather sought clubs and activities for their children. In North Ayrshire, Caroline relayed how a play therapist used to see her daughter once a week – “she loved it”. But now that this stopped, “even to put ‘em in scouts or brownies means £90 for a uniform”. Almost all carers lamented that it costs “30 quid for football boots” and questioned, “why can’t leisure centres give a discount?”

In addition, kinship carers identified family holidays as a desirable form of support, and several groups were fundraising for a caravan so that families could have a short break away. Shared Care Scotland said that such breaks are “about a family being allowed to be normal”. In North Ayrshire and Aberdeenshire in particular, carers were desperate to raise enough money to buy a caravan, because “these kids have never been out of the country or even to Butlin’s” [Janet, Aberdeenshire].

The majority of carers we spoke to sought ‘respite’ not for themselves, but for their children and as a family. They wanted to be able to enrol their children in after-school and summer clubs, and to take them on a family holiday once a year, but were prevented from doing so by the cost.

> *We want to take ‘em on a caravan holiday, but we’ve no’ got £500. If we had that money [kinship care allowance] coming to the weans, we’d be able to do that.*
> Tommy, N. Ayrshire

Inverclyde successfully organised caravan holidays for over 30 families and free passes for ‘Fun World’ over the summer holidays; kinship carers thought it was “brilliant for the weans,” but that it is “just a wee bonus”. Although in a minority of cases respite might be vital to maintain the placement, most of the carers in our research did not identify it as a primary concern, but rather something that they would like to do for their children if they had the chance.

Further Observations

Stigma

> *We're asking someone to parent a child who has often not been able to parent their own child.* TSB

A recurring theme among professionals was the stigma surrounding kinship carers, who have to deal with "a whole barrage of society's judgements".[50] Many people believe that "it's their fault" [PTC]; there is "a lot of guilt placed on kinship carers" [BL1]; and some families feel "exposed by the public gaze" [SCS]. The stigmatisation of kinship carers as a group was both mentioned and, at times, perpetuated by certain respondents who questioned whether such people were "fit for purpose" [TRT].

Several kinship carers pointed out that there were many reasons for parents not being able to look after their children, including mental health, youth and bereavement, as well as alcohol and substance abuse [KCA]. Furthermore, while alcohol and substance misuse were factors in around two thirds of cases,[51] the burden of guilt should not be placed on the kinship carer; and even if "the grandparents didn't do a good job the first time round" [TRT], it does not prevent them from providing a safe, caring environment for a child.

There is an urgent need to break down society's stigmatisation of kinship carers, which is alienating people from support systems. SPCHRP pointed out a "hesitancy to engage with the statutory sector, as it can be quite a stigmatising experience"; and a member of Kinsfolk Carers recalled her complete isolation as she felt like it would be "imposing" to ask for help from family, friends or social work.

A further dynamic that prevents kinship carers from seeking help is the widespread mistrust of social work among kinship carers. When a carer in Aberdeenshire was struggling to manage her daughter's anger, she thought: "Do I lift the phone for social work? Or will they think I'm not coping?" A similar worry was vocalised in Falkirk: "What if they think I can't cope and try to take the bairns off us?"

The stigma attached to kinship care and mistrust of social work fosters a reluctance to ask for help, "even when in considerable difficulty".[52] It is clearly important to carry out thorough assessments to ensure that children are in a safe, caring environment – something that is becoming more common practice in a number of local authorities. However, it is equally important to break down the mistrust of statutory services and the stigmatisation of kinship carers, which continue to prevent families seeking and accessing the support they need.

Informal Kinship Care

> *The big issue is the divide between looked after and non-looked after status, in terms of accessing support, financial or otherwise.* CAS
>
> *Looked after children are the tip of the iceberg.* GIR

Due to the remit of the study and the difficulties in accessing significant numbers of a "hard to reach population" [TRT], we did not investigate the dynamics of 'informal' kinship care, where social work has not been involved in the child's placement. However, a number of the carers we spoke to were 'informal' and revealed that they received no support, financial or otherwise.[53] In addition, the issue of 'informal' arrangements came up consistently in interviews with professionals.

Citizens Advice Scotland reported that 'informal' kinship carers face "the same difficult circumstances and support needs as those caring for 'looked after' children".[54] This was reinforced by the social worker in Falkirk: "it's the same children with the same problems". And *The Poor Relations?* also reported that "many informal kinship carers lived in grinding poverty".[55]

Out of the local authorities we visited, none of them supported private arrangements, although some occasionally gave 'discretionary payments'. While it would be "crippling" [EC1] for local authorities to support all kinship carers, participants noted a "total imbalance between the type of kinship carer" [MSS]. Given that there is a much larger 'hidden population' of unsupported kinship carers, facing the same challenges that we have identified in our research, further work needs to be done to ascertain the numbers of this group and to develop effective support systems that reach out to them. Otherwise potentially successful kinship placements run the risk of breaking down, to the detriment of the child and the expense of the local authority.

Conclusions

What Kinship Carers Want

> *For kinship carers, it'll always be about the child first; but we're having to battle for some things that should always be there.* KFC

Across the UK, 30% of kinship carers currently receive no support of any kind;[56] in Aberdeenshire, many expressed "resignation and sometimes anger about the lack of interest and help from the Council".[57] Carers in our study broadly wanted three things: consistency in the treatment of kinship carers (and sometimes parity with foster carers); simple information (and advocacy) for accessing relevant support; and better tools to manage complex behavioural needs (often referred to as 'psychological help') and family dynamics. In addition, emotional support – often in the form of peer support groups – was vital for sharing the burden of kinship care.

Several kinship carers drew comparisons with foster care: "These children have exactly the same issues as foster care children" [KCA]; but "you're penalised as a kinship carer" [Margaret, Aberdeenshire]. However, more participants were concerned about inconsistencies *between* kinship carers. Several local authorities do not support kinship carers who have been granted a Residency Order; and in many areas statutory support is "dependent on who your [social] worker is" [FAS]. Kinship carers sought consistent treatment both across Scotland and within local areas, including the same support provision for 'informal' kinship carers.

> *It's one law for one and a different law for the other – we should all get the same.* Janet, Aberdeenshire

Participants were most concerned with the 'psychological' needs of the children in their care. A minority had attended 'parenting' courses and information workshops on behaviour and attachment disorders; but many were at a loss at how to deal with challenging behaviour. The Poverty Truth Commission identified "information and workshops to help the child's needs" as the major support gap. Carers noted how difficult it is to find the right information and support:

> *I had to do a lot of reading to find out about it. I've learnt so much and found out things that are so important. But it's about getting links to these things, because lots of people wouldn't know. It's a full-time job finding out all the information.* Diane, Falkirk

While Diane's comments referred to understanding challenging behaviour, they are relevant to the broader struggle that many kinship carers face with education and health services. With the exception of Inverclyde, where social workers advocate effectively for kinship carers known to the local authority, most carers struggled to access specialist

support, partly due to a systemic lack of services [CAS, Falkirk] but also because of the complex procedure for getting a consultation or diagnosis. Kinship carers desired above all else, simple information about how to access universal services such as CAMHS and ASL, how to claim kinship allowances, and whether to apply for a Residency Order. In some cases they sought independent advice and advocacy for more acute problems (kinship carers in East Lothian in particular wanted continued access to social work); but for the most part, they wanted to secure services for their child without having to fight:

> *Sometimes you get tired of fighting...* Doris, E. Lothian

What Professionals Think

> *That there are kinship carers not accessing support is a failure of the system. These are the type of people that can slip through the gap; they need to have their needs catered for.* SCP

In 2008, *Moving Forward in Kinship and Foster care* identified several core areas of need that included: accessible and reliable support from social work, with particular emphasis on mediation when parental contact is problematic; specialist support, such as CAMHS and ASL, that can be accessed quickly; 'adequate' financial assistance; practical support with respite and clubs; information about services, rights and entitlements, and advocacy when needed; and skills development for kinship carers, especially in dealing with challenging behaviour and explaining to children why they are in kinship care.[58] After consulting with kinship carers and professionals across Scotland, it is clear that many of these recommendations are still outstanding.

There was general consensus that kinship children "do better than others in care" [PTC]. Moreover, since introducing a more systematic assessment and review process, certain kinship care teams are now better placed to ensure quality placements, and have witnessed a decline in the number breakdowns [Aberdeenshire, Falkirk, Inverclyde, N. Ayrshire]. However, professionals still identified several factors that have the potential to cause kinship arrangements to deteriorate.

Several participants stressed the persistent issue of financial support [KCA; KFC; CAS; CIR; CH1; PTC], advising that "a lot can be alleviated by financial assistance" [PTC]. Some advocated fixed start-up grants and regular kinship allowances, yet most local authority practitioners believed that more could be achieved by addressing the financial circumstances of kinship carers on a case-by-case basis [EC1, Inverclyde]. Certainly finance remains an area of difficulty for many kinship carers, who should be supported with sufficient resources – whether through grants, allowances, free school meals or after -school clubs – to provide a safe and nurturing environment for the child in their care.

In line with Farmer and Moyers who labelled counselling and specialist help as "the most pressing need,"[59] all practitioners recognised the importance of specialist services for kinship children. The social worker in Inverclyde attested that "these are very damaged

youngsters," with behavioural and attachment issues that sometimes make a placement untenable; however, in the few instances when placements break down "sometimes it's [because of] parenting capacity". Practitioners recognised the difficulties of looking after children with complex needs, but also pointed out that some carers have a poor understanding of these needs and that "there's very little [information] for parenting" [Falkirk]. We not only need better access to specialist services, but more information for carers on the effects of difficult early life circumstances and effective strategies to support positive child development.

For some, complex family relationships and "parental undermining" was the biggest factor in placement breakdown [EC1]. Two of the kinship carers we spoke to had been forced to stop caring for their child because of conflict with a birth parent; and around half of the sample had experienced some form of difficulty with family dynamics, with little support in place. Furthermore, many carers had difficulties in explaining family circumstances to the child in their care, which can lead to "big problems in the future" [N. Ayrshire]. The "ecology of relationships" [EC1] in kinship care arrangements can be a significant cause of strain and remains a key area of need.

Moving Forward

> *We want all our children and young people to be [...] Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included.*[60]
>
> *The government has to do something now. Every year there's more kinship carers.* Margaret, Aberdeenshire

This review of kinship care has presented the views of carers and practitioners and identified key areas of need. In engaging with these needs and ensuring that the expectations of GIRFEC are realised for every child in kinship care, there is a role for both the statutory and voluntary sectors. Representatives of Scottish foundations were keen to emphasise the need for core statutory provision, with the third sector offering "additionality" that complements state services [TRT].

Many kinship carers still require financial support to provide the best possible environment for their child. Whether through individual assessments, a consistent national allowance, free school meals, after-school clubs or clothing grants, the financial needs of families must be addressed to ensure the best outcomes for kinship children. Kinship children often display challenging behaviour: they should be able to access specialist services more easily and kinship carers should be able to contact a 'designated person' in emergency situations. Carers also need accessible information about entitlements and support services, and sometimes advocacy to claim these rights.

In the four local authorities that had established kinship care teams, the introduction of consistent assessment processes and designated social workers had had a positive impact both on the quality of placements and the rate of breakdown, and on the

contentment of kinship carers. This should be considered good practice, which might be shared and developed among local authorities to ensure that such procedures are more consistently applied and that the 'postcode lottery' is negated.

Beyond core statutory provision, kinship carers need information and advice. As well as information on rights and entitlements and on how to access specialist support (which should be provided by social work and through resources such as Mentor's *Kinship Care Guide for Scotland*), there are two key areas of need: managing challenging behaviour and managing complex family dynamics.

Action for Sick Children noted that "the best therapy [children in kinship care] can have is good parenting," but that carers need "knowledge and expertise" to provide this. Many carers had difficulties managing challenging behaviour, often due to a poor understanding of the needs of the child; and several spoke of a need for "more training and information about the issues" [Irene, N. Ayrshire]. In the US, the Children's Defense Fund reported:

> *'parent education' or 'parent empowerment' programs have demonstrated that parents and caregivers can learn how to be even better parents.*[61]

Anecdotal evidence suggests that information on attachment disorders and challenging behaviour would be effective [SCP]. However, several kinship carers warned: "do not stigmatise us by telling us that we need a 'parenting class'" [KCA]. There is a fine balance between being useful and patronising when developing programmes for kinship carers who often have already brought up their own children [Inverclyde]. There is a stigma attached to 'parenting classes' [ASC; SCP]; information and support therefore needs to be "attractive enough and accessible enough" [GIR]. But given that such information, advice and signposting is routinely provided for foster carers, there is evidence in practice to suggest that such an approach would enable kinship carers to better understand and provide for the children in their care.

Secondly, half of kinship carers in the UK have fraught relationships with the birth parent(s) of the child(ren) in their care,[62] which sometimes make placements untenable [EC1, Inverclyde]. Although kinship carers are generally good at managing this family dynamic, there is no advice or assistance for more difficult circumstances. In addition, many children in kinship care do not know why they are there, with almost half of kinship carers avoiding the topic completely.[63] Unanswered questions can have a negative impact on children who are recovering from trauma, but Farmer and Moyers point out that:

> *without training or advice, kin carers are not in a strong position to know how best to approach this topic with children.*[64]

Many carers in our research confessed to avoiding this topic, often without realising the damage that this might cause; and several participants protested that they were given no help in addressing such a sensitive issue.

Carers would benefit especially from effective strategies for explaining the family story of kin children at different stages in their upbringing, as was demonstrated in the isolated occasions when kinship carers in our research had sought out or received support [Karen, Aberdeenshire; E. Lothian; Falkirk]. There is also space to provide information that equips kinship carers with strategies to manage fraught relationships with birth parents and other family members, and to signpost them to additional support should the situation deteriorate beyond their control.

In 2008 there was a prevailing attitude "that kin should be able to look after children without assistance".[65] While such opinion no longer dominates policy in Scotland, there are several areas in which kinship carers would benefit from further support. Our research revealed that support needs are quite modest: despite some calls for parity with foster care, most kinship carers we spoke to did not demand more than consistent financial and practical support and more accessible specialist services for their children. Moreover, by tightening up certain areas of statutory provision and developing programme content and toolkits in the above-identified areas, we would take a huge step towards delivering on the promises of GIRFEC for children in kinship care.

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42. *Fostering Effective Family and Friends Placements, p. 220.*
43. *Ibid. p. 123*
44. *It's Just Not Fair, p. 7.*
45. *Fostering Effective Family and Friends Placements, p. 116.*
46. *It's Just Not Fair, p. 3.*
47. *Ibid. p. 3.*
48. *Fostering Effective Family and Friends Placements, p. 121.*
49. *Kinship Care Resource Kit.*
50. *A Kinship Carer's Resource, p. 3.*
51. *The Poor Relations? p. 10.*
52. *Fostering Effective Family and Friends Placements, p. 234.*
53. *In one case in North Ayrshire, a kinship carer looked after two children, only one of which had been placed by social work, and as a result only received a kinship care allowance for one child.*
54. *Relative Value, p. 4.*
55. *The Poor Relations? p. 65.*
56. *Fostering Effective Family and Friends Placements, p. 156.*
57. *J. Love, Kinship Care in Aberdeenshire: A study of the experiences and needs of 'relative carers' (June 2008), p. 8.*
58. *Moving Forward in Kinship and Foster care, p. 65.*
59. *Fostering Effective Family and Friends Placements, p. 226.*
60. *A guide to Getting It Right For Every Child (The Scottish Government, June 2012), p. 3.*
61. *Kinship Care Resource Kit.*
62. *Fostering Effective Family and Friends Placements, p. 167.*
63. *The Poor Relations? p. 21.*
64. *Fostering Effective Family and Friends Placements, p. 158.*
65. *Ibid. p. 14.*

Appendix I: List of Participants

Organisation	Department / Team	Abbreviation
Action for Sick Children	Development	ASC
Big Lottery Fund	Programmes	BL1
Big Lottery Fund	Policy	BL2
Children 1st	Policy	CH1
Circle	Management	CIR
Citizens Advice Scotland	Kinship Care	CAS
Edinburgh Council	Assessment	EC1
Edinburgh Council	Kinship Care	EC2
Education Scotland	Inclusion	EDS
Family Addiction Support Service	Link Work	FAS
GIRFEC	Reference Group	GIR
Kinship Care Alliance	N/A *	KCA
Kinsfolk Carers	N/A *	KFC
Lloyds TSB Foundation	Programmes	TSB
Midlothian Sure Start	Grandparents	MSS
Poverty Truth Commission	Commissioner	PTC
The Robertson Trust	Assessment	TRT
SCPHRP	Research	SCP
Shared Care Scotland	Short Break Fund	SCS

* No Department or Team is given because participants may be identifiable by their position.

Appendix II: List of Participating Local Authorities

1. Aberdeenshire
   Number of kinship carers: 8

2. East Lothian
   Number of kinship carers: 12

3. Falkirk
   Number of kinship carers: 11

4. Inverclyde
   Number of kinship carers: 13

5. North Ayrshire
   Number of kinship carers: 15

16 carers interviewed out with the 5 local authorities

Total number of kinship carers: 75

* The social worker in each local authority is referenced by the name of their local authority, for example the social worker in Aberdeenshire is referenced as, "Aberdeenshire".

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About Mentor

Mentor is the UK's leading charity dedicated to protecting young people from drug and alcohol harms. Bridging the worlds of academic research, policy and on the ground practice, we review research from around the world, test promising approaches and work to translate best policy and practice into evidence based national and local services.

Mentor has been working in the UK since 1998 and is the strategic partner of government in England and Scotland.

Mentor and kinship care

Mentor Scotland is currently the strategic partner of government, working to improve outcomes for looked after children. This report is the first phase of work, which will go on to identify effective programmes to support kinship carers and asses how these may become mainstream practice.

Mentor has worked with kinship carers since 2004 and has a deep understanding of their unique needs. Mentor's current three-year project *Families Together*, funded by the Big Lottery Fund, is helping to build resilience amongst kinship care families in the Lothians and beyond.

Contact Mentor

111 Oxgangs Road North, Edinburgh, EH14 1ED
t 0131 334 8512
about.me/mentoruk

For more information about Mentor, visit our website
www.mentoruk.org.uk

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